

AAAH NEWSLETTER

MARCH 2008

Greeting all AAAH newsletter readers. This is our second issue for 2008. In this issue, we cover the topic of the Steering Committee Meeting, the situation of Nurse in Thailand and AAAH at the First Global Forum in Kampala, Uganda.

Thank you very much for your support. Your feedbacks to the newsletter are welcomed and will help us make it better. The next issue is coming in the next few months. If you have any information to share through this newsletter, please let us know at secretariat@aaahrh.org

Message
from AAAH
Secretariat



Face to face AAAH Steering Committee Meeting, 1 February 2008, Bangkok, Thailand

On 1st February 2008, the SC members and some focal points met for the first time since October 2007 in Beijing, China, taking the opportunity of the presence of most AAAH Steering Committee members at the Prince Mahidol Award Conference. It is therefore a good opportunity for SC and focal points to meet and update each other.

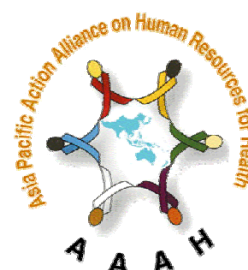
At the meeting, Dr. Mubasha Sheikh, new director of Global Health Workforce Alliance who will start office in May 2008, was introduced. AAAH is a member of the Alliance. Both Dr. Sheikh and SC members look forward to working collaboratively in the future.

The SC meeting discussed on a few issues-workshop on HRH Planning and participation of AAAH at the first GHWA Forum. The SC members were also updated on AAAH activities, particularly the works supported by WHO/SEARO namely,

1. The synthesis of case studies on the HRH for primary health care,
2. HRH Planning Guideline,
3. the development of the annual review of the HRH situation in Asia Pacific Region,
4. Development of HRH indicators and monitoring templates.

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Who services primary health care and how can they be effectively and equitably created, motivated and maintained to provide good PHC services?

An excerpt from the PMAC 2008

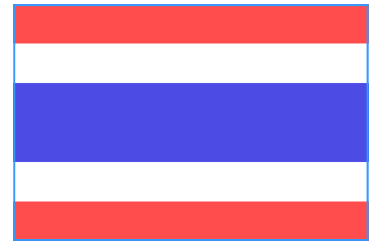
The Prince Mahidol Award Conference in 2008 was co-organized by Prince Mahidol Foundation, Royal Thai Government, World bank, and taken place on 30 January—1 February 2008. This year's theme "*Three Decades of Primary Health Care: Reviewing the Past and Defining the Future*" was to commemorate 30th anniversary of PHC.

The Parallel Session 1 on "*Who services primary health care and how can they be effectively and equitably created, motivated and maintained to provide good PHC services?*" was the session that AAAH was involved, particularly on country case studies on HRH and PHC/CHC. The PHFI was commissioned by AAAH to synthesis case studies.

There are 5 speakers, including Dr. Manuel M. Dayrit from WHO-HQ who gave a presentation on primary health care and human resources for health, reviewing the past and defining the future; Professor Srinath Reddy from PHFI who also is AAAH steering committee member gave a presentation on a synthesis of country case studies; and the result of the synthesis was present at the conference. Professor Miriam Were from NACC and AMREF who presented a synthesis of African experiences; Dr. Sultana Khanum from WHO-SEARO; who gave a presentation on health workforce development for revisiting the PHC approach; and Dr. Badara Samb from WHO-HQ who gave a presentation on task shifting; rational redistribution of tasks among health workforce teams. Participants actively discussed after the presentation.

