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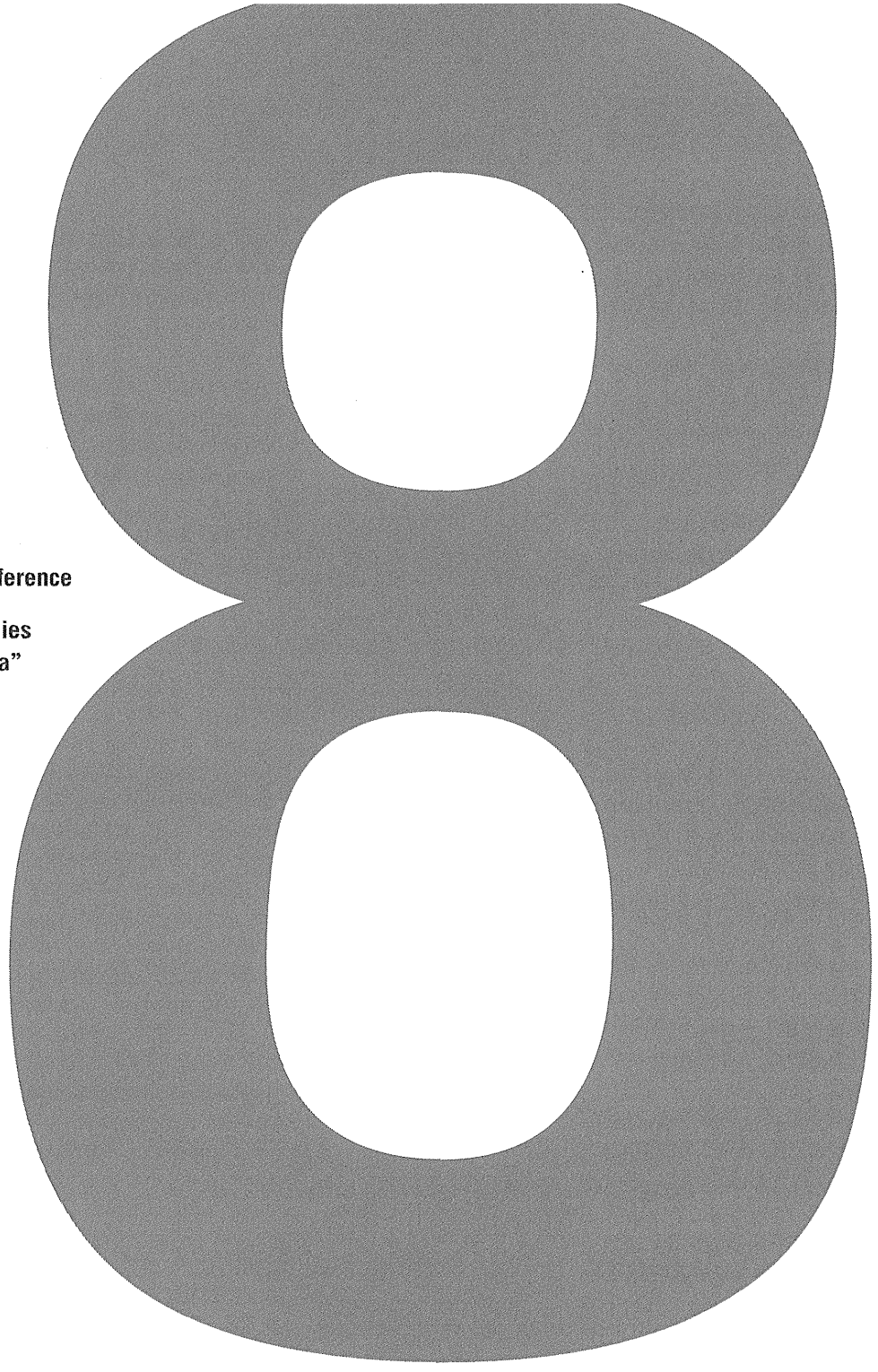
Report on
The 8th Asia-Pacific Action Alliance on Human Resources for Health (AAAH) Conference

"Move Ahead: Strengthening HRH Strategies and Action Towards UHC in Post-2015 Era"
27th - 31st October 2014, Weihai, China



Asia-Pacific Action Alliance
on Human Resources for Health (AAAH)

Asia-Pacific Action Alliance on Human Resources for Health (AAAH)

GETTING TO KNOW THE AAAH

Background
The Asia Pacific Action Alliance on Human Resources for Health (AAAH)

AAAH is a regional partnership mechanism established in response to international recognition of the need for global and regional action to strengthen country capacity for HRH planning and management. The AAAH is part of a larger movement to enhance HRH development as articulated in documents like the Kampala Declaration and the Agenda for Global Action. It was established in 2005, with 10 founding members. The AAAH membership was further expanded. In 2011, membership increased to 16 countries; 7 from the South East Asia (SEA) Region i.e. Bangladesh, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand, and 9 from the Western Pacific Region (WPR) i.e. Cambodia, China, Fiji, Lao PDR, Mongolia, Papua New Guinea, Philippines, Samoa and Vietnam (Same status continues as of October 2014).

AAAH coordinates partners for their joint effort at advocating for the HRH, and provides technical support, and augments country-level HRH development through regional collaboration.

It aims at ensuring sustained commitments to addressing HRH needs through research, funding, and policy development. With regards to AAAH work plan 2011-2013, members have identified four priority areas that demand attention i.e. advocacy, monitoring, research, and capacity building.

One main activity of AAAH is to organize the AAAH conference on a specific theme to share country, regional, global experiences through preparing and presentation of country case studies, see details as below:

2006: The 1st AAAH Conference was held in Ayutthaya, Thailand, 28th-31st October 2006 at which 90 participants attended.

2007: The 2nd AAAH Conference was held in Beijing, China, 12th-14th October 2007. The theme was *"Human Resources for Rural Health and Primary Healthcare"* at which 96 participants attended.

2008: The 3rd AAAH Conference was held in Sri Lanka, 12th-15th October 2008 under the theme of *"Globalization and its Implications for Health Care and Human Resources for Health"* at which 90 participants attended.

