

# Meeting Report

## In-House Consultation on the 2016–2017 Agenda for Strengthening Health Workforce Policy and Education in the Western Pacific Region



9 December 2015  
Manila, Philippines

RS/2015/GE/76 (PHL)

English only

WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR THE WESTERN PACIFIC

MEETING REPORT

IN-HOUSE CONSULTATION ON THE 2016–2017 AGENDA FOR  
STRENGTHENING HEALTH WORKFORCE POLICY AND EDUCATION IN THE  
WESTERN PACIFIC REGION

Convened by:

WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines  
9 December 2015

Not for sale

Printed and distributed by:

World Health Organization  
Regional Office for the Western Pacific  
Manila, Philippines

July 2016

## NOTE

The views expressed in this report are those of the participants of the In-House Consultation on the 2016–2017 Agenda for Strengthening Health Workforce Policy and Education in the Western Pacific Region and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the In-House Consultation on the 2016–2017 Agenda for Strengthening Health Workforce Policy and Education in the Western Pacific Region, which was held in Manila, Philippines on 9 December 2015.

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Keywords: Health manpower – education, standards/Universal coverage/ Health policy

## **ABBREVIATIONS**

HRH	Human Resources for Health
RCM	Regional Committee Meeting
UHC	Universal Health Coverage
WHO	World Health Organization

## SUMMARY

To achieve universal health coverage (UHC), health systems must have a workforce that is educated, effective, equitably distributed, appropriately regulated, resilient and responsive to the needs of the population. The development and maintenance of such a workforce remains a challenge, requiring comprehensive planning and innovative action. Such strategic direction is outlined in the *Regional strategy on human resources for health (2006–2015)* and *Human resources for health: action framework for the Western Pacific Region (2011–2015)*. As both end in 2015, there is a need to take stock of the achievements and remaining challenges and set a clear agenda for World Health Organization (WHO) actions in the Western Pacific Region over the next biennium, 2016–2017.

This consultation was held in Manila, Philippines on 9 December 2015. Eight expert advisers and three members of the WHO Secretariat were in attendance. The meeting assessed progress against Regional health workforce strategies and proposed activities for the 2016–2017 WHO Regional health workforce agenda. The WHO Regional Office for the Western Pacific has since used these recommendations to guide the development of the 2016–2017 work agenda for strengthening health workforce policy and education in the Region (Annex 5), refined using the UHC action framework and correlated with the global *Programme budget 2016–2017*<sup>1</sup> (Annex 6).

The meeting proposed that Member States should take stock of achievements and challenges in relation to evolving health systems and address the need for strengthening the health workforce, and plan actions to scale up implementation of country-specific human resources for health (HRH) plans and activities.

Recommendations for WHO included the development and implementation of a workplan for strengthening health workforce policy and education in the Western Pacific Region during 2016–2017; to continue to work closely with stakeholders to strengthen health policy and education for health workforce development in the Region; and to provide technical assistance to Member States in the development of their plans for strengthening the health workforce.

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<sup>1</sup> WHO *Global Programme Budget 2016-2017*, accessed online at: [http://www.who.int/about/finances-accountability/budget/PB201617\\_en.pdf](http://www.who.int/about/finances-accountability/budget/PB201617_en.pdf)

## 1. INTRODUCTION

### 1.1 Background

To achieve UHC, health systems must have a workforce that is educated, effective, equitably distributed, appropriately regulated, resilient and responsive to the needs of the population. The development and maintenance of such a workforce remains a challenge, requiring comprehensive planning and innovative action. Such strategic direction is outlined in the *Regional strategy on human resources for health (2006–2015)* and *Human resources for health: action framework for the Western Pacific Region (2011–2015)*. As both end in 2015, there is a need to take stock of the achievements and remaining challenges and set a clear agenda for WHO actions in the Western Pacific Region over the next biennium, 2016–2017.

### 1.2 Meeting organization

This consultation was held in Manila, Philippines on 9 December 2015. Eight expert advisers and three members of the WHO Secretariat were in attendance (Annex 2). The meeting assessed progress against Regional health workforce strategies and proposed activities for the 2016–2017 WHO Regional health workforce agenda (Annex 1).

