



**World Health
Organization**



East, Central and Southern African
Health Community (ECSA-HC)



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to be added**

Draft 7

**Africa health workforce observatory:
concept and implementation strategy**

Executive summary

This paper presents the concept of a health workforce observatory for Africa that will be flexible enough to encompass all the elements of health systems as it evolves. It is a working document that will grow and change as further work and consultations take place, thus reflecting the development of the observatory itself.

The Africa Health Workforce Observatory is proposed as a cooperative network initiative among the countries and different partners of the Region. Its mission is to support actions that address HRH challenges by promoting, developing and sustaining a solid knowledge base for HRH information at all levels: sub national, national, intercountry and regional. The objectives are to produce information and knowledge necessary to improve human resources policy decisions, planning and implementation and to share country experiences in order to improve human resource development in the health services.

The observatory is envisaged to comprise national observatories (which bring together the stakeholders at country level) and a regional secretariat. The functions of the observatory are outlined as: country information and monitoring; research and analysis; sharing and dissemination of information; networking; and capacity building. This is also seen as a strong vehicle for sharing information and for capacity building towards the establishment of an African health systems observatory.

The members of the national observatory will undertake studies to contribute to health workforce policy-making. It is foreseen that the initial activities of the observatory will build on ongoing efforts at both country and regional level, such as data collection.

Technical, material and financial resources for immediate and medium-term activities are required to carry out implementation at regional and country levels. Detailed workplans are being developed, starting with the regional activities that will trigger the work in countries. Estimated budgetary requirements are given at the end of the document as working figures over a period of five years, with more detailed and accurate estimates to be contained in each country and regional detailed plan.

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Introduction

The call for action issued during the High Level Forum on the Health-Related Millennium Development Goals, in December 2004, cast new light on the long-recognized deficiencies of health workforce information in Africa, a continent whose heavy burden of disease is exacerbated by its health workforce crisis. It recognized that drastic improvement of the HRH evidence base was fundamental to resolving this crisis.

A working document was shared during the global HRH consultation in Oslo in February 2005, calling for action on HRH for all countries but with a special focus on dealing with the crisis in Africa. WHO was to continue facilitating the functioning of the global working group on HRH to maintain its momentum. In a consultation in March 2005, the Department of Human Resources for Health, WHO Geneva, and the Division of Health Systems and Services Development, WHO Regional Office for Africa, further developed a concept document on the Africa HRH observatory. The concept was presented to an HRH meeting held in April 2005 by the West African Health Organisation (WAHO/ECOWAS), which welcomed the idea and expressed willingness to participate in the work of the observatory.

The draft document prepared in March 2005 was shared during the regional consultation on taking the HRH agenda forward in Africa, in Brazzaville in July 2005. This consultation was hosted by WHO, the New Partnership for Africa's Development (NEPAD) and the African Council for Sustainable Health Development (ACOSHED), a civil society organization. The HRH Africa observatory was endorsed by this consultation, inputs from which are included in this version of the document. Selected members of the Multidisciplinary Group of HRH Experts met soon after the regional consultation in July 2005; their contributions have also been incorporated into the current document.

This document has been revised jointly by the WHO Regional Office for Africa's HRH team and the WHO headquarters Department of HRH as inputs have been received and discussed. Any further inputs or contributions can be directed to these two teams via the following focal persons:

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Background and rationale

Most African countries are challenged by inadequate health systems, reflected in unsatisfactory health status indicators. In many countries in the region, health infrastructure is poor; essential equipment, supplies and logistics are often lacking; and referral systems are rarely functional. A crucial obstacle in strengthening health systems is the health workforce crisis, which is present in some form throughout the region, as is true in most countries of the world at present.

Many African countries have embarked on health sector reforms in order to strengthen their national health systems [1]. At the same time, initiatives such as the Health for All Policy in the 21st Century in the African Region, the Millennium Development Goals (MDGs), the New Partnership for Africa's Development (NEPAD) and the 3 by 5 Initiative have been launched to guide and facilitate these efforts. The policy imperatives of these global and regional initiatives, as well as other specific strategies to strengthen health systems in countries, call for robust monitoring and evaluation mechanisms to assess the extent to which countries are making progress or lagging behind. To achieve this, a regional observatory on health systems in Africa is proposed as a mechanism for health policy dialogue, learning, sharing of information and experiences and to promote partnerships and strategic alliances to strengthen health systems in the WHO African Region.

