

Year 5

Issue 6



AAAHA Newsletter

Asia Pacific Action Alliance on Human Resource for Health

The 6th AAAHA Annual Conference
9–11 November 2011 at Cebu City, Philippines



AAAHA: “Action Alliance” on Trust-Based Relationship

The Asia-Pacific Action Alliance on Human Resources for Health (AAAHA) has organized the 6th AAAHA conference during 9-11 November 2011 in Cebu, the Philippines. The theme of this Conference is “**Building Capacity for HRH Management and Development to Support Universal Health Coverage**”. This conference is resulted from active movement of AAAHA which involves active participation of several countries both in the South-East Asian Region and the Western Pacific Region. This conference is not only represented by people from the ministry of health but also from the health–education sector, and the research sector–, as well as, resource persons from several organizations, and the development partners. This shows harmony in working together on a basis of multi-sectoral approach, which is an important factor to achieve goals of the AAAHA.

Dialogue on HRH Management Challenges to Achieve UC

HRH are the cornerstones and driver of health system. Currently, many developing countries encounter the HRH shortages, distribution and other challenges. These problems could be the key constraints in achieving universal coverage. Globally, the Global Health Workforce Alliance (GHWA) has support the framework to solve HRH challenges. However, the HRH problems root from different things in each country. Therefore, it is important to really understand the roots at each country. To solve HRH challenges, some recommendations are suggested; for examples, increasing awareness to strengthen leadership, strengthening evidence-based information to advocate policy, establishing HRH database and health system database, increasing HRH governance, and strengthening the Alliance network to advocate political agenda at international and national levels.



Managing HRH Education to Support UHC

Human resource for health management is the key component to achieve the goal. When talking about HRH management, a significant area to consider is HRH education which serves as the foundation of the health workforce in the pursuit of providing people equitable access to health care. The triple management platform has been proposed to reform the HRH management. Key players namely universities, health service and private organizations should be collaborating in key areas of HRM. The ultimate goal would be the united health system in which all partners work and learn together. These need regular meetings, dialogue and effective involvement mechanisms, guidelines and regulations on standards. HRH education should give less attention on imparting factorial knowledge, but focus more on functional competencies of learners. Finally, discussion on the measure to evaluate the achievement of HRH on UHC should be encouraged. For instance, the KPI might include availability of GP for every family, no or small out-of-pocket payment, HRH density adjusted to needs or equitable quality care.

HRH Education in the 21st Century

The current state of health professional education revealed a crisis brought by: the outdated curriculum, weak literature on HRH education, stagnating enrollments, poor career prospects for faculty, absence of accreditation and institutional inadequacies. A core competency model was presented, which was based on functions of service. The educational reforms has gone from the science based, which is University based, to the Problem based lodged at Academic center, and now the Systems based, which involves health education systems. Regardingly, there are also three levels of learning: 1) Informative which produces Experts; 2) Formative which produces the Professionals; 3) Transformative which produces the Change Agents. In the 21st century, health professional need not be just experts but also change agents. The Recommendations of the Commission are broadly global. It includes instructional reforms and institutional reforms, with the enabling actions towards the overall goal of transformative and interdependent professional education for equity in health.

Scaling Up Transformative Education

Health workers save lives but they are in short supply. Health workers are most needed in rural and underserved areas where the burden of diseases is highest. To strengthen the health systems and to be responsive to population health needs, there is a need to scale up education of health professionals. The WHO initiative on transformative scale up consists in a process of education and health systems reforms that address the quantity, quality and relevance of health care providers to contribute to population health outcomes. The reforms in education in the 21st century calls for improving quality, equity, relevance and effectiveness in health care delivery; reducing the mismatch with societal priorities; redefining roles of health professionals; and providing evidence of impact on people's health status. Similar innovations in curriculum design, teaching, methodology, training sites, faculty recruitment and fostering partnerships with national health system, local government and rural community at large will be also helpful to achieve the goal of the institution.