### 1.3 Meeting objectives

The objectives of the meeting were:

- to take stock of progress in implementing Regional and global strategies and initiatives on health workforce planning, regulation and education;
- to review and prioritize work on health workforce policy, education and capacity-building in 2016–2017, to be supported by the WHO Regional Office for the Western Pacific; and
- to establish an expert reference group of individuals and institutions to support Regional and national health workforce initiatives and activities.

## 2. PROCEEDINGS

### 2.1 Welcome and opening remarks

Dr Vivian Lin delivered the opening remarks on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific, and welcomed the participants. Her address highlighted the importance of ensuring sound workforce policy and education to improve the quality and availability of health services. While recognizing the progress made in the past decade towards the implementation of the *Regional strategy on human resources for health*, she also outlined the importance of developing a coherent plan to address the remaining challenges (Annex 3).

### 2.2 Session 1: Stocktaking

The presentation outlined achievements and ongoing challenges in the progress towards implementing the *Regional strategy on human resources for health (2006–2015)* and consequent *Human resources for health: action framework for the Western Pacific Region (2011–2015)*. WHO has an ongoing commitment, both globally and regionally, to strengthen the health workforce as a means of facilitating progress towards UHC.

Progress towards the four key results areas of the *Action framework* was outlined. The presentation concluded with an outline of the WHO *Global framework programme budget for 2016–2017*. The operational workplan of the Regional Office for Health Workforce must link to the objectives of the global framework, with some flexibility to tailor it to meet the needs of the Region.

**Key results area 1:** Health workforce strategic response to evolving and unmet population health and health service needs

- All countries in the Region now have a HRH plan and many are currently updating their plan;
- The Regional Office developed and disseminated the population-based projection tool used by many Member States;
- Many Regional countries continue to suffer shortages and unequal distribution of health workers.

**Key results area 2:** Health workforce education, training and continuing competence

- Significant success achieved through the Pacific Open Health Learning Net, a programme facilitating continuing education through partnerships across the Region;
- Support and assistance for the integration of Cuban-trained doctors in Pacific Island Countries;
- Introduction of education development centres in Cambodia and Lao People's Democratic Republic (PDR);
- Establishment of a programme in Cambodia to improve competencies of nurses.

**Key results area 3:** Health workforce utilization, management and retention

- Reviews on health workforce initiative strategies undertaken in Lao PDR and Cambodia;
- Review of health workforce mobility in Asia and continuing in the Pacific Island Countries.

**Key results area 4:** Health workforce governance, leadership and partnerships for sustained HRH contributions to improve population health outcomes

- WHO supported health care reforms in China including a policy roundtable with a primary care focus (2015) and a forum for community health nurses (2009);
- Activities have aimed to build governance capacity at country level including the International Council of Nurses training programme in Viet Nam, Mongolia, China, Papua New Guinea and the Pacific Islands Countries.

Key discussion points included:

### **Health workforce education and development**

- The Western Pacific Regional Fellowship Programme is one of WHO's oldest programmes. An important challenge facing the programme is the difficulty of retaining alumni in the country.
- Health education strategies in the Region have given insufficient attention to disease prevention and primary care, particularly the growing burden of noncommunicable diseases.
- Current HRH education strategies primarily focus on medical and nursing professions, with insufficient resources directed towards allied and other health professional groups such as pharmacy and traditional medicine.
- WHO initiated education centres in Lao PDR and Cambodia are underutilized due to limited human resources and maintenance budgets.

### **Role of WHO**

- With the introduction of the *Global strategy on human resources for health: workforce 2030*, the need for a separate Regional strategy was considered to be obsolete.
- WHO should assist Member States to integrate their HRH database with the national health monitoring and information system.
- The Regional Office will continue to assist country offices in implementing and operationalizing global strategies. Lao PDR and Cambodia were identified as requiring focused support for health workforce development.
- WHO should continue to engage with high-level policy-makers to draw attention to key HRH issues and priorities.
- Many countries experience health workforce shortages unrecognized because of their small population size, e.g. Tokelau only has 13 nurses for a population of 1383<sup>2</sup>.

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<sup>2</sup> Tokelau population count December 2013, available at: <http://www.tokelau.org.nz/Tokelau+Government/Government+Departments/Office+of+the+Council+for+the+Ongoing+Government+OCOG/Tokelau+National+Statistics+Office/2013+Population+Count.html>



- Workforce mobility is a challenge for the Region. The impact of Regional treaties such as the Association of Southeast Asian Nations (ASEAN) and its potential impact on health workforce mobility was discussed.

