World Health Organization
REGIONAL OFFICE FOR South-East Asia

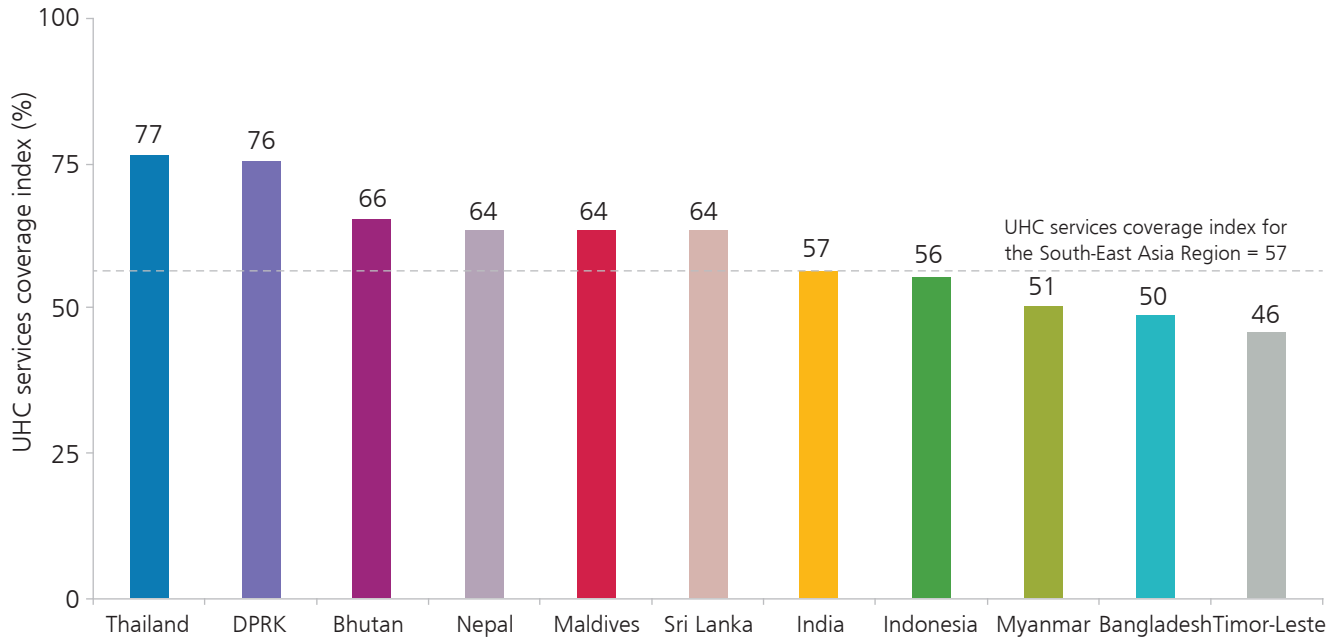
Background paper on:

Second review of progress on the Decade of Strengthening Human Resources for Health in the South-East Asia Region 2015–2024

Why this meeting and why now?

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[1]. The graph below shows the level of essential health services coverage in the South-East Asia Region, using latest data.

Box 1 **Overview of essential health services coverage in SEAR.**



Source: Based on the UHC services coverage index estimates, WHO 2017

For this reason strengthening human resources for health (HRH), with a focus on transformative education and rural retention, has been a priority in the regional flagship on universal health coverage since 2014. That year, the Regional Committee for South East Asia adopted Resolution SEA/RC67/R6 "to strengthen health workforce education and training in the Region". Subsequently Member States in SEAR committed to a **Decade of Strengthening HRH 2015–2024.**

The Resolution SEA/RC67/R6 requested WHO to report on progress in health workforce development every two years for the next decade, commencing in 2016. A first self-report survey was conducted by Member States in early 2016, and used as the basis for the first review meeting. Key issues discussed in the first review meeting in April 2016[2] were:

