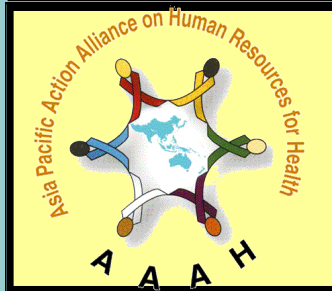


Year 5

Issue 5



# AAAHH Newsletter

*Asia Pacific Action Alliance on Human Resource for Health*



## RESILIENT AND RESPONSIVE HEALTH SYSTEMS (RESYST) AND RELATED RESEARCH

RESYST is a six-year research consortium, funded by DFID [Department for International Development] and started in January 2011. The project will undertake health policy and systems research with a focus on financing, health workers and governance in a set of African and Asian settings, including India, Kenya, Nigeria, South Africa, Thailand, Tanzania and Vietnam. The purpose of the consortium is to strengthen health systems in lower-income countries through policy and management changes that promote health, health equity and poverty reduction.

Regarding health workforce theme, the research aims to address challenges of recruiting and retaining health workers in rural areas and new ways of working with the private sector to address the human resources crisis.

International Health Policy Program, Thailand [IHPP], African Medical and Research Foundation, East African Communities [AMREF] and Indian Institute of Technology

Madras, Tamil Nadu India [IITM] are actively involved in HRH theme. The three institutes agreed to conduct a joint research on the role of private and public nursing schools on health workforce market. The expected outcome out this research is a better understanding on the contributions of public and private nursing schools to health system development in the light of ongoing contextual environment in particular government policies, economic, increased demand for nursing personnel at country, regional and global levels and in some case, the regional free trade agreements, public and private employment opportunities. With this better understanding, and the joint assessment by the schools and outside researchers, it is hoped that this study results in positive reform and policy coherence in responses to health needs of the population among different policy actors in nursing education. The final report of the research will be published in one of international journals by the third quarter of 2013.

Health Economics and Systems Analysis Group, LSHTM

Maria Stopes International, UK

KEMRI-WT Programme

AMREF, Kenya

Health Policy Research Group, University of Nigeria

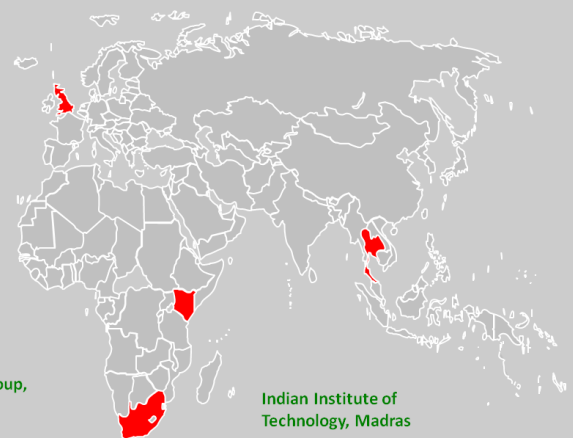
Health Economics Unit, University of Cape Town

Centre for Health Policy, University of Witwatersrand, Johannesburg

Ifakara Health Institute, Tanzania

Indian Institute of Technology, Madras

International Health Policy Programme, Thailand



### Inside this issue:

RESYST	1
The 6th AAAH Annual Conference Program	2-3
Human Resources for Health in India	4
5C Network Progress	5
Conference Alert	6

## The 6th AAAH Annual Conference Program

### 9–11 November 2011, Cebu Philippines

Date	Time	Topic / activity	
Tuesday 8 Nov 2011	09.30-12.00	Side meeting: Official meeting between 16 focal points and Steering Committees (SC)	Side meeting: on HRH Education Reform of five countries Coordinated by Prof Bui Thu Ha from Vietnam, the Regional Coordinator
		<b>The Focal Point, Pls submit your homework!</b>	
	13.00-16.00	Side meeting: Steering Committees and Organizing Committees Meeting	
Wednesday 9 Nov 2011	09.00-10.15	Opening ceremony Welcome Address – Governor of Cebu Province, University of the Philippines Manila, Chancellor Opening address by - SEARO representative - WPRO representative - GHWA representative - Dr. Junhua Zhang, MD, PhD, AAAH Chairperson Keynote speaker: Health Secretary, the Philippines	
	1015-1030	Coffee break	Press Conference
	1030-1200	<b>Plenary Session 1 Dialogue on HRH management: Challenges to Achieve UHC</b> <u>Chair:</u> Dr. Junhua Zhang, MD, PhD Speaker 1: Dr Mubashar Sheikh Speaker 2: Dr Graham Roberts PhD Speaker 3: Dr Alberto Romualdez	
	1200-1300	Lunch	
	1300-1700	Field visit 1. Southwestern University 2. Vicente Sotto Medical Center (Government Hospital) 3. Lapu-Lapu City Health Office 4. Chong Hua Hospital: Private Hospital	
Thursday 10 Nov 2011	0900-1030	<b>Plenary Session 2 HRH Education in the 21st Century</b> <u>Moderator:</u> Prof.Dong Zhe Speaker 1: Prof. Tim Evan Speaker 2: Prof. Dr. Bui Thi Thu Ha Speaker 3: Prof. Sanjay Zodpey	
	1030-1045	Coffee break	
	1045-1215	<b>Parallel Session 1</b> <b>Managing HRH education to support UHC</b> <u>Moderator:</u> Prof. Tim Evan Speaker 1: Prof Sanjay Zodpey Speaker 2: Prof Hou Jianli Speaker 3: Prof Vicharn Panich	<b>Parallel Session 2</b> <b>Scaling Up Transformative Education</b> <u>Chair:</u> Dr. Fely Marilyn E. Lorenzo Speaker 1: Dr Carmen Dolea Speaker 2: Dr. Josefina Tayag Speaker 3: Dr. Shambhu Upadhyay Speaker 4: Dr.Chandrashekhar T Sreeramareddy