The health workforce is one, albeit the most crucial, of the key components of health systems. This is evidenced by the acknowledgement in recent years that unless something is done about the HRH crisis in African countries, the MDG health-related targets may not be attained. Data and information are needed to establish and act on key issues, such as: international migration vis-à-vis international recruitments and trends; distribution imbalances; production of health workers; freeze on recruitment due to structural adjustment programmes (SAPs); impact of HIV/AIDS on the health workforce; scaling up of priority interventions; and motivation and retention challenges, among others.

This is in addition to the requirement for monitoring and evaluation of the regional strategy for HRH adopted in 1998 and its consequent 2003 acceleration strategy document passed by the Regional Committee for Africa. Before and since, countries have made efforts to develop HRH policies and plans within the context of health sector reforms, with varied levels of success. In the absence of reliable and validated data and information, however, it has been difficult to establish evidence-based comparable analyses.

Hence the High-Level Forum (HLF) on the Health Millennium Development Goals (MDGs), held in Abuja in December 2004, endorsed an avenue for action to address the HRH crisis in Africa. One of the action areas identified is better intelligence for HRH – an evidence base from which monitoring of country action, further research and mechanisms for capacity building, among others, need to be put in place. This was followed up by a consultative meeting in Oslo in February 2005, during which the concept of an HRH observatory for Africa was adopted to provide a mechanism for building and disseminating HRH evidence for country, regional and international advocacy, policy and plan development and implementation.

The Africa regional consultation on taking the HRH agenda forward at country level, in July 2005 in Brazzaville, agreed on the establishment of an African HRH observatory based on a

¹ The *World health report 2000* defined health systems as comprising all the organizations, institutions and resources that are devoted to producing health actions. A health action is defined as any effort, whether in personal health care, public health services or through intersectoral initiatives, whose primary purpose is to improve health.

network of country observatories. This observatory will be responsible for monitoring, evaluating and generating information on the HRH situation in the region.

The HRH observatory will be an entry point for the envisaged health systems observatory, with phased and flexible expansion in its scope to include other health system components.

The experience of the Observatory of Human Resources in Health in the Region of the Americas has shown the observatory to be an effective way to improve information and evidence and to increase advocacy for human resources issues. Another successful example has been the European Observatory on Health Care Systems, which has ensured good monitoring and analysis of health systems development in Europe. It is therefore hoped that the Africa HRH observatory will also be an avenue for improving the evidence base for advocacy and implementation of HRH development in the region, as well as contributing towards strengthening human resources information systems in countries.

Overview of the regional HRH observatory network

The Observatory of Health Human Resources for Africa is proposed as a cooperative network initiative participated in by the countries and different partners of the Region and promoted by the WHO Regional Office for Africa, to produce information and knowledge necessary to improve human resources policy decisions and to share country experiences in order to improve human resource development in the health services. The name – Observatory – is used in the sense of the networking of the governments and other stakeholders and to gather partners around a strong evidence base.

The observatory is envisaged as a network comprising national observatories – which bring together stakeholders at country level – and a regional secretariat. The network will make it possible to define priorities and strategies through promoting production of better information, consolidating databases, keeping track of progress and fostering action. This is also seen as a strong vehicle for sharing information and for capacity building. The members of the national observatory will undertake studies to contribute to the process and policy-making.

Mission statement

The mission of the observatory is to support actions that address HRH challenges urgently through promoting, developing and sustaining a firm knowledge base for HRH information that is founded on solid and updated HRH information, reliable analysis and effective use at subnational, national and regional levels.

Principles and values

As the health workforce field involves multiple sectors (education, labour, civil service, etc.) and legitimate stakeholders (ministries of health, academia, professional associations, NGOs, regional institutions, etc.), the observatory should acknowledge the relative importance and role of these stakeholders and promote their participation to ensure common understanding of issues and consensus on priorities and cooperation for effective implementation.

The observatory should also be guided by the recognition that the development of health workforce policies is a dynamic and continuous process based on a continuously renewed understanding between stakeholders. Therefore, the development of human resources policies and the negotiation process implies and should be based on the best available evidence, the production of relevant information and promotion of transparency and trust.

