



Five Year Workplan

2009-2013

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Background

Human resources for health includes all people engaged in actions whose primary intent is to enhance health¹. Although human resources typically represent the largest portion of national health budgets, investment in planning, training, and retention have been neglected in most countries for decades. The consequences of underinvestment in HRH were highlighted by the Rockefeller Foundation supported Joint Learning Initiative (JLI) in its Strategy Report on Human Resources for Health.² The report describes critical HRH problems including global shortages, skill imbalances, maldistribution, poor work environments, weak knowledge, and increasing demand for skilled health professionals. The 2006 World Health Report (WHR), “Working Together for Health,” also describes the crippling effect of underinvestment in HRH. The WHR notes that collaboration between government sectors and among countries, development partners, and NGOs, is essential to successful HRH development.

The global shortage of human resources for health (HRH) limits access to effective health services for many, particularly the poor and the most vulnerable, and hinders progress towards health and development goals. Nations fall short of their domestic health targets when their HRH are insufficiently trained, financed, motivated, managed, and protected, or when they leave the health sector to work elsewhere. The HRH crisis directly affects the ability of global mechanisms to tackle major health issues and to accomplish their mandates, such as the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and the Global Alliance for Vaccine and Immunization (GAVI). Progress towards global targets, such as the Millennium Development Goals (MDGs), depends on the effectiveness of HRH and the strength of the health system.

Furthermore, globalization, demographic and socio-economic transitions, emerging epidemics, and rapid technological development exacerbate the challenge of equitable and effective health services provision that should be universally accessible. A global market in health services fuels the migration of health workers from rural to urban areas, from the public to the private sector, and from resource poor to richer nations. To respond effectively, national and regional responses must align with, and be supported by, a global response.

The JLI reports and the WHR both support global and regional networking in strengthening the HRH. These recommendations have resulted in the creation of the Asian Action

¹ World Health Organization, Geneva

² Joint Learning Initiative (JLI) Human Resources for Health: Overcoming the Crisis. Harvard University Press, MA USA 2004



Alliances (AAAH) in 2005 and the Global Health Workforce Alliance (GHWA) in 2006. This has led also to the annual Regional Conference on HRH in Asia and Pacific, and the first Global HRH Forum in Kampala, Uganda, in February 2008 which resulted in the '*Kampala Declaration and Agenda for Global Action*'³

AAAH Structure

The Asia Pacific Action Alliance on Human Resources for Health (AAAH) is a regional partnership mechanism 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 documents like the Kampala Declaration and the Agenda for Global Action. It was established in 2005, with 10 founding members. The AAAH membership was further expanded at its first AAAH Conference in Ayutthaya, Thailand in October 2006, to include fifteen countries: Bangladesh, Cambodia, China, Fiji, India, Indonesia, Lao PDR, Myanmar, Nepal, Papua New Guinea, Philippines, Samoa, Sri Lanka, Thailand and Vietnam. It strives to gradually expand to cover other countries in Asia and Pacific in the future.

AAAH is governed by its Steering Committee which consists of eight rotating member countries, four each from the two regions of WHO, the two WHO regional offices, the World Bank and the Rockefeller Foundation. It has a small secretariat office hosted by the International Health Policy Program (IHPP) of the Thai Ministry of Public Health.

AAAH is initially supported by the Rockefeller Foundation and WHO and its partner countries. It works closely and is also supported by the GHWA and other partners.

AAAH coordinates partners for their joint effort at advocating for the HRH, and provides technical support, and augments country-level HRH development through regional collaboration. It aims at ensuring sustained commitments to addressing HRH needs through research, funding, and policy development.

As noted in the Agenda for Global Action, neither individual countries nor international agencies can face the global health workforce crisis alone. To take full advantage of the next century's potential, the members of the AAAH will work together to expand HRH in the Asia-Pacific Region. AAAH seeks to be an efficiently-run organization that is responsive to the needs of each member of its alliance and maintains focus on its mission. In five years, AAAH envisions progress toward improved health equity and quality throughout the Asia-

³ See more details of Kampala Declaration and Agenda for Global Action at www.ghwa.org



Pacific region, due in part to strengthened HRH planning and management capacity.

