



CONCEPT NOTE

Building a Resilient Health Workforce and Preparing for Future Public Health Emergencies 13th AAAH Conference, Crown Plaza Hotel, Vientiane, Lao PDR 28-31 October 2024

Strengthening health workforce resilience in the Asia-Pacific region

Health workforces are at the heart of health systems, and play a pivotal role in bolstering health system resilience to manage complex public health challenges countries are facing, e.g., climate change and environmental hazards, NCDs, public health emergencies (PHEs), etc. The COVID-19 pandemic exposed vulnerabilities in health systems across the Asia-Pacific region, highlighting the need for preparedness. Even before the pandemic, health workers of various occupational groups in the Asia-Pacific region were in short supply and working at full capacity, causing systems to become overloaded quickly when PHEs hit. Furthermore, the region's challenges are consistently linked to inadequate skill mix, quality of health workers, internal and external migration¹, and poor working conditions, both physically and mentally. As a result, there is a heightened difficulty in retaining these health workers and higher risk of burnout and attrition, further exacerbating health emergencies. This not only compromises the ability to effectively limit the consequences of health threats but also to maintain the core function of health systems. This vulnerability is further amplified by contexts with displaced populations, border regions, and densely populated areas. Border areas face unique challenges and opportunities, especially in areas with long natural borders such as the Greater Mekong Subregion (GMS), which includes parts of Thailand, Myanmar, Laos, Cambodia, Vietnam, and China's Yunnan province. The Thailand-Myanmar border sees continuous migration due to political instability and armed conflict. These communities often face limited access to healthcare resources, and social support, and challenges managing public health threats due to mobility patterns. Examples include outbreaks of malaria, antimicrobial resistance, and air pollution. Climate change and agricultural failures have worsened conditions, forcing more people to migrate in search of jobs. Strengthening collaboration between governments, communities, and across borders will be crucial to address these challenges and build a more resilient health workforce across the Asia-Pacific.

¹ Asia Pacific Action Alliance on Human Resources for Health. (2024). Infographic from AAAH 2024 PMAC Side Meeting on Health workforce Migration. Paper presented at the Prince Mahidol Award Conference 2024, Bangkok. <https://aaahrh.net/download/infographic-pmac-2024/>

Navigating future public health challenges and enhancing systemic response

PHEs encompass a wide range of threats, including natural disasters, outbreaks, and human-made crises including bioterrorism, armed conflict, and refugee crises. With climate change and global interconnectedness increasing the likelihood of future PHEs, building resilient health systems with strong and adaptable health workforces is critical. These threats necessitate swift and coordinated actions to protect population health, thus highlighting the importance of the workforce that delivers the essential public health functions, including emergency preparedness and response. Consequently, there is a pressing need to focus on strengthening the capacity of public health professionals, including epidemiologists, public health doctors, data scientists, behavioural scientists, biostatisticians, virologists, health system managers and administrators, IT specialists, legal/policy experts veterinarians/ livestock specialists, and community health workers.² Resource strain and dependence on top-down and centralized policies in Asia-Pacific nations underscore the need for stronger leadership within the health and care workforce. Local resistance to change adds further strain, highlighting the necessity for robust leadership to effectively coordinate emergency responses, allocate resources, and lessen the impact of health emergencies on public health. This would drive efforts to strengthen healthcare systems, enhance coordination and integration of services, and bolster the capacity of the health and care workforce to enlighten their performance.

Defining Resilience in the Health Workforce

Within current frameworks, the health workforce forms one of the six-health system building blocks, along with services delivery, medical commodities, governance, information systems, and financing³. The public health workforce is composed of core public health personnel, the health and care workforce, and allied occupations (e.g. within water and sanitation systems). Each group plays a pivotal role in public health emergency response, and the resilience of our health systems is reflected in the performance, and recovery of health workforces in crises. It is critical that in the preparedness stage and recovery stage of PHE's, health workforces are being equipped with skills and mechanisms to enable and support their absorptive, adaptive, and transformative capacities, through both HRH policies and cross-linked health system strengthening policies within PHE preparedness plans such as development of surge capacity and emergency teams.⁴ A resilient health workforce is a cornerstone of a

² Joint external evaluation tool: International Health Regulations (2005), third edition. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO

³ Fridell, M., Edwin, S., von Schreeb, J., & Saulnier, D. D. (2020). Health System Resilience: What Are We Talking About? A Scoping Review Mapping Characteristics and Keywords. *International Journal of Health Policy and Management*, 9(1), 6-16. doi: 10.15171/ijhpm.2019.71

⁴ Burau, V., Falkenbach, M., Neri, S., Peckham, S., Wallenburg, I., & Kuhlmann, E. (2022). Health system resilience and health workforce capacities: Comparing health system responses during the COVID-19 pandemic in six European countries. *The International journal of health planning and management*, 37(4), 2032–2048. <https://doi.org/10.1002/hpm.3446>

