

Regional Workshop Summary Report

Regional workshop to review progress on the *Decade for strengthening human resources for health in the South East Asia Region 2015-2024*.

Bangkok, Thailand, 20-22 April 2016

Rationale

Human resources for health (HRH) continue to pose a critical challenge for SEAR countries. According to World Health Statistics 2014, six countries (Bangladesh, Bhutan, Indonesia, Myanmar, Nepal, Timor Leste) have a density of skilled workforce lower than the WHO-recommended threshold of 22.8 per 10 000 population. Furthermore, competency and distribution problems of the health workforce persist.

To achieve SDG Goal 3 (*ensure healthy lives and promote well-being for all at all ages*) and related goals, Universal Health Coverage is a powerful unifying platform. Health workforce issues are recognized as central to attain, sustain and accelerate progress on universal health coverage. Therefore, attention to human resources is needed a) to substantially increase training, recruitment and retention of the health workforce of SEAR Member States; b) to ensure delivery of quality health services to the population and c) to achieve the SDG target 3.8 for universal health coverage. The resolution SEA-RC67-R6 *Strengthening Health Workforce Education and Training in the Region*, adopted by the Regional Committee in 2014, requested WHO to report progress in the implementation of health workforce developments every two years for the next decade, commencing 2016. The *Decade for health workforce strengthening in the South East Asia Region 2015-2024* was agreed by SEAR Member States at the Regional Consultation at Bhutan in 2014. Two-year national action plans were developed, focusing on rural retention of, and transformative education for, health professionals. The different workshop themes are detailed below.

Workshop objectives

Goal:

To accelerate implementation of the Decade of HRH strengthening in SEAR 2015-2024

Objectives:

- 1 To review progress in health workforce development in each SEAR country and more specifically the implementation of 2015-2016 action plans on rural retention and transformative education for health professionals;
- 2 To review, identify challenges and consider possible actions to strengthen national health workforce information systems;
- 3 To discuss possible priority actions for 2017-2018.

Make Health Coverage Universal



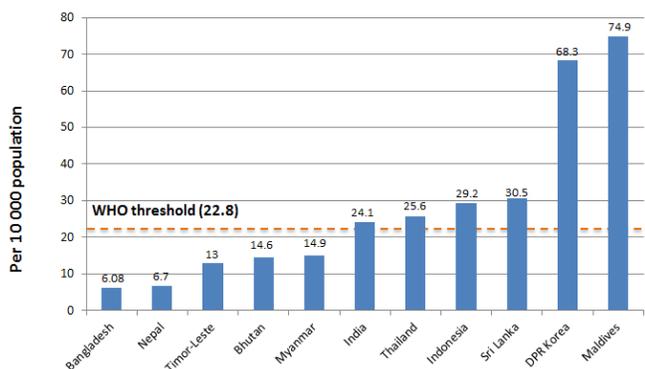
Invest in a well-trained, highly motivated health workforce

Theme 1: Transformative education

- Health workforce education and training needs to be aligned with service needs. To improve frontline services, health workers other than doctors and nurses need to be considered.
- *Transformative education* is not primarily about changing curricula. It is about changing *how* health workers are taught, to enable work across professions, recognize social responsibilities and help adapt to changing needs.
- Some new approaches towards curriculum development are being introduced. These include introduction of innovative teaching methodologies, for example, competency-based education, team-based training, simulation techniques, setting up new cadres.
- Scope of regulation is expanding to include private sector education, allied health professionals
- Prominent areas of concern include:
 - ✓ how to better manage regulation and accreditation of training institutions and curricula (public and private); content of regulation; links to career paths and distribution; models of regulation to meet objectives of transformative education;
 - ✓ how to introduce and sustain continuing professional development.
 - ✓ how best to support introduction of inter-professional education where appropriate.

Need health workers to deliver health services, achieve UHC

Doctors, nurses and midwives per 10,000 population in SEAR



Theme 2: Rural retention

- All countries identified retention as a major issue -- but data, monitoring and evidence remains patchy. Simple indicators are needed to measure progress vis a vis targets.
- Many retention interventions are relatively cheap.
- Retention needs to be discussed in the context of increasing access to services. And there are links between rural retention and external migration.
- A package (or 'bouquet') of interventions is needed to improve rural retention sustainably.
- Some form of targeted admission policies are common -- though with differences in selection criteria. That approach needs to be linked to other interventions such as career development/CPD; links to compulsory service; transparency in posting; personal and professional support.
- Financial incentives and telemedicine have a place -- but no single intervention is a magic bullet; better connectivity can support professional networks.
- Strategies that work to retain health workers change as health workers move through their careers.

