

# **Regional Strategic Plan for Health Workforce Development in the South-East Asia Region**



**World Health  
Organization**

Regional Office for South-East Asia

# Regional Strategic Plan for Health Workforce Development in the South-East Asia Region

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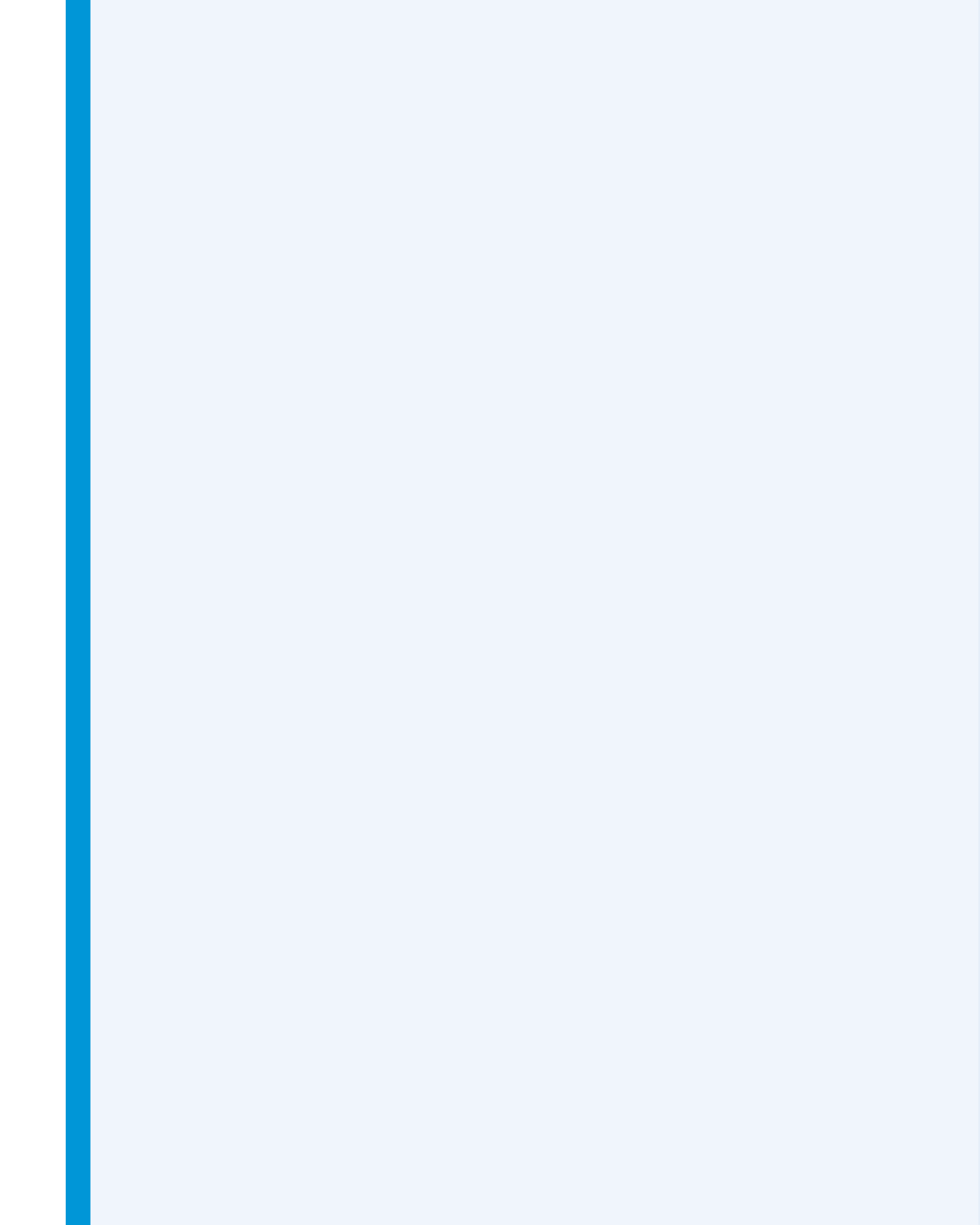
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## Introduction

Competent, motivated staff members form the core of a high-quality and efficient health system. This has been clearly illustrated by the health system reform efforts by many Member countries, which have failed to generate the intended benefits in spite of significant investments in infrastructure and procedures. It is acknowledged that reforms are only possible with effective health workforce management, which ensures not only the most efficient use of the health workforce, but also an adequate number of competent and motivated staff.