#### **Health regulation**

- Regulation and accreditation were identified as important levers for improving competency and quality of the health workforce.
- Member States in the Region are at different stages of developing, implementing and/or reviewing systems and approaches for health practitioner regulation; regulation must be based on sound policy and purpose. It was proposed that WHO should develop a broad framework to guide the development of regulatory systems.
- A ‘whole-of-system’ approach to regulation is important to change the culture and behaviour of health practitioners. For example, provider-payment mechanisms and other social drivers incentivize overprescribing and overtreatment, thereby compromising the quality of care.
- Substandard health education institutions are an important issue in the Region, including the lack of accreditation system in most countries. WHO, through partnerships with collaborating centres and stakeholder institutions, could foster policy dialogue and supportive measures to improve the quality of education in the Region.

#### **Health professional associations**

- Health professional regulatory bodies in most Regional countries are weak. These professional bodies must be strengthened to protect, promote and maintain the health and safety of the public.

### **2.3 Session 2: HRH and UHC agenda**

Dr Lin presented an overview of the recently endorsed *Universal health coverage: moving towards better health* action framework (WPR/RC66/6) in relation to HRH. The UHC framework takes a ‘whole-of-systems approach’ in contrast to a ‘building blocks’ approach, which creates silos within the health system. The UHC action framework outlines the attributes of high-performing health systems (what countries should be aiming for) and associated action domains for each attribute (what countries need to do in order to achieve the attribute).

The discussion focused on the identification of priority HRH actions needed for the movement towards UHC. The UHC framework provides a comprehensive guideline and framework on which to base the *WHO Western Pacific Regional action agenda for the health workforce 2016–2017*. Participants agreed to prioritize and establish a country-specific starting-point for strengthening health workforce policy, regulation and education in the Region. With support from WHO, countries will need to identify the support required to strengthen their HRH agenda. This should be based on three parameters:

- recognition of the need;
- willingness to address the need; and
- available resources to tackle the need.

WHO can assist Member States in this process through country offices and collaborating centres. Country offices can assist in developing individualized road maps for UHC, identifying and prioritizing areas of need. The Regional Office can help support countries to improve accountability and strengthen leadership for HRH to drive the UHC agenda. Support will also be required from WHO in the interpretation and implementation of the UHC action framework. WHO assistance for the implementation of the UHC action framework could include guidance material such as an implementation toolkit, partnerships for collaborative support and sharing of country experiences.

### **2.4 Session 3: Global strategies: HRH 2030 and people-centred integrated health service delivery**

Dr Baghirov presented an overview of two global strategies.

The *WHO global strategy on people-centred and integrated health services* calls for a paradigm shift in the way health services are funded, managed and delivered. The strategy outlines reforms to reorient health services towards a patient-centred approach, supported by responsive services that are coordinated both within and beyond the health sector.

To enable these health reforms, the strategy outlines five interdependent strategic goals:

- empowering and engaging people;
- strengthening governance and accountability;
- reorienting the model of care;
- coordinating services; and
- creating an enabling environment.

The *Global strategy on human resources for health: workforce 2030* will be presented to the WHO Executive Board in 2016. The vision of the strategy is to ‘accelerate progress towards UHC and the Sustainable Development Goals by ensuring universal access to health workers’. This vision will be realized through four objectives, with indicated milestones to be reached by 2020 and 2030.

Ms Rumsey highlighted that the *WHO strategic directions for strengthening nursing and midwifery 2011–2015* will be replaced.

Discussion focused on the relevance and application of global strategies to the Western Pacific Region. Participants agreed that the UHC action framework is intuitive and easier to understand and implement than the draft *Global strategy on human resources for health: workforce 2030*. The Regional Office for the Western Pacific will be responsible for helping Member States achieve the vision of the global strategy. Therefore, the targets and objectives must be kept in mind when designing and implementing the Regional health workforce agenda. Some concerns were raised about the ambiguity or measurability of the global targets. For example, Target 2.3 states that ‘By 2030 ... create, fill and sustain at least 10 million full-time additional jobs in health and social care sectors in low- and middle-income countries’.

The importance of reliable regulatory and information systems to determine and measure progress against these global milestones was emphasized. These systems and processes are lacking in many countries in the Region. A starting-point could be the development of Regional best practices in data collection and the introduction of common terminology to standardize health workforce information. Recognizing the challenges associated with the translation of the *Global strategy* into a country-specific coherent plan, it was proposed the work agenda for the Regional Office in 2016–2017 should focus on capacity-building, establishing regulatory information systems and data collection methodologies.

