

Conclusions and recommendations by the 3rd AAAH annual conference

Draft as of 15 October 2008 by AAAH Secretariat

Note for actions

This draft is circulated to, and expected feedbacks from, all country focal points and other partners in the Conference. Feedback in track change has to reach AAAH Secretariat by 25 October 2008. Silence by 25 October 2008 is *de facto* concurrence and endorsement of the text.

I. The context of globalization

1. Globalisation is one of the key dynamic processes influencing the social, economic and political environments in all countries. It has led to the intensification of cross country economic, political, social-cultural and technological interactions. All of which have major ramifications on healthcare services and in particular human resources for health, which are two critical and interrelated proximal determinants of health and well being of the population.
2. It is therefore vital for countries to build up and strengthen capacities to generate knowledge and good understanding on the complex inter-connectivity between globalisation and health, in order to formulate appropriate public and health policies to safeguard health of the population and to maximize opportunities furnished by globalization.
3. Countries participated in the Conference had reported their progresses in human resources; a diverse stage of progress was observed. Some had clearly identified their problems and challenges; some are about to draft; some had completed their national strategic plans and program activities are on the way. Stakeholders and development partners were taken on board on human resources in almost all countries.
4. The participants in the third annual AAAH conference in Sri Lanka had deliberated discussed and exchanges lessons and experiences on "globalization and its implications for healthcare and human resources for health". These are key conclusions and recommendations.

II. For national actions

National strategic human resource plans

5. Based on different stages of human resource development, it is recommended to finalize the national strategic plan, to prioritize strategies, to draft plan of action, to implement the plan and finally to monitor and evaluate progresses.
6. There is a need to establish, harmonize and regularly update database on human resource, to include public and private health professionals, community health workers and volunteers and informal providers, and sharing information among different responsible agencies. This is a foundation for evidence based policy formulation and updating national strategic plan.

Scaling up production capacity

7. It is recommended to increase production capacity of low- and middle- level cadres, or to upgrade them, with adequate sanctioned posts especially at primary health care level. To achieve scaling-up production capacity, several requirement are for example, standard teaching curriculums, accreditation of curriculum and training institutes, improvement of teaching capacity of faculty members, commitments towards adequate financing for production of human resources for health.
8. Evidence indicates that recruitment of students from rural areas has higher probabilities of working and better retention in rural health services. However, efforts should be given to strengthen learning capacity of these rural students to ensure completion and achieve the standard competencies as required by the curriculum.
9. In-service training and re-orientation of skills-mix are recommended in the context of changing health need as results of demographic and epidemiologic transition, as well as health technologies of the country.
10. There is a need to revisit the public health competencies of professionals at all levels and see whether public health training can adequately fill-up the gap of these competencies.

Deployment, retention and migration

11. It is recommended that government invests more in healthcare system, through deployment of trained health workers; devise policies to increase uptake in rural

under-served areas through the application of financial and non-financial incentives, drawing lessons and experiences from other country context.

12. Improvement the work conditions especially at primary health care level in poor areas, adequate provision of equipment and supplies of medicines and logistics, decent remuneration in order to enable health workers to contribute and retain in rural health services.
13. Based on country political, social and cultural context; explore potential applications of "mandatory rural services" for key health workers upon graduation and draw lessons from other country experiences.
14. To establish national forum for dialogues between public and private health sectors in country in order to mitigate losses of human resources from public services, and take active role in the formulation of the WHO code of practice on the international recruitment of health personnel to prevent international loss.

III. For regional and international actions

Advocacy

15. In the context of Global Health Initiatives, it is recommended that these health programs observe the national human resource plan, synergize their programs in order to strengthen health systems and human resources according to the national health priorities.
16. In the context of existing regional strategic plans on human resources for health in Southeast Asia and Western Pacific Regions, WHO to continue providing technical support, in conjunction with other development partners in fostering the implementation of these plans.

Asia Pacific Action Alliance on Human Resources for Health

17. In collaboration with WHO and other partners, to support countries in developing and managing human resource of health information systems.
18. Facilitate knowledge generation and management and sharing good practices on human resource management among countries.
19. Facilitate building and strengthening capacity in research to inform policy, planning and management of human resource for health.