2009: The 4th AAAH Conference was held in Hanoi, Vietnam, 23rd-25th November 2009 under the theme of *"Getting committed health workers to the underserved areas: a challenge for health systems."* This conference was organized jointly with the third Meeting of the WHO Expert Group on "Increasing access to health workers in remote and rural areas through improved retention" at which 134 participants attended.

2010: The 5th AAAH Conference was held in Bali Indonesia, 3rd-6th October 2010 with the theme of "HRH Challenges for Achieving MDGs". This conference was also part of the preparatory meeting for the second Global Forum on HRH and around 130 participants attended the meeting.

2011: The 6th AAAH Conference was held in Cebu the Philippines, 9th-11th November 2011 with the theme of *"Building Capacity for HRH Management and Development to Support Universal Health Coverage"* at which 170 participants attended.

2012: The 7th AAAH Conference was held in Bangkok, Thailand, 5th-7th December 2012 with the theme of *"Leadership development for health system strengthening focusing on HRH policy."* at 200 participants attended.

Human Resources for Health (HRH) action towards UHC and Post 2105 challenges

The World Health Report 2010 provides a road map for countries to follow in their quest for Universal Health Coverage (UHC). But such an action agenda will need to be embedded in a health system which has explicit equity goals supported by strong political will and a resourcing plan all of which must be owned by countries and supported by the global community to enable low-income countries to improve health outcomes and achieve health equity. HRH plays a major supporting role for achieving UHC. There are a number of key concerns regarding the critical role which human resources play in health systems, health care, and health equity. However many countries are facing acute shortage of HRH and lacking of management skill for HRH capacity building. These are key constraints in the struggle to achieve universal access in essential health services.

As the 2015 target date for reaching the Millennium Development Goals (MDGs) approaches, a wide range of activities are being undertaken by UN Member States, the UN system, civil society organizations, academia, research institutions and others on identifying the shape and priorities of a post-2015 development agenda. The MDGs encapsulate eight globally agreed concrete goals, with time-bound targets and indicators for measuring progress in the ar as of: poverty alleviation, education, gender equality and empowerment of women, child and maternal health, reducing HIV/AIDS and communicable diseases, environmental sustainability, and building a Global Partnership for Development. Recently two global movements with the third global forum on HRH in 2013 and Prince Mahidol Award Conference 2014 reiterated the challenges on HRH movement.

The third Global Forum on HRH in Recife, Brazil 2013

The last decade has seen an increased recognition of the central role of human resources for health (HRH) in the drive towards the health MDGs and Universal Health Coverage (UHC). It has been recommended by the World Health Organization to be the most important strategy for achieving health equity; and this will present new demands and opportunities for the health professionals.

Countries and the global health community are increasingly embracing the aspiration for UHC; translating this into reality will require adapting HRH production and management to the evolving health needs and adopting innovative models of care. Rigorous action to improve the HRH situation is required in order to move towards UHC by adopting policy, regulatory and fiscal actions required to match health workforce supply, demand, affordability and sustainability, in order to equitably meet population needs. This constitutes the investment case: health workers are the means through which UHC will be achieved. The forum summarized key strategies for UHC achieving namely, health education, incentive, retention, skill-mixed, and labour market.

The return on investment in ***'health professional education'*** can be improved if the quantitative scale-up is matched by corresponding improvements in competencies, through the revision of curricula, quality assurance of training institutions, and appropriate continuous professional development strategies to ensure that skill gained through pre-service training are maintained and further developed over the professional life span of the health worker through in-service training.

A well-designed package of financial and non-financial ***'incentives'*** has the potential to positively impact health workforce availability, accessibility, acceptability, and quality.

Challenge of retaining HRH in rural areas, which affects low-, middle- and high-income countries alike, can be best tackled if complementary strategies are jointly implemented.

Skill Mix: Community-based and mid-level health workers can be maximized if the expansion of their training is accompanied by a deliberate planning of a skills mix that emphasizes a team-based approach to the delivery of care, supported by regulatory interventions that authorize health workers to operate within the full scope of their profession, the enhancement of quality standards safeguarded by regulatory and accreditation mechanisms, and a strengthening of referral systems. Similarly, the skills mix can be more efficient if health workers are authorized to operate within the full scope of their profession, and enabled to do so through supportive supervision and an adequate work environment and management.

Labour Market: Scaling up of training alone will not be sufficient to address HRH shortage. If the absorption capacity of the health sector is insufficient, or if incentives are inadequate health cadres are not in place, many of the new graduates might fail to find a job in the health sector. They may migrate overseas or work in other sectors; therefore an understanding of the health labor market dynamics is required, providing the basis for matching supply-side (i.e. education of health workers) interventions with others that ensure an adequate demand for their services. Additionally, the WHO Code of Practice on the International Recruitment of Health Personnel provides clear guidance: countries should strive for self sufficiency in terms of health workforce production, but also put in place the incentives required to retain their own health workers.

"all people, everywhere have access to a skilled, motivated health worker, within a robust health system."
"...we commit to working together, through bilateral, sub-regional and regional arrangements and other approaches."

[The third Global Forum on Human Resources for Health - The Recife Political Declaration on Human Resources for Health, Renewed commitments towards universal health coverage]

The Prince Mahidol Award Conference, Pattaya 2014

Theme of PMAC-2014, 'Transformative Learning for Health Equity' aimed to identify the role that HRH education can play to advance health equity fostering global social movement. The conference underlined the instructional (recruitment, curriculum) reform and the institutional reform.

'Instructional reform' recommended the strategic shift from tubular vision to open architect and include both education and health systems reform. Broader health system reforms need to be coupled with reform of the health education system to better equip health workers to address the societal shifts, local health needs and to perform within their health system environment. Despite some advances and successes in health professional curricula reforms, more often than not education remains outdated and stagnant: innovative learning, multi-stake-holder engagement, and need to be balanced with community based exposures and seamless linkages.

'Institutional reform' included the strategies of faculty development, strengthening the teaching capacity, and sustains an enabling culture and environment, and better collaboration between public and private education institute. Reforms would for improve the educational quality.