It was agreed that the three strategy frameworks: the *Global strategy on human resources for health: workforce 2030*; *Universal health coverage: moving towards better health* action framework; and the *WHO global strategy on people-centred and integrated health services* could be used to guide and influence the development of the Regional health workforce agenda and the support provided to Member States in the years 2016–2017.

## **2.5 Session 4: Planning 2016–2017**

Based on the preceding discussions, participants were asked to record the areas of work and prioritize actions they considered essential components of the work agenda for 2016–2017, grouping them according to a proposed area of work and country groupings.

This exercise emphasized that furthering the human resource agenda is essential across the whole spectrum of human workforce issues, and in many countries ranging from high- to low-income. No radical or new proposals were generated; many of the proposed activities are already being

undertaken to varying degrees and locations in the Region. The exercise highlighted the need to refocus, re-target and re-energize health workforce strengthening in order to achieve UHC.

The output of this exercise is at Annex 5. This exercise was used by the Division of Health Systems to guide the development of the 2016–2017 workplan for health workforce development. The workplan was further refined using the UHC action framework, correlating it with the global *Programme Budget 2016–2017* (Annex 6).

The discussion focused on the relevance and application of the global strategies to the Western Pacific Region:

- Barriers to health workforce planning and policy include legal barriers or insufficient legal support for regulation, such as weak or non-existent professional bodies.
- The need to strengthen the quality of education through the introduction of regulatory and accreditation mechanisms was reiterated. Sharing experience of countries that have been successful in establishing a reliable regulation and accreditation systems, e.g. Australia and New Zealand was suggested. Strengthening capacity to collect, analyse and use HRH data to inform policy and planning was identified as a priority.
- Strengthening of professional bodies is essential to promote self-regulation and professional control of disciplines. Regulation is not only centred on legality, but is also a professional tool to instil professional ethics, values and standards.
- Comments primarily focused on ‘low-income’ and Mekong countries, with most activities in the ‘high-income’ countries relating to providing support and resources to low-income countries.
- Strengthening regulation, information sharing and quality of education were identified as the main priorities in low-income and Mekong countries.

### 3. CONCLUSIONS AND RECOMMENDATIONS

#### 3.1 Conclusions

Dr Lin concluded the meeting by summarizing the main discussions:

- Significant need exists to tighten gaps in health professional regulation in the Region, essential not only for patient safety but also for professional integrity.
- Priority must be given to increasing coherence between the education and health sectors.
- Importance of information system strengthening to develop national systems containing multiple sources of health information including workforce data to inform health system planning.
- The need to cultivate leaders for health workforce planning and strengthening.

The actions and implications of strengthening the health workforce over the years 2016–2017 should be fully considered and approached using the UHC action framework, and integrated with other areas of work where possible.

#### 3.2 Recommendations

##### 3.2.1 Recommendations for Member States

- Take stock of achievements and challenges in evolving health systems in Member States and the need for the strengthening of the health workforce, as part of country-specific UHC road maps.
- Plan actions to scale up the implementation of country-specific HRH plans and activities using *Universal health coverage: moving towards better health* as a guide.

### 3.2.2 Recommendations for WHO

- Develop and implement a workplan for strengthening health workforce policy and education in the Western Pacific Region covering the years 2016–2017, which aligns with the Regional and global strategies and frameworks.
- Continue to work closely with WHO country offices, WHO collaborating centres, research institutions and other stakeholders to strengthen health policy and education for health workforce development in the Western Pacific Region.
- Provide technical assistance to Member States in using the *Universal health coverage: moving towards better health* action framework to guide the development of country-tailored UHC road maps and plans for strengthening the health workforce.

