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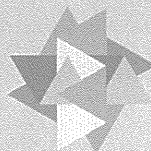
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PRINCE MAHIDOL
AWARD CONFERENCE

2014



TRANSFORMATIVE
LEARNING
FOR HEALTH EQUITY



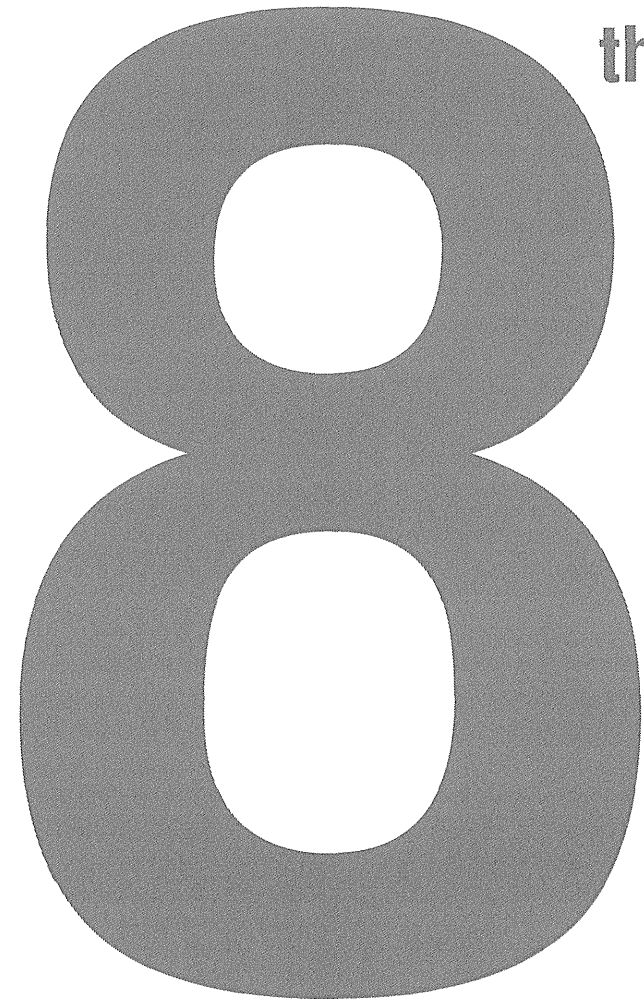
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“Move Ahead: Strengthening HRH Strategies
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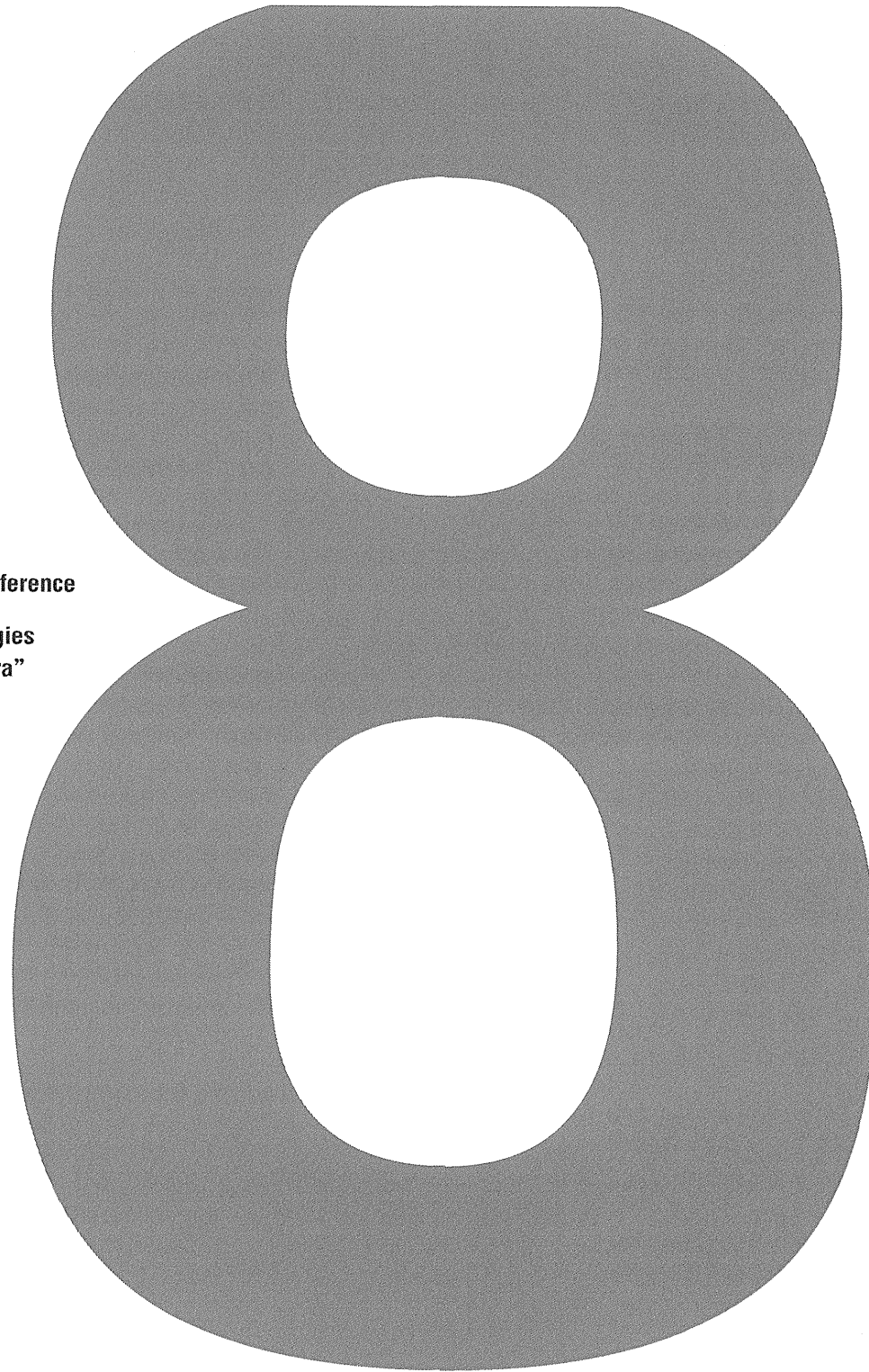
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**Asia-Pacific Action Alliance
on Human Resources for Health (AAAH)**



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 areas 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-stakeholder 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 strengthening 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 forthcoming 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.