Notes from the WHO Regional Office.....

WHO thanks the editors of this Journal for providing space to share its views and news on human resources for health (HRH) development in the South East Asia Region with the readers. In this issue we have included a general overview of WHO's work in HRH development. In the future issues we plan to focus on more specific items of interest in HRH and announce upcoming activities and events of interest to HRH producers and managers.

HUMAN RESOURCES FOR HEALTH IN SOUTH EAST ASIA

Introduction to WHO Programme

The overall aim of the Programme for Development of Human Resources for Health (HRH) in the WHO South East Asia Region is to collaborate with the Member Countries to correctly plan, effectively train, efficiently deploy and optimally utilize the types and numbers of health personnel that they require to meet the needs of their health systems. This, in practical terms, refers to the achievement of a balance in numbers and in distribution, relevance in education and training and to ensure that they perform optimally. Although the Region has made significant advances in improving all aspects of HRH policy and planning, production and continuing education, and in optimizing their productivity, varying degrees of imbalance and lack of relevance of HRH are still prevalent in all the countries. These are likely to continue as some of the major HRH problems for the rest of this decade. The total numbers of health personnel have increased significantly in all countries. The ratios of the nurses and allied health workers to physicians has also improved in most countries. Those countries which are rapidly expanding their economies have shortfalls of HRH, particularly to serve the needs of the private sector. This is resulting in a gradual migration of public sector staff to the private sector. In most countries the geographical distribution between the urban and rural areas show serious discrepancies, particularly for some of the highly trained categories. The urban slums which have the higher morbidity and mortality still suffer from relative neglect of services of health personnel. Similarly the skill-mix of health teams raises numerous concerns with respect to optimal use of resources and quality of care. Since health care involves a continuum of role, functions and skills that should complement one another, it is essential that different categories of health workers are represented in the health team in the right proportions. In many countries there is still inefficient and inappropriate use of human resources with noticeable over- representation and under-representation of certain categories such as nurses, midwives and paramedical personnel in such teams. All these have serious economic implications when we bear in mind that in most of the countries of our Region from 60 - 75% of health budgets are spent on the workforce.

Countries of the Region have been steadily improving their nursing/midwifery education and services so that nursing/midwifery personnel can make meaningful and effective contributions in support of national strategies for health for all. Major achievements over the past decade have been apparent in the expansion, orientation and strengthening of educational programmes at basic, post-basic, and graduate levels in response to changing health service requirements. However, a number of issues still confront countries in nursing and midwifery too. High on the list is the continuing shortage and maldistribution of nursing/midwifery personnel at all levels in hospital and community settings, along with imbalances in their numbers and types of relation to other categories of health personnel.

In nursing, strategic planning exercises have already been initiated in several countries. Bangladesh was the first country to develop a comprehensive national plan of action for nursing development as a follow-up to these successful country experiences, a Regional consultation was held to develop a comprehensive plan of action for nursing development. This plan is guided by a Vision/Mission Statement developed by the senior nurse participants-"Nursing/Midwifery in SEAR is a dynamic professional workforce providing relevant health services and influencing health development policy to improve people's health and quality of life towards Health for All".

The market-oriented health care system has become increasingly important in the Region and the private sector is being entrusted with a larger share of responsibilities in the delivery of health care. While this development is both inevitable and necessary in the present context, there needs to be greater attention to issues such as access, equity, costs and quality of health care offered by private sector providers. The WHO plans to augment its support to member countries to determine the exact roles, such as regulator, service and information provider and advocate, that should be played by the governments in this regard.

The approaches adopted in the past years such as support to countries for HRH policy analysis and formulation, HRH planning, coordination of integrated health services and health personnel education, development of a HRH information base, improvement of education and training methodologies and materials, HRH management policies and practices and decision-linked research will be continued with differing emphases.

Some of the main achievements and constraints

One of the redeeming features of WHO collaboration in development of HRH has been the gradual narrowing of the unacceptably wide gap that existed earlier between HRH plans and their actual implementation. The planning is now more realistic with adequate cognizance of the economic and social realities and the managerial processes have been gradually been improving in all countries in the Region.

There is now a greater awareness and acceptance of the need to have realistic policies and plans for the development of HRH. This includes the realization that HRH policies have to be derived from, and be consistent with overall health policies, and that the most appropriate type of HRH mix, and not necessarily the most highly qualified, has to be worked out for each situation and for health care facility. Three countries have developed HRH Masterplans during the past biennium and two others have reviewed their existing ones. The necessity for constant review of existing plans has gained acceptance in all countries.

In education and training, most of the educational institutions have a nucleus of staff who possess the technical know-how to introduce the basic educational reforms that are necessary to achieve relevance in their programmes. In fact many educational reforms are being introduced in all the countries and these include greater integration of the curricula, wider community orientation, more active teaching and learning strategies, and increasingly valid and reliable assessment methods. Also, medical and nursing schools which use integrated innovative curricula have been founded in Myanmar, Nepal, Thailand during the past biennium. In the development of health learning materials many countries have now achieved the capability to produce simple, usable and relevant learning materials for their health personnel education and training programmes.

A recent initiative by the Regional Office has emphasized greater collaboration between nursing education and services as a means of improving the quality of nursing care. A multi-center study on the process and outcome of collaboration being conducted in India, Myanmar and Thailand was completed and on the basis of these experiences, guidelines were developed for practical collaborative approaches that can be used in all countries. Another initiative is underway to strengthen midwifery services and the training and utilization of health personnel with midwifery skills. Midwifery personnel are increasingly being recognized as the cornerstone of national safe motherhood programmes yet they are not being utilized effectively to provide essential obstetric care in life-threatening situations when medical assistance is not available. An intercountry meeting held in 1993 recommended that midwifery trained personnel be equipped with life saving skills relevant to the level of care they provide. As a follow-up to this meeting, the use of midwifery training modules developed by HQ and field tested in SEAR will be promoted in countries, especially those with high maternal mortality.