AAAH works under a five-year Workplan as approved by its Steering Committee. This Workplan will be flexibly implemented with the support of development partners, including the GHWA.

Vision

“Countries have strong HRH research, planning and management capacity to support the development of equitable and effective health systems in the Asia-Pacific region.”

Mission

1. To advocate for the HRH in the region, among the partners' countries.
2. To generate and collate necessary evidence for effective human resource planning and management;
3. To support comprehensive capacity building on HRH research, planning and management under a broader framework of overall health systems strengthening

Comparative advantages of AAAH

- AAAH has an adaptive and flexible view of health workforce planning and management.
- AAAH engages relevant stakeholders and partners in its strategy development and implementation of its activities, allowing it to respond to their most urgent needs.
- AAAH's scope of work involves activities at both the macro and micro levels, which reinforce one another.
- The AAAH spans two WHO regions – the Western Pacific region and the South-East Asia region – which encourage exchange and networking across regions.



Objectives of the Work Plan

1. To review the regional HRH situation and to advocate country level action to develop HRH as part of a strong health system.
2. To promote development and refinement of country level HRH strategic plans and policies, particularly to respond to health crises.
3. To coordinate HRH knowledge generation, management, and sharing.
4. To work as an information clearinghouse for regional HRH monitoring, and to support HRH information system strengthening at the country level.
5. To coordinate and assist countries on capacity building for HRH research, planning and management.
6. To identify and expand regional HRH expertise, and to mobilize resources for HRH technical support, as requested by the countries.

Priority areas

AAAH members have prioritized the following key deliverables to support HRH development:

- Area 1:** Advocacy and support for strengthening HRH planning and implementation at regional and country levels.
- Area 2:** Information for monitoring of HRH situation and its use in HRH development planning and management.
- Area 3:** Knowledge generation, management and sharing.
- Area 4:** Coordination and technical support to partners in order to build capacity for HRH research, planning and management
- Area 5:** Development of a flexible and participatory coordinating structure



Key Targets and Activities in 2009 – 2013

Priority area	Key targets	Key activities	Responsible institutes	Estimated budget (\$US)	
				Detail	Total
1. Advocacy and support for strengthening of country HRH planning and management capacity	1. By 2013, all of 15 member countries will have comprehensive strategic plan for HRH development, formulated and have developed stronger capacity for implementation under a multi-sectoral mechanism, approved at the highest political level within 2013.	1. Convene annual training workshops on HRH planning and management based on globally accepted frameworks and tools, including the GHWA Country Collaboration Framework (CCF) and Resources Requirement Tool (RRT)	Active members rotating between those in the SEAR and WPR	150,000 \$US per workshop, one workshop each in 2010 and 2011	300,000
		2. Support countries activities on HRH planning, management, co ordination and networking by developing country collaboration framework with country team.	AAAH Secretariat supported by all partners	Country coordinating activities support 40,000 per country	600,000
	2. AAAH is recognized as a significant regional partnership mechanism to support HRH development.	3. Production and dissemination of AAAH communication mechanisms including website blogs, newsletter, slides, brochures, and technical publications.	AAAH Secretariat supported by all partners	30,000 \$US per year between 2009 and 2013	150,000
		4. Communication with regional and global networks / institutions		No additional budget required	
		5. Representation of AAAH at international conferences (Support for members of Steering committee to represent AAAH when required)		No additional budget required	
2. Information for monitoring of HRH situation and its use in HRH development planning and	1. All 15 member countries have completed data set on HRH within 2013, with continuous update.	1. Collaboration with WHO's Health System Survey (CHeSS) to support countries to maintain HRH database as part of the HS database, consolidation of data and information generation for HRH strategic plan and management system	AAAH Secretariat supported by active member of AAAH	Technical support 20,000 \$US per year between 2009 and 2013	100,000