HRH Master Plan Formulation and Implementation

Approaches used to formulate HRH plan are: (1) political, (2) technocratic, (3) participative, (4) top-down, (5) bottom up. Country Coordination and Facilitation (CCF) has undertook several efforts to formulate the draft of the HRH Plan, and this was presented and subjected for consultation in several meetings such as the National HRH Conference, High Official Meeting, and Ministerial Meetings. Implementation of the HRH Plan through: endorsement by CCF, advocacy and socialization, facilitation and monitoring and evaluation. Potential problems include: increases in health facilities that would demand increase in HRH, inaccurate projection of HRH requirement, budget constraints, and coordination among stakeholders. Having stated that it is very important to involve local governments in stakeholders meetings as they employ the most of the health workforce due to decentralization policy it is clarified that monitoring is done at local levels while the center provides policy guidelines, and quality of health workers is ascertained by medical, pharmacy and health workers councils.

AAAH the way forwards for the next 5 years (2012-2016)

AAAH is an only regional network on human resources for health. It has been founded for 6 years by the 10 Asian-Pacific countries. The AAAH can sustainably move forward by



shifting from “talk-based” to “task-based” network. The inter-session activities of mutual interests among groups of concerned countries will be increased.

Twelve focal points were invited to participate the meeting. The moderator asked the focal point one-by-one to give their feedbacks for HRH research field that need to be

conducted in their countries. The below table shows the potential areas of cross-country collaborative research and policy development.

Research Topic	Area of Study	Group of Country
Rural Retention	<ul style="list-style-type: none"> • Mapping of policies on rural retention • Critical assessment of key policy on rural retention • Scaling up effective policies, improve weakness of unsuccessful policy implementation 	Nepal, Philippine, Vietnam
HRH Information System	<ul style="list-style-type: none"> • Critical assessment of the bottlenecks of HRH information systems • Sharing cross country on success/failure experiences 	Samoa, Myanmar, Philippines, Nepal
Strategic Planning in HRH Production	<ul style="list-style-type: none"> • Policy analysis • Mushrooming of private health professional education institutes • Regulatory environment • Quality of professionals • Responsiveness to country health needs • Application of 5C [tools are public good freely available to ALL] <ul style="list-style-type: none"> • National level assessment • Institutional level assessment of nurse, doctors, public health schools • Student assessment who are about to leave schools • Health professional reform: prioritize the most feasible paths • Build up momentum, buy in supports from key stakeholders 	Myanmar, Indonesia, Philippine, Nepal
Management System/ Migration	<ul style="list-style-type: none"> • In light of ASEAN Economic Community • International flows of patients (Mode2) • International migration of health professionals • In light of private health sector growth • Domestic migration from public to private, rural to urban 	Thailand, Nepal, India, Philippines

Merry Christmas

and Happy New Year 2012

Dear colleagues,

When 2012 is coming, I would like to express my sincere thanks to all of you for your great support to the AAAH in 2011.

In 2011 we have experienced prosperous and successful time. The 6th AAAH conference was successfully and fruitfully organized under the strong support from the Philippine colleagues. Mongolia has become the new member of AAAH.

I do hope we continuously work together in 2012 for motivating and empowering all health workers in the Asia-Pacific Region and beyond to deliver quality health services to the people, and then improve health equity.

May peace, happiness and good fortune always be with you and your family.

Merry Christmas and Happy New Year!

Sincerely yours

Junhua Zhang

15 December 2011



HAPPY NEW YEAR 2012

Conference Alert!

Topic	Prince Mahidol Award Conference 2012
Date	24-28 January 2012
Venue	Bangkok, Thailand
Topic	International Conference on Health Informatics (HEALTHINF 2012)
Date	1–4 February 2012
Venue	Algarve, Portugal
Topic	2012 People in Health Care
Date	7–8 February 2012
Venue	Houston, TX, United States
Topic	Sustaining and implementing universal health coverage: 4 perspectives for 5 continents' by SDA Bocconi School of Management
Date	10 February 2012
Venue	Milan, Italy
Topic	Capita's 3rd National Tackling Health Inequalities Conference
Date	29 February 2012
Venue	London, United Kingdom

Greetings from AAAH Secretariat!

In this Year 5 Issue 6, we are very proud to present the 6th AAAH Annual Conference during 9-11 November 2011 in Cebu City, the Philippines. We would like to thank the Philippine host for the best hospitality and would like to express our gratitude to the chairs, speakers, and all participants. Without you, this conference cannot be successful. The active participation during the sessions made this conference academically fruitful. It was very nice to see you all there and know that we will move forward together.

Lastly, we wish you have a successful year in 2012. We are looking forward to working hard with you again in the coming year.

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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"

