



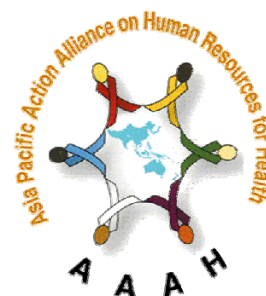
AAAH Newsletter

Year 2, Issue 3, 2008

Greetings from AAAH Secretariat

Greetings all AAAH newsletter readers. In this third issue, we proudly present the topic of the Human Resources for Health Planning Workshop, the spot-light interview of our Chair of the AAAH Steering Committee, Meeting of the Working group on the Pacific Human Resources for Health Alliance and the coming AAAH Conference.

Thank you very much for your support. Your feedback to the newsletter are welcomed and will help us make it better. If you have any information to share through this newsletter, please let us know at secretariat@aaahrh.org.



The 3rd Asia-Pacific Action Alliance on Human Resources for Health (AAAH) Conference, 12-15 October 2008, Sri Lanka

With supports from the Global Health Workforce Alliance, World Health Organisation and the World Bank, the AAAH will organize the third Annual Conference on October 12th – 15th, 2008 in Colombo and Kandy, Sri Lanka. It will be coordinated by the Ministry of Healthcare and Nutrition Sri Lanka, Public Health Foundation of India, and the AAAH.

The Conference aims to provide a platform for members of the alliance and global partners to exchange ideas and knowledge and to identify the opportunities and challenges to human resources in health in the current context of globalisation. It seeks to evolve an understanding of the critical and key contemporary implications of globalization for human resources for health and related aspects of health care. These ideas and implications would be addressed through context specific regional frameworks and the Conference would seek to provide policy oriented recommendations based on intersectoral strategies and pathways.

The theme for this year is ‘Globalisation and its implication of health care services and Human Resources for Health’ with a focus on global trends on human resources for health: how to benefit from them and how to minimize potential negative implications. All 15 AAAH member countries, representatives and resource persons from countries in the region, international organizations and regional health workforce alliances and platforms are invited to attend.

The AAAH also **calls for papers for presentation at the conference. The deadline for submission is on 15 August 2008.**

Please visit <http://www.aaahrh.org/> / <http://www.aaahrh.org/conference.php> for more details.

For more information on the conference, please contact secretariat@aaahrh.org

In this issue

Human Resources for Health Planning Workshop,	2
Meeting of the Working group on the Pacific Human Resources for Health Alliance	3
G8 Countries To Discuss Health Worker Shortages, Set Targets During July	3
Spotlight Interview: Dr.Suwit Wibulpolprasert	4
HWAI releases the Guiding Principles for National Health Workforce Strategies	5
Latest HRH News on the AAAH Website	6
AAAH Welcomes the new GHWA Executive Director	6





Human Resources for Health Planning Workshop

Regional Guidelines for Country Strategic Planning of Human Resources for Health

Manila, Philippines 5-9 May 2008

The Philippines Team and AAAH organized the HRH Planning Workshop on Regional Guidelines for Country Strategic Planning of Human Resources for Health on 5-9 May 2008 at The Legend Villas, Mandaluyong City, Philippines, to develop skills in quantitative and qualitative analysis of available human resources for health information that will aid in the crafting of an HRH Master Plan for responsible persons in seven countries, namely Bangladesh, Papua New Guinea, Vietnam, Cambodia, Nepal, Myanmar and Lao PDR.

The training workshop was divided into 3 parts. The first part, pre-training, was conducted on the first day (May 5) to inculcate background concepts on strategic management and leadership. The training proper, which included the country strategic plan lectures and workshops, was conducted on the second to fourth day (May 6-8) and post-training to share available tools that might be used in country HRH strategic planning was held on the fifth day.

Apart from extensive group works, highlighted presentations were the eight managing and leading practices and an overview on the Strategic Planning and other types of planning within the health sector by Ms Karen Lassner, Consultant of the Management Sciences for Health, and the benefits of the SoftPoDD, a software tool that can link the user to resources for HRH development, by Dr. Roy Pargas of the School of Computing, Clemson University, USA.

The workshop was successful. Participants' feedback shows that they learnt good essential skills that they can apply in developing HRH master plan in their countries.

A complete documentation of the training workshop events can be downloaded at : http://www.aaahrh.org/workshop/gf_hss/index.php

Meeting of the Working Group on the Pacific Human Resources for Health Alliance, *Nadi Fiji*

Second meeting of the WG on Pacific Human Resource for Health Alliance (PHRHA) was held in Nadi, Fiji, on 30 June – 2 July 2008. The Working Group was represented by high ranking officials from 12 Pacific Island Countries with observers from development partners and international organisations.

