

The communication gap is a critical barrier to closing the implementation gap

If we asked our readers to name three MDGs, how many would be able to do so? Francis Omaswa on the difficulties of communicating sound policy plans



During the last quarter of 2011 one of the most striking and saddening experiences for me was to witness at first hand how key information appeared not to be in the possession of policy makers and techno-professionals for whom this information is targeted in the first place. How can we expect action to be taken if the key actors do not know or appear not to be aware of what they are expected to do? We have discussed the 'implementation gap', the 'know-do gap', the so called 'low-hanging fruits'. How can the low hanging fruits be picked if we do not know what these fruits look like and where they can be found? How can we expect global, regional and national resolutions, policies, and technical frameworks to be acted upon if they do not reach the implementers?

Here is an example. The WHO Regional Office for Africa convened a very well-attended meeting in Pretoria in October 2011 on the important subject of Human Resources for Health. My presentation was on 'New Directions in Health Professionals Education and Training'. I asked the audience how many of them were aware of the framework developed by the Global Health Workforce Alliance (GHWA) known as Country Coordination and Facilitation (CCF). Very few hands went up. At another forum, not to be disclosed, I discovered that most Health Ministers interviewed were not aware of the CCF. At a workshop in another country, the most senior technical head of the Ministry was not aware of the CCF. Here is the problem.

In 2009, GHWA conducted dissemination workshops for this CCF in Accra and Ouagadougou for English and French-speaking countries respectively. There were participants from multiple sectors includ-

ing health, education, finance, and public service, and civil society from all the African countries. I was at the Accra dissemination meeting. Similar workshops were conducted in Asia and South America. Further, during the 2nd Global Forum on Human Resources for Health in Bangkok in January 2011 there was another workshop on the CCF organised by GHWA. The CCF can also be found on the GHWA website and is being implemented in some countries. How come that the existence of this framework which holds potential for transforming health workforce development in countries has not caught fire and spread?

Certainly we cannot blame GHWA and WHO. I believe they have done their part at high cost too, although I am going to ask them to do more. It is the communication and management practices inside health ministries in the countries that appear to be the root cause of this deadly know-do gap. What happened after the dissemination workshops in Accra, Ouagadougou and Bangkok? Did those delegates who participated write debriefing reports to their leaders make presentations to them and follow them up? Were there any efforts to hold national dissemination workshops as was advised? Did the participants go back home to business as usual? This is just one example. There are so many global, regional, and national resolutions, policies and frameworks that are not being implemented to scale just because of similar communication gaps. I am informed that if we asked our leaders both political and technocratic to list just three of the nine MDGs, we would be amazed by the results.

There is a saying that 'nothing really important ever happens until the climate of opinion is right'. Creating that right climate of opinion inside complex institutions such as ministries, governments and society remains a continuing challenge. I would like to hear from you all how we can improve on this. Many of you must have useful experience and suggestions to share.

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