

## Ministry Of Health delegates of Maldives and WHO representative Visit Human Resources for Health Research and Development

This meeting took place at 2<sup>nd</sup> floor, International Health Policy Program Building, Nonthaburi, Thailand.



On Wednesday, 16<sup>th</sup> September 2015, Human Resources for Health Research and Development Office (HRDO), International Health Policy Program, was delighted to warm welcome 3 Ministry of Health delegates of Maldives and 1 the World Health Organization representative to Maldives. The panelists were Dr. Pongpisut Jongudomsuk from National Health Security Office (NHSO) and Dr.Nonglak Pagaiya from Sirindhorn College of Public Health, Khon Kaen. This event was moderated by Dr.Thinakorn Noree. They came to discuss the topics on 1.Thailand experience/lessons learned on HRH strategic plan implementation; 2.Methods formonitoring and evaluation of the National HRH plan; 3.Methods/ways adopted for workforceplanning and projections. The aims of this study visit as follow: 1.To discuss how Government of Thailand has implemented the HRH strategic plan; 2.To observe and understand the methods adopted for workforce planning and projections; 3.To understand the methods for monitoring and evaluation of the National HRH plan.

Dr.Pongpisut began by presenting HRH strategic plan implementation. He emphasized on National HRH Strategic Plan (2007-2016); National HRH Committee and main issues and hot issues considered by NHRHC.

Next, Dr.Nonglak described planning and projection. She addressed the situation and trend of HRH in Thailand. In addition to presentation, she presented HRH distribution and HRH strategic plan, MOH (2013-2016).

Overall, the meeting went smoothly and effectively with active participation of all participants.

To find out more about human resources for health (HRH) in Thailand, please contact, [secretariat@aaahrh.org](mailto:secretariat@aaahrh.org)

## **Sri Lanka Study Visit: Coordination and Implementation of Human Resources for Health (HRH) Strategies**

Sri Lanka Study Visit was convened for 5 days during 21<sup>st</sup> – 25<sup>th</sup> September 2015, in Pullman King Power Hotel, Ministry of Public Health (MoPH) and field visit in Khon Kaen province.

During study visit, there were 14 participants in field of MD category and non-MD from Sri Lanka including HRDO staffs as Dr. Thinakorn Noree, Dr.Nareerut Pudpong, Dr.Thunthita Wisaijohn, Ms.Parinda Seneerattanaprayul and Ms.Juthathip Martro. Dr. Suwit Wibulpolprasert and Dr. Weerasak Putthasri were invited to serves as senior supervisor and supervisor respectively of this program.

This study program was for the middle level officers from MOH to share and learn from Thailand experience in concept of HRH strategies coordination mechanism and implementation on both national rural retention and health professional training strategy.

**The objective** aimed to share experience and discuss with relevant stakeholders how a strategic plan for HRH is implemented in Thailand. In addition, to critically discuss the methods adopted for coordination mechanism, monitoring and evaluation of the HRH plan in Thailand.

**On Monday 21<sup>st</sup> September 2015**, Dr.Suwit Wibulpolprasert, senior supervisor given welcome remark and presented overview on health system in Thailand and Human Resources for Health Development (HRD) including planning, management and production. Dr.Pitakpol Boonyamalik, Assistance Permanent Secretary, Office of the Permanent Secretary, presented Overview Thai health system. Moreover, issue of service plan was discussed by Dr.Pornpet Panjapiyakul, Deputy Director, Bureau of Health Administration and HRH planning was given by Dr.Nonglak Pagaiya, Deputy Director, Sirindhorn College of Public Health. Summary of the day was led by Dr.Thinakorn Noree.





## Sri Lanka Study Visit: Coordination and Implementation of Human Resources for Health (HRH) Strategies (Cont')

**Second day**, the study program was divided into 3 issues which are a.) Rural retention strategies by Dr.Nareerut Pudpong; b.) HRH information system (Dr.Pinij Phaumnuaaypol, Director of Health Information System Development Office) and c.) Multi-stakeholder participation by Dr.Phusit Prakorngsai, Director, Bureau of International Health, served as a moderator, Dr.Suchitra Laungamonlert, The First Vice President of Thailand Nursing and Midwifery Council. (TNMC Roles in Nursing Professional Development: Nursing Workforce Development), Dr.Suthi Huntrakul, Deputy Mayor, Phitsanulok Municipality (Role of multi-stake holder participation in HRH strategies implementation), Ms.Orapan Srisookwatana, Deputy Secretary-General, National Health Commission Office (Multi-stakeholder participation on public policy process and Tools) and Dr.Phudit Tejavivaddhana, The Vice President of the Navamindradhiraj University (A sustainable approach to innovation in health care: A Thai perspective) served as speakers.

**Next day**, on the morning of **September 23<sup>rd</sup>, 2015** Dr.Krisada Sawaengdee, Deputy Director of Praboromarajchanok Institute introduced overall HRH production and share role of HRH production including concept of rural recruitment, local training and hometown placement led by Dr.Rajin Arora, Deputy Director, Collaborative Project to Increase Production of Rural Doctors. In addition, Prof.Wanicha Chuenkongkeaw, Secretary General, Health Professional Education Reform Foundation of Thailand, was invited to share concept of Health Professional Education Reform (HPER), HPER commission and action plan of HPER strategy.

The program had been continuing for 3 days and **the field visit in Khon Kaen province** was conducted on 24<sup>th</sup> September 2015. The teams visited community and district hospital in NamPong, Khon Kaen province. Afternoon session, teams visited college of Asian scholars to learn model of private nursing school in rural area.

