The 9th AAAH Conference Program

Background

The Asia Pacific Action Alliance on Human Resources for Health (AAAH)

AAAH is a regional partnership mechanism, was established in response to international recognition of the need for global and regional action to strengthen country capacity for HRH planning and management. The AAAH is part of a larger movement to enhance HRH development as articulated in Kampala Declaration and the Agenda for Global Action. It was established in 2005, by 10 founding member countries. The AAAH membership was gradually expanded. In 2011, membership increased to 16 countries; 7 from the South East Asia (SEA) region including Bangladesh, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand, and 9 from the Western Pacific Region (WPR): Cambodia, China, Fiji, Lao PDR, Mongolia, Papua New Guinea, Philippines, Samoa and Vietnam. AAAH coordinates with partners to strengthen joint effort in advocating the HRH, provides technical support and augments country-level HRH development through regional collaboration. It aims to ensure sustained commitments to addressing HRH needs through research, and contribution to policy development. With regards to AAAH work plan in 2014-2016, members have identified four priority areas for regional collaboration in particular HRH networking, knowledge generation, management and sharing, capacity Building, and AAAH structure and sustainability.

Global movement from Sustainable Development Goals (SDGs) and Global Strategy on HRH 2030
The Sustainable Development Goals (SDGs), which were committed by the Heads of State on the 2015 United Nations General Assembly Resolution. The SDGs follow, and expand upon, the Millennium Development Goals (MDGs), which has expired at the end of 2015, though all health-related MDGs continue to be included in the SDGs with newer targets. After several years of consultation, 17 Goals and 169 targets of the SDGs are committed by that Resolution. Various health-related targets committed in the SDGs are connected to AAAH portfolios in particular **target 3.c** which aims to substantially increase health financing and the recruitment, development, training and retention of the health workforce (HWF) in developing countries, especially in the least-developed countries and developing small-island states.

In response to the health related SDG target 3.c, a Global Strategy on HRH: Workforce 2030[1] was developed in consultation with countries and development partners and endorsed by the 69th World Health Assembly[2]. Its vision is accelerating progress towards UHC and SDGs by ensuring universal access to HWF with four strategic objectives. The resolution urged all Member States to adapt and implement particularly in i) strengthening capacities to optimize HWF towards UHC, ii) forecasting and closing the gap between HWF needs and supply, iii) building institutional capacity for effective governance and leadership, and iv) consolidating a core set of HWF data.

Additionally, The United Nations Secretary-General announced the appointment of a Commission on Health Employment and Economic Growth on 2nd March 2016 aiming to propose actions in support of the creation of around 40 million new jobs in the health and social sector and attend to addressing the projected shortage of 18 million health workers by 2030, primarily in low-and lower-middle-income countries.

AAAH realize that HWF is one of key component contribute our ability to achieve UHC. Making progress towards UHC requires that health workers are adequate in numbers, prepare for their jobs and motivated to perform by update their knowledge on future needs of the health systems and demands of the health labour market, establish HRH institutions and develop good HRH information system. Thus, this is an opportune time to discuss and translate the global strategy into national action at the 9th AAAH conference. The nature of the 9th AAAH conference will be the "workshop" style, moving from a talk only conference to an action oriented workshop.

Conference theme
"Global HRH strategies 2030: from strategy to implementation"

Objectives of the conference

General objectives

This conference 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

Specific objectives
1. To translate the Global HRH Strategies 2030 into regional and national level implementation.
2. To determine the challenges that may hinder the implementation of Global HRH strategies and its achievement.
3. To facilitate countries to develop the national strategies to overcome challenges in response to four main targets;
    - To optimize the existing HWF to enable o contribute towards UHC achievement
    - To close the gaps between HWF needs, demands, and supply as well as distribution
    - To build the institutional capacity for effective governance and leadership of HWF
    - To improve HRH information and a core set of HWF data for planning, monitoring, and evaluation progress of HWF development.

