

# WORKPLAN

## 2011

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**Preface**

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# Acronyms

AAAH	Asia-Pacific Action Alliance on Human Resources
ACFID	Australian Council for International Development
ACHSE	Australian College of Health Service Executives
AHWI	The Australian Health Workforce Institute
ADB	Asian Development Bank
AHRI	Australia Human Resource Institute
AHWI	Australian Health Workforce Institute
ADPC	Asian Disaster Preparedness Center
AusAID	The Australian Agency for International Development
CIMCI	Comprehensive Integrated Management of Childhood Illness
CMT	Core Management Team
CoPs	Communities of Practice
CPHCE	Centre for Primary Health Care and Equity
ECR	Early Career Researchers
FLM	Front line manager
GHWa	Global Health Workforce Alliance
HAB	Hub Advisory Board
HAF	Human Resources for Health Action Framework
HHRI	Health and Human Rights Initiative
HIRG	Health Workforce Information Reference Group
HPHF Hub	Health Policy and Health Finance Knowledge Hub
HQ	Headquarters [of WHO]
HPWS	High Performing Work Systems
HR	Human Resources
HRD	Human Resources Development
HRH	Human Resources Health
HRM	Human Resource Management
ITN	Insecticide-treated Net
JTAI	JTA International
KnowIHEG	HRH Knowledge Hub Electronic Gateway
LFA	Log Frame Analysis

LSTM	Liverpool School of Tropical Medicine
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MoH	Ministry of Health
MoU	Memorandum of Understanding
MNRC	Maternal, Neonatal and Reproductive Care
MSF	Medecins San Frontieres
NCD	Non Communicable Disease
NCHSR	National Centre in HIV Social Research
NDARC	National Drug and Alcohol Research Centre
NGO	Non Government Organization
NSA	Non State Actor
PAHO	Pan American Health Organization
PHC	Primary Health Care
PHRHA	Pacific Human Resources for Health Alliance
PICs	Pacific Island countries
PNG	Papua New Guinea
PMNCH	Partnership for Maternal, Neonatal and Child Health
PSHON	The Pacific Senior Health Officers Network
RH	Reproductive Health
RMH	Reproductive and Maternal Health
SASS	Stories and Strategies Series
SEARO	South East Asia Regional Office
SPC	Secretariat of the Pacific Community
SPHCM	School of Public Health and Community Medicine [of the University of New South Wales]
TAG	Technical Advisory Group
UN	United Nations
UNESCAP	United Nations Economic and Social Commission for Asia Pacific
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	UN Office for the Coordination of Humanitarian Affairs

UNSW	University of New South Wales
UPNG	University of Papua New Guinea
USAID	United States Agency for International Development
WCH	Women's and Children's Health Knowledge Hub
WHO	World Health Organization
WPRO	Western Pacific Regional Office [of WHO]

# Executive summary

The 2011 annual Work Plan for the Human Resources for Health (HRH) Knowledge Hub is informed by AusAID and consultations with other stakeholders, and the findings of work undertaken in 2009 and 2010. The overall aim of the HRH Hub is to contribute to the quality and effectiveness of Australia's engagement in the health sector in the Asia and Pacific regions, by developing innovative policy options for improving health outcomes through strengthening HRH.

The 2011 Work Plan is congruent with a conceptual framework that embraces the World Health Organization's (WHO) approach to health systems strengthening based on primary health care, by the action fields of the HRH Action Framework (2008), and cross-cutting issues that have been identified by stakeholders as central to their concerns.

The Work Plan is guided by the objectives enunciated by AusAID for the HRH Knowledge Hub.

1. To increase the critical, conceptual and strategic analysis of key HRH issues relevant to the Asia-Pacific region that can be used to inform policy thinking and practical application at the national, regional and international levels.
2. To expand convening powers and engagement (e.g. communication, networks and partnerships) between the Hubs, Australian institutions and Asia-Pacific national, regional and international research, development partners, and educational institutes leading to practical outcomes in dissemination and use of knowledge.
3. To expand the capacity of Australian institutions and professionals - and through them influence Asia-Pacific institutions and professionals to participate effectively in evidence-informed policy making.
4. To disseminate effectively relevant and useful knowledge resources which aim to influence policy thinking at national, regional and international levels.
5. To develop and maintain an effective organisational structure that supports and directs operational and administrative functions which underpin Hub activities.

The 2011 Work Plan continues, consolidates and builds upon the 2009-10 Work Plans and emphasises completion of projects and knowledge dissemination.

The Work Plan activities are integrated into four 'Products' related to significant HRH issues, and the dissemination of knowledge from these Products. Each Product is a package of activities which are aligned with the Hub's conceptual framework and strategic objectives that emphasise acquisition, creation, analysis, synthesis, dissemination and exchange of knowledge.

These Products are:

- ✓ Strengthening health leadership and management capacity (through lessons learnt from high-performing districts): completing work begun in 2010 in Papua New Guinea and Indonesia, work in Vietnam concerning performance of Primary Health Care, and investigation of HRH needs for Non Communicable Disease (NCD) control.

- ✓ Evidence-informed primary health care in maternal, child and reproductive health in the Asia and Pacific Regions: completing work begun in 2010 in Sri Lanka on adolescent reproductive and maternal health and extending this to the Solomon Islands in 2011, and an increased focus on neonatal mortality.
- ✓ Innovative strategies for managing mobility of skilled health workers in the Asia and Pacific regions: completing work based on information collected from Pacific countries with the Fiji School of Medicine, commenced in 2010, assessment of the use of the diaspora of Pacific health care workers resident in Australia and New Zealand, and investigation of the situation concerning supply of specialty and sub-specialty services.
- ✓ Human resource challenges and innovations in health aspects of emergencies and disasters: including detailed case studies, mapping of agency activities and use of new technology to gather information on emergencies.

The products aim to provide innovative options to support countries in the Asia and Pacific regions to strengthen their health systems and achieve the Millennium Development Goals (MDGs). The dissemination of outputs from these products will assist in the translation of this HRH knowledge through the:

- ✓ knowledge acquisition, creation, analysis and synthesis
- ✓ collaboration and partnerships
- ✓ convening and networking
- ✓ knowledge dissemination.



# Introduction

## Context

Human Resources for Health (HRH) is one of six key health systems building blocks<sup>1</sup>, and is hence critical to the delivery of essential evidence-based interventions in order to achieve the health-related Millennium Development Goals (MDGs) by 2015. A competent, motivated and well-managed workforce operating within a functional health system helps to ensure accessible, equitable, efficient and responsive care and services. However, where the disease burden is highest, workforce availability and self-sufficiency are often lowest.

A number of countries in the Asia and Pacific regions face critical shortages of doctors, nurses and midwives, and have an uneven distribution of health workers within countries<sup>2</sup>. There are substantial questions concerning the attraction, selection, training and retention of HRH in these regions, as well as the financial and management systems required to enhance their performance and the policy and leadership capacity needed to guide this.

The Australian government paper, *Helping Health Systems Deliver*, recognises the importance of health systems strengthening, including the pivotal role of HRH<sup>3</sup>. However, the effectiveness of Australia's contribution to improved health service delivery in countries in the Asia and Pacific regions has been mixed<sup>4</sup>, and there is a need to harmonise aid with health systems as well as with other aid efforts in these regions<sup>5</sup>. This is in line with the 2005 *Paris Declaration on Aid Effectiveness*, most recently reaffirmed in Accra in 2008<sup>6</sup>.

There has been, however, a lack of agreement on how to proceed with health systems strengthening. This was emphasised by high-level consultation on global health initiatives, health systems strengthening, and universal health coverage in Geneva in May 15th-16th 2009. Participants established that there is limited knowledge and little agreement on which policy tools are most effective in strengthening health systems as a whole and in specific contexts. In addition, there is a lack of guidance available on how to prioritise the limited resources available for systems strengthening for countries which require it. Little learning is documented and shared, highlighting the need to understand what tools and strategies work in specific contexts and to identify lessons from successful (and unsuccessful) reform efforts that can be applied by countries undertaking activities with similar policy objectives. Work is also required to foster greater unity and political commitment among the health systems policy community.

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<sup>1</sup> World Health Organization (WHO) *Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action*, World Health Organisation (WHO), Geneva. 2007.

<sup>2</sup> World Health Organization (WHO) *The world health report 2006: working together for health*, World Health Organisation (WHO), Geneva. 2006

<sup>3</sup> Australian Agency for International Development (AusAID) *Helping Health Systems Deliver*, Australian Agency for International Development (AusAID), Australian Government, Canberra. 2006.

<sup>4</sup> Australian Agency for International Development (AusAID) *Australian aid to health service delivery in Papua New Guinea, Solomon Islands and Vanuatu*, Australian Agency for International Development (AusAID), Australian Government, Canberra. 2009

<sup>5</sup> Australian Agency for International Development (AusAID) *Annual review of development effectiveness 2008*, Australian Agency for International Development (AusAID), Office of Development Effectiveness, Australian Government, Canberra. 2009.

<sup>6</sup> Organisation for Economic Co-operation and Development (OECD) *The Paris Declaration on Aid Effectiveness and the Accra Agenda for Action*, viewed 25 January 2011, <http://www.oecd.org/dataoecd/30/63/43911948.pdf>

It is within this context that in 2009 the Australian Agency for International Development (AusAID) established four Knowledge Hubs for Health to increase understanding, from a development perspective, regarding how to strengthen health systems and improve health and wellbeing in partner countries. The HRH Knowledge Hub is concerned with HRH practices and decision-making processes, including the advice that informs these decisions, in the Asia and Pacific regions. The Hub is approaching this task through the synthesis of knowledge on effective HRH practice and the examination of innovative approaches that can be harnessed to translate this knowledge into policy and practice.

### **Strategic framework and development of the Work Plan**

The work of the Hub is directed by a central goal:

*to contribute to the quality and effectiveness of Australia's engagement in the health sector in the Asia Pacific region through an expanded expertise and knowledge base, by developing innovative policy options for improving health outcomes through strengthening HRH.*

The Work Plan is guided by objectives that are congruent with core AusAID policy:

1. To increase the critical, conceptual and strategic analysis of key HRH issues relevant to the Asia-Pacific region that can be used to inform policy thinking and practical application at the national, regional and international levels.
2. To expand convening powers and engagement (e.g. communication, networks and partnerships) between the Hubs, Australian institutions and Asia-Pacific national, regional and international research, development partners, and educational institutes leading to practical outcomes in dissemination and use of knowledge.
3. To expand the capacity of Australian institutions and professionals - and through them influence Asia-Pacific institutions and professionals to participate effectively in evidence-informed policy making.
4. To disseminate effectively relevant and useful knowledge resources which aim to influence policy thinking at national, regional and international levels.
5. To develop and maintain an effective organisational structure that supports and directs operational and administrative functions which underpin Hub activities.