Priority area	Key targets	Key activities	Responsible institutes	Estimated budget (\$US)	
				Detail	Total
management		2. Support countries to strengthen and maintain HRH information system		20,000 \$US per country for 15 members	300,000
	2. Support the follow up of the implementation of the Kampala Declaration and the Agenda for Global Action	3. Conduct critical analysis of the progress of the KD/AGA based on the GHWA monitoring tools	Active members of the AAA	50,000 \$US in 2010 and 2012	100,000
3. Knowledge generation and sharing	1. Summary of key findings and recommendations from countries' experience on five HRH issues.	1. Build country capacity for HRH system research, planning and management by engaging with the annual AAAH conference	AAAH secretariat	200,000 \$US per year between 2009 and 2013	1,000,000
		2. Organize AAAH annual conference on specific theme to share country, regional, global experiences (through preparing and presentation of country case studies based on clear TORs)	AAAH secretariat and host countries		
	2. Formulate AAAH research framework and support countries to carry out policy linked researches.	3. Contract an analysis and formulation of the HRH research frameworks	AAAH secretariat	<ul style="list-style-type: none"> Contract to formulate research framework at 100,000 \$US 	100,000
4. Create mechanism to support countries' HRH policy linked researches			<ul style="list-style-type: none"> Support countries' HRH research projects, 30,000 \$US per project for 25 projects management cost of 100,000 \$US 	750,000 100,000	
4. Capacity strengthening	1. All 15 member countries have adequate and sustainable capacity for HRH research, planning and management by 2013	1. Contribution from activities in areas 1, 2 & 3	AAAH Secretariat	No additional budget required	
		2. Support country's mechanisms on HRH research, planning and management		50,000 \$US per country for 15 members	750,000

Priority area	Key targets	Key activities	Responsible institutes	Estimated budget (\$US)	
				Detail	Total
		3. Each country has a network of institutions/individual with the capacity on HRH research, planning and management	AAAH secretariat		
	2. Availability of updated database for HRH expertise and referencing documents	4. Review and survey of existing database (e.g. WHO, WB) and survey of individual HRH experts to obtain information to create and update AAAH database on HRH experts and compile referencing documents	Active AAAH members	30,000 \$US to start up and 10,000 \$US maintenance each year	70,000
	3. Others technical support as requested	5. In collaboration with WHO, Global Health Workforce Alliance and in line with the Kampala Declaration, support countries to strengthen HRH leadership and management capacity.	WHO, GHWA and other partners	30,000 \$US per year for five years	150,000
5. Development of flexible and participatory governing structure with small and efficient secretariat	1. A set of TOR, operating procedure of the governing structures of AAAH involving members, partners, Steering committee, Chair and Coordinator/secretariat will be developed with continuous update and improvement	1. Develop TOR, operating procedure and criteria for the governing structure and invite membership to Asia- pacific countries who express interest, approved by the Steering Committee	Secretariat and supported by Steering Committee members	Administrative cost for the secretariat office 120,000 \$US per year for five years	600,000
	2. A small office of coordinator/ secretariat with full time/ part time staff of 3 or less with further strengthened.	2. Further development of the working system and office of the secretariat located at the IHPP-Thailand		No additional budget required	
Grand total					5,070,000

Note on expected outputs and related key activities in 2009 - 2013

1. **Advocacy and support for strengthening of country HRH planning and management**

1.1. Recognition among global and regional HRH stakeholders of the existence and the functions of the AAAH

Related activities:

- A) Improve relationship with global HRH partners and other relevant regional partners
- B) Approach and disseminate AAAH information/ brochure to all partners
- C) Participate in regional health workforce and health systems meetings
- D) Create channel for AAAH participation by partners & non-members
- E) Conduct one regional HRH consortium meeting with regional stakeholders
- F) Develop and regularly update AAAH Website
- G) Publish AAAH brochure for distribution at various global and regional venues

1.2. Placement of HRH issues on national health agenda

Related activities:

- A) Support focal points and other members in putting HRH on the national agenda
- B) Support implementation of the Guidelines for HRH Planning in member countries

1.3. Awareness among members of ongoing HRH activities and existing supports from the AAAH and other partners

Related activities:

- A) Develop and regularly update the AAAH Website
- B) Support country focal points in publishing their country weblogs

1.4. Development of comprehensive HRH strategic plan in member countries

Related activities:

- A) Develop guideline for HRH planning and management adapt from existing ones.
- B) Convene training workshop on HRH planning and management.
- C) Support countries activities.
- D) Production and dissemination of AAAH communication mechanism including website, blogs, newsletter, slides, brochures, and technical publications.