Venue
Colombo, Sri Lanka

Date
24th -28th October, 2016

Conference program

Date	Time	Topic / activity	
DAY 1 24 Oct	08.30-10.00	**Meeting of AAAH's Steering Committee and Organizing Committee and Funders**	**Side meetings** will be announced
	10.00-10.15	**Coffee break**	
	10.15-12.30	**Meeting among AAAH Focal Points** Country focal point situation report on Global HRH strategies 2030 by 16 countries	**Side meetings** will be announced
	12.30-13.30	**Lunch**	
	13.30-17.30	**Intersession Activities** Meeting among Researchers of Intersession Activities Presentation of findings of Intersession research by six proposals from five countries on Faculty Development **Chair:** Dr. Manuel M. Dayrit (Chairs of AAAH) and Dr. Viroj Tangcharoensathien (IHPP-Thailand) **Commentators:** reflect in different roles and perspectives - Prof. Pisake Lumbiganon (President of RTCOG, Thailand) - Prof. Sanjay Zodpey (Vice President and Director – Public Health Education, Public Health Foundation of India) - Dr. Phyllida Travis (SEAR) **Presenters:** Update dissemination of research findings as well as policy influence by each PI: Covering situations of 5 topics: 1) Background, 2) Methods, 3) Results, 4) Discussion, and 5) Recommendations - Dr. Lal B Rawal, Bangladesh: Assessing emerging challenges and solutions on faculty development in	**Side meetings** will be announced

Date	Time	Topic / activity
		Bangladesh. • Dr. Hou Jianlin, China: Faculty development in health professional education in transitional China. • Dr. Khampasong Theppanya, Lao PDR: Emerging challenges and solutions on faculty development of health professional institutes in Lao PDR. • Dr. Gavino Nikki, Philippines: 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, Philippines, Part I: Emerging competencies of graduates and faculty of medical colleges in the Philippines responsive to its socio-economic context and emerging health needs. And Part II: Emerging challenges and solutions on preventive/community medicine faculty development of selected medical colleges in the Philippines. • Dr. Thongsouy Sitanon, Thailand: Faculty development in public and private nursing education institutes: the assessment of current competency, future needs and gaps.
DAY 2 25 Oct	08.30-10.00	**Session 1: Opening ceremony** **Opening address**: • Dr. Poonam Khetrapal Singh, Regional Director of WHO South-East Asia Region • Sri Lanka representative • Dr. Manuel M. Dayrit, AAAH Chairperson **AAAH award ceremony:** • Keynote speech by two awardees **Keynote speaker:** • Dr. James Campbell, WHO Geneva: Global Strategy on HRH: Work force 2030 (including milestone 2020 and 2030) and interlinks with the High-Level Commission on Health Employment and Economic Growth: what are the implications to countries? And how can link of UHC and SDGs and HRH?

Date	Time	Topic / activity
	10.00-10.15	**Coffee break**
	10.15-12.15	**Session 2** Strengthening capacity to optimize the existing HWF towards UHC and SDGs (presentation and group discussion) **Chair:** Dr. Gulin Gedik (EMRO) **Presenter:** • Prof. James Buchan**:** What is a major Global HRH challenge to halving inequalities in access to a health worker? **Country presentation:** focus on situation of HRH: density of HWF in overall (dentist, midwife, nurse, pharmacist, physician) per 1000 population by urban, rural, and subnational (district) level distribution of HWF (Objective 1: milestone 1.2); initiatives; challenges; lessoned learn (what work and what does not work) and the way forward) • Indonesia (SEAR) • Vietnam (WPR) **Panel reflection:** • Dr. Frank Herbert Paulin (WHO) • Dr. Vivian Lin (WPR) **Group discussions:** focus on how to achieve milestone 1.2
	12.15-13.30	**Lunch**
	13.30-15.00	**Session 3** Closing the gaps between HWF needs, demands, and supply (presentation and group discussion) **Chair:** Dr. Eva Jarawan (World Bank) **Presenter:** • Dr. Akiko Maeda (Word Bank): Labor market related to HRH (Covering objective 2: milestone 2.1 and 2.2) **Country presentation:** focus on HRH investment, situation of self-reliance HWF production in country that full self-reliance, and rely on expatiates, challenges; and way forward • Philippines (WPR) • Thailand (SEAR) • Bhutan (SEAR) **Panel reflection:** • Dr. Patrick Kadama (ACHEST) • Prof. Yang KE (Peking University)