³ World Health Organization. National workforce capacity to implement the essential public health functions including a focus on emergency preparedness and response Roadmap for aligning WHO and partner contributions [Internet]. 2022 [cited 2024 Apr 18]. Available from: <https://iris.who.int/bitstream/handle/10665/354384/9789240050402-eng.pdf>

⁴ The Council on Linkages Between Academia and Public Health Practice. Core Competencies for Public Health Professionals Available from: [phf.org/corecompetencies](https://www.phf.org/corecompetencies) The Council on Linkages Between Academia and Public Health Practice. 2021;(October). Available from: https://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2021October.pdf

resilient health system. However, the resilient health workforce definition is still unclear. It can be defined as an individual or a group of health workforces and supporting staff who possess the capacity, skills, and flexibility to maintain high levels of healthcare services under distorted conditions. This includes the ability to adapt to increased demands, manage stress, innovate in the face of resource constraints, and recover quickly from setbacks. Simultaneously, the individuals themselves should sustain minimal damage from the threats while maintaining their competence and commitment after the crisis. Health workforce resilience that we strive for demands a health system context that ensures access to resources to manage stress, and labour standards to protect health worker physical security, and mental wellbeing. Resilience efforts should strengthen the system, not strain health workers.

Core Competencies and Digital Strategies for Emergency Preparedness

It is impossible to build health workforce competencies tailored to each specific PHE, so it is essential to identify the essential competencies to be ready for all threats.

Therefore, resilience health workforce definitions, essential public health functions (EPHFs)³ performed by the workforce and core competencies⁴ to support the health system resilience need to be identified, along with ensuring that they can tailor context-specific strategies which are sustained when facing health emergencies. Such a workforce is prepared to effectively respond to emergencies through prior training, strong leadership, supportive policies, and a culture of resilience. To be able to professionalize the public health workforce, we need a practice that puts forward several levers that can be engaged with by a range of stakeholders who have important roles and insights into improving public health.⁵ Digital technologies offer a range of tools and solutions that can enhance the capability, capacity, and competency of the health and care workforce to deliver all domains of public health services and functions. This is achieved through education and training—for example, transformative health education, continuous professional development, and ensuring that individuals and teams can perform at their full potential. Examples of such technologies include digital education and training platforms, telemedicine, and collaboration platforms used in patient information systems and human resource planning.

Empowering primary health care workforces with essential public health competencies

Primary health care is the most efficient way to achieve UHC and health security ensuring equity and human rights. However, the role of primary care in delivering public health functions and services is under-utilised, which leads to disruptions in secondary and tertiary care in the context of emergencies like COVID-19. Primary health care providers are often the first point of contact. They play a critical role in the early detection and management of various health conditions, which can provide comprehensive care and implement public health interventions swiftly and effectively.

⁵ WHO Regional Office for Europe. Roadmap to professionalizing the public health workforce in the European Region. [Internet]. 2022. Available from: <https://iris.who.int/handle/10665/351526>

This can also include advancing the rights and representation of community health workers to improve health governance. Bridging knowledge gaps in One Health (interconnectedness of human, animal, and environmental health) is also essential to support the workforce in collaborating as multidisciplinary teams.

The role of AAAH in strengthening health workforce resilience

The Asia Pacific Action Alliance on Human Resources for Health (AAAH) is a regional partnership mechanism that organizes learning and knowledge sharing on key HRH issues, strengthening HRH capacity across the Asia-Pacific region since 2005. Its membership, currently encompassing 22 countries, expands across WHO regions (10 from SEAR, 9 from WPR, and 3 from EMR). AAAH's regional expertise, vast network, advocacy capabilities, and collaboration capacity make it well-positioned to lead discussions and provide a call to action on building a resilient health workforce in times of polycrises. This conference will address regional challenges and solutions to enhance health workforce resilience and technology competency. Our collaborative approach must target systemic resilience, enabling our health workforce to remain strongly committed and competent.

Efforts to address this critical issue can foster better collaboration within and across the region. This includes establishing new norms on decolonization, amplifying strong voices, and documenting domestic initiatives to prioritize actions that necessitate greater resilience. By doing so, the movement can address and define domestic solutions instead of relying on external influence and decision-making. South-south and north-south collaborative initiatives facilitated by AAAH hold promise for rapid improvement.

Theme of the 13th AAAH conference

Building a Resilient Health Workforce and Preparing for Future Public Health Emergencies

Sub-theme 1: Integrating technologies for a digital-ready health workforce

Sub-theme 2: Strengthening primary health care with a One Health approach

Proposed Objectives

1. To enhance the preparedness and response competencies of health and care workers and healthcare systems to effectively manage future public health emergencies while maintaining core health system functions.

1.1 To incorporate health workforce resilience concept in policy formulation into national strategies

1.2 To identify a supporting system to equip the primary health care workforces with public health competencies, and bridge gaps in One Health and digital health knowledge.