There are seven key recommendations developed from the session, as follow:

1. Build up partnership for health, involve all concerned stakeholders: public, private, communities, civil society, local authorities: to communicate and plan for an effective health care system and health workforce.
2. System design must be context specific and culturally, politically, and economically appropriate. CHW's must be rooted in the community and can serve a transformative role.
3. Reorientations of health professional attitude towards primary health care and broaden the scope of health workforce to cover volunteers, traditional healers, and care takers at community level.
4. Integrate community services into the main stream health system and recognize the roles of community volunteers as well as provide technical support: training, supervision, equipment to community volunteers.
5. Clear definition of roles, supervisory structures, referral patterns, and incentive packages for health workers at all levels. Pure volunteerism is not sustainable in many situations.
6. Consider implementing task-shifting according to the country context. Key factors need to be in place: standardization of tasks, high quality initial training and technical support. Properly implemented task-shifting can be done without adverse or even positive impact on quality, cost, patient outcomes, and patient satisfaction.
7. A range of appropriate motivation to retain health professionals in rural should be in place, with measures to motivate community health workers as well as community volunteers.



Comparing the number of health workforce in the health care services in Thailand, nurse is a health professional that has highest number who provide care from the community level to highly specialized hospital. To serve the demand for nurse, an

nurses.

Besides, a national policy aims to minimize a number of government officers by freezing the government posts for newly graduate nurses causes a decrease in supply of 2,000 nurses annually since 1999. This posts an immediate reduction of nurse in a labor market.

SITUATION OF NURSE IN THAILAND: A CONFLICT OF THE DEMAND TO THE SUPPLY

BY DR. THINAKORN NOREE, DIRECTOR OF HRDO, THAILAND

annual production of professional nurse is high while Thailand has continually faced the problem of nursing shortage. The nursing council data shows that Thailand has 115,509 professional nurses. Most of them are in Bangkok and central region while the northeast region has the lowest distribution.

An increasing demand for nurse from the current socio-economics and policy changed especially the coverage of 94.6% of the universal coverage insurance scheme causes an increasing in access to health care services of the Thai. To achieve this policy, the Thai projection indicates an additional need of 13,000 professional

In addition, Thailand has faced an increasing in lost rate of nurse from the health care system; the lost rate in 2003 was 2.4% and 4.2 in 2005 while an average in working life span is decreased to be 22 years.

These are some parts of the problems caused by the government policy that affect the health workforce management and the health care services development in the country.

Source: *Situation of Professional Nurses in Thailand* by Krisada Sa-waengdee

"a national policy aims to minimize a number of government officers by freezing the government posts for newly graduate nurses causes a decrease in supply of 2,000 nurses annually since 1999. This posts an immediate reduction of nurse in a labor market."



AAAH at the First Global Forum on Human Resources for Health



This first ever forum was held on 2-7 March 2008 in Kampala, Uganda. The Asia Pacific Action Alliance on Human Resources for Health joined the forum.

We organized the AAAH-sponsored meeting during the pre-conference period on 3 March 2008 at 13.00-16.00 hours under the theme "AAAH and health workforce in the Asia-Pacific". The meeting aimed to advocate the work of the AAAH to participants and exchange ideas of how the AAAH can play active roles in development of the HRH in the region.

There were around 50 participants attending the meeting. The meeting was welcomed and introduced by Dr. Suwit Wibulpolprasert, the Chair of the AAAH Steering Committee, followed by the presentation about the AAAH by Dr. Piya Hanvoravongchai (AAAH Coordinator). After that, Ms. Cha-aim Pachanee (AAAH Technical Coordinator) presented the preliminary result of the review of HRH situation in the Asia-Pacific Region on behalf of the Health Human Resource Development Centre (HHDR), China, who conducted the study. Professor Marilyn Lorenzo presented the HRH planning guideline which has been developed by the consultant team from the Philippines. This guideline will be used for assisting countries in developing their national health workforce strategy.

We also set up the booth at the market place to distribute our brochures and related materials. This also received interests from various participants.



Health Workers for All and All for Health Workers

The Kampala Declaration

We the participants at the first Global Forum on Human Resources for Health in Kampala, 2-7 March 2008, and representing a diverse group of governments, multilateral, bilateral and academic institutions, civil society, the private sector, and health workers' professional associations and unions;

Recognizing the devastating impact that HIV/AIDS has on health systems and the health workforce, which has compounded the effects of the already heavy global burden of communicable and non-communicable diseases, accidents and injuries and other health problems, and delayed progress in achieving the health-related Millennium Development Goals.