- *HRH strategies must be linked to service delivery* and universal health coverage (UHC) strategies, and focus on improving equity.
- *Improvements in frontline services need to go beyond doctors and nurses*, and reach allied health professionals and others to be successful.
- *More actions to strengthen HRH are happening in SEAR countries than was known*. All agreed that for sustained improvement, a 'bouquet' of interventions is needed: there is no single magic bullet.
- *In many countries the role of the private sector is too big to be ignored*: it is a major producer and employer of health workers.
- *Stronger links within and beyond the health sector are essential* for significant and sustained change in health workforce education, retention and performance.
- *Assessing progress and impact is essential but challenging*: simple tracer indicators and a concerted effort to improve HRH data would be useful. Better evidence is key.
- *The fresh global momentum for HRH can be used to reinforce regional and national action*: the SDGs; recommendations from the Commission on Health Employment and Economic Growth[3]; the new Global HRH Strategy: Workforce 2030[4].

Key follow-up actions were:

- to consider the implications of the new Global HRH Strategy: Workforce 2030 when developing national HRH strategies and plans, and link these to service delivery needs.
- by end 2016, agree feasible priority actions for HRH strengthening for 2017–18, with a focus on HRH governance, rural retention and transformative education, in consultation with relevant stakeholders as needed.
- to use regional events to advance the national HRH agenda and share best practice and experience. For example, meetings of the AAAH network; SEARAME network and the Measurement and Accountability for Results workshop, in late 2016.

Key follow up actions by WHO SEARO were also identified: technical assistance to Member States on different aspects of HRH strengthening, including for strengthening governance - and the role of HRH units; imrpoving HRH data, and to provide a second progress report to RC71 in 2018. In the last two years there has been significant activity, as well as new HRH challenges emerging in the Region and in individual countries. There have been meetings on specific HRH issues, including health professional education reform; accreditation and HRH data; there was regional participation in the 4th Global Forum on HRH in 2017; new ways of looking at HRH challenges, using a labour market approach, have been applied; HRH has been included in regional events on advancing care for noncommunicable diseases, and UHC.

This April 2018 meeting is therefore timely, both in terms of assessing progress on the Decade of Strengthening HRH 2015–24, and in providing an opportunity to review specific new HRH developments in countries.

Overall meeting objectives and programme outline

This workshop brings together representatives from Member States in the Region to review progress with implementing the Decade of Strengthening HRH since 2016; to share experience on HRH issues, and to identify next steps until 2020. The meeting will:

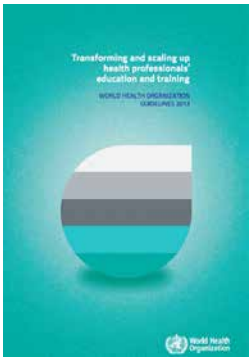
1. Review experience with progress and challenges on the different key elements of strengthening HRH;
2. Analyse opportunities and approaches to overcome these challenges
3. Agree future actions to deepen and accelerate progress on the Decade of Strengthening HRH in SEAR.

As well as considering overall progress on the Decade of Strengthening Human Resources for Health, separate sessions will examine key elements in greater depth:

- Transformative education for health professionals
- Retention, distribution and migration of health professionals
- HRH data and information systems
- HRH governance and leadership

The programme has been structured to enable participants to have sufficient time to exchange experience and reflect on progress over the last two years and draw lessons for future action. The WHO recommendations on transformative education, retention and HRH data, shown below, provide the necessary evidence-based guidance and continue to shape policy implementation in Member States.

Box 2 **WHO guidelines: transforming and scaling up health professionals education and training[5]; improving retention[6]**



Conclusions and recommendations on next steps for the next two years will be reported to the Regional Committee in September 2018.

What has been happening since 2016 in SEAR? A snapshot of activities

Country-specific HRH interventions, progress with implementation and results will be reviewed in depth in the meeting. This section of the background paper provides a snapshot of known HRH developments and events within the Region, since 2016.

- Updating of national HRH strategies, strengthening links to service delivery

  Following the first review of progress on HRH in SEAR in early 2016, the ninth AAAH conference in Sri Lanka discussed the Global Strategy on Human Resources for Health: Workforce 2030 and how to go from strategy to implementation. In the last two years, around half of SEAR countries have updated their national health workforce strategies, and included actions on health professional education, health worker retention and performance, and HRH data. There appears to be growing attention to linking HRH strategies more explicitly with the service delivery changes being introduced to improve access to care.

