

Year 6

Issue 1



AAAH Newsletter

Asia Pacific Action Alliance on Human Resource for Health

AAAH Steering Committee Meeting 26 January 2012 at Prince Mahidol Award Conference to discuss and agree on intersession activities

The second AAAH steering committee of the year 2012 was arranged at Prince Mahidol Award Conference (PMAC) and via tele-conference. The participants included AAAH steering committee such as Dr Junhua Zhang, Dr Budihardja Singgih, Dr Gulin Gedik, Dr Evlegsuren SER-OD, Dr Mushtaque Chowdhury, Dr Arjun Karki, Dr Bambang Giatno, SM Ashrafal Islam. The partners of AAAH such as Dr Tim Evans, Dr Shoko Sato, Mr Yojiro Ishii, Dr Akiko Maeda, Dr Suwit Wibulpolprasert, Dr Keizo Takemi, Dr Kiyoshi Kodera, Dr Mugitani Masato, Dr Toomas Palu, Dr Emi Inaoka, and Dr Eva Jarawan were also invited to this meeting in order to observe and to advise AAAH research activities. Dr Suwit Wibulpolprasert chaired the meeting in the meeting room on behalf of Dr Junhua Zhang who was joined the meeting via tele-conference.



The meeting firstly discussed about the venue of the 7th AAAH Annual Conference. The Bangladesh team, Dr SM Ashrafal Islam and Dr Khaled Shamsul Islam, gave a presentation on travelling arrangement and conference facilities in Cox's Bazar, Bangladesh. Nowadays, there are four airlines flying from Dhaka–Cox's Bazar–Dhaka and another two new airlines will be operated in this route. The meeting agreed that the 7th AAAH Annual Conference will be held in Cox's Bazar, the world's longest natural sea beaches.



Then, the meeting discussed on the principle and objectives of the intersession research activities. The steering committees believe that these intersession activities will effectively strengthen in-country capacity in conducting research and creating both in-country and network ownership and accountability. The Expression of Interest (EOI) of two research themes; **“Policy Mapping and Analysis on Rural Retention Policy”** and **“Policy Analysis on Public and Private Role in Health Professional/Employment”** would be announced via AAAH focal points and partners (see *EOI on page 4-5*). The interested researchers in the AAAH country members are strongly encouraged to send application form/ pre-proposal to apply for these EOIs.

The preliminary results of both research themes will be reported in the 7th AAAH Annual Conference in December 2012.

Human Resources for Health Discussion in Prince Mahidol Award Conference (PMAC) 2012

Thanks for information from session rapporteur team;
Raoul Bermejo III, Lara Brearley, Passawee Tapasanan

The Plenary session 1 of PMAC 2012 convened a range of experts to discuss whether universal health coverage (UHC) is a utopian ideal or a mirage. The question for this session was: *“to what extent can UHC be a reality”?*

The session was moderated by Dr Toomas Palu from World Bank. The panel of this session included 1) Fran Baum, Director, Southgate Institute and SACHRU, Flinders University, Australia, 2) Daniel Cotlear, Lead Economist, The World Bank, 3) Carissa Etienne, Asst. DG, Health Systems and Services, WHO 4) Peter Anyang Nyong’O, Minister, Ministry of Medical Services, Kenya, 5) Keizo Takemi, Political Science Professor, Campaigner for Global Health and 6) Tien Nguyen Thi Kim, Minister of Health, Vietnam. The overall message was that UHC is neither a utopian ideal nor a mirage: it is a viable goal, although difficult to achieve.



Source: www.li.mahidol.ac.th/mahidolnews/feb55/mu6_feb55.pdf

Strong statements were made in support of the progressive realization of UHC, as a human right and an issue of justice. Quoting Carissa Etienne: “Every individual has a right to access services without fear of impoverishment”. UHC also reflects the principles enshrined in the WHO Constitution.

The panel agreed on the wider importance of UHC, not just for health, but as a contributing factor to social and economic development. It was also agreed that political will is imperative for UHC, yet achieving this can be a challenge. There was consensus that civil society is a part of the solution to this problem. Strong, organized and vocal civil society has the power to create and sustain political momentum. Progress in the past has usually been in response to a social movement.

Legal frameworks can also help to create a conducive environment to achieving UHC, as in Vietnam. Yet in Kenya, resistance from the powerful private sector lobby prevented the President from signing the law enshrining UHC in 2005.

To achieve UHC, the health budget will inevitably increase. Resources should be raised through traditional and innovative means. Donors must increase ODA but in the current climate we must push for domestic resource allocation.