As many forces that affect human resources in a national system are common to other countries or are international in nature, the HRH observatory should recognize the impact of globalization and the economic and social integration process on the HRH development in order to inform itself and influence the international initiatives and experience.

Objectives of the observatory

The overall objective of the observatory is to contribute to HRH development in the region in order to strengthen national health systems to provide more effective and efficient service delivery.

The proposed specific objectives are to:

- develop national capacity for evaluation and monitoring of HRH situation and trends;
- provide information and evidence for the formulation of HRH development policies, strategies, plans and their implementation;
- provide a forum for partnership, sharing of experience and advocacy in HRH development;
- facilitate networking of expertise in HRH and health systems in order to strengthen regional health workforce capacity;
- serve as an early warning system and whistle blower on HRH situations.

Functions of the network

The observatory is to serve as a technical facility serving country networks and the regional forums and platform with information on HRH; it will monitor and share both positive and negative practices/experiences. The observatory will therefore be primarily based at country level, where the bulk of the work will be done, while the regional component of the observatory will focus on intercountry and regional synthesis of the HRH information and data. This information and these data will be disseminated to inform decisions and advocacy to maintain the HRH agenda at national, subregional, regional and global forums. The observatory will concentrate its efforts on using existing data, helping to disseminate them within countries and complementing the existing data by specific surveys/studies relevant to HRH development consistent within the health system context.

Six main functions of the observatory are envisaged as follows:

Function 1: Country monitoring and information

Despite the undoubted importance of human resources to the functioning of health systems, there is little consistency between countries as to how HRH strategies are monitored and evaluated. Overall, evidence-based decision-making would be facilitated by better use of HRH data sources.

First, national observatories will be supported to collect, analyse and use data for monitoring their health workforce policies and strategies at national and subnational levels. The next step will be to introduce intercountry and regional monitoring and evaluation, as well as comparative assessments.

Harmonization of data collection methods and tools

Another issue of importance is the harmonization of data collection mechanisms and tools. Given that the roles and tasks of health occupations may vary between countries and in order to enhance cross-national and time-trend comparability, efforts should be made to harmonize data collection and processing methods, using internationally recognized standard classifications of occupations, industries and education.

Discussions will be held with a view towards agreement on data sources and quality and mechanisms to improve them. Data sources and quality are crucial to monitoring HRH. What should be used as a minimum quality standard for data? What should be the strategies to gather, analyse, update and archive HRH data? How do we facilitate the use of censuses and household, labour force and other surveys to monitor HRH? These are some of the questions that will be debated; some level of consensus is expected to be reached. Technical guidelines and tools will be shared to strengthen capacity in this area.

At national level, policy alternatives will be proposed on the basis of analysis of core indicators, trends and policy impact. Collecting these data will make it possible to identify strengths and weaknesses of established monitoring systems and give feedback on areas for improvement. The information can be used to inform policy debate, identify problem areas in HRD, and, if previous years' data are available, give an overall picture of trends in human resources supply and flows.

Development of HRH information systems

Developing and strengthening HRH information systems at country and regional level will be one of the crucial functions of the observatories. This will involve identifying a core data set; developing guidelines for monitoring and evaluating HRH at national and subnational levels; building and strengthening HRH analysis capacity; and supporting in-depth HRH assessment in countries. Since HRH information systems are seen as part of the national health information systems, efforts should be made to link with the HIS.

Development of country profiles

One way to present HRH information is to develop HRH country profiles. These would serve as a tool for systematically presenting the HRH situation, policies and management. Country profiles would also facilitate information sharing and cross-country comparison.

The country profiles are being developed based on a standard template. The national network of observatories would develop and regularly update the HRH country profiles.

Function 2: Research and analysis

The research and analysis will have both national and regional components. National-level studies will be carried out according to the research priorities of the country concerned. These studies will be undertaken by the relevant and interested members of the national network. They will look at the impact of strategies and HRH implications of disease-based programmes.

At regional level, the studies can be undertaken on common issues for all countries or a group of countries. The research will be carried out with the involvement of national observatories, where they exist. The observatory will process and analyse information and data from the broad spectrum of the region's institutions and information sources. Research centres of excellence will be identified to focus on the themes that are described in this section.