## Annex 1. Meeting agenda

In-House Consultation on the 2016–2017 Agenda for Strengthening Health Workforce Policy and  
Education in the Western Pacific Region  
9 December 2015, Manila, Philippines

<b>Time</b>	<b>Session</b>	<b>Moderators</b>
<b>08:30–09:00</b>	<b>Welcome and opening remarks</b> <b>Introductions</b> <b>Meeting objectives</b> <b>Administrative announcements</b>	Shin Young-soo, Regional Director Vivian Lin Rasul Baghirov
<b>09:00–09:30</b>	<b>Session 1: Stocktaking</b> Overview presentation: Stocktaking on the implementation of the <i>Regional strategy on human resources for health 2006–2015</i> and the <i>Regional action framework 2011–2015</i>	Rasul Baghirov
<b>09:30–10:30</b>	Discussion: Progress, achievements and challenges for HRH in the Region	Hideomi Watanabe
<b>10:30–11:00</b>	<b>Coffee/tea break</b>	
<b>11:00–11:30</b>	<b>Session 2: HRH and the UHC agenda</b> HRH and the UHC <i>Regional action plan</i> , endorsed by RCM 2015	Vivian Lin
<b>11:30–13:00</b>	Discussion: Identification of priority HRH actions needed to support the movement towards UHC	Ahn Duckson
<b>13:00–14:00</b>	<b>Lunch</b>	
<b>14:00–14:30</b>	<b>Session 3: Global strategies: HRH 2030 and people-centred integrated health service delivery</b> Presentation: Overview of the draft <i>Global strategy on human resources for health workforce 2030</i>	Rasul Baghirov
<b>14:30–15:30</b>	Discussion: The relevance and application of the global strategies to the Western Pacific Region	Michele Rumsey
<b>15:30–15:45</b>	<b>Coffee/tea break</b>	
<b>15:45–16:00</b>	<b>Session 4: Planning 2016–2017</b> Summary: Using the UHC framework, global and Regional strategies to prioritize HRH actions for 2016–2017	Vivian Lin
<b>16:00–17:00</b>	Discussion: Identification of Regional/country-specific interventions for WHO work in 2016–17	Anne-Louise Carlton
<b>17:30–19:00</b>	<b>Dinner (al fresco)</b>	

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### **Annex 3. Regional Director's speech**

In-House Consultation on the 2016–2017 Agenda for Strengthening Health Workforce Policy and Education in the Western Pacific Region  
9 December 2015, Manila, Philippines

Welcome distinguished experts and friends, and thank you for finding the time in your busy schedules to be present here today.

This is a vitally important meeting for the WHO Regional Office and our Region as a whole. As we all know, the health workforce is an essential component of health systems. Without an educated, sustainable and accessible workforce, we will be unable to progress our journey towards our vision of Universal Health Coverage for all.

Earlier this year in my country, an outbreak of Middle East respiratory syndrome affected 186 people, resulting in 36 deaths. This outbreak was exacerbated by poor infection control procedures, including a delay in the diagnosis and quarantine of infected individuals, allowing the disease to spread. In another incident earlier this year, an outbreak of HIV, affected hundreds of Cambodians, and was attributed to health care delivered by an unlicensed village practitioner. Ensuring the regulation, education and governance of practitioners, in all health disciplines, is crucial for protecting the people of our Region from harm.

The *Regional strategy on human resources for health* and the supporting *Regional action framework*, which has guided the work of our Office over the past decade is due to expire this year. This strategy has led to many achievements and I would like to take this moment to recognize some of these. Over the past decade, WHO has provided support and technical assistance to Member States in the development of strategic human resource plans, with almost all countries in the Region now on track with this goal. Scaling up the education of health professionals has been a key focus for WHO, with education development centres established in Cambodia and Laos and the success of the Pacific Open Health Learning Network, a platform for continuing education programmes with over 47 centres established in the Pacific Island countries.

Despite the best attempts of governments, stakeholders and WHO, Member States in the Region continue to face significant health workforce challenges. Many problems are commonly shared, such as urbanization of the workforce and specialization of practitioners, while some are country specific reflecting the diverse nature of Member States and health systems in our Region. Some countries continue to have critical shortages of health professionals, while many have an imbalance between health profession groups. New and evolving challenges include the growth of the private sector, the rise of medical tourism and the growing noncommunicable disease crisis confronting unprepared health workers.

You are all here today to help us set the agenda for the years ahead, and your insight, input and advice will direct the work of WHO over the upcoming biennium. This work will be delivered by WHO in close collaboration with governments, stakeholders and collaborating centres. It is essential that we continue to approach HRH using a collaborative, multi-disciplinary and intersectoral approach, by strengthening and developing partnerships and networks throughout our Region. I wish you all the success in deliberating and prioritizing the important issues facing the Region and developing an agenda for tackling these in the years ahead.