The World Health Report 2006<sup>1</sup> clearly reflects the pivotal role played by the health workforce in achieving the health outcomes of Member countries and regions. It also highlights the close correlation between qualified health workers and key health outcomes.

New pressures on the health workforce in Member countries of the South-East Asia Region (SEAR) have emerged during the last two decades. The health workforce needs to address the growing burden of chronic diseases which requires a continuum of care, in particular community-based care, while paying attention to control of communicable disease. Outbreaks of emerging and re-emerging diseases such as SARS, avian influenza, and large-scale natural disasters have put to test the preparedness of the health workforce in the Region. The expanding technological advances and growing consumer expectations are also making new demands on the health workforce.

Almost all Member countries of the Region face several common health workforce-related problems and issues. It is therefore appropriate that the Regional Office is taking the initiative to develop a strategic plan for health workforce development which, in turn, will specify its actions in the medium term, and would also provide strategic guidance to Member countries to address the country-specific health workforce problems more holistically.

The commitment of governments of Member countries in the Region to address the challenges faced in relation to health workforce was well portrayed at the 29<sup>th</sup> Health Ministers' Meeting and at the 59<sup>th</sup> Regional Committee meeting held in Dhaka in 2006. The Dhaka declaration on 'Strengthening health workforce in Member countries of the South-East Asia Region' and the resolution (SEA/RC 59/R6) adopted by the Regional Committee on 'Strengthening the health workforce on South-East Asia' which were endorsed during these meetings is testimony to their commitment. In addition, the Regional Committee endorsed the draft Regional Strategic Plan for Health Workforce Development.

The regional consultation held in Bali, Indonesia in December 2006, attended by representatives from all SEAR Member countries, representatives of regional networks and development partners and WHO country focal points finalized the strategic plan and examined issues related to its implementation.

## Scope of the problem

In most Member countries, information on the national health workforce situation is incomplete. Lack of uniformity in the classification and standardization of data prevent not only appropriate national policy actions, but also meaningful comparisons across Member countries. Data in general are more complete for state-sector health service providers than for health management and support health workers and the non-state sector health workers. Community health workers are often excluded from the head-count.

Member countries encounter many problems in relation to health workforce development which are dynamic and interrelated. An attempt has been made in this section to categorize these problems under four major headings: (i) Absolute shortages (imbalances in overall numbers); (ii) Lack of competency and passion (imbalances in skills); (iii) Maldistribution (imbalances in distribution), and (iv) Ineffective health workforce management capacity.

### *Shortages*

While there are no absolute norms on the right ratio of health workers to population, WHO has identified 2.28 per 1000 population as the 'threshold' density of doctors, nurses and midwives below which coverage of essential interventions, including those necessary to meet the health-related Millennium Development Goals (MDGs), is very unlikely<sup>1</sup>. In the SEA Region, based on health workforce data of 2005, the average density of doctors, nurses and midwives is estimated to be 2.12 per 1000 population, ranging from 0.56 per 1000 population in Bangladesh to 7.43 in DPR Korea. Based on the "threshold" density, it is estimated that there is a shortage of between 650 000 and 1 500 000 doctors, nurses and midwives in the Region.

The causes for these shortages vary from country to country. Some of these are: lack of human resource policies; lack of updated norms and standards for health workforce planning; insufficient capacity for health workforce training; inadequate budgets for training; migration, and unjustified control of health workforce production by professional organizations.

### *Lack of competency and passion*

It has been shown that among the reasons for high maternal and infant mortality figures, the most important is lack of skilled birth attendants<sup>2</sup>. In order to provide health services, it is important that all health care workers are exposed to need-based, job-oriented training before deployment. Outdated teaching methods and materials, along with a lack of mechanisms to maintain quality and standardization, have affected the quality of pre-service training of health workforce in many Member countries. It is well documented that inadequate opportunities for health care workers to undergo continuing education prevent them from acquiring new skills to keep pace with the rapidly-expanding technological advances. Lack of public health orientation and lack of adequate emphasis on attitude development and commitment have resulted in deterioration of health service responsiveness.<sup>1</sup>

## ***Maldistribution***

While Europe and North America together have only 21% of the world population, they account for 45% of the doctors in the world and 61% of nurses. In contrast, the SEA Region, with 26% of the world population has only 20.2% of the total allopathic doctors and 7.9% of the total nurses in the world, respectively.<sup>1</sup> These geographic imbalances are aggravated by imbalances within Member countries in terms of shortage of staff in rural areas as compared to urban areas<sup>3</sup> especially in the public health sector. Migration of skilled health workers within as well as from Member countries has led to a brain drain<sup>4</sup> resulting in a net loss to the rural public health sector. The skill-mix imbalances due to emphasis on production of physicians and nurses at the expense of other public health and management cadres are clearly observed in some Member countries. Community health workers comprise the 'third workforce' that is largely untapped<sup>5</sup>.