Recognizing that in addition to the effective health system, there are other determinants to health;

Acknowledging that the enjoyment of the highest attainable standard of health is one of the fundamental human rights;

Further recognizing the need for immediate action to resolve the accelerating crisis in the global health workforce, including the global shortage of over 4 millions health workers needed to deliver essential health care;

Aware that we are building on existing commitments made by global and national leaders to address this crisis, and desirous and committed to see immediate and urgent actions taken;

Now call upon:

1. Government leaders to pro-

vide the stewardship to resolve the health worker crisis, involving all relevant stakeholders and providing political momentum to the process.

2. Leaders of bilateral and multilateral development partners to provide coordinated and coherent support to formulate and implement comprehensive country health workforce strategies and plans.

3. Governments to determine the appropriate health workforce skill mix and to institute coordinated policies, including through public private partnerships, for an immediate, massive scale-up of community and mid-level health workers, while also addressing the need for more highly trained and specialized staff, .

4. Governments to devise rigorous accreditation systems for health worker education and training, complemented by stringent regulatory frameworks developed in close cooperation with health workers and their professional organizations.

5. Governments, civil society, private sector, and professional organizations to strengthen leadership and management capacity at all levels.

6. Governments to assure adequate incentives and an enabling and safe working environment for effective retention and equitable distribution of the health workforce.

7. While acknowledging that migration of health workers is a reality and has both positive and negative impact, countries to put appropriate mechanisms in place to shape the health workforce market

in favour of retention. The World Health Organization will accelerate negotiations for a code of practice on the international recruitment of health personnel.

8. All countries will work collectively to address current and anticipated global health workforce shortages. Richer countries will give high priority and adequate funding to train and recruit sufficient health personnel from within their own country.

9. Governments to increase their own financing of the health workforce, with international institutions relaxing the macro-economic constraints on their doing so.

10. Multilateral and bilateral development partners to provide dependable, sustained and adequate financial support and immediately to fulfil existing pledges concerning health and development.

11. Countries to create health workforce information systems, to improve research and to develop capacity for data management in order to institutionalize evidence-based decision-making and enhance shared learning.

12. The Global Health Workforce Alliance to monitor the implementation of this Kampala Declaration and Agenda for Global Action and to re-convene this Fo-



LEADING CHINESE HEALTH SCHOLAR'S VISIT TO THAILAND

IHPP and AAAH organ-

ized the study visit for seven Chinese Health Academic Scholars who came to exchange experiences and study international and Thai lessons on academic capacity strengthening to advance the Chinese Government policies of ensuring more equitable access to primary health care services in the country. During the 28 - 31 January 2008, the 7 delegates visit the Ministry of Public Health to meet the senior advisor in the MOPH for an overview of Thai system, the solving maldistribution of doctor and capacity building for health policy systems research and advocacy in Thailand. After that the director of Collaborative Project to In-



crease Production of doctors for rural areas (CPIRD) gave a presentation of the CPIRD. The Chinese delegates were interested in Thai health systems and the CPIRD program as China faces the shortage problem. During the stayed in MOPH, the 7 delegates had an opportunity to meet the minister of Public Health of Thailand. On the field, the delegates experienced to several production sectors; the first is medical school at Siriraj hos-

pital in Bangkok, the second is provincial medical education center at Saraburi. The Chinese delegates had discussed with the director of the medical education center and had a chance to talk with the medical student. Not only the provincial hospital, all delegates visited Sanghai district hospital and Wangnoi district hospital on the last day.

AAAH BLOG BY AAAH WEBMASTER



AAAH is developing a weblog for each member country and we are now in the trial period of launching the Thailand's blog while China's blog is being developed. Other countries' blog will be developed by in the near future. Each blog has its own operating system; Administrator of each blog can edit their own templates by using a provided default. In addition, the administrator in each country can add author(s) in the country's blog. When the system reaches the full version, AAAH will send username and password for editing, administering and managing the blog to administrator of each country.