I look forward to hearing the outcomes of this consultation and I thank you again for your presence here today.

Thank you

**Annex 4. Activity mapping exercise**

	<b>Information systems</b>	<b>Regulation</b>	<b>Education</b>	<b>Management</b>	<b>Finance</b>	<b>Priority working groups</b>
<b>Pacific Island countries</b>	<ul style="list-style-type: none"> <li>• Increase quality of data collection and information systems</li> <li>• Sharing of intercountry statistics</li> <li>• Greater use of technology for health, e.g. telemedicine</li> </ul>	<ul style="list-style-type: none"> <li>• Assist countries to review their health practitioner licensing statutes against best-practice regulation guidance</li> <li>• Encourage continuing professional development (CPD)</li> <li>• Link education, CPD and regulation of professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Assist in faculty development (curriculum, accreditation, quality processes)</li> <li>• Assistance in recruiting and developing more educators</li> <li>• Education of community for lifestyle change to address NCDs</li> </ul>	<ul style="list-style-type: none"> <li>• Increase transparency to reduce corruption</li> <li>• Increase governance and leadership through training and education</li> </ul>	<ul style="list-style-type: none"> <li>• Respond to decreased funds from donors</li> </ul>	<ul style="list-style-type: none"> <li>• Increase education for noncommunicable diseases, maternal and child health and mental health</li> <li>• Strengthen role of professional societies</li> <li>• Encourage consideration of HRH implications of climate change and disasters</li> </ul>
<b>Mekong countries</b>	<ul style="list-style-type: none"> <li>• Provide technical assistance to develop better IT systems that will generate data for monitoring health systems improvements</li> </ul>	<ul style="list-style-type: none"> <li>• Harmonize legislation and regulatory frameworks across health professions (i.e. single legislative instrument/act and multi-profession regulation)</li> <li>• Focus on promoting collaboration between ASEAN countries to standardize the terminology and regulatory approaches to HRH</li> </ul>	<ul style="list-style-type: none"> <li>• Increase quality of biomedical education and continuing professional development</li> <li>• Facilitate establishment of Regional processes for accrediting education programmes</li> <li>• Mandatory accreditation for educational institutions that is aligned with internationally 'accepted</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity-building in policy development and governance at a country level, supported by stronger Regional networks or steering groups</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>



		regulation <ul style="list-style-type: none"> <li>• Prepare guidance materials on best-practice regulation of continuing competence and CPD</li> <li>• Provide technical support to countries to review how continuing competence and CPD is regulated</li> </ul>	standards'			
<b>Other South-East Asian countries</b>	<ul style="list-style-type: none"> <li>• Community engagement relies on affordable and understandable information</li> </ul>	<ul style="list-style-type: none"> <li>• Provide assistance with ethical issues arising from demographic changes and society transformation</li> <li>• To maintain the quality of HRH qualifications, regulate the number and curricula of health professional schools</li> </ul>		<ul style="list-style-type: none"> <li>• Strengthen HRH leadership in government and professional organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Increase funding for health</li> </ul>	
<b>High-income countries</b>	<ul style="list-style-type: none"> <li>• Support technical capacity for lower-income countries to build information capacity</li> </ul>	<ul style="list-style-type: none"> <li>• High-income countries to provide lower-income countries with support for legislative reviews</li> </ul>		<ul style="list-style-type: none"> <li>• Strengthen primary health care in Japan, Republic of Korea and China</li> <li>• Future oriented management is needed</li> </ul>		
<b>All</b>	<ul style="list-style-type: none"> <li>• Integrated data systems for regulated and non-statutory regulated professional groups that directly feed into policy and</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen HRH regulation processes</li> <li>• Develop/strengthen transparency and accountability mechanisms to</li> </ul>	<ul style="list-style-type: none"> <li>• Promote shift to competency-based education</li> <li>• Policy guidance to align education and health sectors</li> <li>• Education for 'soft</li> </ul>	<ul style="list-style-type: none"> <li>• Correct mal-distribution of workforce</li> <li>• Design of workforce</li> <li>• Set the vision for health</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce financial and non-financial barriers to access</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a flexible workforce</li> <li>• Allied health/para professions are</li> </ul>

