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Human Resources for Health Knowledge Hub 2012-13 Work Plan

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Preface

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Photo credits

Front cover (from top left):

Dr Augustine Asante, HRH Hub, observing an interview by a West Java research team with the Head of the Provincial Health Office. *Photo: West Java Research team*

Dr Shanti Raman, HRH Hub, with participants in a Perinatal Loss Skills Training Workshop in Suva, Fiji, in September. *Photo: Swaran Lata*

Dr Graham Roberts, HRH Hub, with other discussion panel members at the HRH Hub's International Forum on HRH in Resource Poor Countries at the University of New South Wales in November. *Photo: HRH Hub*

Participants in the Pacific Society Reproductive Health Conference in Honiara, Solomon Islands, in July with Dr Shanti Raman, HRH Hub, who presented on a Fiji infant death review project.

A mother and her children in Ban Oudomxay during a study of sexual and reproductive health of rural adolescent girls in Lao PDR. *Photo: Irene Lorete*

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Acronyms

AAAH	Asia-Pacific Action Alliance on Human Resources
ACFID	Australian Council for International Development
ADB	Australian Development Bank
ASRH	Adolescent Sexual and Reproductive Health
AusAID	The Australian Agency for International Development
CHIPSR	Centre for Health Information, Policy and Systems Research
CHS	Commune Health Station
CMNHS	College of Medicine, Nursing and Health Sciences, Fiji
CWMH	Colonial War Memorial Hospital, Fiji
DHM	District Health Manager
DHS	District Health Service
FNU	Fiji National University
FSMed	Fiji School of Medicine
HIS Hub	Health Information Systems Knowledge Hub
HIV	Human Immunodeficiency Virus
HPHF Hub	Health Policy and Health Finance Knowledge Hub, University of Melbourne
HR	Human resources
HRH	Human Resources for Health
HRH Hub	Human Resources for Health Knowledge Hub, University of New South Wales
HSPI	Health Systems and Policy Institute, Hanoi
HWA	Health Workforce Australia
LSHTM	London School of Hygiene and Tropical Medicine
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MHMS	Ministry of Health and Medical Services (Solomon Islands)
MHPEd	Master of Health Personnel Education
MNCH	Maternal, newborn and child health
MoU	Memorandum of Understanding
MPH	Master of Public Health
MSF	Medicins Sans Frontieres
NCD	Non Communicable Disease
NGO	Non-Government Organisation
NUTL	National University of Timor-Leste
PHC	Primary Health Care
PHE	Public Health Emergencies
PHRHA	Pacific Human Resources for Health Alliance
PICs	Pacific Island Countries
PMA	Pasifika Medical Association
PNG	Papua New Guinea
PNGIMR	PNG Institute of Medical Research
PSHON	The Pacific Senior Health Officials Network
PSRH	Pacific Society for Reproductive Health
SSCSIP	Strengthening Specialist Clinical Services in the Pacific
SEARO	South East Asia Regional Office (WHO)
SPC	Secretariat of the Pacific Community
SPHCM	School of Public Health and Community Medicine, University of New South Wales
UGM	University of Gadjah Mada, Indonesia
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSW	University of New South Wales
UPNG	University of Papua New Guinea
UTS	University of Technology Sydney
WHO	World Health Organization
WPRO	Western Pacific Regional Office (WHO)

Executive Summary

1. The aim of the Human Resources for Health Knowledge Hub (HRH Hub) is to contribute to the quality and effectiveness of Australia's engagement in the health sector in the Asia and Pacific region, by sharing evidence and developing innovative policy options to strengthen human resources for health (HRH) and improve health outcomes. It has the support of regional, national and international partners to contribute to effective evidence-informed national policy-making in the field of HRH.

2. The 2012-13 Work Plan is informed by the World Health Organization's (WHO) *Regional Strategy on Human Resources for Health (2006-2015)*[1], the recently adopted *Human Resources for Health Action Framework for the Western Pacific Region, (2011-2015)*[2], and by the Australian government's 2011 response to an independent review of its aid effectiveness: *An Effective Aid Program for Australia: Making a real difference – delivering real results*[3].

3. During the 18-month extension period to June 2013 the HRH Hub will focus on Timor-Leste, the Pacific region, and Asian countries where new and critical HRH issues are currently developing with little policy cohesion. Understanding and overcoming these issues is critical to the delivery of effective national health services. Policy options and their implementation will likely influence AusAID's regional and bilateral HRH investments over the next 10 years. In this respect our research and outputs will be valuable to inform AusAID's direction in their evolving HRH Support Strategy in the Pacific and elsewhere. We intend to complete the majority of evidence gathering and research publications by early 2013 and thereafter intensify on-going policy discussions for policy uptake by national governments and donor agencies.

