

The 9th AAAH Conference Program

Background

The Asia Pacific Action Alliance on Human Resources for Health (AAAH)

AAAH a regional partnership mechanism, was established in response to international recognition of the need for global and regional action to strengthen country capacity for HRH planning and management. The AAAH is part of a larger movement to enhance HRH development as articulated in Kampala Declaration and the Agenda for Global Action. It was established in 2005, by 10 founding member countries. The AAAH membership was gradually expanded. In 2011, membership increased to 16 countries; 7 from the South East Asia (SEA) region including Bangladesh, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand, and 9 from the Western Pacific Region (WPR): Cambodia, China, Fiji, Lao PDR, Mongolia, Papua New Guinea, Philippines, Samoa and Vietnam. AAAH coordinates with partners to strengthen joint effort in advocating the HRH, provides technical support and augments country-level HRH development through regional collaboration. It aims to ensure sustained commitments to addressing HRH needs through research, and contribution to policy development. With regards to AAAH work plan in 2014-2016, members have identified four priority areas for regional collaboration in particular HRH networking, Knowledge generation, management and sharing, Capacity Building, and AAAH structure and sustainability.

Global movement from Sustainable Development Goals (SDGs) and Global Strategy on HRH 2030

The Sustainable Development Goals (SDGs), which were committed by the Heads of State on the 2015 United Nations General Assembly Resolution. The SDGs follow, and expand upon, the Millennium Development Goals (MDGs), which has expired at the end of 2015, though all health-related MDGs continue to be included in the SDGs with newer targets. After several years of consultation, 17 Goals and 169 targets of the SDGs are committed by that Resolution. Various health-related targets committed in the SDGs are connected to AAAH portfolios in particular **target 3.c** which aims to substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in the least-developed countries and developing small-island states.

In response to the health related SDG target 3.c, a Global Strategy on HRH: Workforce 2030¹ was developed in consultation with countries and development partners, it is a critical health systems building block which support the functioning of health service and contributes to progressive realization of UHC. The purpose of the strategy is to support WHO, Member States and partners at global, regional and country levels to address health workforce challenges to progress towards UHC. The strategy brings together state of the art knowledge and evidence while building on a decade of experiences and lessons learned in implementing health workforce policies at country level. It also reflects on emerging evidence that investments in the health workforce can trigger broader socio-economic development with positive spill-over effects on education, gender equality and on the creation of decent employment opportunities and sustainable economic growth. The Global Strategy will be discussed and endorsed by the 69th World Health Assembly resolution.

The United Nations Secretary-General announced the appointment of a Commission on Health Employment and Economic Growth on 2nd March 2016 aiming to propose actions in support of the creation of around 40 million new jobs in the health and social sector and attend to addressing the

projected shortage of 18 million health workers by 2030, primarily in low-and lower-middle-income countries. The theme of AAAH conference is connected and support those prioritized actions of the Commission such as (i) to recommend multi-sector responses and institutional reforms, (ii) to analyze the risks of global and regional imbalances and unequal distribution of health workers, (iii) to make recommendations on the institutional reforms required, and (iv) to generate the political commitment from governments and key partners necessary to support the implementation of the Commission's recommendations.

This is an opportune time to discuss and translate the global strategy into national action at the 9th AAAH conference. The nature of the 9th AAAH conference will be the "workshop" style, moving from a talk only conference to an action oriented workshop.

Conference theme

"Global HRH strategies 2030: from strategy to implementation"

Objectives of the conference

General objectives

This conference aims to gain an in-depth understanding of the contents in the Global HRH strategies 2030, its targets and indicators, and how to translate the strategy into country actions in order to achieve targets by 2020 and 2030. This will further foster the HRH networking across institutes, researchers, and policy makers in Asia Pacific region to successful implementation of the strategy

Specific objectives

1. To translate the Global HRH Strategies 2030 into regional and national level implementation.
2. To determine the challenges that may hinder the implementation of Global HRH strategies and its achievement.
3. To develop regional and national strategies to overcome challenges in response to four main targets;
 - To address inequities of HRH distribution,
 - To promote self-reliance in HRH productions,
 - To accelerate mechanisms for leadership and governance of HRH institutions, and
 - To improve HRH information and data base for monitoring and evaluation progress of HRH development.

