

AAA H GOVERNANCE



AAAHRH Governance Structure

1. AAAHRH

The Asia-Pacific Action Alliance on Human Resources for Health (AAAHRH) is a regional partnership mechanism established in response to the region countries. AAAHRH is recognition of the direct need for global and regional actions to strengthen country capacity for health workforce, planning and management. As of January 2007, it has 15 members including Bangladesh, Cambodia, China, Fiji, India, Indonesia, Lao PDR, Myanmar, Nepal, Papua New Guinea, Philippines, Samoa, Sri Lanka, Thailand, and Vietnam. There are 5 priority actions for the first two years including: HRH advocacy, information monitoring, capacity strengthening, knowledge generation, and technical coordination. AAAHRH is managed by a team of Secretariat under guidance of the Steering Committee. At a country level, a focal point of each country acts as a coordinator between the AAAHRH and agencies within country.

1.1 Vision

“Strengthened HRH planning and management capacity toward adequate, equitable, efficient and effective HRH and health systems for health equity and equality improvement in the Asia-Pacific region”

1.2 Mission

“To generate and collate necessary evidence for effective human resources planning and management;
To develop the capacity within the region under a broader framework of overall health systems strengthening;
To increase access to effective health services, particularly for the poor, and
To enable accelerated progress towards the Millennium Development Goals”

1.3 Objectives

- To review regional HRH situation and to advocate actions for HRH priority and health systems related HRH strategic plan and policy at country level, particularly in relation to health related crisis
- To coordinate HRH knowledge generation, management and sharing
- To work as information clearing house for regional HRH monitoring and to support HRH information system strengthening at country level
- To coordinate and assist countries on capacity building for HRH management
- To coordinate and identify regional HRH expertise and to mobilize resources for HRH technical supports as requested by the countries.

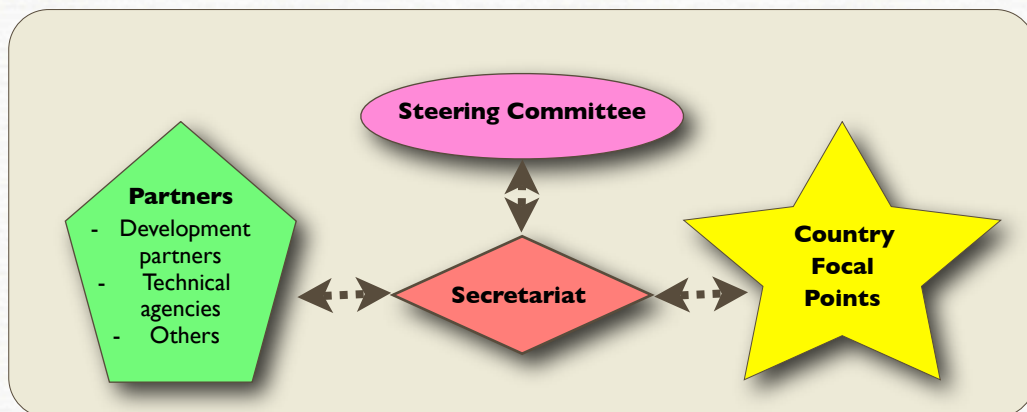
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1.4 Priority Actions

The five key actions to be implemented as follows:

- Advocacy for HRH at regional and country levels;
- Information monitoring and HRH information system strengthening;
- Knowledge generation, management and sharing;
- Capacity building in member countries;
- Technical support

2. AAAH Structure



2.1 AAAH Steering Committee

Steering Committee of AAAH is established in order to oversee all the activities of AAAH. The committee is light, flexible, inclusive and non-bureaucratic. The Members of the Steering Committee are experts of HRH management, research and policy development, with regional vision. They should be enthusiastic and actively involve in the process of HRH management, research and policy development, as well as have established good relationship with government sectors, international organizations and funding agencies.

2.1.1 Composition: Members should be from eight AAAH member countries (4 from Southeast Asia Region and 4 from Western Pacific Region), WHO regional offices (1 each from SEARO and WPRO), and 2 international organization agencies. The total number of members should not be more than 12. One of the four members from Western Pacific Region should be from a pacific island country.

2.1.2 Operation: AAAH Steering Committee is established to support AAAH related activities. Steering Committee Members are expected to be in close contact with other committee members. The Committee will meet on a regular basis (once every three months) via teleconference and one face to face meeting per year.

2.1.3 Chair: Recommendations for chair-elect are sought from the Steering Committee Members. The Chair is responsible for guiding the Committee Members, Secretariat, and Country Focal Points to

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achieve their responsible duties. The term of the Chair is 2 years with a maximum of 2 terms. It started at the 1st Conference in October 2006. The next Chair will be elected in the 3rd AAAH Conference at the end of 2008.