All work undertaken in the products of this Work Plan endeavour to achieve the objectives outlined above, through the following activities:

- ✓ knowledge acquisition, creation, analysis and synthesis
- ✓ collaboration and partnerships
- ✓ convening and networking
- ✓ knowledge dissemination.

## **Approach to the development of the Work Plan**

The 2011 Work Plan is based on needs identified through a number of processes. These include:

- ✓ knowledge synthesis and situational analyses from implementation of 2009-10 Work Plans
- ✓ ongoing technical expert review of product draft reports, and consultation with HRH experts
- ✓ ongoing consultations during implementation of 2009-10 Work Plans with: countries; regional Communities of Practice; aid agencies at local, regional and international level; AusAid and other donors; and other stakeholders.
- ✓ A midterm review in June 2010. The Work Plan was revised to incorporate issues raised.

## **Knowledge synthesis and situational analysis**

As a result of extensive desk-based reviews and a situational analysis of current practice undertaken in the areas of work in 2009, the HRH Hub identified both key gaps in knowledge and areas where innovative thinking was applied to make a difference. Activities in 2010 took forward key aspects and findings arising from this work, and the 2011 Work Plan completes and extends projects, and disseminates findings.

## **Technical expert review**

The HRH Knowledge Hub Advisory Board was convened at UNSW in September 2009 to help guide the work of the HRH Hub. The meeting outcomes included: presentation of current cross cutting and strategic directions in HRH in the Asia and Pacific Regions; critique of the activities being undertaken in the 2009 Work Plan; and recommendations of approaches to HRH issues and areas that require attention which should constitute work in 2010.

The 2010 Products were drafted and assessed using: relevance to AusAID program strategic directions; potential for adding value; alignment with strategic directions in the Asia and Pacific Regions and supporting the achievement of the MDGs; demonstration of collaborative partnerships; continuity of previous work.

An HRH Knowledge Hub Expert Committee was appointed in the last quarter of 2010 consisting of: Dr Mario Dal Poz, Coordinator, Department of Human Resources for Health, World Health Organization (Geneva); Dr Suwit Wibulpolprasert, Senior Advisor on Disease Control, Ministry of Public Health, Thailand; Prof James Buchan, Queen Margaret University, Scotland (UK), Jim Campbell, Intégrée (Spain), and Dr Jimmie Rodgers Director General, Secretariat of the Pacific Community (Nouméa, New Caledonia). These experts bring a wealth of expertise and experience to the Expert Group which has and will continue to provide ongoing strategic advice and direction to the HRH Hub. The Expert Committee will replace the Advisory Board which was appointed for one year in 2009.

Members of the Expert Committee have been involved in discussions concerning the 2011 Work Plan in 2010 and at the Expert Group meeting in Bangkok (26 January 2011), and will be involved in reviewing analysis and reporting of findings from Products, including advice on collection and analysis of complementary data where necessary.

In addition, Australian, in-country (Asia-Pacific) and international experts have been engaged to assist with the review of draft reports in their areas of expertise.

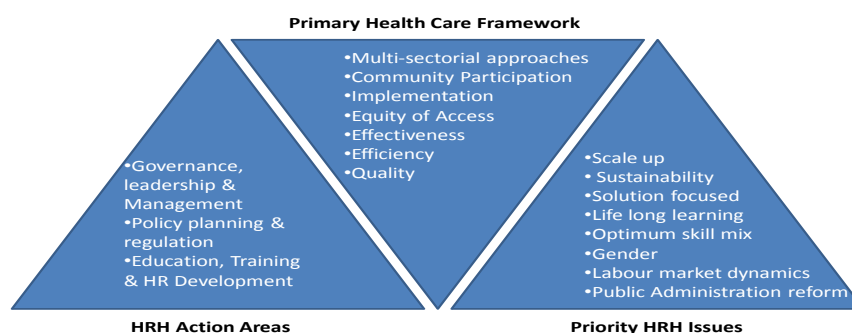
## Ongoing consultations with countries, agencies and donors

Ongoing consultations with various stakeholders are set out in detail in the 2009 and 2010 Annual Reports of the HRH Hub which are available on the Hub website.

## Conceptual basis for HRH Hub 2011 Work Plan

The HRH Knowledge Hub's 2011 Work Plan is based upon a conceptual framework of three building blocks, as outlined in the diagram below. The framework acknowledges the unique and diverse context of HRH policy and practice in the Asia and Pacific regions including small island states and settings that experience the effects of disasters, emergencies or conflict.

### Conceptual basis of HRH Hub work



## Primary health care framework

In line with the 2009 Sixty-second World Health Assembly resolution, the HRH Hub advocates for the values and principles of primary health care (PHC) as the basis for strengthening health systems. The principles, identified in the central triangle of the diagram above, guide the ongoing discussions the HRH hub has with its stakeholders and are applied to the HRH action areas and priority HRH issues.

## HRH action areas

The three core areas of action above inform the fields of HRH work undertaken by the Hub:

*Governance, Leadership and Management:* with a focus on identifying knowledge gaps and evidence-informed strategies for strengthening governance mechanisms and the capacity of HRH leaders and managers to improve HRH systems at national and sub-national levels.

*Policy, Planning and Regulation:* with a focus on extending the evidence base for addressing workforce policy, plans for priority health issues and contexts (such as rural areas, maternal, neonatal and reproductive care, emergency settings and emergent disease conditions). Inquiry will seek to address current knowledge gaps in: establishing

staffing standards and norms, forecasting staffing needs, and workforce planning, as well as issues of regulation of the workforce, including private sector and nongovernmental sectors which are critical to providing equitable services.

*Education, Training and HRD:* with the aim of extending the evidence base for effectively scaling up and skilling health workforces, as well as the investigation of innovative approaches to learning and HR development

These core areas are based on the Hub's consultation and review process, the strategic plans of HRH organisations in the region, *inter alia* the Asia-Pacific Action Alliance on Human Resources (AAAHH) and Pacific Human Resources in Health Alliance (PHRHA), and the Human Resources for Health Action Framework (HAF)<sup>7</sup>.

### **Priority HRH issues**

The HRH issues listed in the above diagram emerged from a synthesis of the literature as well as recommendations made by technical advisory groups and the Hub Advisory Board (2009). These issues will guide the questions the Hub will ask as it interrogates HRH documentation, engages in discussion with key stakeholders, conducts research and develops policy options.

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<sup>7</sup> The HAF is the collaborative effort of the Global Health Workforce Alliance (GHWA), the U.S. Agency for International Development (USAID) and the World Health Organization (WHO).

# Work Program for 2011

## Product 1: Strengthening health leadership and management capacity through lessons learnt from high performing districts

### Introduction

Strong leadership and management (L&M) capacity is critical to the performance of all organisations. In the health sector, in particular, effective L&M is crucial as countries in the Asia and Pacific regions confront multiple problems of high infant and maternal deaths, HIV/AIDS, Non-Communicable Disease (NCDs) and inequitable access to quality services. The ability of managers, especially those at the local level, to manage the health system effectively may ultimately determine whether or not better health outcomes are achieved. In general, inadequate leadership and management capacity is widely identified as an impediment to scaling up priority services and attaining the health-related MDGs<sup>8</sup>.

Strengthening leadership and management capacity is about strengthening the ability of managers to plan, organise, and provide directions to and gain commitment from partners and staff<sup>9</sup>. The aim of increasing L&M capacity is to facilitate change and achieve better health services through efficient, creative and responsible deployment of people and other resources<sup>10</sup>.

The weakness in managerial capacity, especially at local level is widely cited as one of the key constraints to scaling up health services and achieving the MDGs. In most countries with decentralised health systems, critical gaps in leadership and human resource management at provincial and district levels are the bottle neck to delivery of key health programs. Employee (staff) management activities consist of leadership behaviour and enactment of human resource practices and policies, especially front line managers (FLM). These FLM are agents in the human resource management-performance causal chain<sup>11</sup>. In most cases in the countries of relevance to the HRH Hub, the FLM are District Health managers. Evidence of competencies (knowledge, behaviour and skills) of the District Health Managers from 'high performing districts' will provide common frameworks and techniques to strengthen L& M in countries.

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<sup>8</sup> World Health Organization (WHO) *Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action*, World Health Organization (WHO), Geneva. 2007.

<sup>9</sup> Lussier, R *Management fundamentals: concepts, applications, skills development*, 3<sup>rd</sup> edn, Thomson/South-Western, Mason, Oh. 2006.

<sup>10</sup> World Health Organization (WHO) *Towards better leadership and management in health: report on an international consultation on strengthening leadership and management in low-income countries*, Making Health Systems Work: Working Paper No.10. World Health Organization (WHO), Geneva. 2007.

<sup>11</sup> Purcell, J & Hutchinson, S 'Front-line managers as agents in the HRM-performance causal chain: theory, analysis and evidence', *Human Resource Management Journal*, vol. 17, no. 1, pp. 3-20. 2007.

## **Rationale**

- ✓ Aligns with AusAID's health sector development objective of strengthening health systems and supporting countries to achieve the millennium development goals.
- ✓ Adds value to current global efforts of strengthening health leadership and management capacity, by providing practical context-appropriate analyses at primary care and district levels to assist policy makers and HR managers within Ministries of Health to improve performance.
- ✓ Involves engagement with country and regional partners on health leadership and management capacity development at sub-national levels.
- ✓ Continues and extends the 2009 HRH Hub work on a review of country situations concerning health leadership and management capacity in six Asia and Pacific Island countries and ongoing 2010 work on testing methods for data collection and learning from high-performing districts in Indonesia and Papua New Guinea, in order to elicit common frameworks and tools for use in other settings.
- ✓ Aligns with more recent emphasis by multilateral, bilateral, non-government and international agencies to utilise strategies of Universal Access to Care, which requires leadership and management support in scaling up and sustaining services at PHC levels<sup>12</sup>, as a way to achieve MDGs 4, 5, 6.
- ✓ Investigates the specific HRH needs required for health improvement related to MDG 6 in Asian and Pacific regions, particularly control of NCD (MDG 4 and 5 are covered below in Product 2).
- ✓ Involves engagement with the Health Systems Policy Institute in Vietnam in the investigation of performance at Primary Health Care (PHC) level and how low performing units could be improved.

## **Purpose**

The purpose is to contribute to the development and dissemination of knowledge that would provide context specific evidence-informed policy options for strengthening health leadership and management capacity in high priority countries in the Asia-Pacific region.

