



# **The 9<sup>th</sup> Conference of Asia Pacific Action Alliance on Human Resources for Health, Colombo, Sri Lanka**

**Conference synthesis**

**by**

**Rapporteur Team and AAAH Secretariat**

**28 October 2016**

# Conference program structure

## Monday 24 October

- Follow up of intersession activities “Faculty Development situation and gap among 5 country studies”
- Meeting of the Country focal person to update HRH situation and challenges
- Meeting of AAAH Steering Committee and Organizing Committee
- Consultation on “National HWF Accounts for countries of the South-East Asia and Western Pacific Regions”

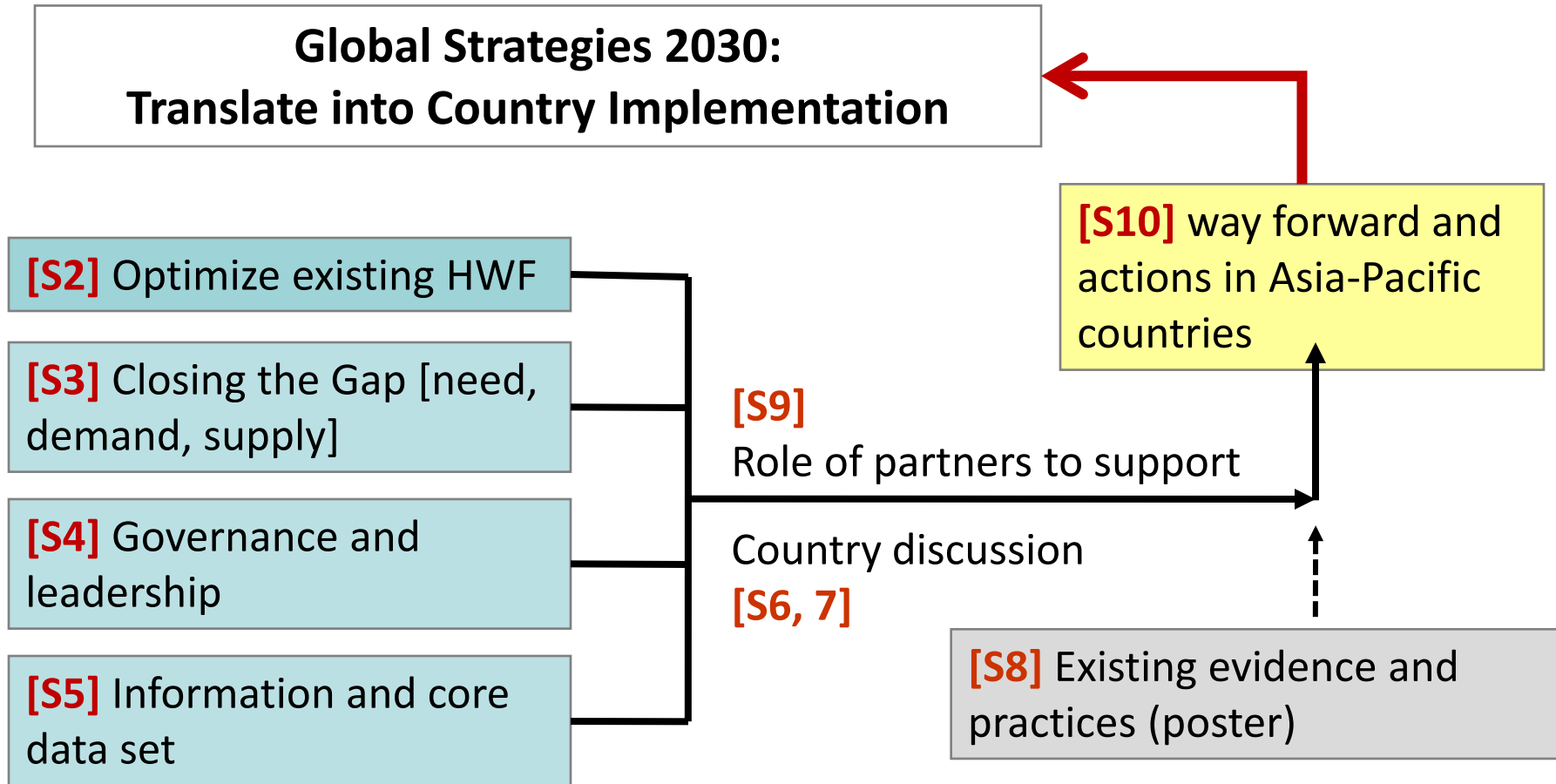
## Wednesday 25 to Friday 28 October

- Opening session and key notes
- 10 sessions of presentation and discussion, incl. poster presentation

## Total registered participants

- 135 participation from 24 countries including, guest speakers and international development partners