Third Global Health Forum 2013 and PMAC 2014 emphasized the global goals in light of UHC. Therefore, AAAH is organizing its 8th Conference in 2014 to follow up those recommendations and implementations from global level to regional and country level ensuring that HRH development priorities and universal health coverage are given due consideration in discussions of the post-2015 development agenda.

Conference theme

"Move ahead: Strengthening HRH strategies and action towards UHC in post-2015 era"

Sub-theme

1. Contribution of Human Resources for Health (HRH) implementation strategies in embracing the broader goal of universal health coverage
2. Reforming of health professional education to produce competent health personnel related to population health needs and health systems
3. Measuring HRH implementation according to national circumstances and needs
4. Addressing transnational issues and work towards streng thening health systems, including global HRH governance and mechanisms
5. Multi-sectoral partnership to support financial sustainability for HRH development.

Objectives of the conference

General objectives

This conference aims to gain an in-depth understanding of the current situation on HRH strategies to support and move to achieve Universal Health Coverage and post 2015 (MDGs) challenges. This conference will further promote networking of institutes and researchers and policy makers interested in the area of HRH.

Specific objectives

1. To understand the challenging regional and global contexts which encourage or discourage policy makers for HRH management to promote equitable access.
2. To share experiences from Asia-Pacific countries on reforms in education of health professionals and HRH strategies in order to support UHC.

3. To enhance the capacity of health systems of member countries through producing more competent health workforce.

Venue

Weihai, China

Date

27th -31st October, 2014

Theme and conference program

Theme "Move ahead: Strengthening HRH strategies and action towards UHC in post-2015 era"

After the third Global Health Forum 2013 and PMAC 2014 emphasized the global goals in light of UHC. Therefore, AAAH is organizing its 8th Conference in 2014 to follow up those recommendations and implementations from global level to regional and country level ensuring that HRH development priorities and universal health coverage are given due consideration in discussions of the post-2015 development agenda. This session **[PL1]** will provide an overview of the conference and stimulate debate and discussion among participants to make the forth coming sessions productive and fruitful.

Sub-theme 1 Contribution of Human Resources for Health (HRH) implementation strategies in embracing the broader goal of universal health coverage

It is emphasized how the HRH, one of crucial health systems domain, contributes to health goal achieving especially universal health coverage for all population from the past to present **[PL2].** Measuring of its implementation according to national circumstances and needs are also discussed **[PS1],** and in order to provide policy recommendations to improve health workforce information systems in-line with each country's needs and priorities.

Sub-theme 2 Addressing transnational issues and work towards strengthening health systems, including global HRH governance and mechanisms

This session aims to raise other transnational issues which are influent HRH deployment such as health system strengthening, system governance **[PS2].** It is expected that the discussion raises awareness to those factors to policy makers, health service providers, and academia. This will result in positive reforms and policy coherence for further HRH development.

Additionally, regarding the global context and movement, especially, code of practice, which is influent increasing number of health worker migration from rural to urban and also country to another country **[PS3]** and this needs actively involvement from relevant stakeholders to support those competent health worker development **[PS4].**

Sub-theme 3 Reforming of health professional education to produce competent health personnel related to population health needs and health systems

Lancet Commission report on "Education of health professionals for the 21st century: a global independent Commission" in December 2010. With a grant from China Medical Board, five-countries in Asia, across WHO SEAR and WPR, namely Bangladesh, China, India, Thailand and Vietnam formed a network to reforming health professional education. The ANHER convened a comprehensive assessment of the current situation of health professional education and training, based on an agreed regional common protocol and tools.

In the 66th World Health Assembly in May 2013 had adopted a resolution WHA66.23, on Transforming health workforce education in support of Universal Health Coverage.

The Prince Mahidol Award Conference (PMAC) January 2014, also discussed about the transformative learning for health equity with further action recommendation for country and regional movement.

The sub-theme focused on the reforming of Health Professional Education in order to produce graduates who are sufficient competency to address the population health needs as well as the national health systems **[PL3].** Its objective includes sharing experience from regional and country how to they integrated health systems context to health profession education design **[PS5].** The session will present evidence and case studies revealing the current situation of HRH education, and the linkages to the wider health system. It is hoped that the session will provide recommendations to help reach consensus on this challenging and contentious national/regional policy issue.

Moreover, the network (ANHER) will share and discuss on the results of country specific analysis, cross country comparison, overall analysis, and the reform action plan at country level **[PS6]** and the ANHER movements motivate and support activities in response to changing health determinants and health systems development in countries. One mechanism to promote cross-country learning and sharing on health professional education reform is by documenting case studies of innovations on health professional education reform in the five countries. In this session ANHER will present, share and discuss on the results of ANHER movement **[PS7].**

In the 6th AAAH Annual Conference 2011, Cebu, Philippine we had consensuses to study the research under AAAH activities. Regarding the summary session of the 6th AAAH Annual Conference, realizing these problems, there is a need for investigating and generating better understanding on a number of common challenges in the region in two areas as follows: (1) Rural retention policy and (2) Public private role in health

professional production/ employment. This plenary session aims at summarizing the experience of AAAH intersessional activities to assess its feasibility, effectiveness, its values and challenges, as well as recommending how to improve the future interessional activities. Note that the technical discussion of the intersessional activities will be presented and discussed in the two parallel sessions 8 and 9 **[PL4].**

Furthermore, the researchers will present the country findings on (a) mapping policy interventions on rural retention and (b) in-depth assessment of three selected interventions implementation, outcomes, strengths and weaknesses and how these findings are disseminated and fed into policy decision **[PS8]** as well as the theme of Public private role in health professional production/ employment, the researchers will present six country findings on the role and contributions of private health education institutions and their inter-relationship with the public institutions, document good practices in ensuring the graduates from private health professional schools contribute to the health and health systems needs of the country, and describe how these findings are disseminated and fed into policy decision **[PS9].**

[PL5] This last session is "The way forward and actions in Asia-Pacific countries" will present mechanism of AAAH as a regional platform in response to the international recognition of the need for global through collective regional action to strengthen country capacity on health workforce planning and action. This session will express the network commitment and further collaborative activities to support and movement on HRH towards UHC achieving and post-2015 MDGs challenges. Moreover, the AAAH will focus on the research productivity such as intersession activity in 2015-2016 in order to generate and manage of knowledge including capacity building on AAAH members.