- 1.3 To explore the potential of digital technologies in enhancing the capability, capacity, and competency of the health and care workers, and team performance
2. To award and recognize crucial role of health and care workers in enhancing health system resilience
3. To strengthen the capacity of the AAAH network, facilitate collaborative initiatives, and document domestic initiatives to prioritize actions for building a resilient health workforce in the region

Proposed Meeting

The 13th AAAH conference is proposed as a four-day on-site event from October 28th to 31st, 2024 at the Crown Plaza Hotel in Vientiane, Lao PDR. Day 1 will comprise a site visit and welcome dinner, while days 2 and 3 will be dedicated to conference sessions. Day 4 will consist of a meeting of the AAAH steering committee and focal points to review conference outcomes and develop actionable steps to implement discussed ideas and strategies.

Proposed Participants

The 13th AAAH meeting aims to have up to 300 participants representing diverse backgrounds such as research, clinical, advocacy, youth federation, and community sectors, as well as individuals from the private sector, government, and international organizations. Participants are divided into 2 groups including 160 international participants and 140 local participants.

Proposed Activities

Proposed activities for the conference encompass an array of engaging sessions designed to foster knowledge exchange, collaboration among participants, and the development of tangible outcomes. The framework and order of activities follow the 13th AAAH Conference Framework (Figure 1).

WHY?

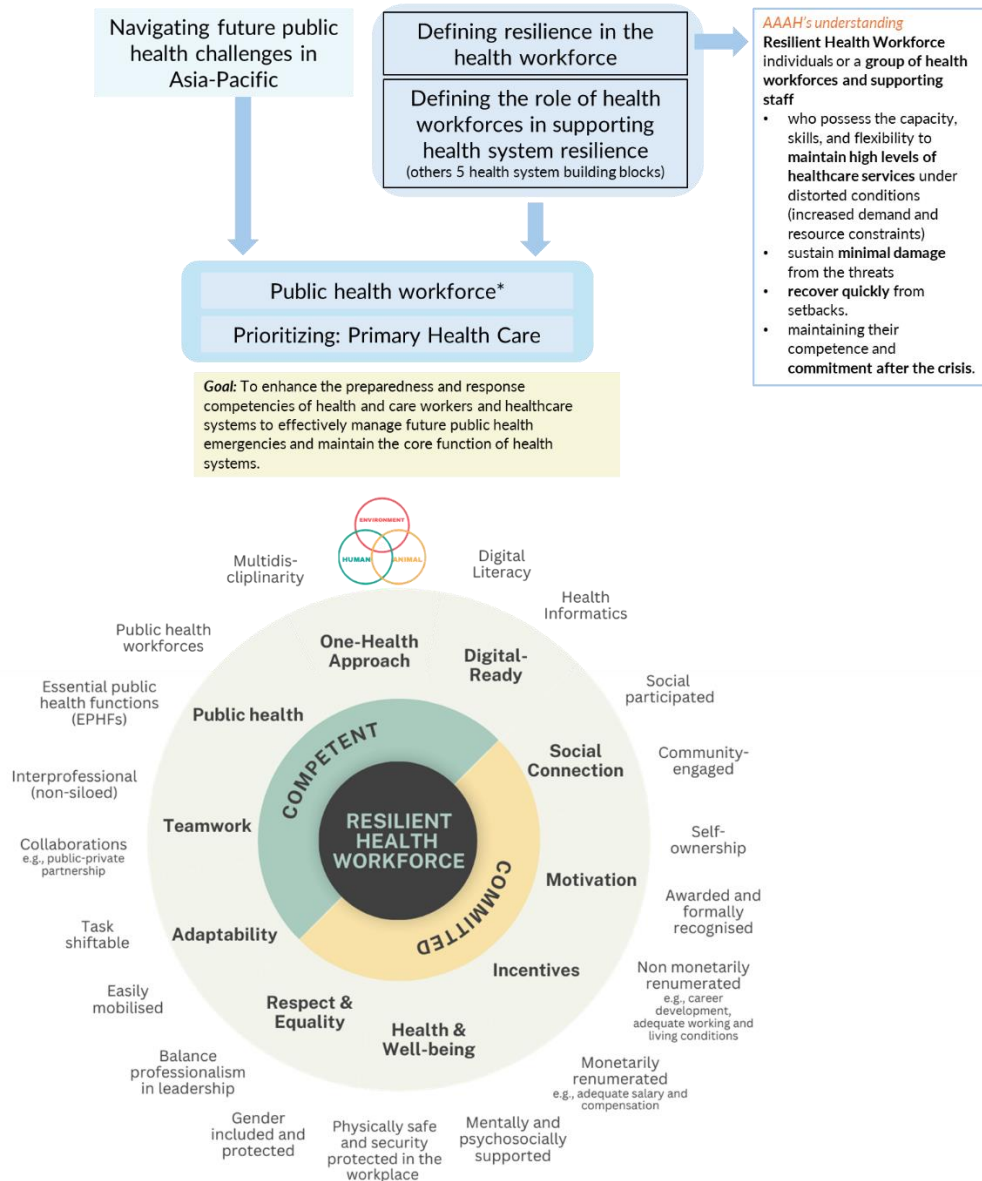
- The Health Workforce as the Cornerstone of Resilience
- Navigating Future Public Health Challenges in Asia-Pacific Region

WHO?