## ***Ineffective health workforce management capacity***

Weak administration of health workforce has been especially identified as an important factor that leads to many health workforce-related problems. Weak incentives and management policies and practices; ineffective and inefficient human resource managers and insufficient incentive systems based on seniority and not on achievements have led to attrition and low productivity of the health workforce<sup>6,7</sup>. The dual employment mechanisms introduced by several Member countries in the Region to compensate the unrealistically low state sector salaries by combining salaried state sector jobs with private practice have had a detrimental effect on the state health sector<sup>8</sup>.

## **Member countries' response**

Most Member countries are well aware of the challenges they face in relation to health workforce issues. The recent past has seen several progressive actions taken by Member countries to solve some of the important health workforce problems besetting them. Thailand has taken the leadership role in the Region in quality control activities in training and is in the process of assisting many other Member countries to establish quality control mechanisms in training. Sri Lanka has already developed a 10-year health sector master plan taking human resource development as an important pillar. Many other Member countries have taken initiatives to rectify health workforce-related problems and issues. However, it is believed that a regional strategic plan will provide the necessary guidance to Member countries to take a systematic approach in resolving health workforce-related problems and issues while learning from each other.

## **WHO's response**

For several years, WHO has been aware of the need to strengthen the development of health workforce as an important mode of strengthening the health systems. WHO's commitment to health workforce development is portrayed by the fact that the World Health Report 2006<sup>1</sup> was devoted to this topic.



In 2002, the Fifty-fifth World Health Assembly requested the Secretariat "to accelerate development of an action plan to address the ethical recruitment and distribution of skilled health care personnel, and the need for sound national policies and strategies for training and management of human resources for health". In recent years, the World Health Assembly has adopted a series of resolutions addressing different aspects of the health workforce crisis. These include: resolution WHA57.19 (2004) on the challenge posed by the international migration of health personnel; resolution WHA59.23 (2006) on rapid scaling up of health workforce production; and resolution WHA59.27 (2006) on strengthening nursing and midwifery.<sup>9,10,11</sup>

WHO launched the Global Health Workforce Alliance in May 2006 to bring together and mobilize key stakeholders engaged in global health to help Member countries improve the way they plan for, educate and employ health workers. The new global partnership aims to achieve a rapid increase in the number of qualified health workers in Member countries experiencing shortages through: mobilizing direct financial support for health training institutions; developing training partnerships between schools in industrialized and developing Member countries; nurturing a new generation of academic leaders in developing Member countries in clinical, public health and managerial sciences; developing innovative approaches to teaching with state-of-the art teaching materials and continuing education through information and communications technology, and by assisting the Member countries to develop planning teams for the development of comprehensive national health workforce strategies.

There are several global and regional networks and partnerships that are being created as it has become clear that the existing health workforce-related problems and issues, especially those in developing Member countries need more coordinated action. The Asia-Pacific Action Alliance on Human Resources for Health (AAAH) is a response to the international recognition of the immediate need for global and regional actions to strengthen country capacities for health workforce planning and management.

WHO is working closely with Member countries in the Region to build a regional health workforce that is prepared to face the ever-changing global scenario. This proposed strategic plan is an attempt to demonstrate how the Regional Office would face the ever-increasing health workforce problems in the Region and work together along with Member countries to overcome them.

## Vision, mission, goals and strategic objectives

### *Vision*

The overall vision of WHO in this area is for Member countries of the SEA Region to achieve optimum health outcomes by ensuring equitable access to effective health services through a balanced distribution of sufficient, competent, passionate and highly motivated health workforce.

## **Mission**

Cognizant of its role and responsibilities, WHO to support Member countries of the SEA Region to strengthen their capacity in planning, training, deployment and managing the health workforce to meet the increasing health demands.

## **Goal**

To exert a coordinated effort to assist Member countries in human resource development for health with a view to develop a health workforce which will be responsive to the health needs of the population.