The aim of this Working Group meeting was to review and finalise the terms of reference of the PHRHA that will be proposed to the Pacific Health Ministers for endorsement. The Working Group also reviewed the 2008-2009 workplan of the alliance. The PHRHA will have a close

linkage with the AAAH. At present, three AAAH members are Pacific Island Countries. The following main areas of activities in the PHRHA workplan are similar to AAAH activities:

1. Advocacy and facilitate effective partnership
2. Alliance will serve as the HRH hub for the PIC (including monitoring HRH trends, and strengthening HRH data and information systems)
3. Support knowledge generation, management and sharing
4. Facilitate HRH capacity building, quality of training institution and networking



5. Support HRH policy and strategy development, leadership and management of PIC

Collaboration and sharing experience between two alliances will enhance the development of Human resources for health in the Pacific.

G8 Countries To Discuss Health Worker Shortages, Set Targets During July Summit

The Group of Eight industrialized nations plans to discuss setting numerical targets to address the global shortage of health workers, particularly in Africa and Asia, during its July summit in Japan, the Kyodo News reports. According to sources close to the negotiations, G8 members are considering including in a set of guidelines the World Health Organization goal of having at least 4.1 health service providers and support workers per 1,000 people by 2015. Of the 4.1 providers, 2.3 would be health workers such as physicians, nurses and midwives, according to Kyodo News.

Although the G8 does not plan to make new commitments to address health worker shortages, it likely will mention the WHO figures as a target for strengthening its financial and other support to train and retain health workers, the sources said. They added that a draft of the plan stresses the urgency for international cooperation, while also calling for a better method to deliver aid because this year marks the midpoint of the United Nations Millennium Development Goals. The draft also em-

phasizes the need for a multisectoral approach to lessen health worker shortages -- a target included in the MDGs along with other development goals, such as curbing the spread of HIV/AIDS, tuberculosis and malaria. Representatives from G8 countries also are discussing implementing a "follow-up mechanism," such as having an annual report to ensure accountability. However, the lack of comprehensive plans to secure basic infrastructures; train physicians, nurses and other health workers; and provide funds to retain a skilled work force through better salaries remain issues in efforts to reduce the shortage.

According to the Kyodo News, 57 countries, mostly in Africa and Asia, face severe health work force crises. Although sub-Saharan Africa has 11% of the world's population and 24% of the global burden of disease, it has 3% of the world's health workers. WHO estimates that filling the shortage in Africa would require training 1.5 million additional health workers, which would cost at least \$7 billion annually. *Source: Tang, Kyodo News, 6/22*

Dr Suwit Wibulpolprasert

is a Senior Advisor on Disease Control at the Ministry of Public Health, Thailand. He has extensive experience in the area of human resources for health (HRH) and has published widely on the subject. Dr Wibulpolprasert is chair of the Asia-Pacific Action Alliance on Human Resources for Health (AAAH) and also sits on the Board of the Global Health Workforce Alliance (GHWA) as the Chair of the Policy and Planning Committee.

ICHRN: As a member of the GHWA, what do you see as the most pressing challenges confronting health human resource policy makers in the Asia-Pacific region? Do these differ from priorities in other regions? If so, in what way?

Suwit Wibulpolprasert: The most pressing challenge is the shortage and maldistribution of staff. I do not think that it is much different from other regions, especially on the issue of maldistribution. This is a complex issue which relates to the adequacy of numbers, trade in health services and the incentives available for staff.

ICHRN: What is the GHWA doing to address this key set of challenges in Asia-Pacific?

Suwit Wibulpolprasert: The most important issue for GHWA in Asia-Pacific is to work closely with its partners, including AAAH, the World Health Organization, the World Bank and governments, to build up long-term institutional capacity within the countries in order to collect up-to-date and accurate information, and to analyse and synthesize or formulate - as well as implement/assess - appropriate policies to solve the HRH problems. Without this capacity, problems will not be easily realised and policies will not be formulated or implemented based on evidence.

ICHRN: What are the priority HRH challenges of the health system in Thailand?

Suwit Wibulpolprasert: Thailand has the same problems as there are generally in the region: shortage and maldistribution, complicated by the massive influx of foreign patients in the past decade. Last year it was estimated that we had around two million foreign patients and this number is increasing at more than 10 % per year - the highest among all Asian countries that have foreign patients and "health tourists".