## **Relevance to development and AusAID**

The WHO has identified inadequate leadership and management capacity, including sub-national, district and primary care levels of health systems, as an impediment to scaling up health services and to achieving the MDGs<sup>13</sup>. Over recent decades, AusAID and other development partners have invested considerable amounts of money and technical expertise in strengthening health leadership and management capacity in the Asia-Pacific region. However, it is reported that leadership and management capacity remains weak in several countries in the region<sup>14</sup>. This product adds to the existing knowledge base to provide practical, context-appropriate evidence to inform leadership and management capacity development efforts in Indonesia and PNG and beyond. Its main strength lies in

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<sup>12</sup> World Health Organization (WHO) *The world health report 2008: primary health care, now more than ever*, World Health Organization (WHO), Geneva. 2008.

<sup>13</sup> World Health Organization (WHO) *Towards better leadership and management in health: report on an international consultation on strengthening leadership and management in low-income countries, Making Health Systems Work: Working Paper No.10*. World Health Organization (WHO). 2007.

<sup>14</sup> Human Resources for Health (HRH) Knowledge Hub *Health leadership and management capacity in Asia Pacific: a situation analysis of six countries*, Human Resources for Health (HRH) Knowledge Hub, School of Public Health and Community Medicine, University of New South Wales (UNSW), Sydney. In Preparation 2010.

identifying and building on effective local strategies and arrangements in order to improve leadership and management performance. It will enhance AusAID's efforts to strengthen health systems in the region and assist countries to achieve the MDGs 4, 5 and 6.

### **Progress 2009-10**

A review of analytic frameworks and tools for assessing health leadership and management was undertaken and will be published and disseminated in 2011. Several issues affecting L&M capacity have been identified, through a synthesis of literature and an analysis of situations in Cambodia, Laos, Timor-Leste, PNG, Fiji and Solomon Islands. Challenges include a lack of clarity of roles and responsibilities for managers; inadequate supportive supervision; low motivation as a result of low salaries, delayed payments and a lack of incentives; inadequate procurement and supply management systems; and inadequate information management systems<sup>15</sup>.

It was noted that despite many shortcomings in resources, both financial and human, there are a number of districts in PNG and Indonesia that perform relatively well in terms of health outcomes and in meeting service delivery targets. The wider literature recognises High Performing Work Systems (HPWS) where good human resources practices have been linked to higher performance and productivity. Exploring and understanding the factors underpinning the relative success of these districts may provide valuable insights that can be scalable in given contexts.

A survey of district health managers and members of district health management teams, as well as in-depth interviews with provincial health directors and facility managers, were undertaken in Indonesia and PNG in 2010. Information collected is broad ranging and covers factors that are specific to leadership and management, and also other factors which also influences the performance of district managers and health services. The latter include information on sources and flow of funding to districts, location and access to health facilities, relationship with political leadership and the size and socio-economic status of district populations. The data analysis, which will be undertaken in 2011, will pay attention to current use of HR practices and techniques to enhance and strengthen L&M performance. The scope for wider use of data gathering tools will also be considered.

Discussions took place with the Health Systems Policy Institute (HSPI) in Hanoi (Vietnam) in 2010, and HSPI collected information relevant to utilisation and human resource performance of 40 Primary Health Care (PHC) units in Vietnam. In 2011 the HRH Hub will assist with extension of this study, analysis of data collected and reporting.

During 2010 continued work was directed towards publication of material from this Product which is listed in the 2010 Annual Report.

### **Objectives for 2011**

1. In collaboration with country partners, identify leadership and management factors and human resource practices related to high-performing district health services from data collected in 2010 in Indonesia and Papua New Guinea. Formulate proposals for the wider application of those L&M performance enhancing

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<sup>15</sup> Human Resources for Health (HRH) Knowledge Hub *Health leadership and management capacity in Asia Pacific: a situation analysis of six countries*, Human Resources for Health (HRH) Knowledge Hub, School of Public Health and Community Medicine, University of New South Wales (UNSW), Sydney. In Preparation 2010.



activities within these countries and explore with related stakeholders the feasibility of implementing and evaluating these proposals.

2. In collaboration with the Health Systems Policy Institute (HSPI) in Vietnam, review measures of performance at Primary Health Care (PHC) level (Commune Health Stations) and determinants of performance (including higher level management support), based on information already collected and additional information where necessary, with a view to developing proposals for practical interventions in a sample of low performing PHC units.
3. Complete review processes and publish reports pertaining to work carried out in 2009-10 on analytic frameworks and tools for assessing leadership and management capacity in Low/Middle income countries, and assessment of L&M issues in Cambodia, Lao PDR, Timor-Leste, PNG, Fiji and Solomon Islands. Dissemination of information in various forms and modes will be undertaken, including presentation of material at appropriate forums.
4. In cooperation with HPHF Hub and relevant partners, identify specific training, staffing and personnel management needs arising from proposed efforts to better control the growing burden of morbidity and premature mortality attributable to non-communicable disease (NCD) in the Asia-Pacific region, and propose action to meet the identified needs.

## **Methods**

The following methods will be used to attain the product objectives.

*Objective 1:* Analysis of the leadership and management practices in high-performing districts in Indonesia and Papua New Guinea based on material collected in 2010 will seek to identify characteristics and arrangements that support good practice. A core group of experts (including Hub partners) will analyse, interpret and consolidate country information for informing further investigation and policy development. Publication of peer reviewed reports with dissemination in other forms will be completed in 2011.

*Objective 2:* The Health Systems Policy Institute in Hanoi (Vietnam) has already collected information relevant to performance from a geographic and urban/rural sample of 40 Primary Health Care (PHC) units in Vietnam, based on a methodology discussed with UNSW HRH Hub staff and associates in 2010. In 2011, a literature review of measurement and determinants of performance of PHC will be completed, additional data will be collected, and analysis of information concerning measurement of performance at Primary Health Care (PHC) level and determinants of performance will be undertaken including interactions with the District level. It is also intended that a trial intervention will be investigated involving secondment of staff from PHC units in the upper quartile of performance to a sample of PHC units in the lower quartile of performance.

*Objective 3:* Completion of the 2009-10 review of analytic frameworks and tools for assessing leadership and management capacity in Low/Middle income countries, and review of health leadership and management issues in Cambodia, Lao PDR, Timor-Leste, PNG, Fiji and Solomon Islands, through publication and dissemination of findings. This will include publication of reports, summaries in the form of information sheets, articles for peer reviewed journals, and presentation of material at meetings and conferences.

*Objective 4:* Carry out a review of current evidence in training and deployment of personnel to strengthen NCD prevention and control in the Asia-Pacific, using case studies and key informant interviews. Apply workforce projection techniques to estimate human resource requirements and with HPHF Hub develop costing and financial estimation methods for countries.

### **Expected outputs 2011**

- ✓ Reports based on analyses of leadership and management practices in high-performing districts (Indonesia and Papua New Guinea) from data collected in 2010 and analyses performed in 2011.
- ✓ Dissemination of findings through publications, briefs, conference presentations and in-country seminars where appropriate.
- ✓ Reports on measurement of and determinants of performance of PHC units in Vietnam based on information collected from 40 PHC units; findings will be disseminated in various forms, including publications and an in-country seminar at the Health Systems Policy Institute (HSPI) in Hanoi if appropriate. An intervention trial using expertise from high performing units in low performing units will be investigated.
- ✓ Publication and dissemination of 2009-10 reviews of analytic frameworks and tools for assessing leadership and management capacity in Low/Middle income countries and health leadership and management in Cambodia, Lao PDR, Timor-Leste, PNG, Fiji and Solomon Islands.
- ✓ Reports based on information collected on specific HRH needs and gaps relating to control of NCD in selected Asian and Pacific countries. Findings will be disseminated in publications, briefs conferences and by in-country seminars where appropriate.

### **Timetable for delivery of outputs 2011:**

Report on L&M Low/Middle income countries	March
Reports on reviews of L&M in specific countries	March
Report on district L&M fieldwork in Indonesia	May
Report on district L&M fieldwork in Papua New Guinea	June
Report on PHC performance in Vietnam	August
Report on HRH needs for NCD control	October

### **Outcomes**

This product seeks to contribute to evidence-informed, pragmatic options for policy makers to strengthen health leadership and management capacities for health improvement, especially at the Primary Health Care (PHC) and District levels, including in relation to vertical programs. Outcomes are of practical value to policy makers as they are based on existing arrangements and practices.

### **Partners**

The interested partners of this product include PHRHA, AAAH, WHO (WPRO, SEARO), Fiji School of Medicine and the Secretariat of the Pacific Community (SPC). Direct partners include other Knowledge Hubs, in-country institutions such as the Ministries of Health, universities and other research institutions in Indonesia, Papua New Guinea and Vietnam.

## **Product 2: Evidence-informed primary health care in maternal, neonatal, child and reproductive health in the Asia and Pacific regions**

### **Introduction**

This work has been undertaken in collaboration with the Burnet Institute on behalf of the Women's and Children's Health Knowledge Hub. This product focuses on understanding health worker practice in specific areas of maternal, neonatal, child and reproductive health (especially related to skill mix, team work and task shifting/sharing) and the factors that influence these practices, including policy decisions and the development aid context. The product aims to provide persuasive approaches to help strengthen the capacity of countries to plan, implement, and evaluate health workforce programs in maternal, child and reproductive health so that they can more effectively use the existing health workforce to address MDGs 4 and 5.

### **Rationale**

- ✓ Aligns with priorities outlined in AusAID's policy, Gender equality in Australia's aid program – why and how<sup>16</sup>.
- ✓ Adds value to areas of HR in maternal, child, neonatal and reproductive health (especially optimum skill mix and team work at the community level) where there is currently little knowledge or practical tools and implementation strategies.
- ✓ Concerns MDGs 4 (to reduce child mortality) and 5 (to improve maternal health).
- ✓ Aligns closely with key aspects of the WHO strategy, socio-cultural approaches to accelerate the reduction of maternal and neonatal mortality<sup>17</sup>, and the WPRO Regional Strategy on Human Resources for Health 2006–2015<sup>18</sup>.
- ✓ Links to the three components that form the conceptual basis of the HRH Hub's Work Plan by focussing on human resource development at the PHC level, and involving HRH priority issues and action areas.
- ✓ Is a collaborative endeavour with the Compass Womens' and Childrens' Health (WCH) Knowledge Hub (Burnet Institute), United Nations Population Fund (UNFPA), WHO, PHRHA, AAAH, in-country NGOs and Ministries of Health.
- ✓ Builds upon the knowledge synthesis undertaken in HR at the community level in maternal, child, neonatal and reproductive health in 2009-10, and disseminates findings in various forms.
- ✓ Investigates HR needs and issues related to neonatal mortality which is the major component of infant and childhood mortality (MDG 4). The AusAid-JTAI-MoH Child Health Care review undertaken as part of the Fiji Health Sector Improvement Program (2010) suggests root cause analysis of all deaths under 5 years (Recommendation 3)<sup>19</sup>.