*Public health workforce encompasses of core PH workforces (practitioners, specialists), and the wider workforce

WHAT?

AAAH's understanding
A resilient health workforce is competent: workforces exhibit the necessary qualifications and training to fulfil their job and wider public health roles; committed: workforces are motivated to remain in their job and perform to the best of their ability



HOW?

Resilience efforts should strengthen the system, not strain health workers. Our collaborative approach must target systemic resilience, enabling our health workforce to remain strongly committed and competent.

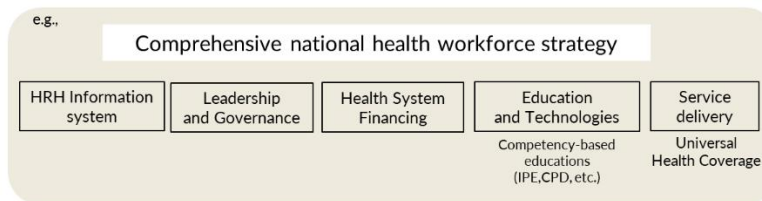


Figure 1: 13th AAAH conference framework

Host Organization

Asia-Pacific Action Alliance on Human Resources for Health

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13th AAAH Conference Agenda

Building a Resilient Health Workforce and Preparing for Future Public Health Emergencies

Crown Plaza Hotel, Vientiane, Lao PDR

28-31 October 2024

Day 1: 28th October 2024

Field Visit and Welcome Dinner

Time	Session
08:00	Registration Location: Crown Plaza Hotel, First Floor
08:15	Departure from Crown Plaza Hotel <ul style="list-style-type: none"> Brief overview of the day's schedule and objectives
	1) Field visit [Choose 1 group in advance] Dress code: Casual with AAAH's T-shirt
08:30	Group 1: University of Health Sciences, Merieux and Pasteur institute The University of Health Sciences plays a pivotal role in shaping the future health workforce education. Additionally, the Merieux and Pasteur Institutes are instrumental in strengthening laboratory capacity and building workforce expertise, which is vital for improving public health preparedness. The visit highlighted the critical importance of aligning health workforce production with the national health needs of Laos.
08:30	Group 2: National Center for Laboratory and Epidemiology (NCLE) and Institute of blood-Lao National Red Cross NCLE leads national disease surveillance and response efforts, while its Field Epidemiology Training Program (FETP) focuses on building workforce skills in collaboration in One Health approach. Additionally, the Lao Red Cross plays a key role in disaster preparedness and ensuring a stable blood supply chain during crises. The visit highlighted the importance of strengthening Laos' epidemiological workforce and laboratory capacity through robust disease surveillance and disaster preparedness in Lao PDR.
09:30	Group 3: A Journey Towards One Health Village Model at Nakoung Village, Xaythany District, Vientiane Capital Nakoung Village serves as a sub-urban agricultural hub, demonstrating how multisectoral collaboration can strengthen health resilience in rural agricultural communities. This model integrates health, agriculture, and environmental practices to address potential risks from human-animal-environment interactions. Ongoing training for local health volunteers and community leaders, focusing on identifying and building essential workforce competencies in health and disease preparedness. The pilot model is designed to expand nationwide in 2025, participants will collaborate with the Ministry of Health of Lao PDR and key partners, including the French Embassy and LAOHUN, to support the countrywide implementation of the One Health Village Model. This initiative focuses on strengthening integrated disease surveillance and preparedness at the community level.
	2) Discussion and Summary (30 mins)

12:00	Lunch and Travel Back to Hotel
14:00	Rest and Refresh Time
17:30	Gather at Crowne Plaza Hotel and move to the Saint Phila convention hall
18:00-21:30	<p>Welcome Dinner at Saint Phila Convention Hall Theme: Cultural and Solidarity Night Dress code: Traditional dress is encouraged</p> <ul style="list-style-type: none"> • Welcome remark • Partners' Speech • Cultural show

