

Background

The South-East Asia Region has a number of well-known health workforce challenges. These include shortages, unequal distribution; out-migration; adapting health workers' education to fit rapidly changing health needs and health worker performance. These challenges matter, because health services cannot be delivered without health workers, which limits progress on universal health coverage (UHC) and the sustainable development goals (SDGs). In 2014, SEA Member States committed to a Decade of Strengthening HRH (2015–2024) in SEAR with a focus on transformative education and rural retention.

The first review in 2016 highlighted several issues: linkages between HRH strategies and service delivery and UHC; lack of attention to allied health professionals providing frontline services; the role of private sector; the need for a 'bundle' of interventions; the lack of simple tracer indicators to monitor the progress and maintain momentum for HRH.

All SEA Member States participated in this second review of progress, and identified challenges and priority actions for the next two years. The review involved (a) a short survey before the workshop (b) individual country posters of overall progress; (c) in depth workshop discussions on specific issues.

The main conclusion in 2018 is that good, if variable, progress is being made.

Overview of Programme

Day 1: Overall progress on HRH; transformative education

- Progress on the Decade of strengthening human resources for health: where have we come from? Where are we now?
- Transformative education: Where are we now?
- Accreditation of health professional's education in South-East Asia
- Key issues in transformative education (Inter Professional Education/Continuing Professional Development/Career development in nursing)
- How to move forward in SEAR?

Day 2: Rural retention of health workers

- Rural retention of health professionals: Where are we now?
- Key issues in retention and distribution (Introducing mid-level health workers/Introducing financial and non-financial incentives/ Targeted admissions policies to improve rural retention)
- Health worker migration
- How to move forward in SEAR?

Day 3: HRH governance and data; overall conclusions

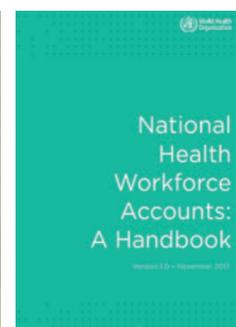
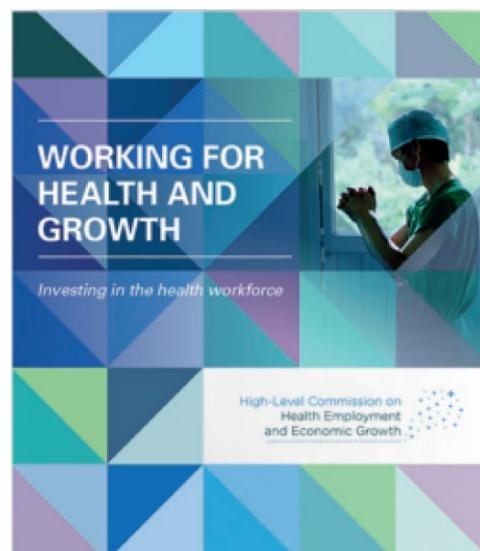
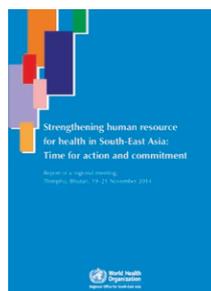
- Improving HRH data and HRH Information Systems: where are we now?
- HRH Governance in SEAR
- Way forward: conclusions and next steps

Transformative education for health professionals: key issues

- Transformative education is about enabling health professionals to better respond to people's health needs, by changing how they are educated. It involves changes in both what students are taught and how they are taught, and both instructional reform and institutional reform.
- All countries are doing something in this area, and are at different stages of implementation
 - Accreditation of health professional education
 - Inter-professional education (IPE)
 - Continuing Professional Development (CPD)
 - Targeted admissions to increase student diversity
 - Faculty development (FD)
 - Career development for nurses

Workshop objectives

- Review experience with progress and challenges on the different key elements of strengthening HRH
 - Transformative education for health professionals
 - Retention, distribution and migration of health professionals
 - HRH data and information systems
 - HRH governance and leadership
- Analyse opportunities and approaches to overcome these challenges
- Agree future actions to deepen and accelerate progress on the Decade of Strengthening HRH in SEAR.



Retention, distribution and migration of health professionals: key issues

- Bundle of interventions are necessary to improve retention, and are being used in most countries.
- The sense of progress is stronger in 2018 than in 2016, with a more nuanced message that choice of intervention should fit a system's level of development.
- The more countries educate and recruit staff locally, the more chances of improving retention.
- Same retention strategies may have different effects on different target groups (younger versus older health workers; doctors versus nurses).
- Need to understand health workers' point of view for effective interventions on retention.
- Incentives need to be fair and cost-effective; keep a team perspective, and be implemented with other interventions.
- Need more documentation to measure the impact.