Date	Time	Topic / activity		
Thursday 10 Nov 2011	1215-1300	Lunch		
	1300-1430	<b>Plenary Session 3</b> Leading towards health workforce development at country level Moderator: Dr. Junhua Zhang, MD, PhD Speaker 1: Dr Carmen Dolea Speaker 2: Dr Akiko Maeda Speaker 3: Dr Adang Bachtiar		
	1430-1445	Coffee break		
	1445-1715	<b>Parallel Session 3</b> HRH master plan formulation and Implementation Chair: Dr Kenneth R. Ronquillo Speaker 1: Dr Ma. Lourdes Rebullida Speaker 2: Dr Tari Tarayati Speaker 3: Dr. Kabiraj Khanal	<b>Parallel Session 4</b> HRH rural retention strategy and motivation Chair: Prof. Shiv Chandra Mathur Speaker 1: Dr. Chanthakath Paphas-sarang Speaker 2: Dr Nonglak Pagaiya Speaker 3: Krishna Rao Speaker 4: Dr Manjari Singh Speaker 5: Dr. Asmus Hammerich Speaker 6: Dr Pattapong Kessomboon	<b>Parallel Session 5</b> HRH initiative and management Chair: Dr Graham Roberts Speaker 1: Dr Khaled Shamsul Islam Speaker 2: Ding Yang Speaker 3: Reetu Sharma Speaker 4: Dr. Soe Tun Speaker 5: Tian Jiang Speaker 6: Pudtan Phanthunane
	17.15-19.00	Meeting of AAAH Country focal points, SC, all partners including WHO, GHWA, SEARO and WPRO: The way forward of AAAH for the next 5 years Chair : Dr. Junhua Zhang, MD, PhD		
	19.00	Dinner		
Friday 11 Nov 2011	0900-1015	<b>Plenary Session 4</b> AAAH: the way forwards for the next 5 years [2012-2016] A large plenary consisting of all 16 focal points, AAAH secretariat and Chair of SC will discuss on the way forwards, how to foster collaboration, and maximize benefit from and sustain the function of AAAH; Moderator: Dr. Suwit Wibulpolprasert		
	1015-1030	Coffee break		
	1030-1130	Summary and synthesis		
	1130-1230	Closing ceremony Mayor of Cebu City Regional Health Director SEARO representative WPRO representative GHWA representative Dr Junhua Zhang, AAAH Chairperson		
	1230-1330	Lunch		
	Afternoon	Bon voyage		

## Human Resources for Health in India

By Prof. Shiv Chandra Mathur (AAAH India Focal Point)

Health workforce in India can broadly be seen in four groups: (a) Medical doctors and specialists; (b) Nurses, ANMs and allied workers – includes MPWs; (c) Lab technicians, pharmacists, radiographers, physiotherapists and other technical support staff; and (d) Public health and support staff including grassroots functionaries. Although allopathic is dominating medical and health care, but several other systems of healing are concurrently functioning.

**Doctors** are divided in generalists and specialists. Since many doctors never join the government due to remote location of public health facilities, additional incentives have been provided to sustain them in difficult locations. Government of India is trying to cope up with shortage of Doctors by promoting the privatization in medical education. There are about 36,000 seats in the 316 medical colleges but the distribution of Medical Colleges in Indian states is highly uneven.

**Nurses** are largely catered by women staffs who are either staff nurses or auxiliary nurses (ANM). ANM functions in facilities like health sub-center, or Primary Health Centre, while staff nurses are usually deployed in district hospitals. Staff Nurses are prepared through a general nursing course of three-and-half year but the ANM –whose foundation training is of one-and-half year. The Ministry of Health and Family Welfare is focusing on districts to open 269 GNM and ANM schools enhancing the capacity by additional 20,000 persons/year.