The research priorities identified through the Cape Town Meeting on HRH Research in September 2004 and the Ministerial Summit on Health Research, 16–20 November 2004, Mexico City can guide the initial research and analysis agenda of the observatory. These include:

- 1 Addressing shortages and imbalances (functional and geographical) by:
 - developing methods to project future health workforce needs and the desired skill mix of doctors, nurses, medical assistants, midwives, pharmacists, laboratory scientists and other categories;
 - coordinating supply and demand to address these needs;
 - developing recruitment, training and retention strategies;
 - identifying effective ways to improve motivation and performance;
 - engaging the private sector effectively (impact of regulation and of dual public and private practices on the health system).
- 2 Generating a future workforce through education and training, with an emphasis on building primary health care skills (see also template on human resources at district level) through:
 - adapting existing training programmes for rapid scale up – teaching people what they really need to know to make a difference;
 - creating new categories of health workers;
 - developing leadership and managerial capacity, including support and education aimed at the higher management level;
 - designing and implementing high-quality and effective continuing professional development programmes and systems of accreditation.
- 3 Matching demand and supply to health needs, which will require evaluation of the impact of:
 - macroeconomic and public sector reform policies on human resources for health (structural adjustment, fiscal stabilization, civil service reform, decentralization, health sector financing reform) and how best to address any negative consequences of these policies;
 - donor-driven policies, practices and initiatives such as the Comprehensive Development Framework (CDF), Poverty Reduction Strategy Papers (PRSP), Medium Term Expenditure Framework (MTEF), Sector-Wide Approach (SWAp), etc.
 - available resources from global initiatives and programmes such as GFATM, GAVI, PEPFAR, etc., and their effective use with appropriate alignment with national health strategy and plans. Development and use of tools to conduct risk analysis of the HRH implications of priority health programmes.
 - Evaluating the impact of globalization, especially the General Agreement on Trade in Services (see also template on global influences), on health labour markets and developing effective strategies for reducing adverse consequences. The focus should be on:
 - the recruitment of foreign health workers;
 - the migration of highly-skilled workers from poorer to richer regions;

- the migration of highly-skilled workers from the public sector to the private sector.

Function 3: Sharing and dissemination, engaging with policy-makers

Various means will be used to communicate the research and analysis of the HRH observatories to policy-makers, such as policy briefs, position papers and meetings. This will include the processing and analysis of information and data from a broad spectrum of the region's institutions and information sources.

Annual regional and national meetings will provide opportunities to share information and to engage with policy-makers. Other opportunities, such as WHO Regional Committee meetings, African Union meetings and subregional meetings, will also be used.

The Regional Secretariat could also assume a clearinghouse function by ensuring the creation and maintenance of databases and access to documents, reports and other information.

Dissemination and making existing research findings and information accessible through appropriate technology will facilitate implementation by stakeholders.

Function 4: National and inter-country networking

The HRH observatory would ensure networking and communication between national stakeholders as well as with multilateral and bilateral agencies. It would provide a common platform and objectives, as well as opportunities for joint activities. These networks should not be perceived as administrative structures but as based on linkages.

Similarly, national observatories would be linked to national observatories in other countries, with the possibility of sharing their experience and studies, as well as joint intercountry work. Networking will be facilitated through videoconferences, electronic mail and well-maintained web sites.

Subgroups of various interest areas (such as geographical, professional, linguistic, etc.) could be part of the of the observatory networking that contributes to an African knowledge and monitoring base.

Function 5: Capacity building for HRH

Capacity building is seen not only in the narrow sense of formal training sessions, but also as including many types of activities inherent in the functioning of the observatory. The HRH observatory will contribute to both institutional capacity and individual capacity-building for HRH through its activities. Capacity for data analysis, trend analysis, equity analysis, research and monitoring will be developed in countries as part of its work.

The observatory and the partner institutions will organize country-level and regional-level training programmes for different target groups, such as policy-makers, technical staff and academic staff. The subjects will range from policy issues such as macroeconomic and fiscal constraints, resource allocation and HRH policy development to technical issues, such as data analysis.