3

Welcome Address, Keynote Speech, and AAAH Award Ceremony

Welcome Address and Keynote Speech

Opening remark by Mr. Fu Guangzhao Weihai Municipal Governor (China)

Weihai is a beautiful coastal city and beautiful environment. It has about 2.81 million population with GDP has reached at 4.8 billion US. Weihai has the good protection of the environment and designated from the UN as environment friendly city. Weihai got several award on the environment and city building.

AAAH is one of the cooperative mechanisms to strengthen the HRH programming and capacity building in Asia-Pacific Region, to facilitate the countries of the region to build up appropriate, equal and efficient HRH and service system for the improvement of health service quality and equality and the better arrangement of technical assistance.

Weihai has paid much attention to HRH development and done lots of activities on in health care development, health care reform, and social services for HCWs. Now there are about 2,551 health institutions serve the people in the local community and has 6 tertiary hospitals. There are about 19,000 HCWs working in the health institution. People's health has been greatly improved, the maternal mortality rate, infant mortality rate have been much reduced. In 2013, life expectancy has reached the 78 years old. Lesson learned on HRH development to promote the HRH from officials, experts, policy makers from oversea quests in this conference are valuable for Weihai.

Short address by Mr. Xu Huan (Deputy Director Health Human Resources Development Center National Health and Family Planning Commission, PRC)

The 8th AAAH conference is organizing by the AAAH Secretariat and the Health Human Resources Development Centre of NHFPC of China, is supported by the National Health and Family Planning Commission of China, Weihai Government, WEGO Group, WHO, World Bank, Rockefeller Foundation, JICA, and China Medical Board. Participants are also officials and experts from WHO headquarters and regional offices, USAID, Global Health Workforce Alliance, the World Bank, and representatives and experts from international non-profit organizations such as JICA, Rockefeller Foundation, and China Medical Board. The Chinese participants are also from different sectors including officials of NHFPC and from provincial and city government, experts from Peking University and some tertiary hospitals. The attending of broad range of participants of the senior level makes the conference more influential.

AAAH, established in 2005, is the regional collaboration mechanism for strengthening the capacity of HRH management by states of Asia-Pacific region, aiming to solve the shortage of HRH faced by this region and its states to enhance the accessibility to health service by poor and vulnerable groups. Altogether it has 16 member states and HHRDC is one of the members. The NHFPC of China has been strongly supported HHRDC to participate regional conferences organized by the Alliance and activities concerning medical education, HRH policy research and also exchange activities.

Health development is the matter of people's wellbeing, from 2009 the Chinese government launched the work of deepening the healthcare reform to provide basic health service for all people of China, on basis of the principle of ensure the basic service, strengthen the primary care and building up necessary mechanisms, the Chinese government committed much effort in provision of primary healthcare service to all Chinese people as a public product and has harvested monumental results. On

HRH training, the Chinese government paid much attention on establishing the HRH training mechanism adaptive to the health development. Now China has more than 2.6 million practicing physicians and assistant practicing physicians, 1 million village doctors and 2.5 million nurses. To accomplish the equal development of doctors' capacity now there are standard on resident physician training to cultivate competencies focusing on 4 aspects which are professional ethics, professional capacity, communication and teamwork, teaching and research. The central government finance will fund the resident physician training according to the standard of 30,000 yuan (CNY) per trainee per year. Now 86,000 resident physicians are being trained, another 50,000 trainees will enter their standard resident training this year. Meanwhile, the general practitioners (GP) training is also strengthened which will promote the transformation of GP practice and service in China to let GPs to better perform the function as gatekeepers. The national government of China launched GPs pilot training program in provincial as to explore the new mechanism in promote the HRH at the primary care service.

As the HRH management, the service is based on the county principle. So the GPS will be recruited from the community and will work in the community. GPs will gain the salary from the local government as well. Moreover, there also promote the incentive system on how to be more adaptive to the health care providers. There are also the HRH reform on the HRH skill and structure for HRH development. These help to optimize the village's doctor to serve the people in the remote area. This also enhances the salary system and enhance the China government in delivery the primary care for the people. With this new strategy HRH development, it will support the well-being of Chinese people in the future.

Short address by Professor Shiv Chandra Mathur (Chair AAAH)

AAAH run a consistency activity regarding to the human resources for health development in the Asia-Pacific. AAAH has a commitment to address HRH needs through research and monitoring the human resources capacity building. During 2006-2012 AAAH has also organized seven AAAH conferences on different theme on

HRH to share experiences from member country. Being concern about the third global health forum 2013 and PMAC 2014 which mention about the transformative learning, AAAH conducted the 8th AAAH conference in the theme of move ahead strengthening HR strategies and action towards UHC in post-2015 era. The specific objectives of this conference are to understand the challenging regional and global contexts which encourage or discourage policy makers for HRH management to promote equitable access, to share experience from Asia-Pacific countries on reforms in education of health professionals and HRH strategies in order to support UHC, and to enhance the capacity of health systems of member countries through producing a more competent health workforce. All activities in this conference will contribute new knowledge which may help to concretize sustainable development goals toward UHC.