Date	Time	Topic / activity
		• Dr. Andreasta Meliala (Gadjah Mada University) **Group discussions:** how to achieve milestone 2.1 and 2.2
	15.00-15.15	**Coffee break**
	15.15-16.30	**Session 3** Closing the gaps between HWF needs, demands, and supply **[continue]** (presentation and group discussion)
	17.30-20.00	**Welcome Dinner by co-host**
DAY 3 26 Oct	09.00-10.15	**Session 4** Building the institutional capacity for effective governance and leadership (presentation and group discussion) **Chair:** Dr. Nima Asgari Jirhandeh (APO) **Presenter:** Dr. Phyllida Travis (SEAR) (focus on objective 3: milestone 3.1, 3.2, and 3.3) **Panel discussion:** focus on multisectoral collaboration to address HRH • Global governance on HRH by Dr. Randy Kolstad (USAID) • Regional governance on HRH by Dr. Rasul Baghirov (WPR) • National governance on HRH by Dr. Thushara Ranasinghe (WHO-Sri Lanka) • Governance of hospital on HRH by Dr. Anuwat Supachutikul (CEO of Thailand's Healthcare Accreditation Institute, Thailand) • Development partner by Dr. Tomohiko Sugishita (JICA) • Professional council by Prof. Pisake Lumbiganon (President of RTCOG, Thailand) • Public private partnership representative from USAID **Group discussions:** focus on how to achieve (involvement of all stakeholders), monitor and evaluate milestone 3.1, 3.2, and 3.3)
	10.15-10.30	**Coffee break**
	10.30-12.00	**Session 4** Building the institutional capacity for effective governance and leadership **[continue]** (presentation and group discussion)

Date	Time	Topic / activity
	12.00-13.00	**Lunch**
	13.00-14.15	**Session 5** Consolidating HRH information and a core set of HWF data for planning, monitoring, and evaluation covering on objective 4: milestone 4.1 and 4.2 (presentation and group discussion) **Chair:** Dr. Phusit Prakongsai (Director, Bureau of International Health Ministry of Public Health, Thailand) **Presenter:** • Representative from OECD: Global HRH information systems (HWF registry, minimum dataset, national HWF account) • Dr. Mark Landry (SEAR)**:** how to use data for formulating HRH policies (demonstration) **Country experiences:** focus on situation of HRH information system and management, how to use data for formulating HRH policies, challenges, and way forward (examples of countries that are starting to develop until continuing develop) • Lao PDR (WPR) • Sri Lanka (SEAR) • Nepal (SEAR) **Panel reflection:** • Dr. Toomus Palu (World Bank) • Representative from USAID **Group discussions:** focus on how to implement, monitor and evaluate milestone 4.1 and 4.2
	14.15-14.30	**Coffee break**
	14.30-16.00	**Session 5** Consolidating HRH information and a core set of HWF data for planning, monitoring, and evaluation **[continue]** (presentation and group discussion)
DAY 4 27 Oct	09.00-12.00	**Session 6** Group discussion by country to finalize and prepare Power Point presentation of the findings from Sessions 2, 3, 4 and 5 **Chair:** Ms. Wanda Jaskiewicz (IntraHealth International) • Divide into 16 groups among AAAH member countries plus other participant (focusing on how to implement a global HRH strategies, what are the steps involved in implementing the global HRH strategies, how to plan about