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<sup>16</sup> Australian Agency for International Development (AusAID) *Gender equality in Australia's aid program – why and how*, Australian Agency for International Development (AusAID), Australian Government, Canberra. 2007.

<sup>17</sup> Bi-regional Consultation for the Application of Socio-cultural Aspects to Accelerate the Achievement of MDGs 4 and 5, Tanah Lot, Bali, Indonesia, 11-13 August 2009.

<sup>18</sup> World Health Organization (WHO) *Regional strategy on human resources for health 2006-2015*, World Health Organisation Regional Committee for the Western Pacific. 2006.

<sup>19</sup> Russell F. *Child Health Care Review*, Fiji Health Sector Improvement Program, Australian Agency for International Development (AusAID), JTA International, Fiji Ministry of Health. August 2010.

## **Purpose**

The purpose of this product is to present policy options and practical tools for HRH practice in the provision of maternal, neonatal, child and reproductive health care, especially relating to adolescents health care and neonatal services.

## **Relevance to development and AusAID**

This program of work concerns the roles and skills of those health workers engaged in the provision of reproductive and maternal health care and services, especially for adolescents, with teamwork and linkages in neonatal and maternal health, and HR needs relevant to neonatal and child illness and mortality.

## **Progress 2009-10**

### *1. Adolescent reproductive and maternal health (RMH)*

A literature review on cadres involved in adolescent sexual and reproductive health was undertaken in 2010 and will be completed early in 2011.

For Sri Lanka, visits were made to undertake initial discussions with partners and stakeholders, gather data, and feedback information from analyses. These activities involved close collaboration with in-country partners and involved significant capacity building activities. The situational analysis and case study for Sri Lanka were completed, and will be published in early 2011.

An initial visit to Solomon Islands was made to discuss the project and 'in principle' approvals were obtained from the Secretary for Health and Deputy Secretary (Public Health). A delay in commencing work in the Solomon Islands occurred due to the national elections and associated political uncertainty, but now that senior officials have been re-appointed project work will be able to commence early in 2011.

### *2. Finalisation for publication of reports prepared over 2009-10*

Work continued on a number of reports relevant to this Product in 2010, including Executive Summaries; abbreviated versions of these will be disseminated in early 2011. Papers were prepared and presented at conferences, and several reports are now in press with dissemination in early 2011. These reports include: country profiles, working papers from literature reviews, and discussion papers as detailed in the Annual Report 2010.

## **Objectives for 2011**

1. Increase the quality of knowledge on the safe minimum staff levels and optimum skill mix needed to deliver accessible adolescent Reproductive and Maternal Health (RMH) care - in collaboration with Compass WCH Hub.
- ✓ Undertake an investigation into adolescent sexual and reproductive health services in Solomon Islands (permission obtained and preliminary visit undertaken in 2010). Investigate the suitability and acceptability of a similar investigation in Vanuatu.
- ✓ Analysis, report writing and dissemination of work undertaken in Sri Lanka in 2010 on cadre mix and teamwork in adolescent sexual and reproductive health.

- ✓ Finalisation, publication and dissemination of a literature review of adolescent RMH care prepared during 2010, particularly examining cross cadre collaboration.
- 2. Exploratory study of methods to assess neonatal and child health HRH needs through root cause analysis cases of neonatal, infant and child deaths and/or hospital admissions from a literature review and trial application in selected Asia Pacific countries.
- 3. Publication, dissemination and collaborative engagement
- ✓ Publication and dissemination of work conducted in 2009-10 relating to HRH profiles for Maternal, Neonatal, Child and Reproductive Health (MNCRH) in 10 Asia Pacific countries (Bangladesh, Cambodia, Lao DPR, Philippines, Indonesia, Timor-Leste, Fiji, Papua New Guinea, Solomon Islands and Vanuatu), a literature synthesis focusing on the Asia Pacific of HR practices at community level that contribute to maternal health (MDG 5), and associated Discussion Papers related to improving the quality of HRH information and enhancing health worker performance.
- ✓ Improve stakeholder access to evidence-informed HRH practice through the dissemination of the discussion papers and policy options papers at meetings workshops, as well as via electronic means. Increase stakeholder involvement in participatory processes to develop policy options papers tailored for specific contexts in the Asia and Pacific regions.

## **Methods**

*Objective 1:* Situational analyses of the current HRH context concerning adolescent maternal and reproductive health services in selected priority AusAID countries is being developed through: (a) reviews of country reports and discussions with stakeholders with use of content analysis and concept mapping methodologies<sup>20, 21</sup>; and (b) field work in Sri Lanka and Solomon Islands involving key informant interviews (Ministry of Health and others), focus groups (doctors, midwives/nurses, PHC workers, school teachers), and Knowledge, Attitude, Practice (KAP) surveys. Data from Sri Lanka has been collected and is being analysed and fed back to participants. Verbal agreements by senior Solomon Island Ministry of Health officials have been given and a scoping visit was made in 2010; data collection will commence in early 2011. Investigation will be undertaken concerning similar work in Vanuatu. This activity will be conducted in collaboration with the Compass WCH Hub.

*Objective 2:* Assessment of HRH needs through root cause analysis of neonatal, infant and child deaths and/or hospital admissions. An exploratory study of will be undertaken to investigate methods required to assess neonatal and child health HRH needs through root cause analysis of cases of neonatal, infant and child deaths and/or hospital admissions in selected Asia Pacific countries. The AusAid-JTAI -MoH Child Health Care review – conducted as part

<sup>20</sup> Miller, W & Crabtree, B 'Primary care research: a multimethod typology and qualitative road map', in B Crabtree & W Miller (eds), *Doing Qualitative Research*, Sage Publications, Newbury Park, California, pp. 3-28. 1992.

<sup>21</sup> Trochim, W, Milstein, B, Wood, B, Jackson, S & Pressler, V 'Setting objectives for community and systems change: an application of concept mapping for planning a statewide health improvement initiative', in *Health Promotion Practice*, vol. 5, no. 1, pp. 8-19. 2004.

of the Fiji Health sector Improvement Program (2010) suggests root cause analysis of all deaths under 5 years (Recommendation 3)<sup>22</sup>, as well as assessment of preventability of neonatal deaths from routine data collection.

**Objective 3:** Publication, dissemination and collaborative engagement. Continued engagement with in-country, regional, Australian and international stakeholders in collection, feedback and dissemination of information. Outcome mapping will be used to plan, monitor and evaluate organisational learning and changes in behaviour, relationships, activities, or actions of key people, groups, and organisations<sup>23</sup>.

### **Expected outputs**

Outputs expected from this product are:

- ✓ Publication and dissemination of reports, discussion and policy options papers prepared over 2009-11 in various modes and formats.
- ✓ In-country seminars as appropriate to present the results of the Solomon Islands assessment of adolescent reproductive and maternal health services and cross cadre collaboration.
- ✓ Report on feasibility of assessment of HRH needs through root cause analysis of neonatal, infant and child deaths and/or hospital admissions.
- ✓ Presentation of results at regional and international conferences and meetings.

### **Timetable for delivery of outputs 2011:**

Balance of Reports prepared over 2009-10	February–March
Report on Adolescent MRH in Sri Lanka	March
Report on Adolescent MRH in Solomon Islands	June
Report on feasibility of root cause analysis of child deaths	September

### **Outcomes**

This product focuses on the generation of evidence-based, practical, solution-focused HRH strategies and tools in MNRH that can be applied in various health care contexts to address local issues related to MDGs 4 and 5. These will be disseminated as potential policy options for consideration by decision-makers in MNRH.

### **Partners**

This has been a cross-Hub product with the Burnet Institute involving Compass: the Women's and Children's Health Knowledge Hub. A wide range of stakeholders have been consulted in the conceptualisation of this product, and will continue to be involved in its implementation. They include: WHO (WPRO, SEARO and HQ), UNFPA Regional Office and sub-regional office for the Pacific, SPC, the AAAH and the PHRHA, as well as academic institutions including Fiji School of Medicine, Ministries of Health and NGOs such as the Vanuatu Family Health Association, Udayana University (Indonesia) and Health Alliance International (Timor-Leste).

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<sup>22</sup> Russell F. *Child Health Care Review*, Fiji Health Sector Improvement Program, Australian Agency for International Development (AusAID), JTA International, Fiji Ministry of Health. August 2010.

<sup>23</sup> Earl, S, Carden, F & Smutylo, T *Outcome mapping: building learning and reflection into development programs*, International Development Research Centre (IDRC), Ottawa. 2001.

### Product 3: Innovative strategies for managing migration of skilled health workers in the Pacific

#### Introduction

The migration of skilled health workers (doctors, nurses, pharmacists, radiologists, and other specialists) is a recognised contributor to the global health workforce crisis and a growing concern in the Pacific and parts of Asia. Several countries in the region are among the 57 identified by WHO as having critical workforce shortages<sup>24</sup>. In the Asia-Pacific region, health worker migration is not a new phenomenon; since the 1960s there has been significant mobility of skilled health workers from the Philippines, Bangladesh, Sri Lanka, India and other countries in south Asia, as well as across the Pacific. It is estimated, for example, that around 150,000 Filipino nurses work internationally, and that around 100,000 left the country between 1994 and 2003<sup>25 26</sup>.

In recent years, the scale and dimension of health worker migration in Asia and Pacific island countries has become more complex with growing intra-regional mobility. For example, evidence has shown that Fijian health workers move to countries like the Marshall Islands and Palau and their positions are filled by Burmese and Filipino workers<sup>27</sup>. There are increasing concerns about the impact of migration on health care delivery especially in countries with fragile health systems. In other cases, countries over-produce health workers knowing that some will migrate and add value to the general economy through remittances. The Philippines has gone down this path but has more recently faced additional challenges as the staff required to train the next generation of health workers are also migrating, thus undermining the sustainability of this approach<sup>28</sup>. India is also believed to over-produce health workers in order to benefit from remittances when they migrate<sup>29</sup>. Internal migration (migration of health workers within a particular country), including migration from the public to private sector, and to international organisations, is also a common feature.

The HRH Hub commissioned reviews of skilled health worker migration in the Asia and Pacific regions<sup>30 31</sup> which highlighted the complex nature of migration of skilled health workers in the region and the need for a systematic approach to managing the flow of these workers, especially in the Pacific. Pacific Island countries recognise the

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<sup>24</sup> World Health Organization (WHO) *The world health report 2006: working together for health*, World Health Organization (WHO), Geneva. 2006.