## **Strategic objectives**

The strategic objectives are to:

- (a) Ensure that health workforce planning and development based on sound evidence continue to be integral components of national development plans of Member countries;
- (b) Support Member countries to scale-up production of high-quality health workforce in a changing service environment;
- (c) Strengthen stewardship and management of health systems to ensure the delivery of cost-effective services through a highly motivated workforce, and
- (d) Provide a platform where Member countries of the Region can share their experiences while assisting each other in health workforce development.

## **Key result areas**

The strategic objectives are organized around three key result areas which provide the foundation for the development of an effective health workforce in the Region. These are:

- (a) Need-based health workforce planning: Health workforce planning is based on sound evidence that captures the changing health needs of the population in the socio-demographic and socio-cultural context of the population.
- (b) Need-based health workforce development: Health workforce development is based on technological advancement, changing health needs of the population and on the increasing expectations of consumers.
- (c) Stewardship and management of the health workforce: Sound stewardship and effective management of the health workforce, local recruitment, training and home-town placement, supervision and effective incentive systems will lead to a high level of motivation among health care workers thereby leading to their retention and committed performance.

## Guiding principles

- (a) At all stages of the planning process, it is recommended that decisions should be based on sound evidence, whenever available. This highlights the need to build up and strengthen national institutional capacity to generate evidence and translate it into sound policies, programmes and practices. Health workforce planning must comprise a comprehensive approach towards public and private sector health workforce needs.
- (b) The development mechanism will help minimize the geographical imbalances in health workforce distribution, and to make the distribution equitable.
- (c) The need to have adequate human resources to provide services targeted at the poor and the underprivileged will be placed at the centre of development plans as the poor shoulder most of the burden of diseases. They are also the key stakeholders in achieving the health-related MDGs.
- (d) Member countries will be urged to consider the socio-cultural context taking into account the local political and economic circumstances.
- (e) Utmost care will be taken to minimize gender imbalances during all stages of the planning and implementation process.
- (f) Occupational and professional advancement of health care workers will be enhanced by providing them with healthy workplaces.

## Strategic areas and activities/initiatives

### *Strategic area 1: Strengthening the collection, sharing, analysis and utilization of data at country and regional levels*

All health workforce-related information, especially that which highlights inequities and health workforce imbalances be collected in a timely and uniform manner with standardized definitions for different categories of health workforce. A regional information clearing house will facilitate the utilization of such information. The activities and the indicators are spelt out in the boxes below.

#### Activities/Initiatives

WHO Activities
(1) Develop and disseminate guidelines for the definition and classification of health workforce and health workforce database development in Member countries
(2) Develop health workforce related minimum core dataset and data system which will be regionally and globally compatible
(3) Develop and share among Member countries a regional database of health workforce
(4) Develop and introduce a tool to measure geographical imbalances and inequities in the health workforce
(5) Establish a joint observatory/Regional clearing house of health workforce data and information
(6) Support regional partnerships, especially the Asia-Pacific Action Alliance on Human Resources for Health (AAAHH) to serve as a regional platform for such sharing and learning from each other
(7) Arrange a consultation on mitigating the impact of international migration on the effective functioning of health systems in SEAR Member countries.

### Country Activities

- (1) Develop national health workforce databases
- (2) Carry out periodic, in-depth, comprehensive assessment of the health workforce situation and its sub-systems
- (3) Use tools to measure geographical imbalances and inequities in health workforce
- (4) Generate evidence on international and national migration of trained professionals

### Indicators

- (1) Number of Member countries that use guidelines for classification of HRH
- (2) Number of Member countries with national HRH databases
- (3) Availability of the Regional health workforce database
- (4) Number of Member countries with bilateral agreements/other effective mechanisms in place to manage migration.

## Strategic area 2: *Policy development, regulation and legislation*

Policy development based on sound evidence is critical for health workforce development. Guidance in human resource policy development, regulation and legislation will be accorded high priority. Member countries will be guided to develop strategic plans for health workforce development. The activities and the indicators are spelt out in the boxes below.