Day 2: 29th October 2024**Main Conference Day 1**

Time	Session
08:30-09:00	Registration
09:00-10:00	<p>Session 1: Welcome and Overview</p> <p>1.1 Opening address</p> <ul style="list-style-type: none"> - Welcome Address by the Minister of Health of Lao PDR : Dr.Bounfeng Phoummalaysith - Remarks by French Ambassador to Lao PDR : H.E Madame Siv-Leng CHHUOR - Opening remarks by AAAH Chair : Dr.Mayfong Mayxay <p>1.2 AAAH Award Ceremony Part 1</p> <p>Keynote speech by AAAH awardees (2 awardees)</p> <ol style="list-style-type: none"> 1. PHC Team (10 mins) 2. Youth (10 mins)
10:30-10:45	Networking Coffee break
10:45-12:00	<p>Session 2: Integrating Health Workforce Resilience into National Health Workforce Strategies to Build Preparedness for Public Health Emergencies</p> <p>The objective is to introduce the concept of a resilient health workforce and explore the relationship between health system strengthening and HRH strategies to build a resilient health workforce that is committed and competent in the event of public health emergencies. It is important to identify crucial policy areas to integrate lessons from PHE in Asia Pacific into HRH policy and strategy.</p>
12:00-13:00	Networking Lunch
13:00-14:15	<p>Session 3: Essential Tools to Prepare Public Health Workforces</p> <ul style="list-style-type: none"> • Session 3.1: Strengthening Health Workforce through Essential Public Health Function (EPHF) Integration <p>The objective is to introduce the use of the EPHF tool that highlights public health functions needed when it comes to preparing the health workforce for PHEs. The session will explore and demonstrate how integrating of tools can strengthen the health workforce. Participants will gain insights into the strategies and best practices for embedding EPHF to enhance the workforce's capacity to deliver comprehensive, high-quality care, and ultimately improving health outcomes and resilience in healthcare settings.</p> <ul style="list-style-type: none"> • Session 3.2: Ensuring Frontline Epidemiology Workforces Network through Basic Field Epidemiology Training Programmes <p>FETP Frontline curriculum is one of the most powerful and practical tools available in the Asia-Pacific region, empowering local health workers with the skills to not only respond to crises but also effectively communicate risks and coordinate larger response efforts. Scaling and strengthening these programs will ensure that the smallest collaborated teams of the health system remain alert, capable, and resilient in the face of emerging threats. This session serves as a vital opportunity to discuss the integration of basic epidemiology skills into public health workforce development. This session will explore how to embed these tools into the basic health system framework across Asia-Pacific, aligning them with the current needs of PHEs and ensuring a true One Health approach in practice</p>

14:15-15:30	<p>Session 4: Building Protected Communities by Promoting Community Workforces Resilience</p> <ul style="list-style-type: none"> • Session 4.1: Promoting Workforce Resilience to Overcome Challenges in Border Health Management <p>The objective is to evaluate and enhance cross-border collaboration strategies related to the health workforce. Discussions will address challenges and opportunities in workforce planning, development, information sharing, and cooperation in public health initiatives across national boundaries. Additionally, identifying strategies for border health workforce resilience at the community, provincial, and national levels.</p> <ul style="list-style-type: none"> • Session 4.2: Professionalising Community Health Workers: Pathways to Building an Empowered, Protected, and Resilient Workforce <p>Professionalizing and protecting community health workers (CHWs) is crucial to enhancing their ability to be a resilient frontline workforce. CHWs are a critical cadre delivering essential health services often reaching remote and underserved communities and facilitating key linkages for patients to health systems. The session will provide an overview of CHW professionalization efforts in the region and share best practices and lessons learned from the countries in building resilient community CHWs</p>
15:30-15:50	<p>Networking Coffee Break</p>
15:50-17:00	<p>Session 5: Roles and Functions of Government for Resilient Health Workforce</p> <p>The objective of this session is to bring together public health experts from at least 22 countries to showcase the roles and functions of government in public health crisis response. It will focus on identifying best practices in government responses to unique challenges faced by different countries during crises through comparative policy analysis via country presentations. A template, set by the AAAH Secretariat, will be used to support this strategic movement of AAAH, aiding countries in capacity building and enhancing their crisis response capabilities. To support the national policy to support both their professional and personal lives for building resilient health workforce who committed and competent there during and after crisis</p> <p>5.1 Country presentation Participants will break into 3 rooms [7 presentations per room] (7 mins each)</p> <p>5.2 Breakout room presentation summary (7 mins each) Focus Topics:</p> <p>1) Background setting Country's PHE Priority and HRH challenges in preparing for PHEs (Align with Resilience Health Workforce Framework)</p> <p>2) Best practices in adaptive capacity of public health workforces during PHEs Government roles and functions in effectively HRH management during crises, highlighting successful approaches and lessons learned in the adaptive capacity of health workforces such as task-shifting and workforce mobilization.</p> <p>3) Resilience initiatives in post-COVID era Showcases of resilience initiatives in post-COVID new normal initiatives implemented in government functioning in health workforce capacity in planning, training and professionalizing</p> <p>3.1 <u>Digital technologies Initiatives</u> 3.2 <u>One Health Initiatives</u> 3.3 <u>Education initiatives:</u></p> <p>4) Actions priorities in national HRH strategies in promoting resilient health workforce</p>