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		global HRH strategies for your country's future)
	12.00-13.00	**Lunch**
	13.00-14.15	**Session 7** Report from group discussion by group in relation to global HRH strategies **Chair:** Dr. James Campbell (WHO Geneva) • Conclusion remark (16 groups: 8 minutes per group) • Q&A and discussion by the participants
	14.15-14.30	**Coffee break**
	14.30-16.00	**Session 7** Report from group discussion by group in relation to global HRH strategies **[continue]**
	16.00	**Session 8** **Poster presentations** (Add six proposals of faculty development and posters of SEARO about UHC spider web from Dr. Phyllida Travis)
DAY 5 28 Oct	09.00-10.30	**Session 9** Role of global, regional, and international agencies to engage and support the implementation of the Global Strategy **Chair:** Dr. Suwit Wibulpolprasert (IHPP, Thailand) **Panel:** focus on their roles related to global HRH strategies, UHC and SDGs and suggest the way forward Dr. Viroj Tangcharoensathien, IHPP-Thailand (Representative from AAAH Secretariat) Dr. Manuel M Dayrit (Chairs of AAAH) Dr. Gulin Gedik (EMRO) Mr. Taro Kikuchi (JICA) Assoc. Prof. Dr. Churnrurtai Kanchanachitra (PMAC) Dr. Phyllida Travis (SEARO) Dr. Jame Campbell (WHO-HQ) Dr. Akiko Maeda (World Bank) Dr. Vivian Lin (WPRO)

Date	Time	Topic / activity
		Representative from USAID
	10.30-10.45	**Coffee break**
	10.45-11.15	**Session 10** **Recommendations and the way forwards**: Decision on AAAH intersession in 2017-18, in responses to the Global HRH strategies 2030, by Dr. Weerasak Putthasri, IHPP-Thailand (Representative from AAAH Secretariat).
	11.15	**Closing ceremony**
	12.00-13.00	**Lunch**
	13.00	**Bon voyage**

Global HRH strategies 2030:

MILESTONE 1.1
By 2020, all countries will have established accreditation mechanisms for health training institutions.

MILESTONE 1.2
By 2030, all countries will have made progress towards halving inequalities in access to a health worker.

MILESTONE 1.3
 By 2030, all countries will have made progress towards improving the course completion rates in medical, nursing and allied health professionals training institutions.

MILESTONE 2.1
By 2030, all countries will have made progress towards halving their dependency on foreign-trained health professionals, implementing the WHO Global Code of Practice on the International Recruitment of Health Personnel.
MILESTONE 2.2

By 2030, all bilateral and multilateral agencies will have increased synergies in official development assistance for education, employment, gender and health, in support of national health employment and economic growth priorities.

MILESTONE 2.3
By 2030, partners in the Sustainable Development Goals will have made progress to reduce barriers in access to health services by working to create, fill and sustain at least 10 million additional full-time jobs in health- and social-care sectors to address the needs of underserved populations.

MILESTONE 2.4
By 2030, partners in the UN Sustainable Development Goals will have made progress on Goal 3c to increase health financing and the recruitment, development, training and retention of health workforce.

MILESTONE 3.1
By 2020, all countries will have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.

MILESTONE 3.2
By 2020, all countries will have an HRH unit with responsibility to develop and monitor policies and plans.

MILESTONE 3.3
By 2020, all countries will have regulatory mechanisms to promote patient safety and adequate oversight of the private sector.

MILESTONE 4.1
By 2020, all countries will have made progress to establish registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.

MILESTONE 4.2
By 2020, all countries will have made progress on sharing HRH data through national health workforce accounts and submitting core indicators to the WHO Secretariat annually.

MILESTONE 4.3
By 2020, all bilateral and multilateral agencies will have strengthened health workforce assessment and information exchange.

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[1] http://apps.who.int/gb/ebwha/pdf_files/EB138/B138_36-en.pdf
[2] http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_ACONF10Rev1-en.pdf