### Activities/Initiatives

#### WHO Activities

- (1) Support the development, strengthening, updating and implementation of national policy and strategic plans for health workforce
- (2) Develop and disseminate evidence-based policy guidelines and tools to facilitate deployment and utilization of adequate workforce in Member countries, maintaining equity and efficiency
- (3) Provide and facilitate a regional forum for regular exchange of experiences in policy development, and of problems faced and lessons learnt
- (4) Organize an inter-country meeting to promote inter-country collaboration on sharing of health workforce-related regulations and legislation and their effectiveness/enforcement among all Member countries involving a broad range of stakeholders
- (5) Develop a regional database and assist Member countries to develop country databases of all human resource-related policies, legislation and regulations, and make it accessible to all Member countries
- (6) Carryout an overview of the current situation of policy, regulation and legislation among Member countries
- (7) Develop tools and guidelines that can be regionally adapted through a consultation process and provide technical support to facilitate strategic workforce planning in Member countries
- (8) Identify the impact of international migration of health workforce and advocate action to mitigate it

### Country Activities

- (1) Develop, strengthen, update and implement national policy and strategic plans for health workforce development
- (2) Develop national policies and guidelines to facilitate deployment and utilization of health workforce in adequate numbers maintaining equity and efficiency
- (3) Develop/modify health workforce-related regulations and legislation to improve their effectiveness/enforcement involving a broad range of stakeholders
- (4) Develop country databases of all human resource related policies, legislation and regulations and carryout overview of the current situation

### Indicators

- (1) Number of Member countries supported in policy development and regulation and legislation
- (2) Number of Member countries with databases of HRH-related policies, legislation and regulations

## Strategic area 3: *Scaling up health workforce production*

Member countries will be encouraged to scale up health workforce production, with special emphasis on public health workforce without compromising the quality of training. They will also be encouraged to share resources and technical know-how with other Member countries. Evidence on task-shifting and different skill-mix is needed for an effective scaling-up of health workforce production. The activities and the indicators are spelt out in the boxes below.

### Activities/Initiatives

#### WHO Activities

- (1) Provide tools and guidelines to undertake health workforce needs analysis and to determine the needed skill-mix and numbers to meet the health challenges
- (2) Develop and disseminate guidelines to develop norms for health workforce planning including community health workers
- (3) Assist Member countries to develop plans to upgrade the existing training institutions and to establish new training institutions based on health workforce-related challenges
- (4) Support and facilitate networking between policy making and training institutions of different Member countries.

#### Country Activities

- (1) Undertake health workforce needs analysis and determine the needed skill-mix and numbers to meet the health challenges
- (2) Develop/modify country-specific norms for health workforce planning including community health workers
- (3) Develop plans to upgrade existing training institutions and to establish new training institutions
- (4) Develop a mechanism to generate a continuous dialogue between policy makers, training institutions, service providing organizations and other stakeholders.



## Indicators

- (1) Number of Member countries with strategic plans on health workforce development
- (2) Number of Member countries with updated norms for health workforce planning
- (3) Number of Member countries that have scaled up health workforce development
- (4) Number of Member countries with in-country partnerships with all other stakeholders on health workforce development.

## Strategic area 4: *Knowledge generation and management*

The pursuit of knowledge, understanding and personal development will be encouraged across all stages of a health care worker's career. This includes strengthening of regional and national capacity in knowledge generation and management. Quality improvement of pre-service training will be encouraged while ensuring adequate opportunities for systematic in-service training. The need to carry out research to bridge the knowledge gaps in areas related to health workforce will be given more emphasis. The activities and the indicators are spelt out in the boxes below.

### Activities/Initiatives

#### WHO Activities

- (1) Provide tools, guidelines and technical support to assist Member countries to take a stock of existing training facilities
- (2) Develop a mechanism which will enable sharing of health learning materials within and across Member countries, and thereby enable them to introduce standardized training programmes
- (3) Organize an intercountry meeting to share experiences among Member countries on continuing education
- (4) Support research in health workforce-related areas through funding, sharing research methodologies, facilitate evidence-based policy formulation and disseminate best practices among all Member countries.

#### Country Activities

- (1) Take a stock of existing training facilities
- (2) Develop health learning materials to facilitate training of health workforce
- (3) Promote systematic continuing education programmes enhancing opportunities for in-service training of all health care workers
- (4) Carry out health workforce-related research to bridge the knowledge gaps and to generate evidence for health workforce planning.

## Indicators

- (1) Number of Member countries with information on existing training facilities
- (2) Number of Member countries with functional systematic continuing education programmes
- (3) Number of HRH-related research studies carried out.

## Strategic area 5: *Capacity building on health workforce management*

Member countries will be supported to build capacity in relation to health workforce management in terms of human resource policy analysis, development and implementation, as well as in monitoring and evaluation. The activities and the indicators are spelt out in the boxes below.