Day 3: 30th October 2024**Main Conference Day 2**

Time	Session
8:30-9:10	Session 6: Overview 6.1 Wrap-up of Day 1 (10 mins) 6.2 AAAH Award Ceremony Part 2 Keynote speech by AAAH awardees (2 awardees) 1. Digital health (10 mins) 2. Health Profession Education (10 mins)
9:10-10:25	Session 7: Competency-Driven Workforce Planning <ul style="list-style-type: none">• Session 7.1: Competency-Based Training for the Public Health Workforce and HRHIS Integration The objective is to importance of competency-based training and HRHIS integration in preparing for future PHEs, as well as, continuous professional development (CPD). Ensuring that all health workers can upgrade their skills anytime and in-time of crisis hits. The discussion will also focus on integration of Human Resource for Health Information Systems (HRHIS) to enable real-time tracking, management, and deployment of health workers, to identify and address training needs effectively and to evaluate and enhance surge capacity.• Session 7.2: Launch of the updated Workload Indicators of Staffing Need (WISN) WISN supports workforce competency by improving the strategic alignment of staff with healthcare demands, promoting effective use of skills, and guiding targeted training efforts. Platform to disseminate the updated WISN tool and guidance in collaboration with the WHO, along with participants from countries which have implemented the tool who can share their experiences and learnings with inclusion of how WISN considers the One Health workforce, and a digital approach.
10:25-10:45	Networking Coffee break
10:45-12:00	Session 8: Balancing leaderships in Crisis Management <ul style="list-style-type: none">• Session 8.1: Balance in Action: One Health Approaches Through Joint Risk Assessment It is essential to build foundational knowledge of the One Health workforce, that is not centered around human health. The session emphasizes the importance of the One Health approach, which integrates human, animal, and environmental health through Joint Risk Assessment. The objectives of this interactive session would train participants to effectively conduct joint risk assessment and facilitate One Health Integration/multidisciplinary approach through real-world scenarios. As well as, to identify actions needed to build the capacity of the health and care workers and tackle gaps in One Health capacity building.• Session 8.2: Balancing Professional Leadership in Crisis Response As the largest segment of the healthcare workforce, nurses and community health workers are pivotal yet often under-recognized contributors to health systems, yet overutilized for a lot of things other than patient care, particularly in crisis response. The session will explore the expanding leadership roles within nursing, focusing on essential aspects such as rights, personal safety, and gender issues. It will also delve into workforce empowerment, emphasizing the importance of interprofessional education to foster collaboration and eliminate the siloed approach. This aims to enhance commitment, support the resilience of these professionals, and contribute to a stronger and more resilient health system.
12:00-13:00	Networking Lunch

<p>13:00-14:50</p>	<p>Session 9: World café session (PHE-café): Lessons from the Field During PHEs: Workforce Management for Resilience in the Digital Era.</p> <p>In this World Café session, participants will integrate knowledge, experiences, and viewpoints from the previous sessions and participate in the co-creation process to synthesise strategies to enhance resilience health workforce. It is the place where HRH experts meet public health emergency experts, and field-based scenarios facilitate both cross-learning and cross-advocating.</p> <p>The objective is to gather real-world and consolidate key insights and prioritise actionable strategies for resilient health workforce.</p> <p><i>Format:</i> The session will focus on practical, field-based lessons learned from various PHEs. Participants are seated at small tables in a café-like setting by crisis of PHE. After the initial discussion round, participants rotate to different tables, except for one or two individuals (the "table hosts") who remain at each table to provide continuity and share insights from the previous discussion. The summary of the table will be structured by HRH-related issues.</p> <p>Example: Table of Malaria Outbreaks. This session would explore what are the competencies needed to equip health and care workers to manage a malaria outbreak near border crossings, including disease surveillance, challenges in migrant health needs, and effective collaboration between neighboring countries. Finally, exploring the role of digital technology in supporting better management of malaria outbreak.</p> <p>9.1 Café Hopping Room and table assignment [Choose 3 Tables in advance]</p> <table border="1" data-bbox="410 1087 1502 1377"> <thead> <tr> <th colspan="2" data-bbox="410 1087 1143 1157">Breakout room 1</th> <th data-bbox="1143 1087 1502 1157">Breakout room 2 (Locally Focused Scenario)</th> </tr> </thead> <tbody> <tr> <td data-bbox="410 1157 773 1262">Table 1: Health service disruption during PHEs (NCDs and vaccination)</td> <td data-bbox="773 1157 1143 1262">Table 4: Migration</td> <td data-bbox="1143 1157 1502 1262">Table 7: Vaccine-preventable diseases (e.g. Measles)</td> </tr> <tr> <td data-bbox="410 1262 773 1318">Table 2: Vector-borne diseases (Malaria, Dengue)</td> <td data-bbox="773 1262 1143 1318">Table 5: Natural disasters (Flood, Earthquake)</td> <td data-bbox="1143 1262 1502 1318">Table 8: One-health-related diseases (Avian-flu)</td> </tr> <tr> <td data-bbox="410 1318 773 1377">Table 3: Wars and conflicts</td> <td data-bbox="773 1318 1143 1377">Table 6: Climate change and Air pollution</td> <td data-bbox="1143 1318 1502 1377">Table 9: Antimicrobial resistance</td> </tr> </tbody> </table>	Breakout room 1		Breakout room 2 (Locally Focused Scenario)	Table 1: Health service disruption during PHEs (NCDs and vaccination)	Table 4: Migration	Table 7: Vaccine-preventable diseases (e.g. Measles)	Table 2: Vector-borne diseases (Malaria, Dengue)	Table 5: Natural disasters (Flood, Earthquake)	Table 8: One-health-related diseases (Avian-flu)	Table 3: Wars and conflicts	Table 6: Climate change and Air pollution	Table 9: Antimicrobial resistance
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<p>14:50 – 15:10</p>	<p>Networking Coffee break</p>												
<p>15:10-16:30</p>	<p>9.2 Café summary Presentation from representatives from each table</p>												
<p>16:30-17:00</p>	<p>Session 10: Closing 10.1 Conference wrap-up 10.2 Evaluation 10.3 Closing address</p>												