<sup>25</sup> Aiken, L, Buchan, J, Sochalski, J, Nichols, B & Powell, M 'Trends in international nurse migration', *Health Affairs*, vol. 23, no. 3, pp. 69-77. 2004.

<sup>26</sup> Galvez Tan, J. 'The challenge of managing migration, retention and return of health professionals', powerpoint presentation at the Academy for Health Conference, New York. 2005

<sup>27</sup> Connell, J *Migration of health workers in the Asia-Pacific region*, Technical report series, Human Resources for Health (HRH) Knowledge Hub, School of Public Health and Community Medicine, University of New South Wales (UNSW), Sydney. 2010.

<sup>28</sup> Stilwell, B, Diallo, K, Zurn, P, Dal Poz, M, Adams, O & Buchan, J 'Developing evidence-based ethical policies on the migration of health workers: conceptual and practical challenges', *Human Resources for Health*, vol. 1, no. 8. 2003

<sup>29</sup> Percot, M. & Rajan, S 'Female emigration from India: case study of nurses', in *Economic and Political Weekly*, vol. 42, no. 4, pp. 318-325. 2007

<sup>30</sup> Connell, J *Migration of health workers in the Asia-Pacific region*, Technical report series, Human Resources for Health (HRH) Knowledge Hub, School of Public Health and Community Medicine, University of New South Wales (UNSW), Sydney. 2010.

<sup>31</sup> Iredale, R & Turpin T *Mobility of Health Human Resources in Asia: issues and challenges*, Technical report series, Human Resources for Health (HRH) Knowledge Hub, School of Public Health and Community Medicine, University of New South Wales (UNSW), Sydney. Under Review. 2010.

challenge they face with health worker migration and have developed and endorsed a Pacific Code of Practice for the Recruitment of Health Workers in March 2007<sup>32</sup>. The code provides guidelines for an ethical approach to the international recruitment of health workers in a manner that takes into account the potential impact of such recruitment on health services in source countries. No concrete implementation plan with resource mobilisation has been developed<sup>33</sup>, and it is unclear whether the Pacific Code of Practice will have a significant impact upon health worker migration in the Pacific Island region. Similarly, WHO has launched a global Code of Practice on the international recruitment of health personnel in May 2010 in response to demand by member countries<sup>34</sup>. Implementation of the WHO code is voluntary and it is unclear what impact it might have on health worker mobility.

Health worker migration remains a challenge to Pacific Island countries despite the regional and global initiatives to manage it. At present there is insufficient data to understand the scale and dimensions of the problem. For example, there are no reliable data on the number of health workers moving from one Pacific island country to another or to other countries outside the region. Furthermore, limited information is available on formal or informal bilateral agreements in the Pacific region concerning movement of health personnel. Regional initiatives are in development, although there is still no published information on a current potential of a bilateral agreement between Solomon Islands and Vanuatu for international recruitment of nurses. This information is critical for understanding and informing policy development in managing health worker mobility in the region. Furthermore, information is required on the availability of the diaspora of Pacific health care workers, especially those in Australia and New Zealand, for mitigation of shortages in source countries, including in the specialist sector. While the migration of health workers cannot be entirely controlled and is likely to continue, it can be more effectively managed (in the context of the overall country HRH situation) so as to reduce the downsides and increase the potential benefits for both source and destination countries.

### **Rationale**

- ✓ Addresses concerns of countries and agencies that mobility of health workers in the region is a key challenge to health systems in the Pacific.
- ✓ Adds value to the current international debate on mobility of health workers by addressing the gaps in data on Pacific island countries concerning mobility of their health workers and exploring local policies and practice to mitigate the impact of health worker migration.
- ✓ Engages with country, regional and international partners including the PHRHA, WHO and Fiji School of Medicine to develop innovative strategies for long-term management of health worker mobility from Pacific Island countries, and reinforcing efforts in both source and destination countries to develop improved mechanisms in managing and monitoring the mobility of health workers.

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<sup>32</sup> Meeting of Ministers of Health for the Pacific Island Countries *Human resources for health: the Pacific code of practice for recruitment of health workers in the Pacific region and the regional strategy on human resources for health 2006-2015*, World Health Organization (WHO), Western Pacific Region, Secretariat of the Pacific Community (SPC), Port Vila, Vanuatu. 2007.

<sup>33</sup> Nukuro, E 'Pacific code of practice for recruitment of health workers', powerpoint presentation at the 5<sup>th</sup> Annual Asia-Pacific Action Alliance on Human Resources for Health (AAAH) Conference, 3-6 October, Bali, Indonesia. 2010

<sup>34</sup> World Health Organization (WHO) *WHO Global Code of Practice on the International Recruitment of Health Personnel*, World Health Organization (WHO), Geneva.2010.



- ✓ Aligns with AusAID's health sector development objective of strengthening health systems and supporting countries to achieve the MDGs.

### **Purpose**

The purpose of this product is to identify the extent of the mobility of skilled health personnel in the Pacific region, and responses in terms of policy and practice; the availability of the diaspora for mitigation of the problem in source countries, and assessment of specialist deficiencies and possible responses..

### **Relevance to development and AusAID**

The international mobility of health workers is a major developmental challenge, especially for countries with a limited human resource base such as those in the Pacific region. Pacific island countries on average have about 0.05-1.5 doctors per population of 1,000<sup>35</sup>. Fiji, for example, has an approximate 15% vacancy rate for specialists and senior medical officers, partly as a result of migration. The Ministry of Health intends to recruit specialists from overseas to fill these vacancies<sup>36</sup>. If managed properly, migration can be mutually beneficial for both sending and receiving countries. Studies about remittances for migrants<sup>37</sup> demonstrate, to some extent, the mutuality of benefit of international migration. In seeking to understand the extent of migration of health workers in the Pacific region, this product has the potential of contributing to AusAID's developmental initiatives, particularly in strengthening health systems and assisting Pacific island countries to achieve the MDGs.

### **Progress 2010**

Data collection for the situation analysis in five Pacific Island countries: Fiji, Samoa, Solomon Islands, Cook Islands and Vanuatu was completed in 2010, and will be completed in PNG in early 2011. The data collection covers a range of issues including actual numbers of inter-country migration of health workers over the ten year period from 2000 to 2009; actual numbers of health workers who have returned to work in the Pacific Island countries after a period of emigration; and existing country policy and practice on health worker migration including regulatory mechanisms and bilateral agreements with destination countries. Early findings suggest that human resource information systems within countries are able to provide information on those who have left employment but not able to provide information on HRH migration. Supplementary data collection in recipient countries will be needed.

In addition to the primary data, a background review of documents (including grey material) on health worker migration in the Pacific region (with emphasis on the six countries) has been undertaken. A broader background literature review commissioned by the HRH Hub has been updated and recently published. A second commissioned paper has undergone peer review and information is currently being updated.

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<sup>35</sup> World Health Organization (WHO) *The world health report 2006: working together for health*, World Health Organization (WHO), Geneva. 2006.

<sup>36</sup> Fiji Ministry of Health, Women, Social Welfare & Poverty Alleviation *Annual Report 2008*, Fiji Ministry of Health, Women, Social Welfare & Poverty Alleviation, Suva. 2009.

<sup>37</sup> Connell, J & Brown, R 'The remittances of migrant Tongan and Samoan nurses from Australia', in *Human Resources for Health*, vol. 2, no. 2. 2004

## **Objectives for 2011**

1. Analyse data collected with the Fiji School of Medicine on migratory flows and policy and practice in Fiji, PNG, Samoa, Solomon Islands, Cook Islands and Vanuatu in 2010, in order to identify the extent of skilled health worker mobility. Publication and dissemination of this information will take place in 2011.
2. Complete the synthesis and review of literature commenced in 2010 on approaches to managing health worker migration in order to identify gaps and build an evidence base of innovative approaches for managing the movement of skilled health workers. Reports will be reviewed and published, and information disseminated in 2011.
3. Review international literature on use of the health worker diaspora in their countries of origin, and investigate the current and potential roles of the diaspora of health workers from Pacific island countries in Australia and New Zealand in contributing to health services in Pacific countries.
4. Document current arrangements for specialist medical/surgical services in Pacific Island countries, and analyse how these could be augmented to provide medical career development opportunities within the region.

## **Methods**

The following methods will be used to attain the product objectives for 2011:

*Objective 1:* Analysis of data collected by Fiji School of Medicine on migratory flows and workforce retention policies in six Pacific Island countries in 2010-11 will assist in the identification of cadre specific health worker migration. Country information will be used to inform further investigation and policy development. Publication of peer reviewed reports with dissemination in other forms will be completed in 2011.

*Objective 2:* Synthesis and review of literature on managing health worker retention. Reports will be reviewed and disseminated in 2011.

*Objective 3:* Review of international literature on use of health worker diaspora in their countries of origin will adopt a narrative approach and pay specific attention to the use of diaspora health workers through circular migration, temporary migration, short term visits, or in other capacities. The current and potential roles of the diaspora of health workers from Pacific Island countries in Australia and New Zealand will be investigated through key informant interviews with professional associations of migrant health workers in destination countries, and Ministries of Health and professional associations in Pacific countries.

*Objective 4:* Current arrangements for specialist medical/surgical services in Pacific Island countries will be documented by investigating present activities of specialist and sub-specialty groups based in Pacific Rim countries in the provision of services in Pacific Island countries, based on information from these organisations, related NGOs, funding agencies and Pacific Island countries, and the possible ways in which these activities could be modified or expanded to support cost effective supply of services and staff development and retention strategies in Pacific Island countries.

### ***Expected outputs***

- ✓ A report on analysis of migratory flow of skilled health workers and policies and practice in the six Pacific Island countries studied.
- ✓ A discussion paper on approaches for managing health worker migration, and analysis of the extent to which such approaches can be adapted in the Pacific.
- ✓ A report on current and potential uses of the diaspora of health workers in their countries of origin, with particular relevance to the Pacific Islands.
- ✓ A report on current situation of medical/surgical specialty and sub-specialty services in Pacific Island countries including current and potential contributions from local and regional institutions in the production of specialists.

### ***Timetable for delivery of outputs 2011:***

Health worker mobility in the Pacific: flows and responses	April
Paper on approaches to managing health worker migration	June
Paper on use of the health worker diaspora in the Pacific	August
Situation analysis and options for speciality services in Pacific	October

### ***Outcomes***

The main outcomes of this product are practical evidence-based options for policy-makers in the Pacific region to assist with managing the migratory flows of health workers, so as to maintain and improve services in Pacific island states while enhancing the mutuality of benefits for both source and destination countries. The policy options will also assist with determining the appropriate levels of training by Pacific health professional training institutions.

