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