15. HUMAN RESOURCES FOR HEALTH

Strategic issues

The health workforce is an important determinant of health system performance that influences service delivery and the quality of health care. Key health workforce issues are related to workforce size, quality, distribution, skill mix, performance and retention. The Western Pacific Region faces ongoing challenges in overcoming workforce shortages, imbalances in skill mix and distribution, low-quality or inappropriate education, low salaries, inadequate incentives and poor working conditions. Despite these common issues, every country’s situation is unique, resulting in significant variation in the most pressing challenges in each country.

Across the Western Pacific Region, countries are responding to their health workforce needs by conducting training, enhancing performance and managing attrition. But these efforts need to be sustained over the long term. Implementation of workforce policies, strategies and plans often is constrained by limited capacity in management, deficiencies in evidence to inform policy and planning, inadequate stakeholder collaboration, and insufficient investment. Unless there is strong political commitment, effective partnership and close collaboration among key stakeholders within and beyond the health sector, as well as increased allocation of resources, very little progress will be made on key workforce issues.

The Regional Strategy on Human Resources for Health (2006–2015), relevant World Health Assembly resolutions, The World Health Report 2006 and global action plans continue to guide WHO support to Member States in building and maintaining an adequate, competent, productive and supported health workforce that can promote equitable and improved health outcomes.

Action and results

A review of the progress in implementing the Regional Strategy on Human Resources for Health (2006–2015) documented the achievements that countries have made in workforce responsiveness to population health needs, workforce development, deployment and retention, and workforce governance and management, as well as best practices. The Meeting on the Regional Strategy and Initiatives on Human Resources for Health held in Manila in August 2009 recommended actions that countries and WHO should undertake to further accelerate the implementation of the Regional Strategy, including the development of a Strategic Framework for Action for the period 2011 to 2015. The Framework is intended to respond to changing contexts and emerging health workforce needs. The meeting also reviewed the draft WHO Code of Practice for the International Recruitment of Health Personnel, which has been presented to the Regional Committee for the Western Pacific at its sixtyeth session and was adopted through a resolution by the Sixty-third World Health Assembly in May 2010.

WHO support has contributed to improving the evidence base for national health workforce policy and strategy development, planning and management. For example, WHO supported a workforce situation analysis, including a policy dialogue, in China as part of health sector reform aimed at increasing the numbers of general physicians in rural and remote areas. WHO also reviewed international evidence on effective incentives and conducted a feasibility study on the
possible introduction of incentives in the Lao People’s Democratic Republic. It also helped update workforce data in several Pacific island countries and assessed the quality and standards of nursing and midwifery education and training in the Pacific. At the regional level, country health workforce profiles and indicators have been revised and updated to be consistent with the global workforce indicators and to improve the knowledge base for policy and strategy development. The evidence generated by WHO and partners, including workforce indicators, has been disseminated to countries and partners.

WHO has continued its support to train health workers and to improve the quality and standards of education and training, including continuing professional development to meet the knowledge and skill gaps of health workers. In 2009, WHO awarded more than 470 fellowships for individuals and group study tours, and many national workshops and local training sessions were conducted by the various WHO technical programmes.

Forty-seven intercountry technical meetings and workshops were convened, attended by more than 1500 participants, and 28 continuing education health courses and online capacity-building activities took place through the Pacific Open Learning Health Net (POLHN), benefiting more than 600 health workers in Pacific island countries. WHO also initiated a training programme in international and public health leadership.

Apart from quality assurance guidance and curricula upgrading, WHO in collaboration with professional associations, institutions and partners, contributed to improving faculty and teaching methodologies in various national training institutions, including several in Cambodia, the Lao People’s Democratic Republic, Viet Nam and Pacific island countries and areas.

In early 2010, a consultation on quality improvement and faculty capacity-building in nursing and midwifery education, convened with the University of Hawaii and Sigma Theta Tau International, produced three draft action plans on global standards for professional nursing and midwifery, nursing competencies within the context of primary health care, and faculty development and capacity-building through academic networks.

An Informal Meeting on Quality Medical Education and Teaching in May 2010 shared the experiences of countries, including the roles played by national teacher training centres. It also identified the priority needs of countries, particularly in the Mekong region, and proposed strategic actions and institutional approaches to strengthen the quality of teaching and training of health professionals, including the use of new information and communications technology and e-Learning.

WHO has sustained its efforts to strengthen collaboration among partners, networks and alliances for a cohesive approach to building and sustaining national health workforces, including advocacy for political commitment and for the exchange of evidence and experiences. The Pacific Human Resources for Health Alliance (PHRHA) and its country teams continue to play this role in the Pacific, with the support of development partners, Pacific organizations, training institutions and professional associations.
Support has been provided to the network of professional nursing and midwifery associations and collaborating centres to share resources, experiences and information, as well as to advocate for action to be taken by governments and stakeholders in scaling up nursing and midwifery capacity in the Region. WHO supported the Asia Pacific Emergency and Disaster Nursing Network in skills development in psychosocial health and disasters; epidemiology, disasters and emerging diseases; trauma, triage and wound care; and infection control in view of increasing environmental hazards and recurrent disasters. Through the community health nursing project, WHO has forged collaboration between ministerial departments in China to improve the quality of care in communities and homes through strengthening of nursing capacities and the application of knowledge and skills to practise within an interdisciplinary community health context.

WHO support to reduce maternal mortality rates in priority countries such as Cambodia, the Lao People’s Democratic Republic and Papua New Guinea has included country-specific actions to increase nursing and midwifery capacity, as well as increase the numbers of skilled birth attendants. In Cambodia, WHO country office staff have provided support to identify strategic actions to rapidly scale up the training of midwives using a revised curriculum, optimize the role of current midwives, promote safe deliveries and strengthen emergency obstetrics care referral services. An expert nurse-midwife was deployed to build the awareness and capacities of national trainers to train others at provincial nursing schools and hospitals using the WHO problem-focused teaching modules for teachers of midwives. In Papua New Guinea, WHO supported midwifery education and training.

WHO continued to advocate for government leadership and oversight in ensuring a more cohesive approach by stakeholders in building and sustaining robust national health workforces, through PHRHA and international forums. Continued efforts were made to strengthen synergies related to the health workforce across the different components of the health systems, as well as across the various technical programmes at the regional and country levels, and in providing technical input in the development of global and regional strategies in health systems areas.

**Future directions**

In collaboration with Member States and key stakeholders, WHO will develop a Strategic Framework for Action (2011–2015) aimed at accelerating the implementation of the Regional Strategy on Human Resources for Health (2006–2015) and in response to changing contexts and emerging health workforce needs of countries and the Region. The action framework will include appropriate indicators to evaluate progress, including the outcomes and impact of actions, especially at the country level.

WHO will use its collective capacity to advocate, convene and facilitate policy dialogue among partners in building and sustaining robust national health workforces. It will also provide technical guidance to Member States, such as in the provision of evidence and the promotion of innovative approaches to overcome health workforce challenges, including public-private sector cooperation. It will work to strengthen national capacities in evidence-based workforce policy and strategy development, planning and management with the goal of improving access by people to competent and motivated health workers, especially in underserved areas.

WHO will strive to enhance its technical capacity to provide continuous support to governments and partners, especially in priority countries in which the Organization is intensifying its efforts to strengthen overall health systems performance, improve population health status and achieve goals and targets. Supporting countries in their efforts to develop an appropriate workforce mix can help ensure that universal coverage of quality health care will also be a priority.