### ***Partners***

The main partner in this project is the Fiji School of Medicine. Other partners will include WHO WPRO, the PHRHA, and in-country institutions including health ministries, universities and other research institutions. Potential partners in Australia and New Zealand include specialty and sub-specialty groups.

## Product 4: Human resource challenges and innovations in health aspects of emergencies and disasters

### Introduction

Public health emergencies are widespread in the Asia-Pacific. Conflict, natural disaster, pandemics, and climate change continue to pose significant impediments to achieving the MDGs and are increasingly recognised as demanding of attention. Such crises threaten lives and livelihoods, and the ability of health systems to deliver health care. Health personnel are central to the implementation of effective health system responses to emergencies, including through undertaking vulnerability assessments, general disaster preparedness and risk reduction measures, as well as mitigation and response activities. Health workers are central to identifying potential health risks from man-made and natural hazards and promoting personal and community risk reduction measures<sup>38</sup>.

Natural disasters, pandemics, conflict, and climate change all pose substantial risks to health and health systems in a variety of ways. They have direct and indirect impact on the absolute number of health workers, as well as where they are able to be deployed, the tasks they are expected to perform, their morale, and migration. Conflict and disaster-affected states face major challenges in reaching the MDGs. Failure to improve system response to the intensive needs during acute crises, as well as in more protracted crises, poses a major risk to meeting the MDG targets.

The Australian Government has focused considerable attention on disaster preparation and mitigation. The 2009-10 AusAID humanitarian, emergency and refugee-related expenditure is estimated to be \$350 million or approximately 9% of total Australian ODA<sup>39</sup>. This represents a steady increase from previous years<sup>40</sup>. Following the 2008 APEC meeting, Australia committed \$67 million (over five years) to the Australia-Indonesia Facility for Disaster Reduction. In addition AusAID is leading a whole-of-government taskforce to develop a 'deployable civilian capacity', an idea raised at the Australia 2020 Summit. This will enable AusAID, in cooperation with other government agencies, to pre-identify, train, have rapid deployment, and sustain civilian technical expertise. The program will build on Australia's experience of deploying civilian experts in post-conflict situations, for example in East Timor and the Solomon Islands; and improve Australia's integration into multilateral reconstruction and stabilisation operations.

There are a number of regional HRH documents that emphasise the need for innovation in the area of emergencies. The WPRO HRH strategy calls for countries to "develop and test contingency staffing patterns and models for changing situations, including disasters, emergencies, disease outbreaks and other situations"<sup>41</sup>. SEARO has prioritised the development of comprehensive preparedness plans in every country for a public health workforce

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<sup>38</sup> United Nations International Strategy for Disaster Reduction (ISDR) *World disaster reduction campaigns*, viewed 28 January 2011, [http://www.unisdr.org/eng/public\\_aware/world\\_camp/2008-2009/wdrc-2008-2009.html](http://www.unisdr.org/eng/public_aware/world_camp/2008-2009/wdrc-2008-2009.html)

<sup>39</sup> Smith, S & McMullan, B *Budget: Australia's international development assistance programme: a good international citizen*, Commonwealth of Australia, Canberra. 2009. p 41.

<sup>40</sup> Australian Agency for International Development (AusAID), Office of Development Effectiveness, *Annual Review of Development Effectiveness 2008*, Australian Agency for International Development (AusAID), Canberra. 2009.

<sup>41</sup> WHO Western Pacific Regional Office (WPRO) *Regional Strategy on Human Resources for Health 2006–2015*. Geneva, World Health Organisation. 2005. p. 21.

response to outbreaks and emergencies<sup>42</sup>. HRH challenges in emergencies relating to reproductive health have been highlighted at a dedicated panel session at the Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative Conference in Kampala in 2008<sup>43</sup> which included the Asia and Pacific regions. Sexual and reproductive health needs have also been highlighted by other AusAID-funded initiatives such as the SPRINT initiative, the HRH dimensions of which will be covered in one of the Stories and Strategies case studies currently in preparation for this Product. The Second Global Forum on Human Resources for Health (January 2011, Bangkok) reinforce the need to focus on difficult contexts, including disaster and conflict-affected settings.

There are numerous challenges to HRH in emergencies that impact upon humanitarian and health outcomes, as outlined below.

1. Identifying the role of health workers in disaster risk reduction, disaster and pre-emergency prevention and mitigation of health impacts resulting from emergencies and disasters.
2. Preparing managers at the strategic and frontline levels, and workers for possible emergencies, including the collection of information about, and the organisation and training of, a national and international health workforce to deal with emergencies and crises. This would need to be conducted systematically so that it is aligned with response plans and the development of partnerships across state and non-state sectors to ensure coordination.
3. Improving mitigation and response during emergencies – likely to involve the rapid mobilisation of health workers with skills needed in an emergency and getting existing health workers involved in a disaster back on their feet so they can contribute.
4. Ensuring that support during emergencies helps build better systems for the future and that short term response to crises and disasters do not undermine long-term system developments.

Identifying and analysing current challenges and innovative responses, alongside predictions of future needs and the HRH implications, will make a unique contribution to these areas of health development and system strengthening.

### **Rationale**

- ✓ Aligns with AusAID's *Humanitarian Action Policy*<sup>44</sup>, *Investing in a safer future: A disaster risk reduction policy for the Australian aid program*<sup>45</sup>, and the *International Strategy for Disaster Reduction's Hyogo Framework for*

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<sup>42</sup> WHO Regional Office for South-East Asia (SEARO), 'Strengthening Public Health Workforce in SEAR Countries', *WHO SEAR regional committee, fifty-ninth session, 22-25 August, Dhaka, Bangladesh*, WHO Regional Office for South-East Asia (SEARO). 2006.

<sup>43</sup> *Reproductive Health in Emergencies Conference June 18 – 20 2008, Speke Conference Centre Kampala, Uganda*. Reproductive Health Access, Information and Services in Emergencies (RAISE).

<sup>44</sup> Australian Agency for International Development (AusAID) *Humanitarian Action Policy*, Australian Agency for International Development (AusAID), Australian Government, Canberra. 2005.

<sup>45</sup> Australian Agency for International Development (AusAID) *Investing in a safer future: a disaster risk reduction policy for the Australian aid program*, Australian Agency for International Development (AusAID), Australian Government, Canberra. 2009.

*Action*<sup>46</sup>, all of which aim to provide timely and effective assistance to promote prevention, preparedness and risk reduction and assist recovery.

- ✓ Adds value to the development of a 'deployable civilian capacity' which is the focus of a whole-of-government taskforce led by AusAID.
- ✓ Involves expanded engagement with key humanitarian agencies and with organisations engaged in disaster preparedness and reduction, such as the United Nations High Commissioner for Refugees (UNHCR), the Red Cross Movement, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), International Strategy for Disaster Reduction (UN/ISDR), the Australia-Indonesia Facility for Disaster Reduction, partner governments and Australian NGOs.
- ✓ Aligns with the strategic Western Pacific Regional Office (WPRO) and South East Asian Regional Office (SEARO) HRH directions in the Asia and Pacific regions.
- ✓ Builds a sustainable body of work that emanates from gaps identified in the literature synthesis for Products 2 and 3 in 2009-10. These gaps include a lack of knowledge on the management of HR in, and in relation to, crisis settings.
- ✓ Is currently relevant to the continuing natural and civil disaster situations in the Asia and Pacific regions, and the continued consequences in terms of injury, illness and mortality.

### **Purpose**

To strengthen the ability of health systems to prepare for, prevent, withstand and respond to health emergencies, through identifying HRH-related interventions and innovations. Effective leadership along with strong and capable health systems can mitigate the impact of emergencies on human health and on health workers, thus contributing to building resilience and enhance health system responses in the future.

### **Relevance to development and AusAID**

Australia has dedicated significant resources in recent years to assist neighbouring countries to respond to humanitarian and environmental crises. Strengthening health systems in vulnerable countries through developing system capacity, preparing health workers for emergencies, and ensuring that response plans are well-structured, will enable more effective responses to public health emergencies and the mitigation of their impact when they occur. This has the potential to reduce dependence on Australian resources over time, to ensure that Australian aid is deployed where needed most, is aligned with other development partners, and contributes to longer term health system development and sustainability.

### **Progress 2010**

Four key activities were undertaken in 2010. The first was a mapping exercise of key stakeholders, training institutions, regional mechanisms, bilateral and multilateral agencies and organisations that play a role in health workforce and health system involvement in public health emergencies in the Asia Pacific Region. The second was a series of seven Stories and Strategies papers, with two working group meetings held in the latter half of 2010, and with two of the case studies nearing completion. The remaining five case studies are in varying stages of completion.

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<sup>46</sup> International Strategy for Disaster Reduction (ISDR) 'Hyogo Framework for Action 2005-2015: building the resilience of nations and communities to disasters', *World Conference on Disaster Reduction 18-22 January 2005, Kobe, Hyogo, Japan*.

The third activity was the systematic review of human resource engagement in public health emergencies which began with the development of a search strategy, and relevant articles identified. The fourth activity was a workshop conducted at the HRH Hub forum where key issues relevant to the topic were discussed with experts from the field.

In addition to these four more specific activities, a number of other advances were made. Experts were identified to review and add value to product outputs. A section of the HRH Knowledge Hub website offering access to additional resources on HRH and public health emergencies was established, as was a discussion group through LinkedIn dealing with this topic.

### **Objectives for 2011**

1. Complete work commenced in the 2<sup>nd</sup> half of 2010: Stories and Strategies Series, systematic review and short reports derived from the mapping exercise undertaken in 2010.
2. Develop a typology of the range of public health emergencies, crises and vulnerabilities present, and the range of predicted implications for HRH, including in relation to service delivery, system support, and institutional strengthening.
3. Characterize the HRH challenges facing countries affected by public health emergencies including man-made and natural disasters.
4. Identify, document, and analyse innovative HRH tools and responses to emergencies, *inter alia*, building the human resource base and its capabilities to address crises; identifying valuable national and regional mechanisms to facilitate surge abilities; assuring the security of health workers in peripheral areas; and building on the inflow of emergency relief and international NGOs to supplement and support local staff and systems over the longer term.
5. Survey of Australian and other agencies engaged with public health emergencies and reflecting their approach to addressing HRH issues generally, as well as specifically within the countries with which they work.