The growth of the private sector and the increased demand from foreign patients has drained a sizeable portion of the limited numbers of health workers from the rural public sector to the urban private health facilities. This is not an external brain drain - the "brains" are still in Thailand - but they are now serving foreigners. I call this a 'virtual' brain drain. It is better than the real brain drain in the sense that the money gained by providing care to health tourists is retained within the country. However, we have to import a huge amount of technology, including patented drugs. We either have to produce more nurses and doctors or import from other countries. We choose to produce more.

ICHRN: The inequitable distribution of nurses between rural and urban areas is an issue faced by nearly all health care systems, including Thailand's. What strategies are in place to promote the distribution of nurses to rural and under served areas in your country?

Suwit Wibulpolprasert: We have used several strategies at different times. We started, since more than half a century ago, by producing lower level nurses and midwives, who did not have a license to practise in the private sector, so they



Spotlight Interview

With Dr. Suwit Wibulpolprasert
Conducted may 2008



had to stay only in the public sector. With the country's development and more demand for better care, this training system was stopped more than 10 years ago. We also used the so-called "rural recruitment, local training and hometown placement" strategy. We provided special quotas for each rural province, district or even sub district. Students with permanent residence in those areas were eligible for recruitment under the quota. So students in the rural districts would have a higher chance to be recruited as there is less competition. They were trained in the local provincial and district hospitals, including rural health centres, where they were familiar with the way of life and the health care systems. After graduation, they worked at rural health centres and district hospitals near home. This strategy proved to be quite effective until the coming of the public sector reform with the limitation on civil servant posts and the mushrooming of the private sector, as mentioned earlier.

Previously, all graduates from 36 nursing colleges in the Ministry of Public Health worked with us. Nowadays, we lose 30 per cent of them to the private sector, right on the first day that they graduate. We are now working closely with the local governments to mobilize their resources to send local students to nursing college and to be hired by these local governments when they graduate. In addition to that, many financial and non financial incentives have been applied.

ICHRN: Health tourism, travelling to another country to obtain health care, is a rapidly growing industry in Thailand. Can you briefly describe the practice? How does it affect the workforce?

Suwit Wibulpolprasert: This has been described above. The latest development is the growing business of long term care. This will require many more nurses and specialist doctors. The Thai government, since the mid 1980s, provides tax incentives for investment in private hospitals, including long term care. Thai ladies are usually very kind with excellent hospitality so Thai nurses usually provide very good nursing care services. The medical technologies and skills of the medical professions are also excellent. In the last 5 years, the public tertiary care hospitals lost around 500 well trained specialists to the private sector. Many of those who are still in the public facilities work in private hospitals during non-official hours. To recruit new nurses, many private hospitals go to the nursing colleges and schools to meet with the 3rd or 4th year nursing students. They offer scholarship in exchange for a period of contracted work with the private hospitals after graduation.

ICHRN: Thailand has joined with other countries in the Association of South East Asian Nations (ASEAN) to promote mutual recognition of nursing qualifications in the region. What do you think the impact of this agreement will be?

Suwit Wibulpolprasert: There will be little impact as it is not really mutual recognition. Each country still retains its right to issue its own regulation on licensing. The degrees are also not automatically recognized. In order to move to practice in other countries in the region, nurses will be required to have three years of working experience, after graduation. If implemented

Continue on page 6

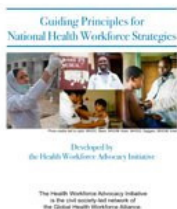


Latest HRH News on the AAAH Website

(<http://www.aaahrh.org/news.php>)

- 12th World Congress on Public Health, First Call for Abstracts
- Reproductive Health in Emergencies Conference
- XVII International AIDS Conference
- Cervical Barrier Methods Online Forum
- Designing and Managing HIV and AIDS Programs In Sub-Saharan Africa
- Praxis Annual Conference on Participatory Development
- The GRC has published an original user submitted resource, Role of Networking in Managing Migration of Human Resources for Health in the Philippines
- GHWA Calls for the G8 nations to 'remove the bottleneck' of the health workforce crisis
- AAAH Welcomes New GHWA Executive Director
- Scaling up, Saving lives: "Insufficient numbers of health workers being trained to reach health goals, states new report"
- Launch of first-ever guidelines on incentives for health professionals
- Health Systems Database
- Guiding Principles for National Health Workforce Strategies
- Gender and Health Workforce Statistics
- Monitoring Education and Training for Health Workers
- Village-Based Midwife Programme in Indonesia
- Involving Traditional Health Practitioners in HIV/AIDS Interventions: Lessons from the Western Cape Province
- Midwifery Scenario Pakistan
- Online Educational Tools to Improve the Knowledge of Primary Care Professionals in Infectious Diseases
- Capacity Planning in Health Care: a Review of the International Experience
- A Call to Action: Ensuring Global Human Resources for Health