4. The 2012-13 Work Plan continues, consolidates and builds on prior work. It emphasises completion of projects, a concerted focus on baseline knowledge collation and the creation of targeted policy briefs to inform policy development in critical areas. The Hub's Expert Group of Advisors has reviewed this plan and the activities identified within it have been negotiated with the respective development partners and other stakeholders.

5. The work will follow-on from 2011 and be organised within the 4 thematic areas and on cross-cutting issues requiring better strategic intelligence.

    - **Strengthening Health Leadership and Management Capacity at the District Level.** The role and functions of district health managers in devolved local governance structures in Indonesia; the HRH contribution to non-communicable diseases (NCD) prevention in primary health care (PHC) settings; training and deployment of community level HRH in human immunodeficiency virus (HIV) prevention and treatment in Papua New Guinea (PNG); and, the determinants of effective Commune Health Stations (CHS) with the Health Policy and Systems Institute (HSPI) in Hanoi.

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[1] World Health Organization Western Pacific Region c.2006 *Regional Strategy on Human Resources for Health 2006-2015,* World Health Organization Western Pacific Region, Manila, viewed 10 November 2011 <http://www.wpro.who.int/NR/rdonlyres/BB0C4B28-F275-4A1F-B1C3-4157035DD3A3/0/HRHStrategy.pdf >.

[2] World Health Organization Western Pacific region 2011, *Human Resources for Health Action Framework for the Western Pacific Region (2011–2015) (draft)*, Annexure 2 (p63-87) of Progress reports on technical programmes of WHO Regional Office for the Western Pacific, Regional Committee WPR/RC62/10, Sixty-second session, Manila, Philippines, 10–14 October 2011, viewed 24 November 2011 <http://www.wpro.who.int/internet/resources.ashx/RCM/rc62/RC62_10+Item_15+Progress+reports+complete.pdf >.

[3] AusAID 2011, *An Effective Aid Program for Australia: Making a real difference- Delivering real results, AusAID*, Canberra, viewed 10 November 2011 <http://www.ausaid.gov.au/publications/aidreview-response/effective-aid-program-for-australia.pdf >.

- **HRH and Maternal, Newborn, Child and Adolescent Reproductive Health.** Focus on the potential HRH component of avoidable neonatal and maternal mortality, the development of an audit tool and guidelines for its use. Issues related to the service needs of adolescents in the Solomon Islands, the potential for cross-sectoral activity and scoping the HRH policy environment for MNCARH.
- **Managing HRH Mobility and Migration in the Pacific Region.** Policy briefs and a concept paper proposing policies for application at national level to better manage the issue of HRH mobility; and to re-engage the Pacific HRH diaspora currently in New Zealand and Australia in short, medium or longer term deployments (such as relieving staff on leave).
- **HRH aspects of Public Health Emergencies (PHE).** Synthesis of the literature, detailed case studies of the human resources (HR) challenges and innovations in the health aspects of emergencies and disasters. Follow-up study of Aceh Tsunami and subsequent HRH related policy; in Timor-Leste, complete work on deployment and staff retention in post conflict situations.
- **Cross-cutting Strategic Intelligence**. This area of activity follows on from HRH data collection activities of the HRH Hub and is consistent with the widely adopted HRH Action Framework, covering Leadership, Policy, Human Resource Management, Education, Finance and Partnerships. The Hub will collate evidence and produce background papers and policy briefs on a range of critical issues occupying the attention of partner countries and stakeholders. This will build on prior work of mapping the health workforce in Pacific Island countries (PICs). We will revisit and update the 2010 baseline information to enable contemporary assessment and analysis of critical issues.

5. Knowledge Management and Dissemination. The Hub proposes to provide a convening role for HRH work in the Pacific and Asia over the extension period. This will minimise disruption to country staff, supporting existing PIC professional networks (PHRHA, SSCSIP and clinical professional groups) to gather information; and to move towards standardisation of HRH reporting. We will continue to improve the targeting of knowledge products and their uses through existing channels and collect stakeholder feedback on this.

6. HRH Short Course, Summer School. The HRH Hub delivered a master level HRH short course for students and invited international participants for the first time in 2011 and will offer it again in 2012 through the School of Public Health and Community Medicine (SPHCM). The course provides opportunities for building partnerships, generating and agreeing research interest with colleagues and Australian professionals, while consolidating the study of HRH issues within the UNSW Master of Public Health programs.

1 Background

HRH is one of six key health systems building blocks[4] identified by WHO as critical to the delivery of essential evidence-based interventions targeted to achieve the health-related Millennium Development Goals (MDGs). A competent, motivated and well-managed workforce is essential to the operation of a national health system. Significant HRH issues require periodic policy responses relating to education, recruitment, standards, deployment and retention.

