

Year 10 Issue 1



The AAAH Intersession Activity in Side Meeting of Prince Mahidol Award Conference (PMAC) 2016

The Prince Mahidol Award Conference (PMAC) 2016 on Priority Setting for Universal Health Coverage. The conference was held during 26th–31st January 2016 at Centara Grand at the Central World Hotel, Bangkok while 26th–28th January 2016 the side meetings were held in Lotus Suits, M1M2 and World Ballrooms. There were fifty one side meetings in the conference and also AAAH was host to organize on the topic “Emerging challenges and solutions on faculty development in Asia and Pacific Region”.

This was 2nd workshop of AAAH intersession. It took place on Thursday 28th January 2016 at Centara Grand at Central World Hotel, Bangkok while the PMAC main conference were held during 29th–31st January 2016.

The objective of this workshop aimed to monitoring progresses and Synthesis of prelim findings of six proposals from five countries (Bangladesh, China, Lao PDR, Philippines and Thailand) in term of review literature, method, preliminary of result and developed tools. And also the plan of the next step to follow common protocol and follow up activities during 2016.

This workshop was attended by nineteen participants. Principal investigators came to presented the progress of their results.

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The session was delivered the welcome remarks by Chair, Prof.Dr.Pisake Lumbiganon to all participants and representative of AAAH Secretariat presented briefly AAAH on intersession activity.

Dr.Lal B Rawal from Bangladesh presented on topic "Assessing emerging challenges and solutions on faculty development in Bangladesh.

Dr.Hou Jianlin from China had shown on topic "Faculty development in health professional education in transitional China".

Dr.Khampasong Theppanya from Lao PDR presented on topic "Emerging challenges and solutions on faculty development of health professional institutes in Lao PDR.

Dr.Gavino Nikki from Philippines had shown on topic "Embedding public health Practice in medical education in the Philippines: How can public health practitioners be faculty-mentors to medical students.

Dr.Ramon Pedro Paterno from Philippines as well and he presented on Part I : Emerging competencies of graduates and faculty of medical colleges in the Philippines responsive to its socio-economic context and emerging health needs. Also Part II : Emerging challenges and solutions on preventive/ community medicine faculty development of selected medical colleges in the Philippines.

Dr.Thongsouy Sitanon from Thailand had shown on topic "Faculty development in public and private nursing education institutes : the assessment of current competency, future needs and gaps.

This session finished by 17.00 hrs. at that day and AAAH Secretariat and all participants had agreement for reporting their researches at the 9th AAAH Conference, Colombo, Sri Lanka.

Role of private sector training institutions in Human Resources for Health : training and beyond



On the 14th and 15th of March 2016, Bangkok, RESYST member countries, Thai policy makers, researchers, representative from public and private training institutions.

The workshop is the first opportunity for policy makers involved in establishing HRH observatories from three countries to come together and share experiences and ideas, and develop a common purpose in taking forward the utilization of HRH observatories as an effective way of informing and supporting health workforce policy.

The general objective of the meeting is to strengthen evidence and knowledge with respect to health workforce development and to promote the use of innovative methodological approaches, data or tools, to measure and monitor health workforce capacity, evidence on interventions and policy options, and support to policy development to respond to private health needs.

The workshop was officially opened by Dr. Suwit Wibulpolprasert, Vice Chair of International Health Policy Program Foundation (IHPPF) and Health Intervention and Technology Assessment Foundation (HITAF), attended by approximately 50 participants from Kenya, United Arab Emirates, India, China, England, South Africa and Thailand.



Picture from
RESYST workshop
During 14-15
March 2016



First day of workshop focused on "Identifying cross-country lessons". All presenters provided research of role private sector training institutions : country experiences. After, the session on knowledge synthesis panel 1 begun by all experts and Dr.Viroj Tancharoensathien served as a chair of this session.

Next day, session started Assistant Prof Dr.Nanthaphan Chinlumprasert. She presented on topic "Taking findings on step further: how can private training institutions contribute to address HRH challenges".

During this day, the program was set to do group discussions in order to draw on evidence and experience from participants.

On evening of the last day workshop, there had been panel 2 discussion on topic "How can researchers help policy-makers understand the role of the private sector better?".