# Structure of the 9th Conference



## The AAAH Awards were conferred to 2 outstanding health workforce with significant contributions to their communities



### **Dr. Santi Lapbenjakul**

Director of rural hospital

“we’ve learned how to deal with LTC challenges given limitation of HWF. Working closely with Local government for social services”

### **Ms. Saowalack Yamtree**

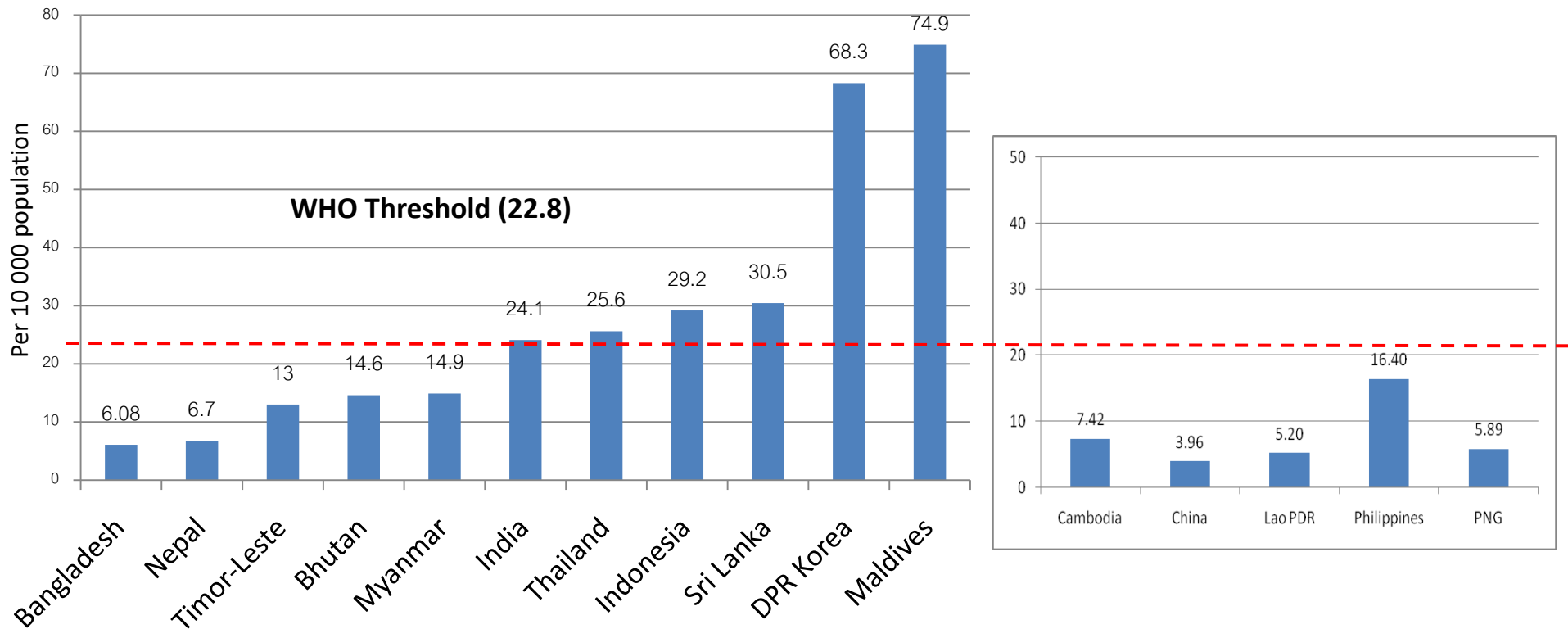
Dean of Nursing School

“we produce community nurses with community involvement and collaboration with rural hospitals...”

# Critical shortage is concerned across Asia-Pacific Countries

Source: AAAH Focal Point meeting, 24 Oct 2016

No. doctors, nurses and midwives per 10 000 population



# HRH Challenges in Asia-Pacific Countries

1. Critical shortage HWF and mal-distribution
  - Dependency [BTN, MDV]
  - Source countries [IND, PHL]
  - Potential sources [BAN, SLK, CHN, INO, MMR]
2. Quality of graduates, relevance to pop. health needs
3. Aging HWF [PNG extended retirement to age 65]
4. Reliable HRH information system for monitoring progress of HRH interventions as well as the international migration of HWF in line with the WHO Code of practice
5. Data difficult to access [unpublished data, data for internal use only of each project/program, not shared]

# Governance and Leadership

- Responsible unit is normally under public sector, such as HRH/HRD unit, MOH
- HRH strategic plan implemented, ranged from 5 to 15 year period.
- Limited of involvement of private sectors
- Health professional council is the main regulator that helps ensure quality standard of practice.