Short address by Dr. Ariel Pablo-Mendez (Assistant Administrator for Global Health, USAID)

We are now in the mid of incredible transformation development and in global health. USAID has established over 50 years ago by John F Kennedy to help and mover forward to sustainable development. We are in the mid of economic transition and also transition of health. Half of the country that are low income are now middle income. We are now beginning to see the end of the preventable child and maternal death around the world. In the last five years, more than 100 million children's live still there. The world now is moving to the aspiration of the UHC. The reduction of maternal mortality rate will be the great gift for this generation to our civilization. One visible of manifestation for global health equity is UHC. We cannot bring the UHC to the country and without HCWs. HRH has recognized as the cornerstone of health service; however, we still face with the shortage of HCWs over 4 million. AAAH has been great successful enough in HRH. The vision stand today that all people, everywhere have access to a skilled, motivated HCWs within the robust health system. In 2010, the important year for HRH and that world health report influenced to the Prince Mahidol Award conference in 2013. The important of human resource were being discussed in the third

Global Forum in Brazil. 66 WHO member states have signed the political declaration. The report release the significance information that 80 countries far below the required number of HCWs. The gap is reach to number 4.2-7.2 million of HCWs and the projection show that we will move nearly to 35 million in 2025 unless we successful in the mobilizing support. Concerning to the skill mix and quality of HCWs, we need to move beyond to the action. This conference will provide the great opportunity to add the momentum, to add the vision to the agenda toward HRH so that the world can reach to the end of preventable child and maternal death and the progress of the UHC

Short address by Mr. Kiyoshi Kodera (Vice President of JICA)

There are two important initiatives that under the HCWs and vital global health issues. The first is the transforming health education to support UHC which was adopted in 2013 under the leadership of JICA. We are now closing to 2015 the target year of MDG. Health for all is key agenda. For the past decade, huge numbers of activities have been implemented in order to achieve the MDG. However, maternal mortality rate still remain high in South East Asia. We need to move ahead with equity and HRH play a great role in support this. Regarding to the World Bank reported funded by JICA, the findings from 11 case countries has shown that in some countries the government pay the attention to the development of health service in the big city. With the limit capacity from the health service in the rural area, people relocated to the health service in the urban area and result in the congestion in the city hospital. This is the huge problem. To solve this problem, enhancing the capacity of the local should be initiative. For example, JICA has training the Cambodian HCWs in 16 provincial hospitals during the 4 years period. This also has the great impact showing that the maternal health service has increase from 50% in 2010 to 87% in 2014 and the delivery also increase from 2088 in 2013 to 3035 this year.

The second point have to emphasized is that HCWs have to fill geographic gap. Collaboration with community people who understand social culture background is important. Ministry of

health and community welfare plays an important role in setting the 13,000 community clinics the closet health facility to the people. JICA work with local NGO and community support group in organize the workshop on safe motherhood. These also raise the awareness of essential care for maternal and baby health care and health facility. Moreover, this demonstrate the equity on the referral system for refer the mother to the health service. The proportions of women who use emergency care also increase from 17.8% in 2006 to about 57% in 2010. This shows the significance impact of nursing model being active by the community. This model has been duplicated nationwide with the support from the JICA. The number of HCWs working in community clinic also increased three fold.

Another example of filling the geographic gap is from the Myanmar. There are difficulties in access health facility. Three-days training courses were provided. Over 60% of malaria patients were treated by community health workers. JICA needs to enhance HRH, and health worker in the regional should be trained to ensure quality care.

Short address by Dr. Michael Leksodimulyo, MD (Awardee from Indonesia)

Dr. Michael was born in shoemaker's family in Surabaya east Java. At that time, his father's small shop was burnt in the ground. In 1999 to 2009 he worked as the director in private hospital, One day he saw the suffering of poor people and observe the help by his friend; then he quit from his job and launched the Pondok Kasih, House of love foundation. The goal of the foundation is to serve the poor people. There are many activities run by this foundation in the aim of the well-being of poor people. There is community education program that help the children from impoverished to get the basic education. There is community development program that provide the people with basic needs such as shelter, bio sand filter. There is Community health program that aiming for promote better health of community people. Every year, there are more than 30,000 people received the service from 50 trained health staff, 10,000 children received the nutrition

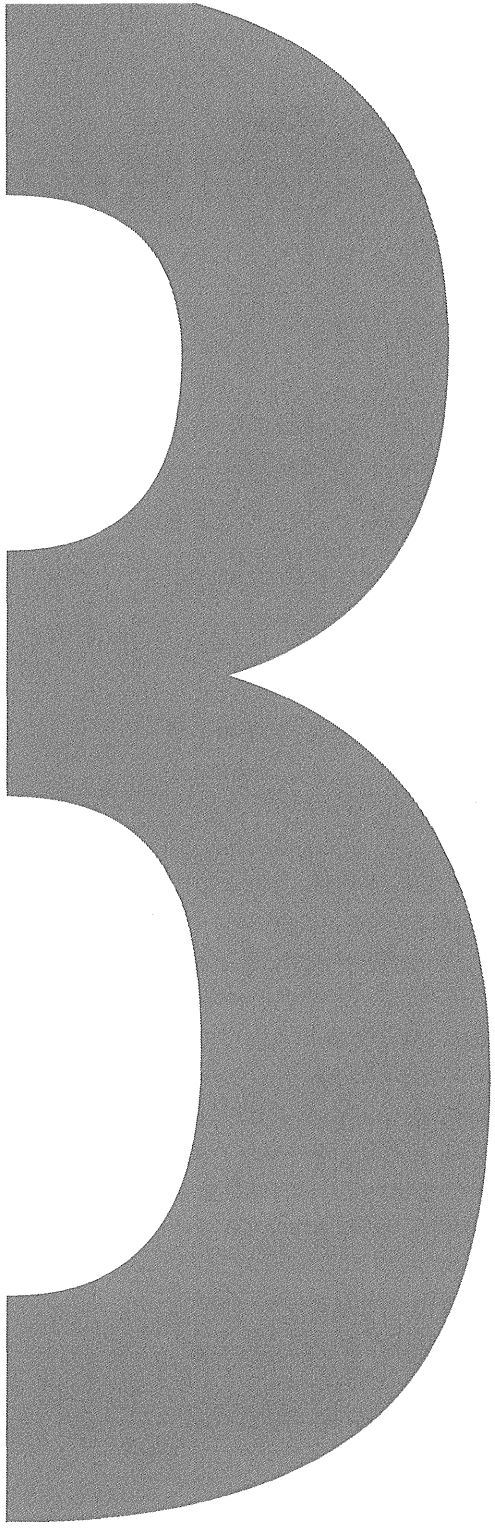
feeding and 5,000 pregnant women received the ante natal care. There is also a sustainability effort program that started from a very poor family whom has the limit capacity to serve only four eggs for nine children. This foundation train the poor family to raise ducks by donated 500 ducks to start the program. 40 percent of the products go to the farmer for their personal well-being and 60 percent go to the community. The impact of this program is promoting the peace and harmony in the community and it also has distributed to other community. Dr. Michael working for the poor people with the philosophy as **"We are born to live to help to love another indiscriminately and unconditionally"**

Short address by Ms.Kaysorn Wongmanee, Non-MD (Awardee from Thailand)

Ms. Kasorn stated her work as a professional nurse in health promotion unit in Laomsak hospital since 1999. Then she moved to work as a chief of Lomsak district health office in Phitsanulok Thailand. Her philosophy is to work in community by raise the awareness of community people to serve their community.