Day 4: 31st October 2024**AAAH steering committee and members meeting**

Time	Session
08:30-09:00	Registration
9:00-10:30	Roadmap for resilience health workforce and vision for the future of AAAH <ul style="list-style-type: none">- Conference summary (20 mins)- Small group discussion (30 mins)- Group presentation (30 mins)
10:30-11:00	Networking Coffee break
11:00-11:40	Chair Election <ul style="list-style-type: none">- Election of new chair-elect for 2025-2026- Speech from AAAH's chairs
11:40-12:00	Closing and commitments <ul style="list-style-type: none">- Open-floor discussion and feedback solicitation- Closing
12:00-13:00	Networking Lunch

Annex 1: WHO’s roadmaps on National workforce capacity to implement the essential public health functions⁵

Fig. 1. Composition of the workforce which delivers the EPHFs

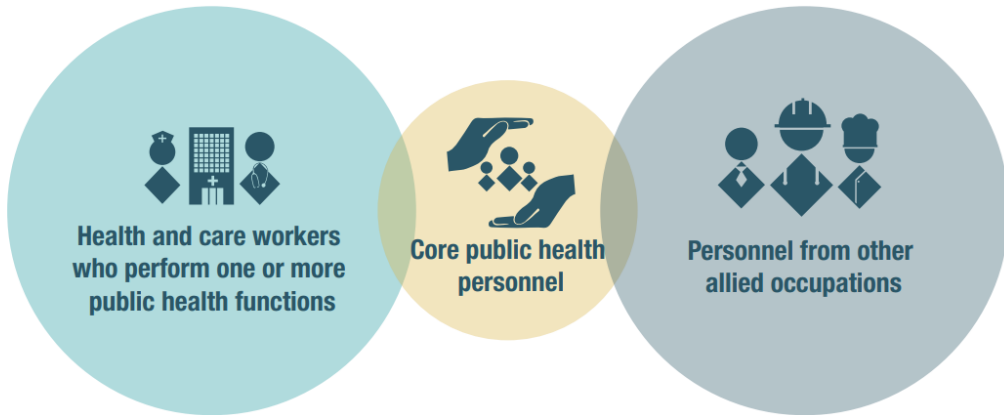
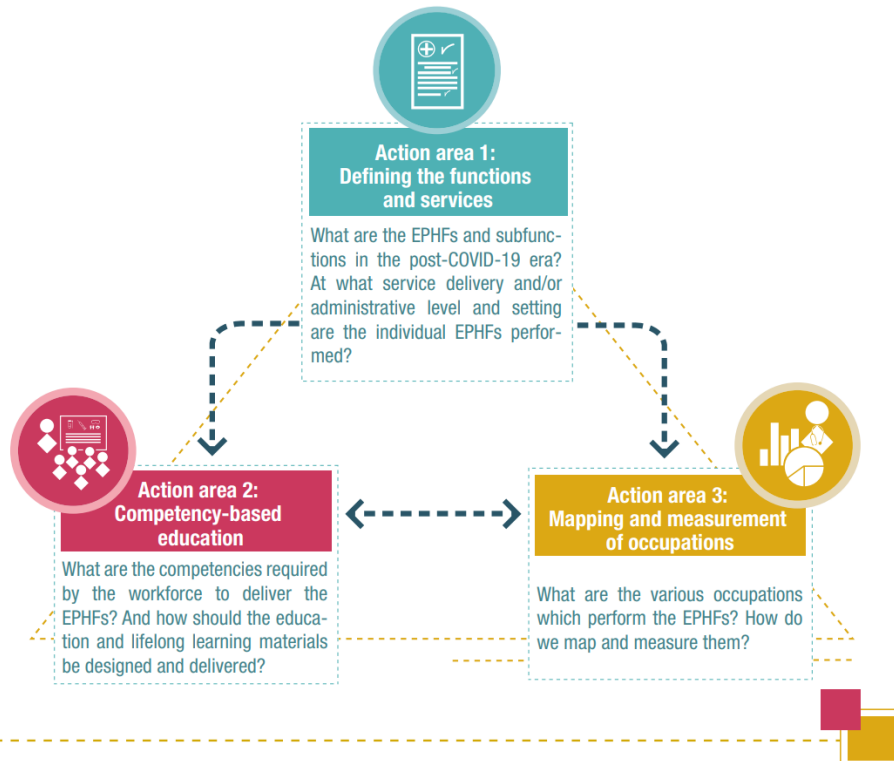