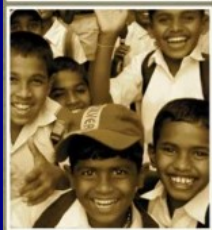
The panel discussed how there is no blueprint for how to achieve UHC. In the 2010 World Health Report and the related World Health Assembly resolution (2011), the absence of targets was a deliberate decision. Every country is starting from a different place, and each must embark on its own journey to progressively achieve UHC. Nevertheless, some clear recommendations were made. Various speakers referred to the importance of strengthened systems, role of public financing and comprehensive primary health care rather than a set of vertical systems. Baum said that a publicly funded system can coordinate care best. Comparing Costa Rica with the USA – where per capita expenditure is 10 times higher, yet life expectancy shorter - she said, “privatized health care is not good for people’s health”. Etienne also asserted the need for public stewardship and regulation of the private sector. Baum added that UHC cannot be achieved without addressing the social determinants of health and the upstream causes of ill-health.

Political stewardship is also essential for health in all policies. Baum explained how health for all is not about profit, warning that increasingly corporations attain profits from a population’s sickness. She urged governments to address power imbalances, and to look at trade as a public health issue. Baum referred to the role of large corporations in the rise of NCDs, and the related profits that are being made at the expense of health. There has been a growing movement of people who question corporate greed – referring to occupy Wall Street, and we can read more about this in the Global Health Watch III. These issues all underpin the question of health for all.



HealthSpace
Asia

What is the future of Asia? Are we already in the Asian Century? Rising problems of aging & inequality? How should health sector respond to these changes? Are there innovative options to progress? What about Social Media & Networking? Will it transform this region? Collaborate?



THE OFFICIAL LAUNCH OF
HEALTHSPACE.ASIA

The Website HealthSpace.Asia was officially launched on 28 January 2012 at PMAC

Source of info and pictures from www.healthspace.asia

www.healthspace.asia is a social platform to facilitate collaborative regional health research and policy innovations for inclusive health development in Asia. Since the soft launch in May 2011 and official launch in January 2012, HealthSpace.Asia has established partnerships with networks and institutions working for health development in the region. There are now over 450 health professionals and researchers joined this platform. Hundred of blogs regarding the health development and job, grant and research opportunities in the region have been provided. By signing up, the members will regularly receive information of important health events including conferences, meetings, lectures and workshops through HealthSpace newsletters.

Expression of Interest on “Policy Analysis on Public and Private Role in Health Professional Production/ Employment”

Introduction

The Asia Pacific Action Alliance on Human Resources for Health (AAAH) has been initiated since 2005 and was officially established in 2006 in response to international recognition of the need for global and regional action to strengthen country capacity for health (HRH) planning and actions. The 6th AAAH Annual Conference during November, 9th-11th, 2011 in Cebu, the Philippines, serving as a regional platform for HRH knowledge sharing, brought a better understanding on HRH situation in 16 AAAH member countries. Having discussed in the conference, a number of challenges in HRH development were raised into attention.

In 2010, 7 out of 16 AAAH countries had a number of health workforces (HWF) below the World Health Organization (WHO) benchmark of 2.28 per 1,000 populations, in addition to critical shortage, mal-distribution between rural and urban area was still pronounced in most countries. Besides that, a substantial growth of private sector in term of HRH production and employment is in an increasing trend. The HRH situation in AAAH members, reported by the AAAH secretariat in the 6th AAAH Annual Conference showed that doctors in Myanmar, India, Nepal and Bangladesh were more concentrated in private health facilities than public health facilities, likewise, nurse also concentrated more in private health sector in Nepal, Myanmar, Cambodia, the Philippines and Bangladesh. In HRH production, there have been mushrooming of private health professional schools in many countries e.g. of the total 34 medical schools in the Philippines, only 4 are public, and Nepal had around 90% of new graduates from private medical/nursing schools in 2010 for which there is no government bonding obligations for young graduates to serve rural and disadvantaged areas. To ensure these graduates trained in public and private colleges serving the public interests and contributing to the health systems development, there is a need for better understanding of policy dynamics in both public and private health sectors.

In 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. The AAAH member countries will report the progress and result of the research findings in the next AAAH Annual Conference in Bangladesh, in December 2012.

Possible activities to be conducted under the call

Activities conducted under this program are likely to focus on the country situation, which comprise;

1. Mapping of public and private health education institutes, trends of production capacity, resources and financing, teaching staffs where data allows;
2. Assessing and comparing various contextual environment in which public and private health professional schools are operating where data allows; this includes
 - a. policy environment
 - b. economic environment of private health professional education services
 - c. labour market and demand for health personnel from domestic market, regional and international market which pose demand for doctors and nurses
 - d. regional trade agreements which facilitate international migration across borders
 - e. regulatory environment on approval of curriculum and training institutes and quality assurance obligation public and private employment dynamics;

Eligibility to apply

Team of researchers who is eligible to apply this Expression of Interest (EOI) has to;

1. Work in the AAAH member countries
2. Have expertise in health policy and system research
3. Have ability in both qualitative and quantitative data collection, analysis and writing up
4. Engage with or access to policy makers involved in the HRH and Health Systems Policies and Development

Selection process

Application form and pre-proposal can be requested at secretariat@aaahrh.org. All applications must be submitted to the AAAH secretariat via email by 16th March 2012, 12.00 pm (Bangkok time) in the header of the email please put **“EOI: Public and private role in HRH (country name)”**. The AAAH secretariat will notify all applicants of receipt of their application. Applications will be selected and reviewed by a group of technical experts approved by the AAAH steering committee.