Conclusions

1. This second review of monitoring progress on Decade of Strengthening HRH in SEAR (2015-2024) shows good, if variable, progress being made by Member States.
2. Availability of health workers has improved in SEAR countries, and interventions related to transformative education and rural retention have advanced. HRH data seems to be improving, and the adoption of standard indicators to track progress in the Region has helped.
3. While there is a high level of commitment to a Decade of HRH in the SEA Region, and full agreement on its continued relevance, there is a continuing challenge in how to best demonstrate impact.
4. Key issues raised from the first review were reinforced:
 - a. HRH strategies must be linked to service delivery and UHC to reach those left behind;
 - b. HRH debate needs to go beyond doctors and nurses to allied health professionals and other workers
 - c. Private sector has a major but variable role in HRH across the Region, as educator and/or employer. At the same time there is a concern of quality in private education and data;
 - d. Intersectoral action remains challenging. It will be important to strengthen national institutional capacity for HRH governance, with strengthening of HRH units being one possible approach.
 - e. There is no magic single bullet. Countries to consider bundles of interventions depending on the issues, situation and target group.



Upcoming events

May 2018 Completion of this year's HRH indicator survey; Finalization of progress report and country profile on the Decade of Strengthening HRH

September 2018 71st session of the Regional Committee for South-East Asia

- Ministers review progress on the Decade of Strengthening HRH
- SEARO publication on progress on the Decade of Strengthening HRH

2018-19 Reporting on WHO Global Code of Practice on the International Recruitment of Health Personnel

October 2018 WHO Executive Board at WHO headquarters: Progress report on Global HRH Strategy

April 2019 Mid-term evaluation of the Decade of Strengthening HRH

May 2019 Seventy-second World Health Assembly at WHO headquarters: Progress report on Global HRH Strategy

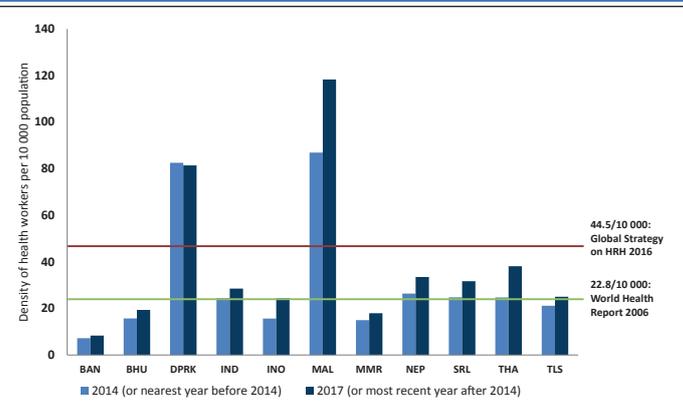
HRH data and information systems: key issues

- Demand for better data is increasing and every country has made progress. Start with the policy questions, which can be answered by better use of data.
- Issues on data fragmentation, private sector and data security remain.
- Improved data cannot be achieved only by technological support, but at the same time, new ICT can help progress in information system development.

HRH governance and leadership: key issues

- HRH governance is about having overall vision and strategic direction; effective regulation, ensuring the multi-stakeholder engagement and coordination needed for sustained HRH strengthening.
- There is no gold standard for an HRH unit. There is a need to distinguish between personnel/administrative functions and more strategic HRH functions. Alignment of HRH unit capacity with more strategic HRH functions is needed.

Trends in availability of health workers in SEAR countries 2014–2017 (Density of doctors, nurses and midwives per 10 000 population)



Source: country data reported to WHO (main sources MoH & Professional councils)

Recommended follow up from the meeting

- (1) Immediate follow up: All countries summarize conclusions/ideas from this meeting to senior management and discuss own priorities
- (2) Countries and region to maintain political momentum for HRH to accelerate progress on implementing HRH strategies.
- (3) Continue to explore accreditation as a useful contribution to creating a culture of quality of education for health professionals.
- (4) Ensure that interventions used to improve rural retention take account of their different effects on different groups of health workers.
- (5) More documentation of impact of interventions for rural retention and transformative education is recommended, through case studies and technical briefs on key topics.
- (6) Maintain improvement on HRH data and strengthen HRH governance by reinforcing the capacity of existing HRH units.
- (7) Direct technical assistance to countries both on overall HRH policy and planning, and on more specific areas.
- (8) Strategies for increasing HRH policy and planning expertise in the Region by developing HRH training courses and/or modules to be considered.