	<p>planning</p> <ul style="list-style-type: none"> <li>• Build capacity for monitoring and evaluation, ensure that data obtained reflects original objectives and policies, and influences changes to those policies/objectives as appropriate</li> <li>• Develop HRH minimum data sets</li> </ul>	<p>ensure these are prioritized across the system</p> <ul style="list-style-type: none"> <li>• Prepare materials to guide countries about best-practice HRH regulation and legislation, addressing areas such as regulatory categories, scope of law, qualifications assessment</li> <li>• Build a framework for guidance on HRH regulation that supports key HRH goals</li> </ul>	<p>skills' or 'social skills' for HRH workforce</p>	<p>sector development and ensure sufficient resources for health</p> <ul style="list-style-type: none"> <li>• Assist the development of foresight capabilities of HRH planners</li> </ul>		<p>visible in policy and funding schemes</p>
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## **Annex 5. 2016/para Agenda for strengthening health workforce policy and education in the Western Pacific**

### **Region**

To operationalize the outcomes of the In-House Consultation on the 2016–2017 Agenda for Strengthening Workforce Policy and Education in the Western Pacific Region, a workplan has been developed by the WHO Regional Division of Health Systems to guide the work related to the health workforce during, but not limited to, the years 2016–2017. This workplan builds on Regional WHO past achievements and ongoing projects, while introducing additional focus areas to advance the health workforce agenda. This work will be conducted by WHO staff in the Integrated Service Delivery Unit, Division of Health Systems and the wider Regional Office, through partnerships and collaboration with designated collaborating centres, other stakeholders and partners.

The agenda items for the years 2016–2017 will fall into four broad and overlapping domains: health workforce regulation; information systems; strengthening health workforce education; and governance of HRH.

**Objective 1:** Develop and strengthen Regional health workforce regulatory systems

**Deliverables:**

- Technical assistance to guide policy development for the regulation of health practitioners in WHO Western Pacific Region Member States, including accreditation of educational programmes/institutions.
- Technical support for the standardization of best-practice regulatory frameworks across the ASEAN countries, informed by the ASEAN Economic Community Mutual Recognition Agreement.
- Needs assessment in countries with low levels of health workforce regulation and licensing.
- Support to countries in linking health workforce planning and health education with evolving service delivery models and health systems.

**Objective 2:** Develop and strengthen health workforce information systems

**Deliverables:**

- Technical assistance to countries for the integration of health workforce information with national health information systems.
- Support in the collection of minimum data sets and the development of quality information technology systems for monitoring health workforce statistics and trends.
- Support to countries for the sharing of transparent and accessible data on the licensing and registration of health-care practitioners, particularly across the ASEAN workforce mobility countries.

**Objective 3:** Develop and improve health workforce education

**Deliverables:**

- Strengthened capacity of health professional training institutions, with emphasis on continuous professional development, inter-professional education and the education of traditional and community health workers.
- Advocacy for educational curriculum reform that emphasizes preventive and primary health care, and develops skills in communication and ethical practice.

- Best-practice examples from the Region on the links between education, regulation and continuous professional development.
- Strengthened programmes for development of health education teaching and learning methodology.

**Objective 4:** Strengthen governance, leadership and management of the health workforce in countries

**Deliverables:**

- Advocacy for the strengthened role of professional bodies in planning and implementing health workforce reforms.
- Capacity-building of health system managers and policy-makers to lead and manage health workforce planning and development.
- Development of foresight capabilities of human resources to appropriately use population and health workforce data to influence policy and planning.
- Best-practice models for workforce deployment and retention.



Accountability	Regulation	<p>1.1 Provide Regional governments with technical assistance to guide policy development for the regulation of health practitioners as required.</p> <p>1.2 Assist countries with technical support and information as required regarding the ASEAN Economic Community Mutual Recognition Agreement and the standardization of best-practice regulatory frameworks across the ASEAN countries.</p>	4.2.3 Countries enabled to improve patient safety and quality of health services, and patient empowerment within the context of universal health
Sustainability and resilience	Governance	<p>4.1 Strengthen the role of professional bodies through inclusion of representatives during key consultations and policy discussions.</p> <p>4.2 Continue to build capacity through the training and development of health system managers and policy-makers through professional development, establishment of Regional networks and steering groups.</p> <p>3.4 Develop/strengthen programmes for the identification, recruitment and development of health educators across the Region.</p> <p>4.3 Assist the development of foresight capabilities of human resources to appropriately utilize population and health workforce data to influence policy and planning.</p>	

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