Venue

Colombo, Sri Lanka

Date

24th -28th October, 2016

Conference program

Date	Time	Topic / activity
DAY 1 24 Oct	AM	Steering Committee and Organizing Committee business meeting Country focal point situation report (SITREP) Side meetings (if any)
	PM	Report of Intersession research by six proposals from five countries on Faculty Development Side meetings (if any)
DAY 2 25 Oct	AM	Session 1 Opening address AAAH award ceremony: <ul style="list-style-type: none"> Keynote speech by two awardees Keynote speaker: <ul style="list-style-type: none"> Global Strategy on HRH: Work force 2030 and interlinks with the High-Level Commission on Health Employment and Economic Growth: what are the implications to countries? And how can link of UHC and SDGs and HRH? Session 2 * TARGET 1.1 Closing the gap of HRH distribution in country (presentation and group discussion)
	PM	Session 3 TARGET 2.1 Investment in and self- reliance on health workforce (presentation and group discussion) Welcome Dinner by co-host
DAY 3 26 Oct	AM	Session 4 TARGET 3.1 Effective Leadership and governance for health workforce (presentation and group discussion)
	PM	Session 5 TARGET 4.1 Counting the numbers: establishing the national health workforce account (presentation and group discussion)
DAY 4 27 Oct	AM	Session 6 Group discussion by country to revise the challenges and (potential) actions to implement

* At the workshop in session 2, 3, 4 and 5; participants from each country and interested development partners will convene discussion among themselves to review baseline situation of health workforce distribution in 2016, identify priority interventions to achieve the goal and target, major challenges and how to overcome these barriers. Note taking and prepare PPT for presentation of findings in sessions 6.

Date	Time	Topic / activity
	PM	<p>Session 7 Report from group discussion by country in relation to global HRH strategies Conclusion remark</p> <p>Session 8 Poster presentations</p>
DAY 5 28 Oct	AM	<p>Session 9 High level summary of situation in countries in relation to the global HRH strategies, by AAAH Secretariat</p> <p>Session 10 The way forwards: Decision on AAAH intersession in 2017-18, in responses to the Global HRH strategies 2030</p> <p>Session 11 Closing ceremony</p>

Global HRH strategies 2030: seven targets

TARGET 1.1

By 2030, 80% of countries have halved current levels of disparity in health worker distribution between urban and rural areas.

TARGET 2.1

All countries: by 2030, 80% of countries allocate at least X% of their GDP to health worker production, recruitment, deployment and retention, within a balanced allocation taking into account other health and social development priorities.

TARGET 2.2

High and middle-income countries: by 2030, all countries meet at least 90% of their health personnel needs with their own human resources for health, and do so in conformity with provisions of the WHO Global Code of Practice on International Recruitment of Health Personnel.

TARGET 2.3

Low-and middle-income countries: by 2030, to create and fill at least 10 million additional jobs in the health and social care sectors to address unmet needs for the equitable and effective coverage of health services.

TARGET 2.4

High-income countries: to ensure that by 2030 all OECD countries can demonstrate allocating at least 25% of all development assistance for health to HRH.

TARGET 3.1

By 2030, 80% of all countries have institutional mechanisms in place to effectively steer and coordinate an inter-sectoral health workforce agenda.

TARGET 4.1

By 2030, 90% of countries have established mechanisms for HRH data sharing through national health workforce accounts, and on a yearly basis report core HRH indicators to WHO Secretariat and publish them.

¹ http://apps.who.int/gb/ebwha/pdf_files/EB138/B138_36-en.pdf