At the End of the workshop, Dr.Duane Blaauw and Ms.Rebecca Wolfe, from Resilient Response Health Systems (RESYST), summarized lessons from country experiences and panel discussion. This session had shown about key messages, policy response : essential package for public sector and private training institutions. He recommended four research priorities as follow: (1)Drivers of private training institutions (PTI) policy, research priority (2) Effective strategies to strengthen PTIs, research priority (3)Effective strategies to better regulate PTIs and research priority (4) Evidence of impact of PTIs.



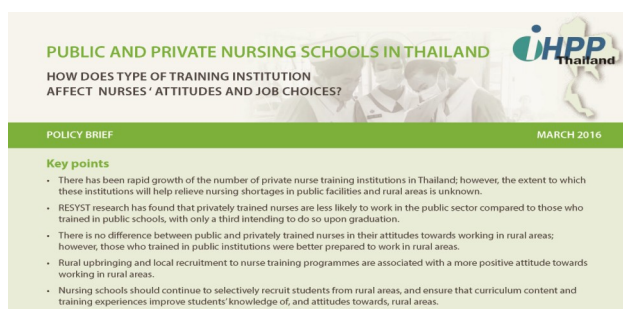


PUBLIC AND PRIVATE NURSING SCHOOLS IN THAILAND

HOW DOES TYPE OF TRAINING INSTITUTION AFFECT NURSES' ATTITUDES AND JOB CHOICES?

Key Points

- There has been rapid growth of the number of private nurse training institutions in Thailand; however, the extent to which these institutions will help relieve nursing shortages in public facilities and rural areas is unknown.
- RESYST research has found that privately trained nurses are less likely to work in the public sector compared to those who trained in public schools, with only a third intending to do so upon graduation.
- There is no difference between public and privately trained nurses in their attitudes towards working in rural areas; however, those who trained in public institutions were better prepared to work in rural areas.
- Rural upbringing and local recruitment to nurse training programmes are associated with a more positive attitude toward working in rural areas.



Background

In Thailand, one of the greatest human resources for health challenges is the recruitment and retention of nurses to public facilities in rural areas. Nurses play an essential role in the provision of primary health services, and shortages in rural areas impede access to services for many people, as well as creating disparities in health outcomes between urban and rural populations.

The demand for nurses in Thailand has increased markedly since 2008 when the government implemented the Universal Health Coverage policy. With the population growing older and living longer, demand is likely to rise further, and the Thailand Nursing and Midwifery Council estimate that there will be a shortage of 50,000 nurses by 2020. In recent years there has been a rapid proliferation of private nursing schools to respond to increased demand, and they now constitute more than a quarter of all training institutions.



However, questions remain as to whether private schools will help address the problem of nurse shortages in public facilities and rural areas. RESYST researchers have sought to identify differences between public and private training institutions with

regards to students' intention to work in public services after graduation and their attitudes towards rural areas. They compared the responses of more than 3,300 students from 36 institutions. The main characteristics of these institutions are shown in Figure 1.

Figure 1: Characteristics of public and private training institutions in Thailand

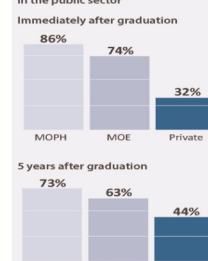
	Public institutions (MOPH and MOE)	Private institutions
Admission (targeting rural recruitment)	Admission criteria for MOPH schools favours students from remote areas	Do not recruit students from remote areas
Financing	More than 60% of budget is from government, followed by 27% from tuition fees	92% of funding is from tuition fees
Teaching methods	Mostly classroom-based learning	Mostly classroom-based learning
Curriculum	Reviewed every 5 years; limited focus on health system topics	Reviewed every 5 years; limited focus on health system topics
Staff	43% of staff at MOE institutions hold a doctorate degree compared with 10% at MOPH institutions; criteria for staff dependant on education, not (rural) work experience	14% of staff hold a doctorate degree; criteria for staff dependant on education, not (rural) work experience
Student competency	49% (MOPH) - 60% (MOE) of students passed national licence exam at first sitting	30% of students passed national licence exam at first sitting
Attrition	5-10% mainly due to desire to change institute	5-10% mainly due to poor academic performance

Research findings

Nurses' job intentions

- Publicly trained nurses are more likely to choose to work in the public sector, both immediately after graduation and up to 5 years after graduation, with those trained in MOPH schools most likely to work in the public sector (see Figure 2).

Figure 2: Nurses' intentions to work in the public sector



- Less than one third of students from private schools plan to work in the public sector after their graduation, although the number increases to 44% 5 years after graduation. This may be because public nursing students are trained exclusively in public hospitals, whereas private students have experience in both public and private hospitals. It may be that nurses feel more familiar working in environments that they are used to.