The challenges job as the doctor of the community in decentralized area is management 2 bath campaign for raising the community status that she has established since she became a chief of district health office. Each people have to donate 2 bath a month for the campaign. There are many significance impacts from this campaign such as the referral system and also the health office was shift from district health unit to health promotion hospital. Her significance job in promotion the health of the community people are the role model for other health care professional. The key success factor is the sense of belonging of the community's civilians.

Ms. Kasorn was born in warm family with lot of support from her family to devote herself to enhance the well-being of the people in the remote area.



3

Plenary and Parallel Sessions

Plenary Session I

Move ahead: Strengthening HRH strategies and action towards UHC in post-2015 era

Potential moderator / lead speaker / speakers
Coordinator: Dr. Junhua Zhang
Chair/moderator: Dr. Suwit Wibulpolprasert
Lead speaker: Dr. Ariel Pablo-Mendez

Speaker 1: Dr. Gulin Gedik
Speaker 2: Dr. Frank Herbert Paulin
Speaker 3: Dr. Busiri Suryo Winoto Tritarayati
Speaker 4: Dr. Junhua Zhang

Key messages from the presentation by speakers

Dr. Ariel Pablo-Mendez

Move ahead: Strengthening HRH strategies and action towards UHC in post-2015 era

Human Resources for Health (HRH) is important for the implementation of Universal Health Care (UHC). The effectiveness of UHC implementation is not only about the money. The more expenditure we spend on health care doesn't mean the better UHC. Currently, the evidences show that the health expenditure is growing even in low income countries. The explosion of the health care cost is mainly because of governments are not minding the needs for increasing the cost, and the private sector is highly unregulated and has become one of the reasons for increased health care cost. We need to invest in HRH to move HRH forward and address the challenges of UHC. Donors, partner countries, civil society and the private sector must work together to renew and re-energize HRH at the global, regional, national and community levels.

Dr. Gulin Gedik

International perspectives for health workforce development and implications in Western Pacific Region

A universal truth "No health without Workforce" is mentioned to emphasize the importance of HRH. The projection of HRH shortage is obviously shown in a global level, and it is varied on regions. To achieve the well-being for all at all ages as mentioned in MDG goal 3rd, the needs for more efficiency and effectiveness program of HRH should be emphasized. The implications to face the challenges of UHC in post 2015 era are suggested, including the health workforce, change management, policy, quality, and information implications. The health workforce implications require need-based planning and change the discourse from "interventions" to competencies and skill-mix workforce. For change management implications require the driven both from supply and demand sides, as well as, macro and micro levels. The policy implications require both education sectors and labour market dynamics, including policies to regulate private sector, policies on production, policies to address inflows and outflows, and policies to address mal-distribution and inefficiencies of HRH. The quality implications concern about the effective coverage gap between availability of HRH and quality of HRH. The information implications include the establishment of national workforce account is suggested.

Dr. Frank Herbert Paulin

Strengthening HRH strategies and action towards UHC in post-2015 era

The movement on HRH for UHC in SEAR is presented. three dimensions of UHC, including financial, service, and population are considered. Challenges are migration, transnational cooperation, linkages with across sectors, linking planning with policy, adapting to new challenges. To address with these challenges, the initiatives are proposed, including policy support, capacity development, networking, research, and curriculum support. Regional HRH strategy such as increase capacity, strengthen education and health system, as well as, networking and capacity development are the ways forward.

Dr. Busiri Suryo Winoto Tritarayati

Human Resources for Health: Towards Universal Health Coverage In Indonesia

Indonesia is an example of implementing HRH strategies for UHC. These strategies are

1) Strengthening the regulations on development and empowerment of HRH
2) Improving the HRH planning
3) Improving and developing the HRH production
4) Improving the HRH utilization and management
5) Strengthening supervision and quality control of HRH
6) Enhancing resources for HRH development

After 4 years of the implementation, 49% of population is covered by the national health insurance (NHI). The targets of this 15 years strategic plan include the deployment of HWs in all health facilities, integrated HRH plan (national and local), production based on demand, distribution and career management strengthened, and supervision and quality control. In 2014, the number of health workforce in Indonesia continously increased to achieve the expected targets. The MoH has committed to support the deployment of health workers in the regions especially rural and remote areas. The initiatives to improve quality of HRH providing care, especially in remote area are launched, including the distance learning for rural health workers, and primary physician training program (DLP program). The role of village midwives is also promoted to work as a team member of the community health centers who function as the gate keeper.

Dr. Junhua Zhang

Development Strategies of Human Resources for Health in China

China is another example of implementing HRH for UHC. The 10 year HRH plan is developed to address the needs of specialists and generalists of the country, as well as, the HRH capacity building and retention issues. The strategies are developed based on the needs of health system, focusing on the development of GPs, and strengthen the health professionals which are urgently needed, such as public health physicians, pediatricians etc. the incentive policies and measures are also developed to retain HRH. One of the significant targets of HRH plan is to increase the numbers of qualified HRH from 7.78 million in 2009 to be 9.53 million in 2015, and 12.55 million in 2020. The recruitment of medical students in rural background with the commitment for going back to rural areas has started in 2010 to address the inadequate HRH in remote area. Programs on HRH capacity building are initiated. China has established urban hospital to technically support rural hospitals and mean while the senior physicians from urban areas go to rural areas and train the HWs in rural areas.

Major issues or problems being discussed by participants

- Dr. Zulfikar Khan from Pakistan revealed the complexity of managing HRH when the doctors have to select the career path either clinical, public health or academic/research. He made a recommendation that the health managers in the ministry of health should be from the one with health background, so that it would help to improve health program management leading to the achievement of UHC.