### **Methods**

The following methods will be used to attain the product objectives. Where relevant, linkages with other HRH Knowledge Hub theme areas, including Leadership & Management, and Migration, will be facilitated to enhance communication and sharing across Hub theme areas.

*Objective 1.* Completion of work commenced in 2010 using in-depth case study method (Stories and Strategies Series); rapid systematic review of peer review literature (engagement health workers and health systems in public health emergency preparedness, prevention, mitigation and recovery efforts, including natural and civil disasters); short reports derived from the mapping report. Objective 1 will include publication of reports, articles for peer reviewed journals and presentation of material at working group meetings.

*Objectives 2, 3 & 4.* will be achieved by in-depth analysis of information and knowledge gained from all components of this product (literature review, case studies, mapping)

*Objective 5.* Survey (internet based or face to face) of Australian and other agencies engaged with public health emergencies

### **Outputs**

#### *Objective 1:*

- ✓ Preparation of short reports derived from the draft mapping report undertaken in 2010. This will be based upon the more detailed mapping report of present involvement and functioning of various government departments, multilateral and bilateral agencies, non-government organisations (NGOs), and other organisations in health aspects of emergency and disaster preparedness, prevention, mitigation and recovery efforts.
- ✓ Systematic review of the engagement health workers and health systems in public health emergency preparedness, prevention, mitigation and recovery efforts, including natural and civil disasters.
- ✓ Detailed case studies (7) of health and health system aspects emergencies and disasters, focusing on the Asia and Pacific regions; grouped as the *Stories and Strategies* project.

#### *Objective 2:*

Typology related to HRH in emergency, disaster and post-emergency settings.

#### *Objective 3:*

Discussion paper reflecting cross-cutting issues

#### *Objective 4:*

Report on the use of technologies available for networking and knowledge transfer, related to health and health systems aspects of emergencies and disasters.

#### *Objective 5:*

Report and briefings from survey of Australian and other agencies engaged with public health emergencies and reflecting their approach to addressing HRH issues generally, as well as specifically within the countries with which they work

#### *Across all objectives:*

Dissemination of material through seminar and conference presentations, reports, factsheets, and peer-reviewed publications. Linkage with relevant WHO, UN, NGO, and disaster preparedness centres and initiatives, including their publications and newsletters, will facilitate bi-directional sharing of insights and challenges.



### ***Timetable for delivery of outputs 2011***

Mapping (policy notes)	Feb/March
Stories and Strategies Series	April
Cross cutting issues	May/June
Systematic review	June
Typology	October
Survey	October

### ***Partners***

The Hub has strong links with a range of practitioners and policy makers in this field and will build on these to develop the HRH focus in these settings. Linkages are being developed and consolidated with the Australia-Indonesia Facility for Disaster Reduction, the Asian Disaster Preparedness Centre, the Pacific Disaster Centre, and local and international NGOs based in Australia (through ACFID, and likely to include MSF, Plan, CARE, World Vision, Red Cross, Oxfam, Save the Children, and ActionAID), partner governments where relevant, and WHO. Specific partnerships have been and will continue to be developed to support various components of this product: the Stories and Strategies Series (SASS) is being conducted in partnership with GlobalHealth@UNSW and with each SASS involving partners associated with the topic and case study in question. The systematic review has received input into its development from academics and practitioners in the field and this will continue throughout its development. The summary reports to be developed from the mapping will be reviewed for completeness and accuracy by representatives from ADPC, Pacific Disaster Centre and others.

### ***Outcomes***

Policy options and practical guidelines to strengthen efforts to better mobilise and manage HRH in public health emergency preparedness, prevention, mitigation and recovery efforts.

## **Dissemination of Information**

An important area of focus for the HRH Hub throughout 2011 will be the dissemination of information to stakeholders. Information dissemination will take place through publications (reports, factsheets, and eventually articles in peer reviewed journals); presentation of information at meetings, seminars and conferences; and direct contribution to agency reports, and country health plans and the like, including contributions to the planned Asia Pacific Health Observatory.

The Hub's activity to date has mostly involved knowledge generation (analysis and synthesis), which has been necessary as a first phase. However, some information generated by the Hub has already been made available to Hub stakeholders, for example, at the HRH Hub Forum (held in early 2010), at regional HRH conferences and meetings attended by staff, and on the Hub website, in the form of draft reports and papers.

A peer-review editing process has been established and final drafts of some reports are currently being prepared for the publication process. The plan for 2011 is to continue with this process in order to distribute publications to stakeholders in the early part of the year.

### ***Publication formats***

The Hub will be disseminating publications in various forms, as:

1. Full-text publications – comprehensive reports and discussion papers containing Executive Summaries
2. Technical briefs – derived from Executive Summaries of full text publications not exceeding two pages and written in Plain English
3. Policy briefs – where it is appropriate to propose policy recommendations

Each publication will be available in hard copy (print) and as an Adobe pdf (electronic). Publications will also be bundled in themes and available on CD and/or DVD. Over 30 full text reports are planned, in addition to technical briefs and policy briefs.

### ***Identifying key players in HRH***

The Hub's publications will be disseminated to decision-makers and influencers who work within the HRH sector within the Asia and Pacific regions, and to significant international and aid agencies based in other World regions. AusAID priority countries will be a focus for dissemination, including: Papua New Guinea, Indonesia, Solomon Islands, Fiji, Vanuatu, Samoa, Kiribati and other small island states, Timor-Leste, Philippines and South-East Asia including Vietnam, Cambodia, Lao PDR and Burma. However, other Asia Pacific countries will also be included.

As the members of the PHRHA (Pacific Human Resources for Health Alliance) and the AAAH (Asia-Pacific Action Alliance for Human Resources for Health) are the key country focal points for HRH in their regions, they have been identified as key stakeholders. The PHRHA actions areas were recommended by the Pacific Ministers for Health meeting and identify key issues in HRH. These Communities of Practice (CoPs) take a collaborative and strategic approach to strengthening HRH capacity in their respective regions. The PHRHA and AAAH act as focal points, bringing together HRH policy decision makers and advisors.

Other key stakeholders include members from the following associations who are key players in Human Resources for Health: AusAID and other bilateral aid agencies; International agencies working in the region, especially the World Health Organization (WHO) Western Pacific Regional Office (Manila) and the South East Asia Regional Office (Delhi), UNICEF and UNFPA in the Pacific and Asian countries, the Secretariat of the Pacific Community (SPC); the Fiji School of Medicine, UPNG Medical School, Divine Word University (PNG) and other significant medical and nursing schools in the Asia Pacific region; and the Pacific Senior Health Officials Network (PSHON), amongst others. Other key organisations include The Global Health Workforce Alliance (GHWA) and Capacity Plus.

### ***Delivery channels***

#### *Targeted email campaigns*

The majority of the HRH Hub's dissemination methods will involve emailing stakeholders low resolution pdfs. Printed copies will be made available to those who have requested them and also for distribution at conferences and meetings throughout the year.

There are many good reasons for using email as a distribution channel. Firstly, the majority of the HRH Hub's contacts are accessible by email and we already have established contact with key stakeholders, such as the members of the PHRHA. Secondly, the HRH Hub will be able to deliver tailored messages to different segments of stakeholders. Finally, using email will give the HRH Hub access to information concerning the uptake of each publication that is distributed; for example, who opens an email, how many times it is opened and which links are clicked (if any). The downside of using email is that the medium is widely used and sometimes communication can be lost in the clutter of the inbox. However, because we are able to determine who clicks on an email, follow-up strategies can be put into place to encourage further uptake.

#### *Website*

*Revision of the Website:* The HRH Hub has established a functional website and has commenced monitoring traffic to the site. In 2011 the website will be refreshed to take into account feedback provided by the Independent Review Assessment and best practice so that it becomes more user-friendly and substantial.

*Promoting the website:* The website provides a gateway to accessing all HRH Hub publications and through the KnowlHEG Repository to both HRH Hub publications and references contained within the reports. Targeted email campaigns will inform people of the website. However, the website will also be promoted through other avenues. The HRH Hub aims to leverage off established networks and partner organisations in order to promote the website, for example:

- ✓ The HRH Hub has developed a co-operative relationship with the Capacity Plus's HRH Global Resource Center and records for HRH Hub publications will be included in this global database with a full text link to the Hub's repository. The HRH Global Resources Center is keen to "spotlight" Hub publications and research activities on their Resource Spotlight webpage. This global library of human resources for health facilitates the exchange of information and tools.
- ✓ Promoting the HRH Hub through other news feeds; for example, Capacity Plus will also promote the HRH Hub's resources through its newsletter to members. PSHON and the PHRHA also have newsletters; they have

reviewed the HRH Hub's activities in the past and are keen to continue reviewing our resources in upcoming newsletters.

- ✓ Promoting the HRH Hub through other websites: for example, linking to membership organisations (e.g. the Maternal Health Task Force), the Fiji School of Medicine, AusAID's channels (e.g. intranet listing), PHRHA and AAAH.

#### *Knowledge repository*

To reach a wider audience for the HRH Hub's publications and to provide access to references contained within reports, and to ensure sustainability, the HRH Knowledge Hub Electronic Gateway (KnowlHEG) will be integrated with the School of Public Health and Community Medicine's (SPHCM) longstanding Virtual Public Health Library, which is the recognised specialist Public Health library of the highly regarded WWW Virtual Library. This integration will allow an alternative entry to the HRH Hub Website and the KnowlHEG, and ensure sustainability of the repository in the longer term since the Virtual Public Health Library is supported on a continuing basis by SPHCM.

#### *Journal articles*

HRH Hub researchers will also prepare articles for peer reviewed journals, such as Human Resources for Health; however, publication can take some time as it is governed by the journals' own editorial processes. Published journal articles, which are available on international databases such as Medline, will reference HRH Hub publications and the HRH Hub website.

#### *Cataloguing in Publication entries*

All HRH Hub full text publications and policy briefs will have an ISBN and a Cataloguing in Publication entry (CiP). This will ensure that anyone looking for HRH information, who is not familiar with the HRH Hub, will have a better chance of finding HRH Hub publications because they will be indexed, archived and appear in relevant national library databases and catalogues; these will be available for meta-searching by major overseas library databases. HRH Hub publications will be disseminated to major libraries in Australia and internationally.

#### **Evaluation**

The average email opening rates for the recipients in education, government and health range from 15-25%<sup>47</sup>. The Hub will set an initial email opening rate target of 25% and will review this target formatively throughout 2011. The Hub also intends to survey recipients to gain a deeper understanding about how they use the publications.