Fig. 2. Conceptual approach to scoping, defining and building capacity of the workforce which delivers the EPHFs



⁵ World Health Organization. National workforce capacity to implement the essential public health functions including a focus on emergency preparedness and response. 2022;1–17. Available from: <https://www.who.int/publications/i/item/9789240050402>

Annex 2: List of EPHFs⁶

Box 1. A unified list of 12 EPHFs

- **Public health surveillance and monitoring:** monitoring and surveillance of population health status, risks, protective and promotive factors, threats to health, and health system performance and service utilization.
- **Public health emergency management:** managing public health emergencies for international and national health security.
- **Public health stewardship:** establishing effective public health institutional structures, leadership, coordination, accountability, regulations and laws.
- **Multisectoral planning, financing and management for public health:** supporting effective and efficient health systems and multisectoral planning, financing and management for public health.
- **Health protection:** protecting populations against health threats, for example, environmental and occupational hazards, communicable and noncommunicable diseases, including mental health conditions, food insecurity, and chemical and radiation hazards.
- **Disease prevention and early detection:** prevention and early detection of communicable and non-communicable diseases, including mental health conditions, and prevention of injuries.
- **Health promotion:** promoting health and well-being as well as actions to address the wider determinants of health and inequity.
- **Community engagement and social participation:** strengthening community engagement, participation and social mobilization for health and well-being.
- **Public health workforce development:** developing and maintaining an adequate and competent public health workforce.
- **Health service quality and equity:** improving appropriateness, quality and equity in the provision of and access to health services.
- **Public health research, evaluation and knowledge:** advancing public health research and knowledge development.
- **Access to and utilization of health products, supplies, equipment and technologies:** promoting equitable access to and rational use of safe, effective and quality-assured health products, supplies, equipment and technologies.

Note: Following expert consultation, the wording of the 12 EPHFs has been updated here to provide more clarity in the operational scope of each function, based on the unified list published by WHO in 2021. There is no significance to the ordering of the list presented here: each EPHF is fundamental to the effective delivery of public health, with prioritization depending on country context.

⁶ World Health Organization. Application of the essential public health functions [Internet]. 2024. 176 p. Available from: <https://www.who.int/publications/i/item/9789240088306>

Annex 3: ASPHER's roadmap to professionalizing the public health workforce⁷

Fig. 2. The conceptual framework of the Roadmap



Source: adapted from Czabanowska et al. (2019 a, b).

⁷ WHO Regional Office for Europe. Roadmap to professionalizing the public health workforce in the European Region. [Internet]. 2022. Available from: <https://iris.who.int/handle/10665/351526>

Table 2. Operationalizing stakeholder involvement in professionalizing the public health workforce and its governance in various countries

Workforce governance level	Levers and measures as key decision areas	Stakeholders
Government and policy	<ul style="list-style-type: none"> • Developing public health strategies in alignment with workforce strategies • Establishing public health as an academic discipline and a profession • Laws and regulations • Financing for developing the public health workforce • Developing a public health workforce taxonomy to define job roles within the public health workforce • Developing workforce data, planning and forecasting methods for the public health workforce 	<ul style="list-style-type: none"> • Political parties • Members of parliament • Regulatory bodies • Corporate actors • Professional associations • Professional licensing bodies • Representatives of citizens and patients • Workforce planning units • Information and statistical unit • Provider organizations • Research institutes and academic organizations • Professional trade unions
Institutions and organization	<ul style="list-style-type: none"> • Ensuring that the strategic objectives of public health organizations are aligned with the essential public health operations • Ensuring that the public health workforce employed by public health organizations delivers public health services in accordance with the essential public health operations • Ensuring that workforce planning and forecasting methods are applied to the public health workforce • Developing licensing and accreditation schemes based on the competencies of the public health workforce • Developing recruitment and retention strategies based on the competencies of the public health workforce • Developing job descriptions based on the competencies of the public health workforce • Developing training and retraining schemes based on the competencies of the public health workforce 	<ul style="list-style-type: none"> • Employers (according to the country context) • Service planning bodies • Professional schools and institutions of higher education • Community governing bodies and networks • Representatives of citizens and patients at the organizational level
Professions	<ul style="list-style-type: none"> • Formal organization of the profession • Developing specific competencies (knowledge, skills and attitudes) in the public health workforce • Developing and supporting competency-based training, education and assessment both at initial training institutions and continuing professional development during service • Developing a code of ethics and professional conduct 	<ul style="list-style-type: none"> • Professional associations • Professional unions • Professional licensing and accreditation organizations • Professional training institutions • Ethics committees • Professional journals • and academic platforms (conferences and networks); • Interprofessional networks

Source: Kuhlmann (2006).