For private sector graduates, income is a factor in their preference to work in (better paid) private facilities. This might be because they had higher expenses and tuition fees compared to publicly trained students.

Attitudes towards working in rural areas

- Nurses' attitude towards working in rural areas is a strong predictor for their intention to work in rural areas.
- There is no difference between nursing students who trained in a public or private institutions, with regard to their attitude towards working in rural areas.
- However, a larger proportion from students from public schools agreed with the idea that they were prepared, and inspired, to work in rural areas through their training.

Factors affecting nurses' choice to work in rural areas

- Rural upbringing and entering the nursing education program through local recruitment were associated with a more positive attitude towards working in rural areas.
- This finding is similar to that of research on doctors in Thailand, where it was found that students admitted to medical schools from rural backgrounds preferred to work in community hospitals in rural areas.

Policy recommendations

For all nursing institutions

- Admission/recruitment policy: Nursing schools should continue to selectively recruit students from rural areas. Rural recruitment has been recommended by WHO as an effective strategy to address rural retention, and this study provides further evidence for this.
- Local training and placements in students' hometown would also help retain nurses in rural areas.

Curriculum development:

- Curriculum content and training experiences should be more focused on influencing students' attitudes towards rural areas by providing more exposure to rural practice and environments.
- The curriculum should also be revised to include health system topics such as health equity, health policy, cultural sensitivity and evidence-based practice.

Faculty development:

- Experience of working in rural and community practices should be an important criteria for recruiting new teaching staff.
- All nursing schools should design and implement a mandatory continuous professional development programme that is relevant and responsive to the evolving health-care needs of the population.
- MOPH schools need to build capacity of their current staff and attract newly qualified staff, in order to meet the criteria of educational standards.
- Private institutions should also improve the quality of teaching staff in line with those at government funded nursing schools.
- All types of nursing schools face challenges in maintaining staff, including an aging workforce, and high attrition rates. Thus, better planning and strategies are required to maintain staff levels and to retain current teaching staff.

For the Ministry of Public Health

- Government or employers (e.g. local hospitals) should provide scholarships for students from rural backgrounds and seek to collaborate with both public and private schools to promote nurse production for rural areas.
- MOPH should take a role as a national focal point by indicating the demand for nurses in rural areas nationwide.

- Nursing schools should continue to selectively recruit students from rural areas, and ensure that curriculum content and training experiences improve students' knowledge of, and attitudes towards, rural areas.

About the brief

This policy brief is based on research carried out as part of the RESYST health workforce theme, which looks at the role of the private sector in addressing human resource constraints in Thailand, India and Kenya.

More information : Nareerut Pudpong, International Health Policy Program (nareerut@ihpp.thaigov.net).

The brief is now available here: <http://resyst.lshtm.ac.uk/resources/Thailand-HW-brief>

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<http://resyst.lshtm.ac.uk>

Further resources

- Reynolds J et al (2013) The role of the private sector in the production of nurses in India, Kenya, South Africa and Thailand: a review of the literature. Human Resources for Health 2013 11:14
- Srisuphan W, Sawaengdee K. Recommended Policy-Based Solutions to Shortage of Registered Nurses in Thailand. Thai Journal of Nursing Council 2012 27 (No.1 Jan-Mar): (in Thai).

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Conference Alert

In this year (2016), the AAAH secretariat are proud to announce that we will have the 9th AAAH Conference 2016. The Conference will be held on Monday 24th until Friday 28th October 2016, Colombo, Sri Lanka.

Conference theme

"GLOBAL HRH STRATEGIES 2030 : FROM STRATEGY TO IMPLEMENTAION"

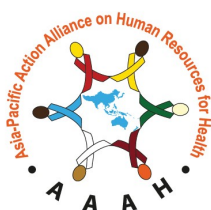
Objectives of the conference

It aims to gain an in-depth understanding of the contents in the Global HRH strategies 2030, its targets and indicators, and how to translate the strategy into country actions in order to achieve targets by 2020 and 2030.

This will further foster the HRH networking across institutes, researchers, and policy makers in Asia Pacific region to successful implementation of the strategy.

Lastly, we believe that this conference is the important step to move forward in the HRH. In this regard, we will keep you informed for further information and our sincere gratitude here for your passing this forwards to those who may be interested in our programs in your country.

**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**



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