The Hub recognises the sharpened focus of Australia's international aid detailed in AusAID's recent response to the Independent Review of Aid Effectiveness (AusAID 2011) and responds with activities designed to support personal and population health on the understanding that good health is an essential component of social and economic development.

The adequate and efficient deployment of health personnel is essential to effective health service provision and to reducing the incidence of preventable illnesses. To achieve adequate levels of HRH it is necessary to create opportunities and conditions of work that will encourage entry into the health professions. Conducting research in the factors affecting HRH employment and retention is essential to developing sound HRH policy. In line with Australian policy the Hub's themes include an emphasis on the HRH needs for humanitarian and emergency assistance.

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

- To increase the critical, conceptual and strategic analysis of key health 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.
- To expand convening powers and engagement between knowledge hubs, Australian institutions and Asia Pacific national, regional and international researchers, development partners and educational institutes.
- To effectively disseminate relevant and useful knowledge resources which aim to influence policy thinking and practical application at national, regional and international levels.
- To expand the capacity of Australian institutions and professionals, and through them to Asia Pacific institutions and professionals to participate effectively in evidence informed decision making.

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

- knowledge creation through information gathering, analysis and synthesis
- collaboration and partnerships
- convening and networking
- knowledge use

[4] WHO (2007). Everybody Business: strengthening health systems to improve health outcomes: WHO's framework for action. Geneva, World Health Organisation.

2 Approach to the development of the work plan

The period to June 2013 provides an opportunity to focus Hub activities relative to Australian aid effectiveness and the needs of bilateral partners, and to synthesise and further pursue the most important work undertaken so far. The number of knowledge outputs is reduced from previous years and is focussed on current issues of importance that most require information for policy direction.

The 2012-13 Work Plan is therefore based on activities identified through a number of processes, including:

- a refocused monitoring and evaluation (M&E) framework emphasising knowledge dissemination and uptake during the extension period
- internal and external reviews of the Hub's past performance in the evolving Knowledge Hubs Initiative
- ongoing knowledge synthesis, situational analyses and networking from activities in prior Work Plans, and the further investigation of emergent issues of current significance
- identifying the importance of partnerships and harmonisation and the involvement of Australian and regional organisations in addressing issues of common interest
- a sharpened focus on making the Hub's research findings available to HRH related policy makers at all levels, in particular in Ministries of Health, Public Service employers and National Planning Offices.

The four original work themes are maintained due to contractual obligations. Arising from these and issues of immediate regional concern is the related need to improved strategic intelligence.

3 Aid effectiveness principles

In 2011 the Commonwealth of Australia published *An Effective Aid Program – making a real difference*, which identified five Strategic Goals and 10 Individual Development Objectives and clarified AusAID's principles of aid effectiveness. The activities in this Work Plan contribute to AusAID's aid effectiveness in the health sector, and the outcome of this work will contribute to sustainable economic development through improvements in population health and productivity contingent upon an effective health workforce.

- The work of the HRH Hub is directly addressing three of the five Strategic Goals: 'Saving Lives' through work in Theme 2, 'Effective Governance' through work in Theme 1 and 'Humanitarian and Disaster response' through work in Theme 4; and indirectly addressing the other two Strategic Goals of 'Promoting Opportunities for all' and 'Sustainable Development' through work on HRH mobility in Theme 3.
- Four of the Individual Development Objectives are also addressed: 'saving lives of poor women and children' through work in Theme 2, 'improved governance to deliver services' through work in Theme 1 and 'disaster preparedness and addressing climate change' through Theme 4.

The AusAID publication in November 2011, *Saving Lives – improving the health of the world's poor,* guided 2012-13 planning further towards the goal of Saving Lives by 'supporting partner countries to deliver more and better quality health services for poor and vulnerable people'.

4 Strategic Relationships

The 2012-13 Work Plan learns from previous experience and further consolidates and develops strategic partnerships and relationships. This includes greater linkages with WHO's Western Pacific Regional Office (WPRO) and the Representative Office of the South Pacific. We have re-commenced work with the Pacific Human Resources for Health Alliance (PHRHA) for the furtherance of HRH developments in the Pacific and to

strengthen the work of the PHRHA in supporting country workforce planning. Similarly, the Hub has strengthened its relationship with the Strengthening Specialist Clinical Services in the Pacific (SSCSIP) to harmonise the collection and collation of PIC workforce data.

In 2011 and emerging from prior work, the Hub commenced negotiations with the Faculty of Medicine and Health Sciences at NUTL to conduct a case study related to the integration of medical graduates into the health system and to conduct a tracking study of newly returned graduates from overseas medical schools.