# Resolution WHA69.19 URGES Member States to implement the Global strategy

13 Milestones (7 by 2020 and 6 by 2030)

## The Global Strategy on HRH: Workforce 2030



1. Optimize the existing workforce in pursuit of the Sustainable Development Goals and UHC (e.g. education, employment, retention)
2. Anticipate future workforce requirements by 2030 and plan the necessary changes (e.g. a fit for purpose, needs-based workforce)
3. Strengthen individual and institutional capacity to manage HRH policy, planning and implementation (e.g. migration and regulation)
4. Strengthen the data, evidence and knowledge for cost-effective policy decisions (e.g. National Health Workforce Accounts)



# Global Strategy Milestones

## Where we are?, how ..

### Invest Employment

- 2.2 Synergies official development assistance
- 2.3 Employ HWF

### Training institutes [Ed guideline]

- 1.1 Accreditation
- 1.3 Completion rates training
- 2.1 Halving dependency [Code]

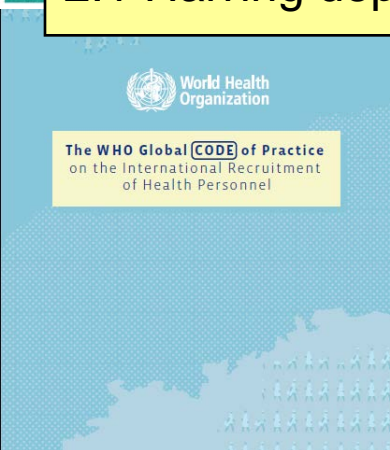
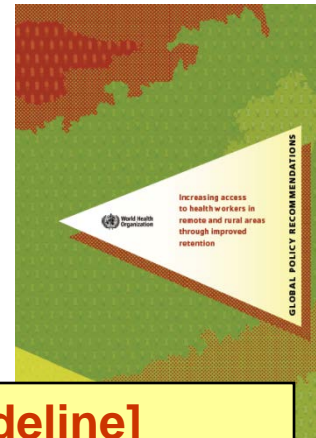
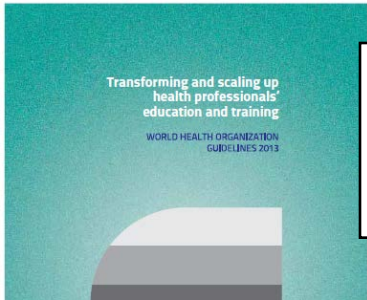
### Health and Access [RR guideline]

- 1.2 Halving inequalities access
- 2.4 Increase to financing, HWF
- 3.3 Patient safety, oversight private

### Governance at country level

- 3.1 Coordinate intersectoral
- 3.2 HRH unit
- 4.1 HWF registries (R&D, stock & flow)
- 4.2 Sharing HRH data
- 4.3 Assessment and information exchange

“Interlinked milestones”



WHO global strategy on integrated people-centred health services 2013

Executive Summary

# Global Strategy Milestones

## “Common priorities”

### Invest Employment

- 2.2 Synergies official development assistance
- 2.3 Employ HWF

### Training institutes

- 1.1 Accreditation  
[IND, BAN, INO, LAO, CAM, MMR, PNG, SLK, TLS, VNM]
- 1.3 Completion rates
- 2.1 Halving dependency [BTN]

### Health and Access

- 1.2 inequalities [BAN, CHN, INO, PHL, THA, TLS]
- 2.4 SDGs 3C [BAN, CHN]
- 3.3 Patient safety [IND, BAN, CHN, NEP]

### Governance at country level

- 3.1 Coordination [BTN, INO, CAM, PHL, THA]
- 3.2 HRH unit  
[INO, LAO, NEP, MMR, PNG, SLK, THA, VNM]
- 4.1 Account  
[IND, BAN, BTN, INO, LAO, CAM, NEP, MMR, PNG, PHL, SLK, THA, TLS, VNM]
- 4.2 Sharing data [INO, PHL]
- 4.3 Assessment and information exchange

# Common Milestones: Actions and Challenges (1)

## Accreditation (1.1)

[IND, BAN, INO, LAO, CAM, MMR, PNG, SLK, TLS, VNM]

### Action recommended

- Review/identify situation and gaps
- Formulate accreditation body (with stakeholder involvement) and policy framework
- Develop/revise accreditation instrument
- Revise/update core competencies
- Reinforcement

### Challenges to implement

- lack authority HRH regulation
- Institutionalize capacity of accreditation body

# Common Milestones: Actions and Challenges (2)

## HRH Unit (3.2) and Coordination Function (3.1)

[BTN, INO, CAM, PHL, THA, LAO, NEP, MMR, PNG, SLK, VNM]

### Action recommended

- Review/renew multi-sectoral commitment and action plan
- Review role and function
- Identify and mobilize 'Champion'
- Empower unit, management capacity
- Establish multi-sectoral advisory board, high-level supervision