2. **Information for monitoring of HRH situation and its use in HRH development planning and management**

2.1. Availability of up-to-date information about health workforce system in the region and in each member country



Related activities:

- A) Publish and regularly update country HRH information on AAAH website
 - B) Conduct annual Asia-Pacific HRH situation analysis on health workforce stock, distribution, and production capacity
 - C) Compile a regional database of national health workforce strategies
- a. Functioning health information system that includes essential health workforce information

Related activities:

- A) Develop minimum HRH core dataset as part of HRH planning and management guideline.
- B) Improve and implement minimum (core) list of HRH indicators
- C) Support in-country HRH information system in the context of Health Information System development
 - a. Coordinate with the Health Matrix Network and other relevant global and regional partners e.g. SEARO/WPRO, GHWA on procedure for health information system (HIS) development and the integration of HRH intelligence in the HIS
 - b. Support member countries in HIS development and integration of core HRH indicators in the HIS

3. Knowledge Generation and Management

- a. Availability of case studies and best practices on HRH policy and management

Related activities:

- A) Collect case studies and lessons learned in member countries. Potential priority topics include:
 - a. Critical review of selection and recruitment policy for HRH in the region
 - b. HRH attrition and deployment patterns,
 - c. HRH analysis and needs assessment,
 - d. HRH optimum skill mix, task-shifting and multi-skilling of nurses
 - e. Policies to improve HRH distribution
 - f. Mapping of HRH and health care needs in member countries
 - g. Evaluation of effectiveness of existing HRH plan
- B) Collaborate with WHO, GHWA, and other global partners for knowledge sharing

- b. Creation of new knowledge for HRH management and planning

Related activities:

- A) Conduct a multi-country study on Health Workforce Financing
- B) Collaborate with other partners in HRH and Health System research



3.3 Summary of key findings and recommendations from countries' experience on important HRH issues

Related activities:

- A) Organize annual conference on specific issues to share country, regional, global experiences (country papers based on clear TORs)
- B) Analyze and synthesize into key findings and recommendations.

4. **Technical Support and Capacity Building**

4.1. Strengthening adequate and sustainable capacity on HRH management

Related activities

- A) HRH capacity building training workshop
- B) Supporting knowledge generation through 3.1 and 3.2

a. Strong health workforce planning and management capacity at country level

Related activities:

- A) Conduct a workshop on HRH Planning and Management
- B) Conduct a training workshop on necessary skills and techniques on HRH Planning for Trainers
- C) Organize a HRH Leadership Development Summit
- D) Provide technical coordination and support as request
- E) Conduct other Workshops/Trainings on HRH as needed

b. Active network of health workforce practitioners in each member country

Related activities:

- A) Support focal point in HRH advocacy and networking efforts
- B) Promote AAAH activities at various regional venues with active provision of contact info of AAAH country focal points

c. Technical support for national health workforce strategy development

Related activities:

- A) Support country capacity strengthening through 4.1 and 4.3
- B) Support HRH plan development in countries
- C) Coordinate technical support with other partners and country focal points

d. Technical support for proposal application to funders such as GF or GAVI for support on HRH development

Related activities:

- A) Two workshops on proposal writing and follow up review



- e. Availability of updated database in technical expertise on HRH as well as referencing documents
 - A) Survey existing database (e.g. WHO, WB) as well as individual experts on HRH
 - B) Create and update AAAH database on experts in HRH
 - C) Compilation of referencing documents

5. Governance & Administration

- a. A functioning AAAH Steering Committee with clear rules and responsibilities and active interaction with the AAAH secretariat

Related activities:

- A) Convene at least one annual Steering Committee face-to-face meeting per year
- B) Conduct a teleconference among the Steering Committee members on a quarterly basis

- b. An enthusiastic group of country focal points who actively engage in networking with stakeholders in the country

Related activities:

- A) Reexamine the roles and nomination of country focal points
- B) Improve communication mechanisms for focal points and secretariat
- C) Identify and develop necessary supporting system for focal points' functions
- D) Leverage for funding for baseline focal point activities

- c. Adequate financing for AAAH activities as identified in the Workplan

Related activities:

- A) Identify potential financing partners
- B) Meet with key partners for advocacy for AAAH support
- C) Develop long term strategy for sustainable AAAH financing

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