Because sustainability of these activities is considered crucial, strengthening national institutions and developing follow-up mechanisms for the formal training sessions will be emphasized. HRH expertise will be developed in the countries. A network of selected experts

will facilitate the work of the observatory. The intention is to create a critical mass in the countries and the region to move the HRH agenda forward.

Subnational capacity will also be built on the principle of improving skills to not only collect data but also to use them for local decision-making, policy formulation, planning and implementation.

Function 6: Contribution to health systems strengthening

The observatory will promote accountability and transparency in HRH and health systems in Africa in order to build confidence in plans and health outcomes. This recognizes that the health workforce is the glue and central asset of health systems.

Good practices that improve the efficiency with which existing HRH resources are used and examples of the application of comprehensive performance management systems will be shared.

The observatory will participate in and contribute to the health systems reviews, with a strong focus on human resources, to enhance the learning process on the critical determinants of tested innovations that work or fail to work on HRH for health systems effectiveness and service delivery.

Linkages and partnerships

The institutional arrangements for the HRH observatory are envisaged as a partnership based on networking. A partnership will be developed involving national institutions and multilateral and bilateral agencies. Regional coordination of the networks is planned, in order to facilitate their functioning. The HRH observatory in Africa implies functions at national and regional levels.

National level

The efforts will build on existing partnerships and involve other constituencies, such as academia, NGOs, professional associations, other sectors and other stakeholders. The national observatory groups will:

- monitor trends that have an impact on HRH policies as a shared agenda
- undertake research/studies
- share information to contribute to policy development
- improve data quality from all sources
- engage in policy dialogue
- contribute to capacity building.

National observatories will be motivated to promote the HRH agenda through, for example, a national day and annual meetings as well as other means of communication. International and bilateral agencies will also support them.

A national focal point will facilitate planning and coordinating the work of the national network. The national focal point can be based in the ministry of health or in one of the member institutions of the network. The focal point will facilitate the work of the national observatory by identifying activity areas and responsible group members; ensuring

dissemination of the results; organizing the national meetings and training activities; undertaking advocacy activities; and linking with the regional secretariat.

The links among the national training institutions will be strengthened and their active involvement in the observatory activities will be ensured. WHO country offices will facilitate the linkage with the regional secretariat and support the national observatories.

Regional level

For overall planning and coordination of the HRH observatory of Africa and to facilitate intercountry activities, regional support and facilitation will be needed. The WHO Regional Office for Africa includes a five-member HRH team that may be augmented in the future. Considering the Regional Office's well-established interaction with governments and its focal points for disease-based programmes, it would be a natural host for the regional secretariat function.

The regional secretariat is expected to facilitate:

- the formation of national observatories;
- development of common guidelines and tools;
- communication with national observatories;
- intercountry studies, dissemination of intercountry studies and sharing of national studies, and management of the web site;
- linkages with other health system interventions and disease-based activities;
- resource mobilization and fund-raising efforts.

It is foreseen that a board will be created for the regional network, involving countries and partners to provide advice and oversee the progress of the observatory. As the observatory seeks international as well as national cooperation and partnership, the board of the observatory can comprise representatives from national observatories and other partners. The board can:

- monitor the work of the observatory;
- identify policy directions and agree/advise on the priorities, annual plans and regional allocations;
- determine the intercountry work, studies and capacity-building activities;
- oversee the work of the secretariat;
- participate in and support fundraising.

A proposal to have an African working group on the observatory was brought up as a recommendation of one of the groups during the regional consultation in July 2005. Since this consultation recommended that the observatory be a technical arm of a regional platform, this working group could perhaps contribute to the steering committee or platform membership.

Implementation framework

Implementation of the observatory is seen as a flexible, continuing and evolving process. The implementation process should also take into account the interest shown in the HRH agenda, evidence of commitment and opportunities available and recognition of country-specific

situations and peculiarities such as linguistic and subregional considerations. The crucial aspects in implementation the observatory are as follows.

Building on ongoing efforts

The observatory will build on existing opportunities and processes, such as:

- data collection from countries and analysis at regional level for the *World health report 2006*;
- working with selected countries and institutions in the initial phase, based on ongoing work of WHO and other institutions in countries and countries' willingness to participate;
- ongoing capacity-building activities, such as follow up of joint WHO/World Bank workshops.