Applicants will be notified as to whether or not they have been selected for participation in the proposal development workshop tentatively during 22-26 April 2012 in Bangkok, Thailand.

Expression of Interest on “Policy Mapping and Analysis on Rural Retention Policy”

Introduction

The Asia Pacific Action Alliance on Human Resources for Health (AAAH) has been initiated since 2005 and was officially established in 2006 in response to international recognition of the need for global and regional action to strengthen country capacity for health (HRH) planning and actions.

The 6th AAAH Annual Conference during November, 9th-11th, 2011 in Cebu, the Philippines, serving as a regional platform for HRH knowledge sharing, brought a better understanding on HRH situation in 16 AAAH member countries.

Having discussed in the conference, a number of challenges in HRH development were raised into attention. In 2010, 7 out of 16 AAAH countries had a number of health workforces (HWF) below the World Health Organization (WHO) benchmark of 2.28 per 1,000 populations, in addition to critical shortage, mal-distribution between rural and urban area was still pronounced in most countries.

Though, most AAAH countries has established HRH strategic plans in increasing HRH in remote and rural areas, there is a lack of thorough assessment whether the interventions or strategies on promoting rural retention work and identification of areas for policy or operational improvement are needed.

In 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. The AAAH member countries will report the progress and result of the research findings in the next AAAH Annual Conference in Bangladesh, in December 2012.

Possible activities to be conducted under the call

Activities conducted under this program are likely to focus on the country situation, which comprise;

1. Critically describe and provide a brief assessment of various existing policies on rural retention with reference, but not limited, to the sixteen WHO global recommendations on rural retention of health workers in the country
2. Establish **WHO and/or criterion** to prioritize the rural retention policies and prioritize three most critical policies for further in-depth assessment In-depth **assessment on the three** priority policies
3. Provide a policy brief on rural retention policies as well as their evolution and future challenges

Eligibility to apply

Team of researchers who is eligible to apply this Expression of Interest (EOI) has to;

1. Work in the AAAH member countries
 2. Have expertise in health policy and system research
 3. Have ability in both qualitative and quantitative data collection, analysis and writing up
- Engage with or access to policy makers involved in the development or implementation of rural retention policies

Selection process

Application form and pre-proposal can be requested at secretariat@aaahrh.org. All applications must be submitted to the AAAH secretariat via email by March 16th 2012, 12.00 pm (Bangkok time) in the header of the email please put **“EOI: Rural Retention Policies (country name)”**. The AAAH secretariat will notify all applicants of receipt of their application.

Applications will be selected and reviewed by a group of technical experts approved by the AAAH steering committee.

Applicants will be notified as to whether or not they have been selected for participation in the proposal development workshop tentatively during 22-26 April 2012 in Bangkok.

Conference Alert!

Topic	Management of Human Resources in Healthcare Organizations Seminar
Date	7–8 March 2012
Venue	Singapore
Topic	International Conference on Health, Wellness, and Society
Date	10–11 March 2012
Venue	Chicago, USA
Topic	Inequalities in Health: Realities, Efforts and Way Forward
Date	17 March 2012
Venue	Munich, Bavaria, Germany
Topic	The 2nd Asia-Pacific Conference on Health Promotion and Education
Date	4– 6 May 2012
Venue	Taipei, Taiwan
Topic	NET 2012 International Networking for Healthcare Education Conference
Date	4–6 September 2012
Venue	Cambridge, United Kingdom

Greetings from AAAH Secretariat!

In this Year 6 Issue 1, the AAAH secretariat proudly inform about the second AAAH Steering Committing (SC) meeting of 2012. We also would like to keep you inform about the venue of the 7th AAAH Annual Conference and the research intersession activities. The EOIs of two research themes are also presented in this newsletter to encourage researchers in AAAH country members to apply for.

The secretariat strongly believe that this is the important step for us to move forward together in the HRH area. The secretariat will fully support this activity. We are looking forward to receiving the application form and pre-proposal from researchers in AAAH country members!

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“Strengthened HRH planning and management capacity toward adequate, equitable, efficient and effective HRH and health systems for health equity and quality improvement in the Asia-Pacific region”

