



Conclusions and recommendations

**from the 3rd Conference of the Asia Pacific Action Alliance
on Human Resources for Health**

“Globalisation and Its Implication on Healthcare and HRH”

12-15 October 2008, Sri Lanka

I. The context of globalisation

1. Globalisation is one of the key dynamic and complex processes influencing the social, economic and political environments in all countries. It has led to the intensification of cross country and regional interactions in diverse areas such as their economies, political systems, social-cultural environments and technologies. All of these have major implications on healthcare and in human resources for health, which are two critical and interrelated proximal determinants of health of the population. The migration of health professionals across borders and the increasing trends in medical tourism have both positive and negative implications on health sectors in both sending and destination countries. In addition, medical technological advancements and increasing healthcare costs also have implications for health services.
2. It is therefore vital for countries to build up and strengthen capacities to generate knowledge and good understanding on the complex inter-connectivity between globalisation and health, in order to formulate appropriate public health, health systems and human resources for health policies and strategies to safeguard health of the population and to maximize opportunities furnished by globalization.
3. With regards to the progress in addressing national health workforce challenges as well as in strengthening health workforce capacity to respond to globalisation and emerging health challenges, a diverse stage of progress was observed among

AAAH countries. Some countries had clearly identified their problems and challenge, some had completed their national strategic plans and program activities are on the way, and some are about to embark on either revising or drafting new strategies and plans. Key stakeholders and development partners have been actively engaged and/or supporting national efforts to address health workforce issues and challenges in almost all countries.

4. The participants in the third annual AAAH conference in Sri Lanka (12-15 October 2008) described, discussed and exchanged lessons and experiences on “globalization and its implications for healthcare and human resources for health”. The followings are the key conclusions and recommendations.

II. For national actions

National strategic plan on human resources for health

5. Based on different stage of human resource development and in view of globalisation, emerging health challenges and changes in health technology and delivery of care, it is recommended that each country should build up their capacity to plan and manage their national health workforce, review/ revise their national strategic plan, prioritize issues and develop an appropriate plan of action, effectively implement the plan and finally to monitor and evaluate progress made.
6. There is a need to establish, harmonize and regularly update databases on human resources for health, and include public and private health professionals, community health workers, volunteers and informal providers. This information should be shared among different responsible agencies as it is the foundation for evidence based policy formulation and updating national strategic plan.

Scaling up production capacity

7. It is recommended to increase production capacity of low- and middle- level cadres or to increase their skills levels with provision of adequate sanctioned posts especially at primary health care level. Several prerequisites have to be met before scaling-up production capacity, for example, standard teaching curricula, accreditation of curricula and training institutes, improvement of teaching capacity of faculty members, commitments towards adequate financing for production of human resources for health.

8. Evidence indicates that recruitment of students from rural areas has higher probabilities of working and better retention in rural health services. Efforts should be made to strengthen learning capacity of these rural students to ensure completion and achieve the standard competencies as required by the curriculum to function effectively in the community.
9. Systematic In-service training, re-orientation of skills-mix and task-shifting are recommended in the context of changing health needs and demands that result from numerous factors such as demographic and epidemiologic transitions, introduction of newer health technologies and changing patterns on health-seeking behaviours.
10. There is a need to revisit the public health competencies of professionals at all levels and see whether public health training is relevant and can adequately meet the necessary/ essential competencies required of them to deal with emerging public health threats.

Deployment, retention and migration

11. It is recommended that governments invest more in the healthcare system, through deployment of trained health workers and devise policies to increase the number of appropriate health workers in rural under-served areas through the application of financial and non-financial incentives, drawing lessons learnt and experiences from other country contexts.
12. It is also recommended that efforts be made to improve working conditions and environment especially at the primary health care level in remote areas with adequate provision of equipment and supplies of medicines and logistics support and decent remuneration in order to motivate health workers to improve their performance and be retained in rural health services for as long as possible.
13. Based on country political, social and cultural context, explore potential applications of "mandatory rural services" for key health workers upon graduation and draw lessons learnt from other countries.
14. Establish national forum for dialogues between public and private health sectors in country in order to mitigate losses of human resources from public services, and take active role in the formulation of the WHO Code of Practice on the International Recruitment of Health Personnel to reduce adverse impacts that result from their migration.

III. For regional and international actions

Advocacy

15. In the context of the Paris Declaration on Aid Effectiveness and Harmonisation and respecting the sovereignty of countries to own and take the leadership role in the development of their human resources for health, it is recommended that Partners and Global Health Initiatives should align their funding and aid in support of the national human resource plan and synergize their programs in order to strengthen health systems and human resources according to the national health priorities.
16. In the context of existing regional strategic plans on human resources for health in Southeast Asia and Western Pacific Regions, WHO should continue to provide technical support, in conjunction with other development partners in fostering the implementation of national human resources for health plans.

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17. In collaboration with WHO and other partners, to support countries in developing and managing human resource of health information systems in collaboration with WHO and other partners.
18. Facilitate knowledge generation, documentation, management and sharing good practices on human resource management among countries.
19. Facilitate building and strengthening capacity in HRH research to inform policy, planning and management of human resource for health.

AAAH Secretariat, 24 November 2008