### Challenges to implement

- Institutional silo and lack of trust across partners
- Weak HRH network
- Leadership commit and policy barrier
- Decentralization [local accountability]

# Common Milestones: Actions and Challenges (3)

## HWF Account (4.1)

[IND, BAN, BTN, INO, LAO, CAM, NEP, MMR, PNG, PHL, SLK, THA, TLS, VNM]

### Action recommended

- Review/revise HRIS existing systems, role, and indicators
- Mapping information and coordination with stakeholders
- Integrate/consolidate HRH data, functional interoperability, develop prototype HRIS
- Identify responsible agency and steering mechanism

### Challenges to implement

- Infrastructure and facilities for HRIS
- Data hugging syndromes
- High-level commitment and budget support

*“identifying all data sources, working with data limitations is part of the planning process...needs multi-stakeholder involvement” Buchan J, session5*

# Network Intersession Activities

(s-s network)

1. Select common priority areas:
  - Accreditation (1.1) [assessment and mapping]
  - HRH Unit (3.2) and Coordination function (3.1) [R&D]
  - HWF Account (4.1) [R&D]
2. Produce a **SITUATION REPORT** and assessment
  - develop common assessment protocol
  - collect data in country (country self-funded or WHO or international support)
3. Convene 2-3 '*Learning and Sharing*' **WORKSHOPS** and plan for country development (based on funding available)
  - country comparison in some domains/indicators
4. **DISSEMINATE** results in 10th AAAH Conference 2018

# Role of country to implement

1. **COMMUNICATE & DISSEMINATE** concept, content, and milestones of GS-HRH2030, using drafted concept note
2. **DOCUMENT & LEARN** from country innovative and local practices
3. Produce a **SITUATION REPORT**, adapt common assessment tool for national context
4. **SHARING RESULT** for stakeholders involvement to strengthen, commit, and develop to achieve milestones
5. Clear **ACTION PLAN** with cost, M&E
6. **ADVOCACY** for high-level political commitment
7. Use international platform and AAAH network for **SHARING & LEARNING**

*“document and share experience with change both good and bad” (Travis P., session4)*

## International partners engage and support ...

- Facilitate south-south, north- south collaboration
- Technical assistance to countries
- Facilitate learning and sharing experiences
- Support 'learning and sharing forum' on good practice esp. accreditation
- Regional/global monitoring progress and support
- Support implementation e.g. WHO Global Code



# Acknowledgments

- The conference is supported by
  - Sri Lanka : MOH, College of Medical Administrators
  - WHO : SEARO, WPRO, EMRO, Country Office
  - USAID, JICA, PMAC, GPO
- Active contributions and active participation
  - Committee of HRH Awards, abstract selection, outstanding poster
  - Chairs, moderators, speakers, panellists
  - All participants
- Conference summary and proceeding synthesis
  - Rapporteur team (40 individuals, 7 countries)

# Rapporteur Team

## Lead Rapporteur

1. Dr Suparpit Von Bormann, 2. Dr Chularat Howharn, 3. Dr Weerasak Putthasri

1. Dr. Gavino Nikki
2. Dr. Hou Jianlin
3. Dr. Panarut Wisawatapnimit
4. Dr. Outavong Phathamavong
5. Dr. UmangaSooriyarachchi
6. Dr. BoontunWattanakul
7. Dr. Ramon Pedro Paterno
8. Dr. VindyaKumarapeli
9. Dr. Kamolrat Turner
10. Ms. Zhang Yun
11. Miss Diliniekanayake
12. Dr. SomchanhXaysida
13. Ms. OranaChandrasiri
14. Dr. SukjaiCharoensuk
15. Dr. Lal B Rawal
16. Mr.Tuhin Biswas
17. Dr. Sirikulkarunchareornpanich
18. Dr. Susie Perera
19. Dr. Ahmed Al-Kabir
20. Dr. OraratWangpradit
21. Dr. NimaliWidanapathirana
22. Dr. Tran DucThuan
23. Dr. Luckshmi Kumaratilake
24. Dr. Samiddhi Samarakoon
25. Dr. Vijith Gunasekera
26. Dr. Ashok Perera
27. Dr. H.K. A. Galappaththi
28. Dr. Upuli Wijemanne
29. Dr. Sudath Dharmaratne
30. Dr. Manuja Perera
31. Dr. Neranga Liyanaarachchi
32. Dr Suranji Dahanayake
33. Prof. Indika Karunatillake
34. Dr. Alan Ludowyke
35. Dr. Anuruddha Indika Jagoda
36. Dr. Nalinda Wellappuli
37. Dr. P. Karthikeyan

Thank you for your attention

See you in 10<sup>th</sup> Conference, Vietnam 2018

Conference report and presentations will be available at [www.aaahrh.net](http://www.aaahrh.net)