The changing economic, epidemiological and technological transitions have imposed newer responsibilities on those responsible for HRH development. New patterns of public/private sector relationship that are evolving in most of the countries in the Region call for greater social responsibility and cost-efficiency in all aspects of HRH. This will require some fundamental changes in the mission and goals of HRH development and a renewed commitment to the improvement of health system development in the countries of the Region. All aspects of HRH need to be rethought and the role of government in each case has to be worked out carefully to obtain optimum advantage of the private-public partnerships and to sustain the gains made in making health care more accessible to the population.

Data on health workforce are still generally incomplete. While data on the public sector is generally available in one form or another, data on the private sector is either non-existent or show serious gaps. Quantitative targets, development of skill mix, among other issues, require such information. Therefore , the development of HRH information systems have to receive some priority in the next biennium.

In education and training, thinking now has to go into the roles of institutions in a mixed economy and to achieve greater cost-benefit ratios than at present, the overall question of "value for money". Social accountability of education institutions, closer linkages between education and services, accreditation and recertification where desirable, multiprofessional education and overall quality improvement will remain priority areas for WHO collaboration.

Countries are not yet taking optimal advantage of Regional training opportunities and this signifies a net wastage of resources and diminishes the relevance of the training that is received by health personnel. Most of the middle level training could now be completed in the region and extra-regional training would be needed for very special categories in very specific areas only. In order to promote the wider use of Regional institutions and facilities, there should be greater sharing of information and establishment of mechanisms and instruments for agreeing upon equivalence of educational qualifications among the Member Countries. Self reliance in HRH development at the national and the regional levels need to be pursued more actively in the coming biennia.

WHO Regional Plans for Human Resources Development

In the light of the above scenario in the Region, the WHO Regional Plans for human resources development in the coming years will address issues related to HRH policies and plans, production and utilization. For the next few years these will include the following:

1. Strengthening the capacity of the countries in health policy analysis and HRH planning, including use of newer methodology and technologies. A core group will be trained in this and a start has already been made with WHO Headquarters and a Consultant who have developed a computer model for HRH projections. This was field tested in March 1997 with a group of participants from the countries of the Region.

2. Quality of training programmes of all categories of categories of health personnel will be improved in all countries. This will be through the strengthening of the capacity of the education and training institutes and the staff of these institutes. More and more Regional level training will be promoted with a view to achieving self reliance in the shortest possible time. Attention will be paid to bring in the concept of social accountability of all educational institutions and support will be provided to institutions to organize approaches and programmes to demonstrate this concept.

3. Support will be provided to the countries to establish national level HRH coordinating mechanisms to assure balance and relevance of their HRH. The World Health Assembly Resolution of 1995 on "Reorientation of medical education and medical practice for health for all" and the 1996 WH Assembly Resolution in "Strengthening of nursing and midwifery" are being pursued at the regional and country levels. .

4. Accreditation mechanisms will be set up in all countries to improve the relevance and quality of the education programmes of major categories of health personnel. This will also help support the development of mechanisms to establish the equivalence of training and degrees and WHO would be able to to promote greater regional cooperation in HRH.

5. The Regional level training institutes will continue to be strengthened in the countries to provide specialized training for health personnel. The content areas will include educational sciences, ethics, problem-based learning, community-orientation of education programmes, communication skills development and management.

6. To provide the basis for decision-making in HRH management systems, HRH information-bases will be reviewed and strengthened in all the countries. This will include the strengthening of the national capacity for HRH research.

7. The mechanisms and modalities for multiprofessional education and continuing education systems set up in all the countries. In the health services sector, the possibilities of substitution and creating optimal mixes of skills will be explored, particularly for the provision of basic services to the rural and remote areas. The implicit economic and quality of care considerations will be carefully determined.

8. Strengthened and active partnerships with Regional institutions of excellence and global and Regional Networks and Federations involved in HRH. The need to help one another and to learn from each other will form two of the central features of the HRH programme in the Region.

Conclusion

The current trends in the countries of the South East Asia Region and the commitment that is visible among the HRH managers lend hope and give credence that HRH development will continue to remain vibrant and responsive to the changing needs of society. WHO will continue in its efforts to support the Member Countries to achieve the Regional goals for HRH development. For instance the goal for HRH production has been summarized as " ....by the year 2000, all health personnel institutions will be producing medical and paramedical personnel who are responsive to social and societal needs, and who possess the appropriate ethical, technical, scientific and management

abilities so as to enable them to work in comprehensive health systems based on primary health care". Similar goals have been identified for HRH planning and management. Towards the achievement of these goals WHO will continue to advocate reforms among policy-makers at international, regional and national levels, promote collaborative partnerships among institutions and individuals with common interests, undertake catalytic activities, and identify and mobilize resources. As we stand on the threshold of a new millenium, we need to reaffirm our committment and to refocus our energy to reorient HRH development to respond to the needs of our populations.

Number of Physicians and Nurses in the SEA Region

COUNTRY	NURSE/NURSE-MIDWIFE		PHYSICIANS	
	YEAR	NUMBER	YEAR	NUMBER
Bangladesh	1995	6,491	1994	22,642
Bhutan	1994	91	1995	69
DPR Korea	*	*	1995	69,374
India	1991	340,208	1995	437,590
Indonesia	1993	122,257	1994	23,108
Maldives	1994	31	1995	42
Myanmar	1994-95	9,817	1992	13,897
Nepal	1995	1,189	1995	1,196
Sri Lanka	1994	13,177	1995	4,122
Thailand	1993	46,669	1995	13,460

*Data not available