- Ms. Thidaporn Jirawartanapisai from Thailand challenged the donors like JICA and World Bank to support the implementation of HRH to strengthen UHC. Dr. Suwit and Dr. Viroj emphasized taking these challenges by different agencies to prioritize funding for capacity development for HRH.

Plenary Session II

Contribution of HRH implementation strategies in embracing the broader goal of UHC

Potential moderator / lead speaker / speakers
Coordinator: Dr. Eva Jarawan
Chair/moderator: Dr. Eva Jarawan
Lead speaker: Dr. Randy Kolstad

Speaker 1: Dr. Akiko Maeda
Speaker 2: Dr. Sameen Siddiqi
Speaker 3: Dr. Ikumi Nakaita
Speaker 4: Dr. Palitha Gunarathna Mahipala (Dr. Susie Parera presented on behalf of Dr. Mahipala)

Key messages from the presentation by speakers

Dr. Randy Kolstad

The contribution of HRH strategy implementation in embracing the broader goal of UHC

As part of the current situation of HRH globally, 83 countries are below the 22.8 HW per 10,000 populations. This numerical shortage is also coupled with distributional challenges. Additionally, this numerical and distributional challenge is further complicated by a specialty mismatch. The shortage in most acute in sub-Saharan Africa and also includes some countries in South East Asia.

HW capacity in crucial for delivery of services has four elements: individual knowledge, systems and processes of institutions, equipment and supplies, and motivation. The addressing of the HW

capacity needs to focus on all the four issues rather than the usual approach towards more training.

This capacity should result in 'effective coverage' which looks as Availability, Accessibility, Acceptability as well as the Quality (AAAQ) of the HRH. Individual countries globally are addressing challenges, but each country has a context specific combination of AAAQ issues that needs unique responses.

The speaker highlighted examples from individual countries like the Dominican Republic where the MOH removed more than 2700 ghost works to improve situation for existing workers through better incentives. In Nigeria, there was a renewed focus on curriculum development in areas where most students encountered difficulties. Other countries like Uganda and Laos hired new workers in the presence of iHRIS data. Similarly, the state of Jharkhand used the iHRIS data to place and redeploy physicians doubled access to emergency obstetric care in Jharkhand. In the Dominican Republic, the service time was doubled from half to full day in order to accommodate women's schedules.

There are several challenges that we face on the HRH front. There is a significant time lag between many HRH investments and service delivery improvements. The governance challenges are cross-cutting that reach beyond the health sector and need a wider country-wide response especially when these are related to accountability and when confronted by informal yet dominant systems within public sector systems. The horizontal nature of HRH investments in a development landscape populated with funds attached to specific causes makes the case for investment in HRH difficult. The technological change revolution has opened several exciting opportunities like distance medicine/ learning, health apps and the availability of new devices.

Dr. Akiko Maeda

UHC for inclusive and sustainable growth and the impact for health labour market

Health force projections paint a picture of critical shortage globally which has been in discussion since the Recife report. The Low-income countries are expected to see a widening gap between supply and need but will have only limited capacity to deploy the workers. The low-and-middle-income countries will see a narrowing of the gap between supply and need. The Upper-middle-income countries could face a widening gap between the supply and demand for health workers created by economic factors; which in turn could drive up costs. The high-income-countries are also expected to face shortages. For example EU estimates a shortage of about a million health workers in 2020. This will be coupled with higher pressure with increased demand for services. These HW projections are based on projections and needs that are defined by demography, epidemiology and health service delivery model.

We still face several challenges which relate to an increasing technological development which has increased demand for higher skilled workers, leading to higher returns to schooling for these workers. This produces a skilled-bias movement in the health care sector employment. The emerging markets witness a rapid and unregulated growth in private sector entry into health professional education and these primarily serve the urban middle class.

Countries can scale up health professional education but this will need to be accompanied by QA system. Steps will need to be undertaken to reduce disparities through strategies to regulate

and influence market force. Incentivization for career development and creation of employment opportunities and empowerment of people in under-served communities are the need of the hour.

A focus on primary health care can improve access, manage costs and expand coverage. Examples from Brazil, Thailand, Turkey highlight how their UHC coverage helped them do this. Ethiopia, Brazil, Bangladesh have demonstrated that their investment in local communities can provide results.

This is a time for a paradigm shift in health service delivery system to achieve UHC. There is a need for new skills and creation of new teams; bringing community-based primary health care and public health programs to the forefront. These changes will need to be complemented with an improved understanding of the health labour market in our march towards UHC.

Dr. Sameen Siddiqi

Option for countries in Eastern Mediterranean

UHC has been dominated by the health financing agenda to increase financial risk protection. The central of HW is to translate the vision of UHC into improved health care.

Although the population of 22 countries in the Eastern Mediterranean Region (EMR) is not big, they are quite diverged with different income levels. The burden of diseases is increasing in this region with the changing in demographical profile. Countries in this region also have limited HW capacity. WHO had used its framework to assess HW in different aspects. For availability, HRH density is 4.0 and 8 countries out of 22 classified as workforce crises with wide variation among countries in the regions and imbalanced skill mix. Accessibility is quite low in some countries due to geographic imbalances, retention issue, and internal/ external migration. For acceptability, there is gender imbalance and concerns related to cultural and linguistic barriers. For quality, quality and relevance of HPE, inadequate CPD delivery arrangement, and lack of effective performance management are concerns. In addition, there are HRH Governance challenges including lack of HRH plan/policies, limited evidence generation and analysis on HRH, weak HR management system, lack of coordinating among stakeholders, HRH educational systems that do not match with health needs, and inadequate retention strategies.

EMR has developed a strategic framework for HW development for this specific region to strengthen their HW. The framework consists of 4 domains: HW system, HW entry, active HW, and HW exit. The framework is designed not only to tell the countries WHAT to do but more important it provides guideline on HOW to accomplish their HW goal. The framework is inline with UHC frame-work and plans to develop HW in this region.