### Activities/Initiatives

#### WHO Activities

- (1) Support Member countries to organize training in human resource policy analysis, development and implementation for national focal points of Member countries
- (2) Facilitate sharing among Member countries the experiences on methods applied for improving health workforce productivity.

#### Country Activities

- (1) Develop need-based job descriptions/duty lists, tools and guidelines for assessment, regulation and management of health workforce
- (2) Incorporate health workforce retention issues into existing policies and regulations.

#### Indicators

- (1) Number of Member countries with updated need-based job descriptions/duty lists for health workforce
- (2) Number of Member countries that have developed tools and guidelines for assessment, regulation and management of the health workforce
- (3) Number of Member countries that have incorporated health workforce retention issues into existing policies and regulations.



## Strategic area 6: *Regional partnership building*

Sharing of best practices will be supported through multi-stakeholder partnerships in the Region and with other regions. Collaboration with the existing networks, such as the Global Health Workforce Alliance (GHWA), Asia-Pacific Action Alliance on Human Resources for Health (AAAH) and the African Platform on HRH will be promoted and supported to ensure that Member countries of the SEA Region benefit most from such partnerships. The activities and the indicators are spelt out in the boxes below.

### Activities/Initiatives

#### WHO Activities

- (1) Develop capacity at the Regional Office to expand health workforce development networks
- (2) Organize intercountry meetings to develop partnerships in the Region and with other regions
- (3) Foster the role of regional partnership through mechanisms such as AAAH and new regional partnerships to develop regional coordination and cooperation to contribute towards development of system, policy and regulatory framework

#### Country Activities

- (1) Develop capacity so as to proactively get involved in regional and extra-regional partnerships
- (2) Contribute to regional partnerships and strengthen collaboration towards development of system, policy and regulatory framework

#### Indicators

- (1) Number of active networks and partnerships on health workforce-related areas in the Region
- (2) Number of Member countries involved in regional, inter-regional partnerships and networks
- (3) Number of Member countries supported to participate in regional partnerships in relation to health workforce development



## Strategic area 7: *Quality assurance in training*

The capacity of Member countries will be enhanced to adopt quality control measures in training of health workforce through the introduction of accreditation mechanisms, to ensure that the training curriculum as well as on-the-job training is relevant to the existing health systems and prevailing local and national scenarios. The activities and the indicators are spelt out in the boxes below.

### Activities/Initiatives

#### WHO Activities

- (1) Develop guidelines to facilitate introduction of quality control mechanisms in health workforce development
- (2) Organize an intercountry meeting on accreditation of training institutions.