HWAI releases the Guiding Principles for National Health Workforce Strategies



"With global targets for major health improvements fast approaching, including universal access to HIV services by 2010 and achieving the health-related Millennium Development Goals by 2015, and the recognition that these goals cannot be achieved without building health workforce capacity, many countries are developing or re-assessing national health workforce plans. The development of health workforce plans, as well as broader health sector strategies, is receiving particular attention through such regional and global initiatives as the Africa Health Strategy 2007-2015 and the International Health Partnership, as well as the Global Action Plan on Human Resources for Health.

The following guidelines are intended primarily for the policymakers and other people involved in developing and evaluating these plans, including ministry of health officials, health workers, civil society advocates, development partners, and technical advisors. What should these plans - which should be country-developed and country-led - contain? How should they be developed to give them the best chance of significantly improving health outcomes and moving countries as rapidly as possible towards universal access to essential health interventions? The guidelines should serve as overarching principles that will promote the success of health workforce plans, while ensuring that they are consistent with human rights. The right to the highest attainable standard of physical and mental health requires that these plans adhere to principles including equity, participation, and accountability, that they are based on major health needs of the population, that they make quality health care available, affordable, and accessible for everyone, that they represent continued progress towards filling this right, and that states spend the maximum of available resources towards meeting this and other human rights."

You can download the *Guiding Principles for National Health Workforce Strategies* from:

English version: http://www.healthworkforce.info/advocacy/HWAI_Principles.pdf

Spanish version: http://www.healthworkforce.info/advocacy/HWAI_Principles_ES.pdf

Web HTML version: http://www.healthworkforce.info/HWAI/HWAI_Principles.html



**Asia Pacific
Action Alliance on
Human Resources
for Health**

The 3rd AAAH Conference Sri Lanka 12-15 Oct 2008

YOU ARE INVITED!

The 3rd AAAH Conference will be organized between 12 – 15 October 2008 in Colombo and Kandy, Sri Lanka. It will be coordinated by the AAAH and its members with support from the Ministry of Healthcare and Nutrition Sri Lanka, the Global Health Workforce Alliance, the World Health Organization, the World Bank, and the Public Health Foundation of India. The Conference theme is "Globalisation and its implication on health care services and human resources for health" with a focus on global trends on human resources for health: how to benefit from them and how to minimize any potential negative implications.

FOR MORE INFORMATION ABOUT AAAH AND THE 3RD AAAH CONFERENCE AND THE CALL FOR PAPERS, PLEASE VISIT OUR WEBSITE
[HTTP://WWW.AAAHRH.ORG](http://www.aaahrh.org)

**Globalization
& Implications
on HEALTH
Services and its
WORKFORCE**



The AAAH Secretariat @ IHPP- Thailand



Phone: +66-2-6902372



Email: secretariat@aaahrh.org

Web: www.aaahrh.org

**YEAR 2, ISSUE 3
2008**

POSTAGE PAID PERMITTED

NO. 173/2544

NONTHABURI

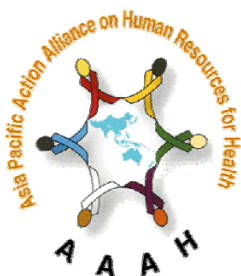
@IHPP THAILAND
SATARANASUK 6 ROAD
MINISTRY OF PUBLIC HEALTH
NONTHABURI, 11000 THAILAND

Phone: 662 590 2372

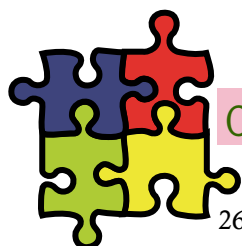
Fax: 662 590 2385

EMAIL: secretariat@aaahrh.org

aaahrh.org



To



Calendar

26-29 August 2008

First Inter-Ministerial Conference on Health Systems

Location: Libreville, Gabon

19- 28 August 2008

Praxis Annual Conference on Participatory Development

Location: India

12 October 2008

AAAH Steering Committee Meeting

Location: Colombo, Sri Lanka

12-15 October 2008

The Third Asia-Pacific Action Alliance on Human Resources for Health Conference

Location: Kandy, Sri Lanka

17-19 November 2008

Global Ministerial Forum on Research for Health

Location: Bamako, Mali