Global strategy on human resources for health: **Workforce 2030**

Endorsed by the 69th World Health Assembly

Theme 3: Information systems for human resources for health

- Information systems for human resources for health require development. There is increased interest and enthusiasm globally to improve data, and renewed action in countries on data and information for human resources for health. New opportunities with new technologies exist, if used appropriately.
- There is a need to turn data into information, and to create demand for data e.g. by good, timely visualization for users; and by linking data users more with data producers, so that there is a good understanding of the policy and management uses of any data being collected.
- Improving data requires political as well as technical action. It requires institutional changes beyond software --and working with other relevant stakeholders with and beyond the health authorities.
- Data and information systems can gradually expand to cover human resources for health *as a whole*.

Cross walk: Global HRH strategy and SEA Decade of HWF strengthening

Global HRH Strategies	Target by 2030	SEAR Decade to strengthen health workforce
1. optimize impact of current health workforce	Countries to halve inequalities in access to health workers	Rural retention, transformative education
2. align HRH investment framework to future health system needs and demands of the labour market	Agencies to participate in efforts to strengthen HRH assessments and information exchange	intersectoral planning development
3. build national capacities for effective HRH leadership and governance	HRH units in countries develop and monitor policies and plans	management and monitoring development
4. ensure reliable, up-to-date HRH data	Countries progress on health workforce registries to track workforce stock, distribution and flows	Information system development

Emerging issues

- 1 Strategies and actions in support of human resources for health must be linked to service delivery, universal health coverage and sustainable development goals to address changing needs and focus on reaching those left behind. Evidence is key.
- 2 Sustainable development goals generate fresh momentum for human resources for health. So do other initiatives such as WHO's global strategy for human resources for health, the Commission on Health Employment, SEAR's *Decade to strengthen human resources for health 2015-2024*. It is important to seize these opportunities.
- 3 The commitment to a *Decade to strengthen human resources for health in SEAR* is unusual and valuable. It gives time to align short term actions with long term vision. Priorities need not change quickly, but emphasis of interventions may alter. A two year reporting cycle will help maintain attention, and gradually improve information on change. Reports need reflect on how far we have come, not just how far to go.
- 4 More changes in human resources for health are happening in SEAR than thought. Actions on education and retention are linked. Honesty, openness, inclusiveness help support positive change – as does systems analysis and strengthening the health information system.
- 5 Necessary improvements in frontline services need to go beyond doctors and nurses – reaching allied health professionals and others to be successful.
- 6 In many countries, the role of the private sector is too big to be ignored: as a major producer and employer of health workers, the private sector attracts health workers from the public sector. Valuable steps are being taken to improve education quality in SEAR.
- 7 Stronger linkages within and beyond the health sector are essential for significant, sustained change. Good examples for engagement exist despite the challenges. Countries did not assess impact systematically yet. Active monitoring of progress is essential to demonstrate change and adapt policies and practice. Simple 'tracer indicators' could be useful.

Workshop: overview of themes

This flyer contains a summary of messages from this regional workshop, grouped according to its major themes:
 (1) transformative education; (2) rural retention; (3) Information systems for human resources for health; (4) emerging issues; (5) linking the *SEAR decade of strengthening health workforce* with the *WHO global strategy for human resources for health*; (6) outcomes of this regional workshop.



Outcomes and next steps

- Better understanding of actions being taken to address health workforce challenges across SEAR countries, and of achievements and challenges. All country reports to be completed end May.
- Progress report on the *Decade of strengthening human resources for health in SEAR 2015-2024* to be completed by June and discussed at the SEA Regional Committee in September 2016.
- Priority country HRH actions for 2017/18 defined by September.
- Agreement on a concerted effort to improve HRH data. SEARO to develop tracer indicators, with HQ
- SEARO to produce briefing notes on selected topics identified in the workshop – regulation / accreditation; continuing professional development.