Human Resources for Health

Strategic issues

Quality health services require a strong health workforce. Unfortunately, many countries and areas in the Western Pacific Region are facing a health workforce crisis: absolute shortages of qualified health workers; unbalanced distribution of workers and inefficient skill-mix; unsuitable training and education for patient and population needs; and financial constraints coupled with poor motivation and retention. Although many workforce challenges are common within and across countries, each country’s unique health system and political, socioeconomic and topographical situation necessitates workforce policies and strategic interventions relevant to the national and local context.

Efforts to strengthen political commitments and to foster effective partnerships and collaboration among key health and cross-sectoral stakeholders at country and regional levels have been intensified through the deliberations and action plans of Member States, WHO and partners in addressing human resources for health (HRH) priority gaps. Networks and alliances facilitating these efforts have included the Asia Pacific Action Alliance for Human Resources for Health, the Pacific Islands Health Officers Association, the American Pacific Nurse Leaders Council, and the South Pacific Chief Nursing and Midwifery Officers Alliance. The Second Global Forum on Human Resources for Health, which was attended by countries in the Region, called for concerted actions and coherent policies and plans across sectors, with development partners, for sustainable HRH investments from domestic sources.


Action and results

A five-year Human Resources for Health Action Framework (2011–2015) to scale up implementation of HRH strategic work was updated in 2011. This was preceded by a comprehensive analysis of the current HRH situation and responses to date; a review of case studies in three priority areas of work; an examination of innovative education, leadership and partnerships, management and retention; and consultative meetings with Member States, stakeholders and partners.

Recognizing the need to better utilize information and scale up health workforce capacities to address disasters, a compilation of case studies on the role of nurses and midwives in emergencies and disasters was disseminated, to highlight the health sector response, lessons learnt and potential best practices. Case studies in Cambodia, the Lao People’s Democratic Republic and Vanuatu identified retention strategies best suited to each country’s unique needs.

Improving understanding of human resource systems and workforce databases was the focus of a human resource management course in the Federated States of Micronesia, Solomon Islands and Vanuatu.

Country-specific nursing and midwifery education, workforce and regulatory data were compiled through mapping, institutional studies and surveys to enhance workforce planning efforts and academic-service collaboration.

WHO provided technical support to a number of priority countries to strengthen their evidence base and to develop national health workforce policies and strategies. In the Lao People’s Democratic Republic, WHO and the Ministry of Health convened HRH technical working group meetings that culminated in December 2010 with the adoption of the Health Personnel Development Strategy by 2020, while the Prime Minister endorsed a decree to introduce financial incentives for rural civil servants.

Cambodia continued its review of the health workforce as part of a mid-term review of the Ministry of Health’s Second
National Health Workforce Development Plan 2006–2015. A high-level steering committee was nominated to analyse and address HRH priority issues including workforce deployment in remote and rural areas, guided by WHO technical guidelines, workforce projections and educational reforms. A national nursing taskforce is being formed to produce nursing competencies and standards of practice for service delivery and compile existing legislation on the scope of nursing practice. Nursing assessment and decision-making steps are being given increased attention following the successful National Nursing and Midwifery Conference in November 2010, which placed emphasis on ethical and safe clinical decision-making.

Cambodia and the Lao People’s Democratic Republic, with support from a WHO special initiative addressing the quality of health professional workforce production, established national education development centres. Cambodia launched its Center for Educational Development for Health Professionals in January 2011, a significant milestone in the development of professional councils. The councils are mandated to establish academic standards, regulate and accredit educational institutions and certify health workers competence through national examinations and other requirements for registration and continuing education. Teacher training for educators from these two countries took place in Manila in August 2010 and in Phnom Penh, Cambodia in December 2010, supported by WHO, the University of the Philippines National Teachers Training Center and Seoul National University.

The China Medical Board support, with technical guidance from WHO, facilitated ongoing research studies and initiatives including a Situational Analysis and Policy Evaluation of Deployment and Retention of Human Resources for Health in Rural West China as well as a study on Reform on the Salary System for Health Professionals in Public Hospitals in China.

A two-year Special Fellowship for the Health Leadership Development Initiative was instituted in 2011 by the Regional Director with funding from the Governments of Japan and the Republic of Korea. The objective of the initiative is to prepare mid-level health professionals for leadership roles in public health. A Special Fellow working with the WHO Health Services Development unit is currently working on health systems strengthening in Papua New Guinea.

WHO continued to develop the competencies of health workers in the Region and abroad through the its fellowship programme. In 2010, more than 389 fellowships and group study tours were awarded, 54% to males and 46% to females, amounting to an overall 17% drop from 2009. Regional fellowships were arranged for 53 fellows from the South-East Asia Region and 28 from the Eastern Mediterranean Region. The most common fields of study were public health and research and clinical and curative care. Countries in the Region that received the most fellows were Australia, Fiji and New Zealand.

Nearly 70 health professionals from 16 countries completed the first Biregional Infection Control Training Course in November 2010, through the collaborative efforts of two WHO collaborating centres and the Hong Kong Hospital Authority. Those trained have completed national infection control assessments and are implementing country action plans to improve infection control and patient safety, with technical support from WHO and a number of infection control experts.

System-wide quality improvement for emergency and disaster resilience was addressed by more than 60 nurses and other health professionals from 26 countries during the November 2010 meeting of the Asia Pacific Emergency Disaster Nursing Network in Auckland. The Psychosocial Health and Disaster Training Package, prepared by James Cook University, a WHO Collaborating Centre for Nursing and Midwifery Education and Research Capacity-Building, is now accessible through this network, the Pacific Open Learning Health Network (POLHN) and other networks and institutions.

In November 2010, more than 50 delegates of the South Pacific Chief Nursing and Midwifery Officers Alliance from 15 Member States met to discuss the WHO Strategic Directions for Nursing and Midwifery 2011–2015 in the priority action areas of health systems strengthening and quality improvement. Outcomes of the Australian Leadership Awards programme, which is funded by the Australian Agency for International Development, were presented at the meeting to facilitate the sharing of lessons learnt across borders.

Future directions

Future work with Member States and partners will be tailored to the 2011 World Health Assembly and Regional Committee resolutions, the regional Human Resources for Health Action Framework 2011–2015 and Strategic Directions for Nursing and Midwifery 2011–2015, towards achievement of WHO’s vision for human resources for health:

“Universal coverage for access to quality health services, particularly for the most vulnerable and excluded groups, with improved patient and community health outcomes, through a balanced distribution and efficient skill-mix of a multi-professional, motivated workforce able to prevent and manage a full range of conditions and empower people and communities to manage their own health needs as fully as possible.”