Based on this ongoing work, the following activities can be undertaken:

- establishing a regional HRH database: Benefiting from the ongoing data collection process, a web-based regional database can be set up, allowing access by wider groups;
- the national observatories can support the ongoing country activities, such as by in-depth HRH assessment as part of the planned work. Some of the common activities for this purpose can be to upgrade and/or modify available questionnaires, methodologies and guidelines; and train key people in fostering the process of detecting and guiding the collection and systemization of data, as well as undertaking some studies in identified areas;
- HRH country profiles: The work on developing detailed guidelines and templates for HRH profiles can be taken forward and the process of preparing HRH profiles in several countries can be initiated;
- country-specific studies and analysis, depending on the decision of the participating national observatories;
- developing a briefing note for countries and institutions on the observatory;
- developing process indicators and sequencing of activities for rollout.

Engaging stakeholders

All opportunities will be taken to communicate with partners and stakeholders to build partnerships through conferences, meetings, etc. Means of communication will be initiated. Participation by the private sector and professional bodies, etc., will be encouraged.

Networking

Networking efforts in the interested countries can be facilitated through national consultations to bring together the stakeholders. It is expected that these consultations will help ensure national partnership, identification of priorities for the national observatory and development of initial workplans.

Developing plans for technical content of the work

This will be a rolling planning process with regional intercountry activities and plans for national observatories. Establishing a database and HRH country profiles can be an initial focus of activities.

Sharing and dissemination

Every opportunity for sharing will be seized. For example, all workshops related to HRH are expected to contribute to building networks of observatories. The initial products and the experiences of the initial group of national observatories can be shared during forthcoming workshops and also contribute to establishing partnerships and resource mobilization.

In summary, the main phases of the observatory include the start-up activities of defining the concept and context, mapping of and communicating with key stakeholders and partners, starting national observatories and active networking with regional coordination. The national and regional observatory networks will be initiated with a few interested countries and will expand accordingly.

Assumptions for the success of the observatory

- buying into the observatory by all key stakeholders and partners in the region;
- commitment by all stakeholders and partners through sustained support of every kind to the success of the observatory;
- availability of required resources for establishing observatories at both country and regional levels;
- sustained interest by national authorities, stakeholders and partners;
- adequate technical support to the process at national and regional levels, especially in the formative stages.

Resources

The first five years of the observatory will have to be comprehensively supported in terms of technical, material and financial resources at both national and regional levels. This contrasts with the Latin America and Caribbean Observatory of Human Resources in Health, for instance, for which there was minimal financial investment, especially at regional level. The African situation is somewhat peculiar in that capacity in many of the countries, institutions and the region itself is very weak and will require building and strengthening in terms of resources – financial, technical and material. It is hoped that within five years the benefits of the observatory will have been experienced and lessons for generating resources for the implementation will have been established. The budget below is an estimate, to be refined with a more detailed regional workplan and country-specific workplans during this period.

Estimated budget

Activities	Year 1	Year 2	Year 3	Year 4	Year 5
Regional secretariat (1 professional and 1 administrative staff member)	250 000	250 000	250 000	250 000	250 000
Regional annual meetings	100 000	100 000	100 000	100 000	100 000
Communication and dissemination (web sites, teleconferences, videoconferences, publications)	50 000	75 000	100 000	100 000	100 000
Regional training programmes	100 000	100 000	150 000	150 000	150 000
Support to intercountry activities (data collection, analysis, studies)	50 000	50 000	50 000	50 000	50 000
Support to the work of national observatories ²	180 000	300 000	420 000	480 000	540 000
TOTAL	730 000	875 000	1 070 000	980 150	1 190 000

Conclusion

The African HRH observatory has been identified as an important action-oriented mechanism for networking to improve the evidence base for advocacy, policy-making and strategic planning, as well as to create a forum for sharing information and experience and building capacity. The regional observatory will draw upon national observatories with country action teams. It is envisaged to ultimately evolve into an African health systems observatory.

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6. MAG report July 2005 [Authors? Title? City of publication? Publisher? Year of publication?]

² These are the modest additional funds that will be made available for the country action teams. These funds are intended to cover additional specific activities in relation to the observatory, including the contribution of national observatories to intercountry activities.