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<sup>47</sup> The opening rates have been estimated from a number of web sources including Mailchimp *Email Marketing Benchmarks by Industry*, viewed 24 January 2010, <http://www.mailchimp.com/resources/charts/email-marketing-benchmarks-by-industry/>

## Building strategic partnerships

A central function of the HRH Hub is to build relationships with partners and institutions of various competencies, capabilities and constituencies. The HRH Hub seeks to work collaboratively with these partners and institutions under a trusted, accountable, transparent and agreed platform to address the HRH issues. The HRH Hub's approach is to enable all stakeholders to work together to develop tangible solutions to HR challenges.

Staff of the HRH Hub will attend a number of national and international events, using these gathering to facilitate face-to-face meetings with partners and institutions. Some of these events are outlined below.

### *Meetings relevant to HRH 2011 (and end 2010)*

Event	Date	Location
First Global Symposium on Health Systems Research	15-19 November 2010	Montreux, Switzerland
Inter-Hub AusAid Consultative Meeting and Steering	30 November 2010	Brisbane
Inter-Hub AusAid Steering Committee Meeting	1 December 2010	Brisbane
WHO/AAAH/GHWA Second Global Forum on Human Resources for Health	25-29 January 2011	Bangkok, Thailand
HRH Hub Expert Group Meeting	26 January 2011	Bangkok, Thailand
HRH Hub Technical Consultation with AAAH representatives	25-29 January 2011 (exact day TBC)	Bangkok, Thailand
WHO Meeting on Nursing Education and Human Resources for Health (PHRHA)	7-11 February 2011	Nadi, Fiji
Meeting with Health Policy Institute in Vietnam concerning Primary Health Care study	25 February 2011	Hanoi, Vietnam
Pacific Health Summit	21-23 June 2011	Seattle, USA
Meeting of Ministers of Health for the Pacific Island Countries (SPC-WHO)	July 2011	TBC
PSHON Annual Meeting	September 2011 (TBC)	TBC
6 <sup>th</sup> AAAH Conference	October 2011 (TBC)	TBC
Second Global Symposium on Health Systems Research	November 2011 (TBC)	TBC
Relevant WHO Regional Meetings and WHO Expert Advisory Meetings – various	TBC	TBC

## **Capacity building**

The main capacity building activities of the HRH Hub in countries occur through: (a) collaborative activities with in-country partners involving design, information collection, analysis and reporting of material relating to the major Product areas; and (b) feedback and dissemination of HRH knowledge relating to Products via in-country seminars and meetings, where appropriate. HRH Hub staff are sometimes involved in assistance in training interviewers involved in data collection and in-country staff in analysis of their own data in the course of implementation of HRH Hub Products. HRH Hub staff also contribute to many conferences and meetings sponsored by a variety of organisations that involve country participants. Furthermore, dissemination of HRH Hub publications to priority Asia and Pacific countries also contribute to local capacity building in HRH. These activities will continue in 2011.

The HRH Hub contributes to capacity building in HRH in Australia through its interactions with Australian institutions and organisations in the field and through providing research opportunities related to HRH for undergraduate and graduate students from UNSW and other universities. These activities are detailed in the 2010 Annual Report, and will continue in 2011.

The HRH Hub provides information on training opportunities in health services management, including HRH, to countries and their staff when requested. In a parallel activity, the School of Public Health and Community Medicine (SPHCM), UNSW, will implement a short course (one week) in 2011 on HRH Management (developed in 2010), as part of the Masters of Health Management (MHM). The course will be available to Australian and international students as degree study (for credit to other or future Masters degrees) and to non-degree enrolled participants. Furthermore, SPHCM has designed a specialty Plan in Human Resources for Health (HRH) for the Masters of Health Management (MHM) which will lead to the qualification of Masters of Health Management in Human Resources for Health (MHM in HRH). University approval is in process to offer the MHM in HRH from 2012.

Capacity building within the HRH Hub continues the Hub will seek to ensure that the training and development needs of its staff and stakeholders are assessed and met, so that the future of the Hub rests on a demonstrable foundation of expertise, knowledge and achievement.

## **Monitoring and evaluation**

Monitoring and evaluation (M&E) are integral components of the HRH Hub's operations and implementation plans. M&E is used as a means of ensuring that performance and outputs are of sufficient merit and quality, and enable an assessment of impact. Sets of monitoring and evaluation indicators for the objectives and associated products of the annual Work Plan have been incorporated within each product framework, and across the administrative and management operations of the HRH Hub. A range of mechanisms are also being employed to monitor and assess progress and achievement including consultations, feedback from stakeholders and potential beneficiaries, minutes of meetings, surveys and electronic traffic.

## **Governance**

The HRH Hub@UNSW is situated within the School of Public Health and Community Medicine in the Faculty of Medicine at the University of New South Wales. Accordingly, the Hub is supported by the governance procedures, reporting requirements and organisational structures of the University of New South Wales.

The School of Public Health and Community Medicine comprises a broad base of researchers, teachers, and practitioners with experience in international health and development. It has a long history of providing high quality teaching and research in human resource development with links throughout the Asia Pacific Region. Affiliated research groups include Global Health@UNSW, the National Centre in HIV Social Research (NCHSR), the National Centre in HIV Epidemiology and Clinical Research (NCHECR), the National Drug and Alcohol Research Centre (NDARC), the Centre for Primary Health Care and Equity (CPHCE), the Injury Risk Management Research Unit, the Australian Institute of Health Innovation (AIHI), and the Population Mental Health Research Institute.

The Hub comprises the Director, together with other academic and administrative staff, as follows: Director, Associate Director, Advisors, Senior Research Fellows and Research Fellows, Research Associates, Knowledge Management Officer, Communications Officer, Project Staff and Administration Officer. The 2011 HRH Hub organisation chart is set out below.

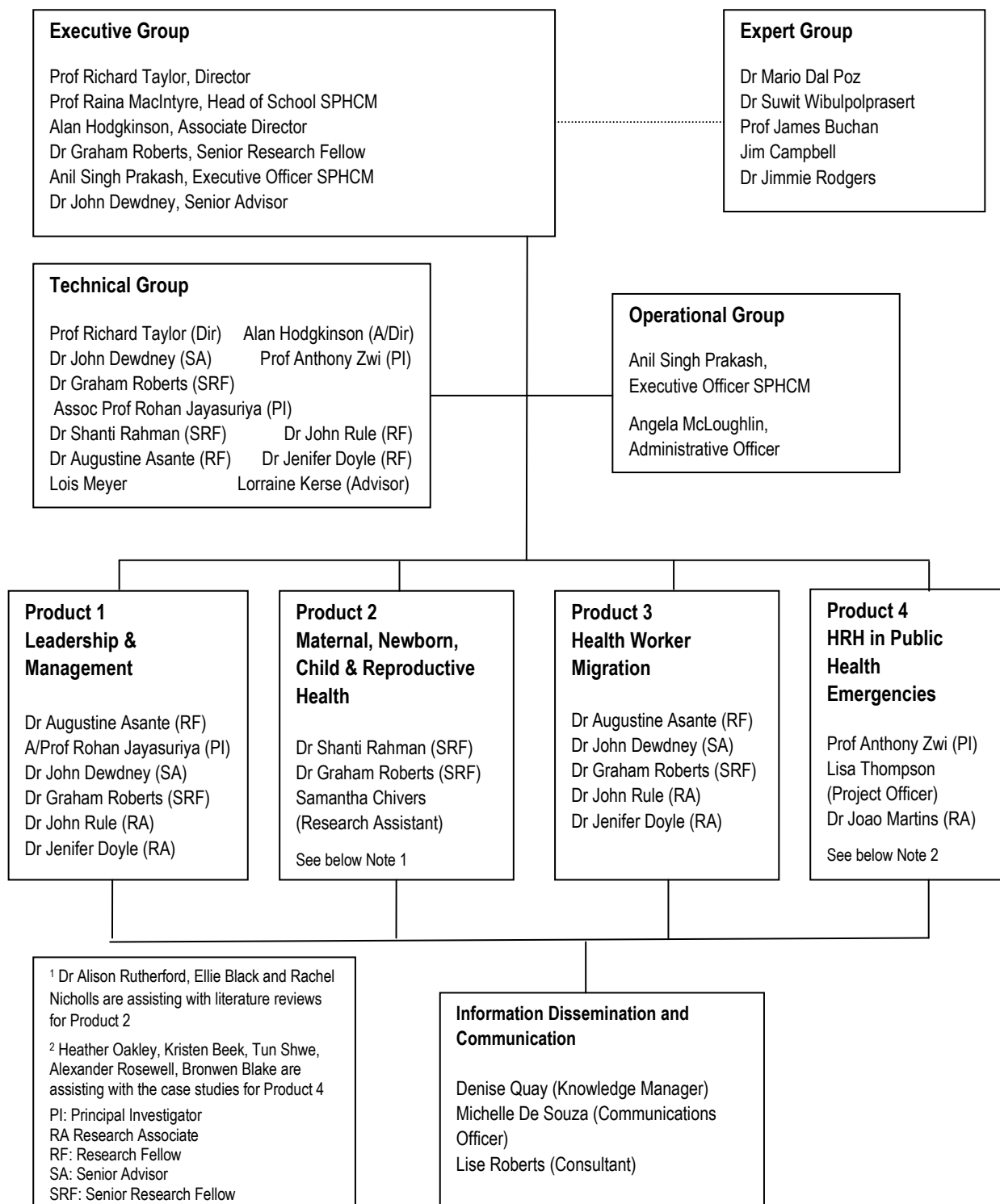
## **Expert Group**

The role of the Hub Expert Group is to provide high-level strategic advice on emerging issues and challenges in health systems with regard to HRH, and to support the Hub in meeting its goals and work plans.

The Hub Expert Committee was formed in October 2010 and consists of Mario Del Poz (WHO Geneva), Dr Jim Buchan (Queen Margaret University, Scotland), Jim Campbell (Integrée, Spain) Dr Jimmie Rodgers (SPC), and Dr Suwit Wibulpropraser (MoH Thailand). It is intended that the Expert Group will be engaged in constant dialogue, be involved in Hub products and activities where appropriate, and meet individually and as a group with HRH staff when and where practicable, especially at international meetings. Face-to-face meetings were held between the HRH Hub Director and Dr Dal Poz in November 2010 in Switzerland during the First Global Symposium on Health Systems Research, and between HRH Hub staff and Dr Jim Buchan in Sydney in December 2010. A face-to-face meeting of most of the Expert Group with senior HRH Hub staff was held at the Second Global Forum on Human Resources for Health on 26 January 2011, in Bangkok, Thailand. A meeting at UNSW in Sydney of the HRH Hub with Dr Jimmie Rodgers (SPC) is scheduled for February 2011.

# Human Resources for Health Knowledge Hub

## Organisational Chart 2011





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