**Support staff** is a variety of professionals ranging from lab technicians, and ECG technicians to optometrists, and radiographers. Till now, government was exclusively responsible to produce health manpower in this segment, but now several private institutions are coming up particularly in physiotherapy. Yet Government of India is supporting the states to establish training institutes for technical staff and also establishing regional Para-medical training institutes.

**Managerial staff** ranges from Hospital Administrators to Health Managers at district and sub-district level. Their value has lately been realized and their induction in a missionary approach is bringing a rapid change in the organization culture in the health systems particularly beyond the sub-district level. States have also initiated the steps to encoder public health and creating several opportunities for young doctors to opt and groom themselves to play as public health professional.

**ASHA:** Beside the four categories, community health workers under the banner of “Accredited Social Health Activists (ASHA)” are being groomed through a missionary approach on the norm of one per 1000 population. ASHA is a middle educated belonging to the village is oriented through five modules over 23 days spread over a period of two to three years. There are more than 700,000 ASHA’s in India.

**Counting HRH:** Since Health is a state subject in Indian polity and governance, expecting accurate, un-fragmented, and reliable information on health workforce at national level is not easy! Government of India

is consciously taking measures to overcome the fact of its Health workforce density being below 2.5 per 1000 population with wide inter-state variation. Increase in the union health budget from INR 80 Billion in 2004-2005 to INR 210 Billion in 2010-2011 indicates the priority given to enhancing the capacity of health systems of the states.



Author enhancing the capacity of District level Health Officers



Doctor in Medical OPD with emphasis on changing health behavior



ANM giving OPV at Health Sub-Centre

## Pilot study on situation analysis in health professional school, the progress of 5C network



5C network on health professional education reform for the 21st century, comprising of Bangladesh, China, India, Thailand and Vietnam, is about to conduct a pilot survey in at least one health professional school which is the prime concern in each country.

For instances, Thailand will conduct a pilot study in faculty of medicine, Khon Kaen University whereby Vietnam will survey in one of public health schools. The questionnaires were continuously developed since the consultative April-workshop in Vietnam and the August-workshop in Thailand.

The members will present their results of the pilot study in the side meeting of the 6th AAAH Annual conference. This is obvious that the AAAH serves as a platform for knowledge generation and sharing among countries in the Asia-Pacific region.



### Dear AAAH Annual Conference Participant:

We are pleased that you are attending the 6<sup>th</sup> Annual AAAH Conference. **The World Health Organization, CapacityPlus, and the World Bank cordially invite you to our exciting side meeting:**

### ***Addressing recruitment and retention of health workers: application of tools***

**Tuesday, 8 November, 12:30-5:00 p.m.**

Lunch will be provided. **RSVP by November 1** to Wanda Jaskiewicz at [wjaskiewicz@capacityplus.org](mailto:wjaskiewicz@capacityplus.org).

Skilled and motivated health workers in sufficient numbers at the right place and at the right time are critical to deliver effective services and improve health outcomes. Building on the side meeting at last year's AAAH conference, which explored the important issue of recruitment and retention, this year's side meeting will present **practical applications and tools for increasing recruitment and retention of health workers**. The participatory program will examine case studies and country experiences in retention and share the newest tools and methodologies to assist in developing retention strategies to encourage health workers to live and work in remote and rural areas.

## Calendar 2011: Conference Alert!

<b>Topic</b>	Capacity for HRH Management and Development to Support Universal Health Coverage
<b>Date</b>	9 - 11 November 2011
<b>Venue</b>	Cebu, Philippines
<b>Topic</b>	The 2011 Global Health Conference: Advancing health equity in the 21st Century
<b>Date</b>	13–15 November 2011
<b>Venue</b>	Montreal, Canada
<b>Topic</b>	The 1st International Symposium on Health Research & Development and the 3rd West Pacific Regional Conference on Public Health 2011
<b>Date</b>	16 November 2011
<b>Venue</b>	Bali, Indonesia
<b>Topic</b>	7 <sup>th</sup> Health Services and Policy Research Conference
<b>Date</b>	5–7 December 2011
<b>Venue</b>	Adelaide, South Australia, Australia
<b>Topic</b>	Health System Reform in Asia
<b>Date</b>	9–12 December 2011
<b>Venue</b>	Hong Kong, China

### Greetings from AAAH Secretariat!

In this fifth issue of the 5<sup>th</sup> Year AAAH Newsletter, we would like to present the RESYST project, a six-year research consortium. The 6<sup>th</sup> AAAH annual conference program, with session chair and speakers are also updated. We truly thank Dr Shiv, our AAAH focal point from India, for the article HRH in India. We learn very much from this! The focal points from other countries are more than welcome to send your HRH article to us!

We appreciate your kind supports. Your feedback to the newsletter is always welcomed and will help us make it better. If you have any information to share through this newsletter, please feel free to let us know at [secretariat@aaahrh.org](mailto:secretariat@aaahrh.org).

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