Box 3 SEAR National Health Workforce Strategies

Country	Name of the document	Period
Bangladesh	Bangladesh health workforce strategy 2015	2016–2021
Bhutan	Health Human Resource Master Plan	2011–2023
DPRK	Strategic Plan for Development of HRH	2011–2015
India	No HRH strategy. Contained in "National Health Policy 2017"	2017–2025
Indonesia	Action plan for the development of HRH	2015–2019
Maldives	National health workforce strategic plan	2014–2018
Myanmar	Myanmar human resources for health strategy	2018–2021
Nepal	Human resources for health: strategic roadmap 2030	2018–2030 (draft)
Sri Lanka	Human resources for health strategic plan	2009–2018
Thailand	Health workforce plan	2016–2026
Timor-Leste	Timor-Leste human resources for health master plan	2017–2021 (draft)

Regional efforts to reinforce links between improving access to care and HRH strategies include the Regional Consultation on Health, the SDGs and the role of UHC in 2016, and the SEA Regional Forum to accelerate non communicable prevention and control in the context of the SDGs, in 2017. A key conclusion from both was that mid-level health workers can safely deliver most essential health interventions, provided they are properly trained and supported. The Region was well-represented at the 4th Global Forum on HRH in late 2017, and ran a session on experience with mid-level health workers there, together with the European Region.

- *Transformative education*

In 2017, Bangladesh, Sri Lanka and Thailand held national meetings on transformative education, and invited experts from other countries to participate. These meetings have helped to demystify the concept of transformative education, and to exchange experience with the different types of interventions being deployed. Inter-professional education has been one prominent theme, as has appropriate use of ICT in education, and accreditation of training institutions. An expert workshop on experience with accreditation of health professional training institutions and programmes was held in February 2018. The SEARAME network has met twice, in Myanmar and in Nepal.

- *Retention and migration*

All countries have long experience with a range of strategies to improve rural retention. The 2016 regional HRH meeting noted that compulsory service and some form of targeted admission policies were common interventions, and that they needed to be linked to other interventions such as career development; continuing professional development; transparency in posting, and personal and professional support. Two topics have gained attention over the last two years: the role of middle level health workers in increasing access to care[7], and rising interest in introducing 'family practitioners'. The meeting will discuss progress on the bundle of interventions that are being used to improve retention. Health workforce migration continues to affect domestic health workforce availability in some countries of the Region. The upcoming global survey in late 2018 should provide new information on the extent of implementation of the Global Code of Practice on the International Recruitment of Health Personnel[8].

- *Improving health workforce data and evidence*

Many countries have taken steps to improve health workforce data in the last two years, building on their existing HRH information systems and using the new WHO guidance and information technologies. A set of 14 indicators, taken from WHO's list of 78 indicators in its National Health Workforce Accounts (NHWA) guidance[9], were selected for the second review of progress on HRH, at a regional workshop on HRH data in late 2017. Countries have been reporting against these indicators in early 2018.

Box 4 The 14 indicators used to monitor progress on the Decade of HRH in SEAR, in 2018

	Health Workforce indicator	NHWA*
Health worker density and distribution		
1	Health worker density	1–01
2	Health worker density at subnational level	1–02
3	Health worker distribution by age group	1–03
4	Female health workforce	1–04
Health professional education		
5	Graduation rate from education and training programmes	2–07
6	Accreditation mechanisms for education and training institutions and their programmes	3–02
7	Continuing professional development	3–08
Retention of health workers		
8	Vacany rate	5–07
9	Share of foreign-born health workers	1–07
10	Share of foreign-trained health workers	1–08
HRH Governance		
11	Mechanisms to coordinate and intersectoral health workforce agenda	9–01
12	Central health workforce unit	9–02
13	Health workforce planning processes	9–03
HRH information systems		
14	HRHIS for reporting on outputs from education and training institutions	10–04
	HRHIS for tracking the number of entrants to the labour market	10–05
	HRHIS for tracking the number of active stock on the labour market	10–06
	HRHIS for tracking the number of exists from the labour market	10–07
	HRHIS for producing the geocoded location of health facilities	10–08

* *refers to NHWA handbook*

- *Health workforce governance*

Almost all SEAR countries participated in a self-assessment of public sector institutional capacity for health workforce governance, using a WHO questionnaire on the structure and functions of Ministry of Health HRH coordination units. Findings will be discussed in this meeting[10]. Sri Lanka was the first country in the Region to do a health labour market analysis in 2017, to get a better understanding of factors affecting the supply and demand of health workers, and two more are in the pipeline.