2.1.4 Steering Committee Membership:

- The selection of the 8 country members of the Steering Committee will be decided by the Steering Committee. The composition of the Steering Committee could be a composition of active partners from Ministry of Health, civil society, and academic institutes. They should be knowledgeable in human resources for health and be able to provide guidance for conducting AAAH works. *Membership of members from countries will be on a rotation basis of a two-year period. After 2 years, 4 members (2 from each region) will be replaced, and on the subsequent year 4 other members will be replaced.*
- Members from WHO Regional Offices are to be proposed by the respective offices. *Membership will be indefinite, however, the Regional Offices may propose a change of representatives on the Committee by writing to the Chair at any appropriate time.*
- Members from other development partners will be invited based on their institutional interest and commitment on human resources for health. *Membership will be 2 years and renewable if agreed by the Steering Committee.*

2.2 Secretariat

The Secretariat is an administrative component of the AAAH. The Secretariat is responsible for facilitating functions of the Steering Committee and coordinating and providing supports to AAAH member countries.

2.2.1 Composition: A Secretariat is composed of 3-4 staff members - A 'coordinator' heads the secretariat, one assistant coordinator, and one project manager. Two members are working on a full-time basis and other two could be part-time or full time depending on the workload. The secretariat is currently based at the International Health Policy Program Foundation (IHPP), Bangkok, Thailand and can be decided otherwise by the Steering Committee.

2.2.2 Operation: The secretariat could be contracted to an entity after the approval by the Steering Committee. It could be based in Thailand or other country. The Secretariat reports directly to the Steering Committee.

2.2.3 The AAAH Coordinator: is selected by a subgroup of the AAAH Steering Committee. The Coordinator is responsible for leading the coordination between the Steering Committee, country focal points, development partners, and other partners as well as other relevant duties need to be carried out in order to achieve the AAAH Workplan.

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The subgroup for coordinator selection will comprise of the Steering Committee Chair and two steering committee members as agreed by the Steering Committee. The current subgroup consists of Thailand (chair), India (PHFI), Fiji (MOH).

2.2.4 Secretariat Staff: are selected by the Coordinator, under policies and procedures approved by the chair.

2.2.5 Responsibilities: Secretariat Members will undertake the following functions, based on activities provided in the AAAH Workplan:

1. To develop the annual workplan and the budget;
2. To coordinate activities as specified in the approved workplan;
3. To prepare meeting agendas, materials and relevant documents;
4. To contact the focal points at the member countries to call the meeting, coordinate and monitor the activities;
5. To maintain AAAH website, to collect data and documents from member countries and set up the observatory of HRH in the Asia-Pacific Region;
6. To distribute documents approved by the Steering Committee among member countries and partners;
7. To provide logistics services to the Steering Committee and the participants of all AAAH meetings;
8. To coordinate multi-country HRH studies;
9. To mobilize technical assistants to help member countries building capacity on HRH management;
10. To organize teleconferences and meetings;
11. To disseminate findings generated from activities under AAAH.

2.3 AAAH Member Countries

2.3.1 Composition: The AAAH currently has 15 members in 2007. Members should be fully committed in development of human resources for health in their countries as appropriate. They should also be enthusiastic and actively involved in AAAH activities.

2.3.2 Criteria: Apart from the current members, additional members can be accepted in the future. Membership is by country, not for any individual organization. The general criteria for interested countries are:

- A country is fully committed for human resource for health development
- An interested country should at least attend one AAAH conference as an observer in order to experience the on-going function of the AAAH
- A representing organization of the interested country should have capacity to coordinate with other sectors at the national level so that the view expressed represents the country not any particular individual organization.

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An interested country may express an interest of being a AAAH member country in writing to the AAAH Coordinator who will propose it to the Steering Committee for consideration and approval.

2.4 Country Focal Points

A Country Focal Point will act as a country coordinator, who is required to establish mechanisms for coordination with relevant stakeholders to implement country activities, dissemination information received from the AAAH and other relevant sources. The person nominated as focal point should be the participant of AAAH conference, and is actively involved in human resources for health development in the country.

2.4.1 Criteria for Country Focal Point:

Once a country focal point is nominated, the person needs to actively involve in the AAAH activities. The following criteria will be used to review whether the country focal point for a particular country will be retained.

- Active in communication and being a focal person between the AAAH secretariat and partners within the country.
- Active in communication and coordination with multi-partners within the country
- Active in mobilization of additional resources to support AAAH country activities

In addition, feedback from partners within countries may be sought.

The Asia Pacific Action Alliance on Human Resources for Health (AAAH) is a response to international recognition of the need for global and regional action to strengthen country planning and action. It was established in October 2006 with currently 15 Asia-Pacific member countries.

The AAAH's vision is to see "strengthened HRH planning and management capacity toward adequate, equitable, efficient and effective HRH and health system for health equity and quality improvement in the Asia-Pacific region". Its priority actions are in 5 main areas including: Capacity Strengthening; Information & monitoring; Technical support; Advocacy for Health Workforce; and Knowledge Management.

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