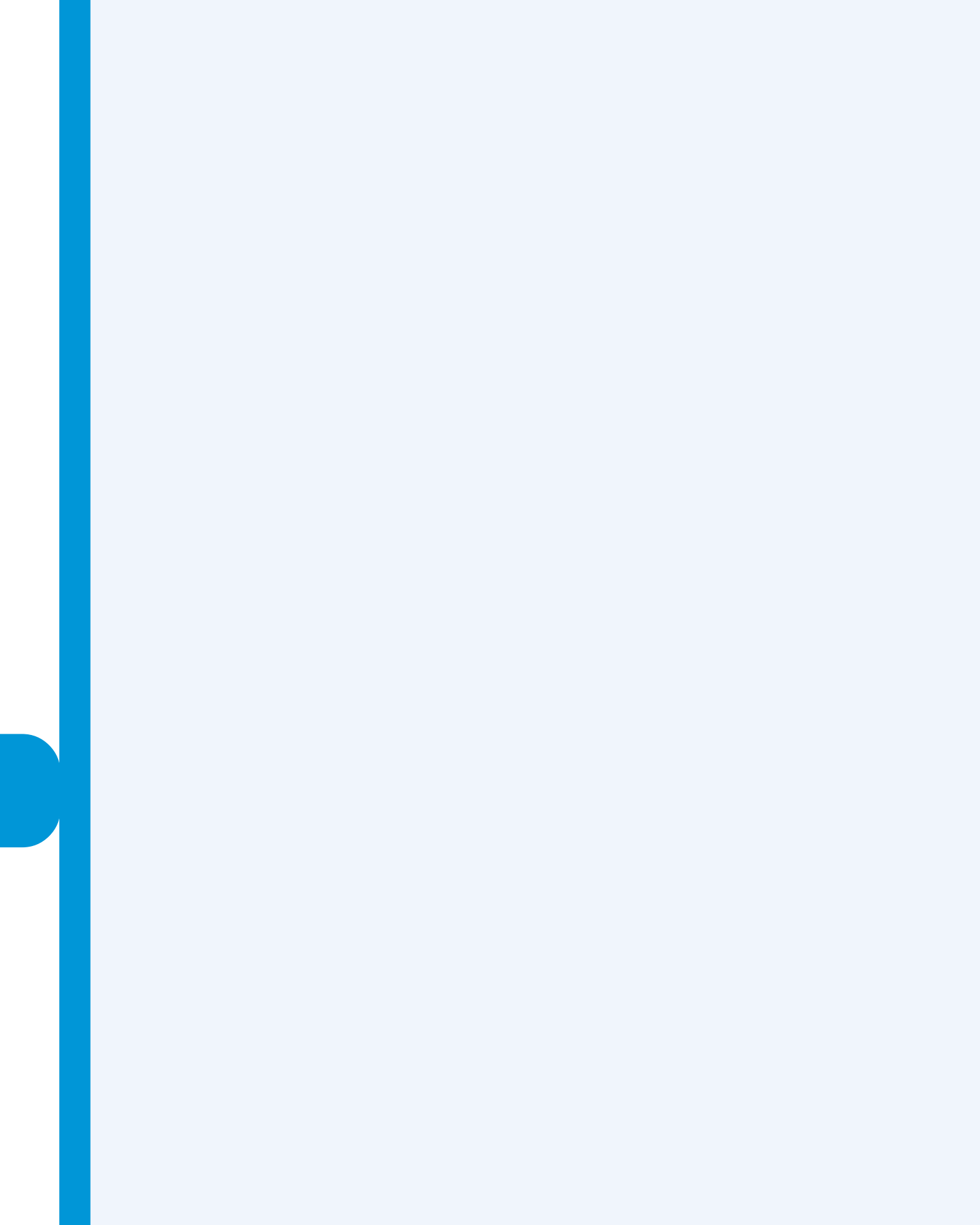
#### Country Activities

- (1) Facilitate a shift from a knowledge-based to a skill/competency-based training approach
- (2) Review and modify existing public health training curricula and learning assessment mechanisms to match the current public health training needs.

#### Indicators

- (1) Availability of guidelines on introducing quality control mechanisms in health workforce development
- (2) Number of Member countries with accreditation mechanisms for health workforce training institutions
- (3) Number of Member countries that have training curricula addressing current public health training needs.





## Strategic area 8: *Increasing investment on health workforce*

Member countries will be encouraged to increase investment on health workforce in terms of finance, trainers and other physical resources. The activities and the indicators are spelt out in the boxes below.

### Activities/Initiatives

#### WHO Activities

- (1) Support Member countries to carry out health accounts studies on health workforce development, as an integral part of National Health Accounts and cost-benefit analysis
- (2) Assist Member countries to take stock of existing resources for health workforce development
- (3) Develop and disseminate tools and guidelines to advocate the need for sufficient budgetary allocation for health workforce development.

#### Country Activities

- (1) Carry out national health accounts studies on health workforce development, as an integral part of National Health Accounts and cost-benefit analysis
- (2) Take stock of existing resources for health workforce development
- (3) Advocate for and allocate sufficient budget for health workforce development.

#### Indicators

- (1) Number of Member countries that have conducted national 'health workforce accounts' studies
- (2) Number of Member countries using mechanisms to advocate sufficient budgetary allocations.



## Strategic area 9: *Improving the work environment of the health workforce*

The quality of the working environment of the health workforce has been recognized as an important factor that motivates the health care workers to function optimally. It is important that basic minimum standards of the working environment are maintained for the health workforce to carry out their duties and functions effectively and efficiently. The activities and the indicators are spelt out in the boxes below.

### Activities/Initiatives

#### WHO Activities

- (1) Develop a mechanism/tool that facilitates the assessment of the current work environment of the health workforce in Member countries
- (2) Identify, develop and advocate the adoption of a minimum set of standards for the working environment
- (3) Assist Member countries in implementing and monitoring the availability of a minimum set of standards for work environment

#### Country Activities

- (1) Assess current work environment of the health workforce
- (2) Identify a minimum set of standards for working environment
- (3) Improve the work environment of the health workforce to match the national standards

#### Indicators

- (1) Development of a tool/mechanism to facilitate assessment of the work environment of health care workers
- (2) Availability of a minimum set of standards for work environment.