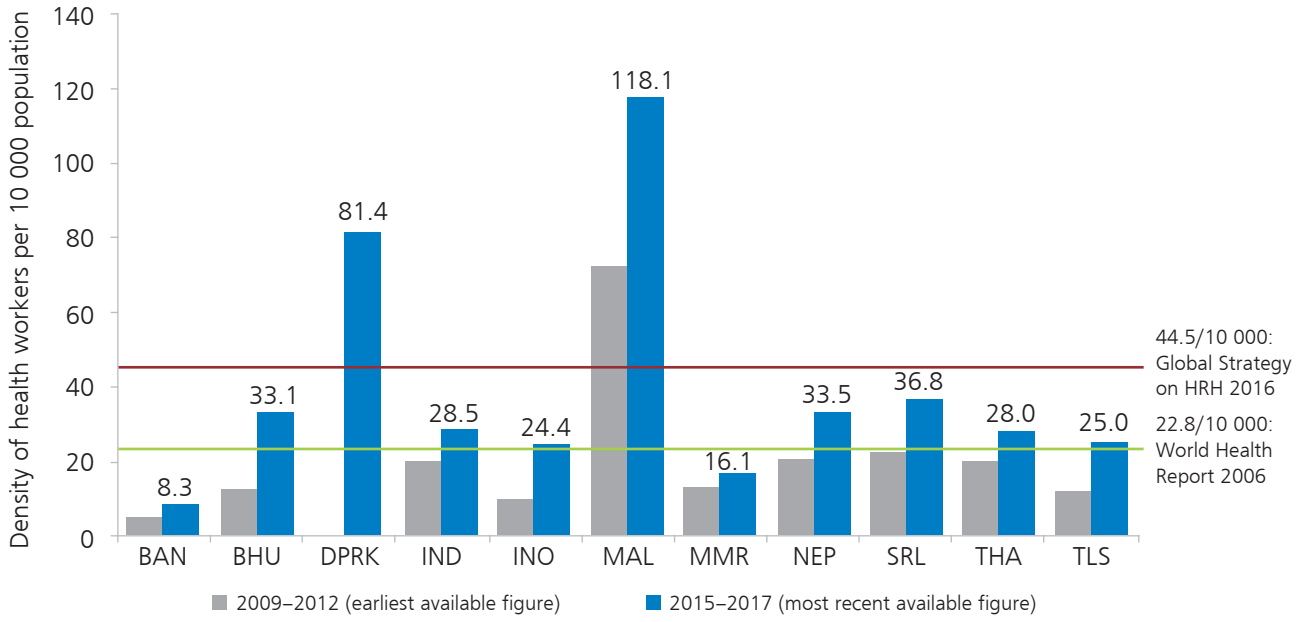
How far have we come since 2016? What progress has been made?

Preliminary analysis of the 2018 HRH survey data, provided by Member States, suggests the density of health professionals (doctors, nurses and midwives) has improved in all countries in the Region. See Box 5[11].

The graph also shows that most countries have now reached WHO's original HRH threshold of 22.8 health workers/10 000 population. Only two countries appear to have reached the new SDG related HRH threshold of 44.5/10 000 population.

This progress is encouraging but of course progress on overall HRH availability is necessary but not sufficient to improve access to quality care. The emphasis on achieving UHC, from a HRH perspective, is also on access to and quality of the workforce. The meeting will therefore drill down on progress in HRH distribution and retention, and on progress with implementing recommended HRH interventions, and what difference this has made.

Box 5 **Trends in availability of health workers in SEAR countries** (Density of doctors, nurses and midwives per 10 000 population)



Source: Country data reported to WHO