Dr. Ikumi Nakaita

UHC securing nurses: Experiences of Japan

Japan has achieved UHC 50 years ago but it is still facing with the shortage of nurses. In the last 50 years, the number of nurses is increasing in Japan but it is not enough to meet the population need and it became social issues. Therefore, two key fundamental polices to secure nurses has implemented including: the projection of supply and demand for nurses and the Act on assurance of workforce of nurses and medical experts.

The projection of supply and demand for nurses is an important tool for HRH policy. It has been developed every 5 years since 1974. There was 4 times the country faced with shortages of nurses. The first time was in 1960-1961 due to the reforms of health care system toward UHC, increased number of hospital beds, and change of nurse staffing system. The second time was in 1965 because of increased access to healthcare services due to UHC, enhanced health insurances benefit, and rapid increased of hospital beds but not increase nurses. The third time was in 1990 – 1992 related to qualitative deficiency induced by increased beds immediately and qualitative deficiency due to advancement of health care. Currently, nursing is shortage because of super aging and fewer children. As a result, health care demands increase, but the number of nurses decreases.

The Act on assurance of workforce of nurses and medical experts was established in 1992 to secure nurses and other medical experts to meet the public demand of healthcare service. It is also a description of the responsibility for securing nurses by Government at different levels; a framework to secure nurses and it designates the prefectural nurse centers to promote employment.

From Japan experiences, nurses will shortage when supply of nurses could not meet the rapid change of healthcare system. To solve this issue, the perspective and engagement of nurses in the policy formulation are needed.

Dr. Susie Parera

Human resource for Health: Sri Lankan experience

Sri Lanka has about 20 million populations, and the country has been successfully delivered good health outcomes with low cost to the population especially with MCH and communicable disease services. The investment of government to health care remains low, and the country is facing with the epidemiological transition where non-communicable diseases (NCD) are rapidly increased. Comparison with other countries, Sri Lanka has better HRH indicators, for example the number of doctor and nurses. However, disparities and lack of specialists, and primary health midwife are some issues that need to be fulfilled.

Considering increasing life expectancy and the need to address NCSs and injuries, the competencies of HRH need to change, additional health services would require more financing and human resources. Primary health care approach and the model of public health midwife and community public health program should be sustained and developed. The policy and plan for health and HRH should be built upon a system that has done well to address the newer disease burden. Sufficient number of PH midwife, clear job description, and expansion of other cadres at PHC using multi-tasking model is a likely way forward. Universal access to primary and secondary prevention strategies through community approaches is relevant to Sri Lanka.

Major issues or problems being discussed by participants

Although evidence supported effective primary health care, Dr. Akiko Maeda highlighted that evidence to better understand the political economic issues or structure aspects related to HRH and how we can prevent market failure is still needed.

Although Japan has produced projection for nurses every 5 years, with social, economic and demographic changes, it is difficult to correct projection to meet the balance between supply and demand for nurses. However, with the projection, Japan can better prepare and solve when face with nursing shortage.

Jirhandeh highlighted other important HW challenges such as new workforce, task shifting, and migration. The political economic and professionalism issues were also discussed. Transparency to allow all HWs work together as a team and politic economic issues are needed to address.

The quality of medical graduates that produce from mass production was also discussed. Dr. Sameen Siddiqi shared extreme examples of two countries. Egypt has high number of medical schools due to the purpose to export their graduates to work outside country while Morocco has few medical schools due to strict regulations. It showed that this issue has driven by policies.

Production and shortage of faculties were also raised by Professor Shiv Chandra Mathur. To produce more HWs, it needs more trainings and faculties.

Suggested solution

- To move toward UHC, primary health care, new skills, new model focusing on multi-tasking and new teams of health workers are needed.
- How to achieve HW strategic implementation and action is needed to focus.
- The projection between supply and demand of HW and evidence to prevent market failure are needed.
- The country needs to manage challenges related to HW, professionalism, political economic issues, and structural problems in constructive ways with win-win situation.
- Mechanism of regional alliances to share faculties, trainings, and resources is important to solve regional problems related to shortage of faculties.
- Motivation and internal drive of HWs are also important beside financial. Keeping spirit of committed HWs to work in rural area is needed.

Parallel Session I

Measuring HRH implementation according to national circumstances and needs

Potential moderator / lead speaker / speakers
Coordinator: Dr. Sarath Samarage
Co-coordinator: Professor Fely Marilyn E. Lorenzo
Chair/moderator: Dr. Yojiro Ishii
Lead speaker: Dr. Sangay Thinley (Dr. Gulin Gedik presented on behalf of Dr. Sangay Thinley)

Speaker 1: Dr. Ariel Pablo-Mendez
Speaker 2: Dr. Jose Francisco Garcia Gutierrez
Speaker 3: Dr. Susie Perera
Speaker 4: Dr. Tran Duc Thuan
Speaker 5: Dr. Dale Huntington

Key messages from the presentation by speakers

Dr. Gulin Gedik

Challenges in measuring HRH: data structure different in countries, e.g. some countries cannot provide data of employment; this caused data from countries cannot be analyzed altogether; types of HRH, some measures health workers working inside or outside health sector, some are not but only health workers inside health sector. Useful sources when measuring HRH: population censuses; but the ; censuses are given at different times thus the data may be 5 or 10 years earlier than the time of measuring. HRIS: starts from needs; time to get the data should be paid attention; maintenance of data; content of the system; keep in use by people to sustain the updates and make it useful; how to bring together stakeholders to use and support the system. Data quality: data corresponding to outcomes; data from known sources; coordination and harmonization of data is important; timely information should be validly provided.

Dr. Ariel Pablo-Mendez

Human Resources for Health measurement: Challenges and future vision

Changes in health and social protection systems. This will require increasing focus on the availability and accuracy of health workforce data and forward-looking, horizon-scanning exercises to support decision-making and improve efficiency, performance and productivity. WHO, OECD, EU and other bodies would inform the governance and effectiveness of health and social protection systems. The presentation reviews: 1) current challenges and opportunities in data and measurement, 2) emerging issues-future scenarios, big data, connected health and strategic intelligence, and 3) forward opportunities in relation to HRH data and inter-operability.