## Strategic area 10: *Development of a community-based health workforce*

Health workforce shortages especially in those categories that deliver services at the grass root level need special emphasis. Especially in geographical areas that face acute shortages of health workforce, the community health workers and community-based health workers play an important role in facilitating speedy access to essential health interventions. The activities and the indicators are spelt out in the boxes below.

### Activities/Initiatives

#### WHO Activities

- (1) Carry out advocacy to develop community-based health workforce.

#### Country Activities

- (1) Map out areas that will be benefited by the development of community-based health workforce
- (2) Develop and implement appropriate training programmes for community health workers
- (3) Train community-based health workforce on emergency preparedness

#### Indicators

- (1) Number of Member countries that have scaled up development of community health workers
- (2) Number of Member countries with community-based health workforce trained on emergency preparedness

## Implementation of the strategic plan

The draft Regional Health Workforce Strategic Plan to address some of the related issues and challenges in the SEA Region was developed following a request from Member countries and was submitted at the 59<sup>th</sup> session of the WHO Regional Committee for South-East Asia and finalized through country consultations thereafter.

### *Responsibility for implementation*

The responsibility for implementing the Regional Strategic Plan on Health Workforce Development lies with two players. The role of national governments in implementing country activities is vital as they, in turn, collectively contribute to the regional action. Simultaneously, WHO/SEARO with the assistance of WHO Country Offices needs to play a facilitatory and a catalytical role supporting the Member countries whenever necessary.

The role to be played by the respective Member countries in implementing the regional strategic plan is pivotal. The roles of the non-health sector in health workforce development are well known. This poses a challenge for ministries of health with regard to collaboration with other stakeholders, including the private sector to overcome effectively health workforce-related issues and challenges.

### *Partnership and coordination*

Partnership and coordination play an important role in the effective implementation of the strategic plan. Global and regional partnerships and networks could play an active role in assisting Member countries in health workforce development. Building on the rich cultural and social diversification seen among Member countries in the Region, partnerships and networks can facilitate sharing of knowledge and practices among Member countries

### *Financing the strategic plan*

There is a need to ensure the availability of adequate financial resources to fuel the proposed health workforce development activities. The strategic plan highlights the need to furnish evidence to strengthen the requisites for increased financial investment on health workforce development. However, since funding all country activities in relation to health workforce development would be beyond WHO's financial resources, the plan encourages the use of WHO's limited financial resources as seed money for selected strategic activities. Some of these activities could form the basis for WHO Country Work Plans for the biennia 2008-2009 and 2010-2011. WHO Country Offices and WHO/SEARO would attempt to mobilize additional resources at country and regional levels to implement some of the country and regional activities identified.

## *WHO action*

The role and responsibilities entrusted to WHO would form the basis for SEARO's Regular Budget plan for the 2008-2009, and 2010-2011 biennia. The plans would be based on the areas already reflected in the Strategic Plan identified in consultation with Member countries. WHO/SEARO would get assistance from WHO/HQ and the Country Offices in implementing some of these activities.

## *Monitoring and evaluation*

Monitoring and evaluation are important components in any planned activity. A few strategically important indicators, which are a mix of process indicators and output indicators, have been selected to monitor the implementation of the strategic plan. These indicators were identified in consultation with representatives of Member countries who participated in the consultative meeting to finalize the strategic plan. The assistance of WHO country offices will be essential in the monitoring process.



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This document describes the Regional Strategic Plan on Health Workforce Development, which specifically identifies priority activities to be initiated by the WHO and Member Countries will guide and facilitate country initiatives on health workforce development. WHO is totally committed to play the lead role in catalyzing the implementation of this strategic plan.

The challenges related to health workforce in countries of the South-East Asia Region (SEAR) include overcoming shortages, geographical and skill mix imbalances, keeping pace with advancing knowledge and competencies and improving skills of health workforce management.

Realizing the increasing negative impacts of these issues and challenges, Member Countries of the WHO SEAR adopted a resolution on ***Strengthening the health workforce in South-East Asia*** (SEA/RC59/R6) while the Dhaka Declaration was endorsed at the 24<sup>th</sup> Health Ministers' Meeting in 2006. This Regional Strategic Plan is the outcome of intense discussions and deliberations with the Member countries which was finalized at a consultation held in Bali, Indonesia, in 2006.



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