The AAAH has designed an easy format to assist those who are not familiar with the blogging system (to write and manage the blog). The AAAH has set the default for adding articles, the country administrator can just simply post their article in the program. The user guide for the blog admin will also be developed and distribute.

Visit www.aaah.org to see what is coming up next on the blog!

Latest HRH News on the AAAH Website

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

- WHO EMRO launches its Regional Observatory on Human Resources for Health
- [Chiang Mai Declaration](#)
- Launch, World Health Organization Collaborating Centre for Nursing, Midwifery & Health Development
- [Advocacy toolkit for health workers and civil society organizations](#)
- Finding solutions to the human resources for health crisis
- [Guideline for Incorporating New Cadres of Health Workers to Increase Accessibility and Adherence to Antiretroviral Therapy](#)
- *Where Have All the Workers Gone? The Extent of the Global Healthcare Worker Shortage, Why Workers are Leaving and Some Strategies for Addressing the Crisis*
- [Task Shifting to Tackle Health Worker](#)

Shortages

- *Second Global Summit on HIV/AIDS, Traditional Medicine and Indigenous Knowledge*
- [Global Alliance for Pre-Service Education](#)
- *Community-Based Family Planning Workshop*
- [Conference on Migrant Health in Europe](#)
- *Course on Health Systems Through Conflict and Recovery*
- [Thailand to train 3,000 nurses for Bahrain](#)
- *Spotlight on statistics - A fact file on health workforce statistics*
- [Respect often outranks pay as motivator in Asia](#)
- *HealthNet Newsletter for Health Workers*
- [Round 4 of the FREE Internet courses using R software](#)
- *Buddhist Monks and Community Efforts towards Successful Health Promotion in Thailand*

New HRH Technical Articles

- *Financial incentives, healthcare providers and quality improvements, A review of the evidence*
- [Spotlight on statistics: fact files on health workforce statistics](#)
- *New Health Information Monitoring and Evaluation Guide from Johns Hopkins*
- [Understanding women's contribution to the health workforce](#)
- *Salaries and incomes of health workers in sub-Saharan Africa*
- [Planning and costing human resources for health](#)
- *Forging solutions to health worker migration*
- [Training the health workforce: scaling up, saving lives](#)
- *Key Piece of the Puzzle: Faith Based Health Services in Sub-Saharan Africa*

- *Task Shifting: Rational Redistribution of Tasks Among Health Workforce Teams*
- [How Much is Not Enough? Human resources Requirements for Primary Health Care: a Case Study from South Africa](#)
- *Human Resources for Treating HIV/AIDS: Needs, Capacities, and Gaps*
- [Whole Picture: Strengthening Health Workforce Policies and Planning in Rwanda](#)
- *Capacity Management of Nursing Staff as a Vehicle for Organizational Improvement*

More information about these recently released or published technical documents are available on the AAAH Website.

Please do not hesitate to contact the AAAH Secretariat (secretariat@aaahrh.org) with your questions or requests.

Regularly check our Website at <http://www.aaahrh.org/articles.php> for latest update on recent HRH development.

MARCH 2008

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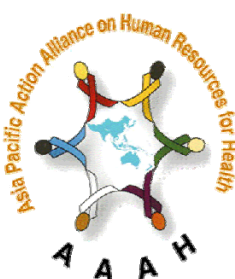
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TO



CALENDAR

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|-----------------|--|
| 4-5 April 2008 | Berkeley Conference on the Global Health Workforce -
<i>From Evidence and Research to Public and Health Care Industry Policy</i>
Location: Berkeley, California, USA |
| 5-9 May 2008 | AAAH Workshop on HRH Planning,
Location: Manila, Philippines |
| 17-18 May 2008 | World Health Professions Congress on Regulations,
Location: Perth Convention Exhibition Centre, Western Australia |
| 19- 24 May 2008 | 61st World Health Assembly
Location: Geneva, Switzerland |
| 25-28 May 2008 | Geneva Health Forum 2008 -Strengthening health Systems and the Global Health Workforce
Location: Geneva, Switzerland |