Also, the program was finished completely on 25<sup>th</sup> September 2015. There were 2 groups presenters which were Dr.Nimali Dhanusha Widanapathirana and Dr.Priyantha Lakmini Athapattu made the summary and synthesis presented in the last day. The aim of this session is a debriefing of learning experience from participants and discussing by Dr. Suwit Wibulpolprasert and HRDO, IHPP team.



## Gallery of the Sri Lanka Study Visit





**Human  
Resources  
for Health  
NEWS**

## **Accelerate Implementation of the WHO Global Code of Practice on International Recruitment of Health Personnel: Experiences From the South East Asia Region**

**Viroj Tangcharoensathien, Phyllida Travis**

Strengthening the health workforce and universal health coverage (UHC) are among key targets in the health-related Sustainable Development Goals (SDGs) to be committed by the United Nations (UN) Member States in September 2015. The health workforce, the backbone of health systems, contributes to functioning delivery systems. Equitable distribution of functioning services is indispensable to achieve one of the UHC goals of equitable access. This commentary argues the World Health Organization (WHO) Global Code of Practice on International Recruitment of Health Personnel is relevant to the countries in the South East Asia Region (SEAR) as there is a significant outflow of health workers from several countries and a significant inflow in a few, increased demand for health workforce in high- and middle-income countries, and slow progress in addressing the “push factors.” Awareness and implementation of the Code in the first report in 2012 was low but significantly improved in the second report in 2015. An inter-country workshop in 2015 convened by WHO SEAR to review progress in implementation of the Code was an opportunity for countries to share lessons on policy implementation, on retention of health workers, scaling up health professional education and managing in and out migration. The meeting noted that capturing outmigration of health personnel, which is notoriously difficult for source countries, is possible where there is an active recruitment management through government to government (G to G) contracts or licensing the recruiters and mandatory reporting requirement by them. According to the 2015 second report on the Code, the size and profile of outflow health workers from SEAR source countries is being captured and now also increasingly being shared by destination country professional councils. This is critical information to foster policy action and implementation of the Code in the Region.

For more information, please visit: [http://www.ijhpm.com/article\\_3088\\_0.html](http://www.ijhpm.com/article_3088_0.html)



**Working Document: Strengthening a competent health workforce for the provision of coordinated/ integrated health services****Margrieta Langins, Liesbeth Borgermans**

In 2012, Member States of the WHO European Region endorsed the European health policy Health 2020, recognizing health system strengthening as one of four priority action areas in setting out a course of action for achieving the Region's greatest health potential by year 2020.

The vision put forward by Health 2020 calls for people-centred health system. In doing so, it extends the same principles as first set out in the health for all and primary health care agenda, reorienting health systems to give priority to areas including disease prevention, continual quality improvement and integrated services delivery.

The importance weighted to health system strengthening is also made explicit globally in WHO's Twelfth General Programme of Work for the period between 2014 to 2019, with a priority technical cluster specifically concentrated on the organization of integrated services delivery as positioned in the interim global strategy for people-centred and integrated health services.

In line with these priorities, strategic entry points over the 2015-2020 period have been further delineated in two priority areas: (1) transforming health services to meet the health challenges of the 21st century and (2) moving towards universal coverage for a Europe free of catastrophic out-of-pocket payments.

This document contributes to taking the first of these priorities further with a particular focus on health services delivery. It is set in the context of developing an overarching Regional Framework for Action for Coordinated/Integrated Health Services Delivery (CIHSD). Launched in late-2013, the Framework aims to support Member States in transforming health services delivery by adopting a results-focused, action-oriented approach relying on health systems thinking to identify key entry points for taking action.

With this focus, discussed in detail here is the health workforce, as one of the key health system predictors on the performance of health services delivery. Specifically, the paper looks to explore the requisites for a competent health workforce for coordinated/integrated health services delivery towards an understanding

For more information, please visit: <http://www.euro.who.int/en/health-topics/Health-systems/health-workforce/publications2/2015/strengthening-a-competent-health-workforce-for-the-provision-of-coordinated-integrated-health-services>



# Conference Alert

**2015 International Hospital Federation 39<sup>th</sup> World Hospital Congress**

**6<sup>th</sup>-8<sup>th</sup> October 2015**

**Chicago, USA**

**<http://www.worldhospitalcongress.org/en/home>**

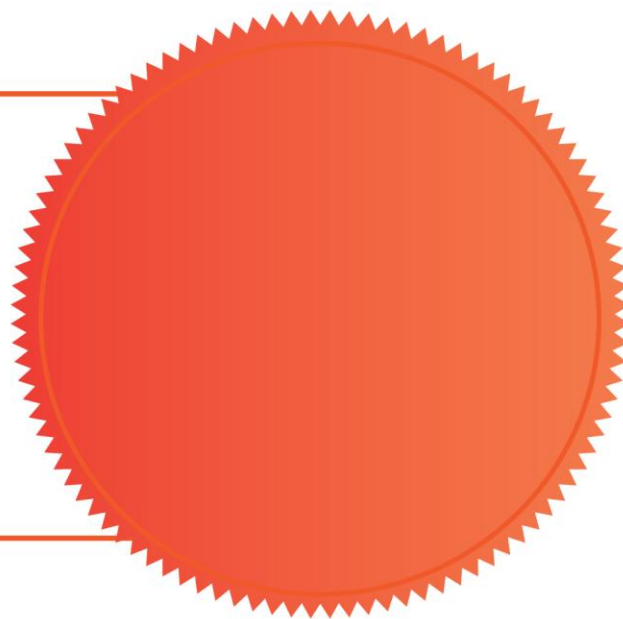
**RESYST (Resilient and Responsive Health Systems) Annual Meeting**

**13<sup>th</sup>-17<sup>th</sup> October 2015**

**Hanoi, Vietnam**

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

**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**



## **Secretariat Team**

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