The Hub, as a unit of SPHCM, has access to a large alumnus of Master of Public Health (MPH) and Master of Health Personnel Education (MHPEd) graduates now serving as high level health personnel in both Asia and the Pacific. Work with this alumnus commenced in 2011 and will continue in this Work Plan for two main purposes: to assist with data collection and contextual document review; and to advise the Hub on matters related to national policy contexts and potentials.

In the Asia region the Asia-Pacific Action Alliance for Human Resources for Health (AAAH), with key country focal points for HRH in each member country, is a key stakeholder providing important networks, acting as a focal point to bring together HRH policy decision makers and advisors.

Other key stakeholders include members from the following organisations: AusAID and other bilateral aid agencies working in the region, in particular the World Health Organization (WHO) Western Pacific Regional Office (WPRO), the Asia Pacific Observatory for Health Policy and Systems, the WHO sub-regional office in Suva, the United Nations Population Fund (UNFPA) in Suva, the Secretariat of the Pacific Community (SPC) in Noumea; the College of Medicine Nursing and Health Sciences (CMNHS) at Fiji National University (FNU), the School of Medicine and Health Sciences at the University of Papua New Guinea (UPNG), PNG Institute of Medical Research (PNGIMR), Divine Word University in Madang, the University of Gadjah Mada (UGM) in Indonesia, Health Systems and Policy Institute in Hanoi, professional bodies in the Asia Pacific region, the Pacific Senior Health Officials Network (PSHON) and the Pasifika Medical Association (PMA) in Auckland among others. In 2011 the Hub commenced work with the London School of Hygiene and Tropical Medicine (LSHTM) on a tracking study of health professional graduates from the CMNHS, UPNG and NUTL.

In Australia, the Hub will consolidate an alliance with Health Workforce Australia (HWA) on Australian HRH shortages and the need for sensitive State government recruitment policies and practices to avoid the potential adverse effects of overseas recruitment and supported migration on PIC health systems. We anticipate facilitating discussions between HWA and Pacific health advisors.

Our collaboration with Human Capital Alliance enhances our understanding of how particular issues in HRH have played out in Australia (such as the changing roles of Public Service Commissions and the HRH needs of Indigenous Australians in remote areas) and access to Australian professionals in the HRH field.

5 Work Program for 2012-13

5.1 Theme 1: Strengthening Health Leadership and Management Capacity at the District Level

5.1.1 Key Achievements

Earlier outputs (Fiji, PNG, Solomon Islands, Cambodia, Laos and Timor-Leste) have identified the complexities of health management at the district level arising from devolved district level governance and decentralisation, the need for role preparation and the difficulties experienced by district health managers (DHM) to achieve population health gains. Our work has confirmed that most DHMs are also clinicians and that few are trained in leadership and management. Facing high infant and maternal deaths, newly emergent viral diseases, increasing rates of NCDs, environmental health problems and periodic health emergencies, the DHMs' effectiveness is limited by centralised staff management, equipment and supply issues and competition for limited resources at

the local government level. Two draft reports on management and leadership practices and behaviours of DHM in West Java and Yogyakarta Province are awaiting independent review by in-country experts and will form the basis for policy discussions on strengthening health management at the district level. Other achievements include building capacity for HRH research in Indonesia through working with a team of researchers from UGM and the University of Indonesia and training young research assistants in data collection, analysis and report writing.

5.1.2 Anticipated Outcomes

This theme seeks to describe the roles, functions and competency gaps of district health managers in decentralised and devolved systems, and inform and present pragmatic options for policy makers to strengthen health leadership and management capacity at the PHC and district levels, including in relation to centralised administration and vertical programs. Each of the Outputs identified below will be followed by selected policy briefs on particular issues.

5.1.3 Activities and Outputs for 2012-13

The HRH Hub will disseminate policy relevant evidence arising from and related to the ongoing activities below:

A. Completion of work in Indonesia with the UGM on management skills gaps and the preparation needed by district health mangers to effectively lead and manage the DHS in a highly devolved and sector competitive local government environment. We anticipate the findings of this study will be relevant to PNG and other devolved health systems.

Central to these three studies is the question: What role preparation do DHMs need to effectively lead and manage the DHS in sector competitive and resource poor environments?

> ***Output:*** *Synthesis report on District Health Management: Competencies and Role Preparation. March 2012*
>
> **Targeted Dissemination:** Secretaries of Health, National Training Authorities, National Planning Offices in Indonesia, PNG and Solomon Islands in particular, and other PICs.

B. The Vietnam Commune Health Stations (CHS) study in support of capacity development in HSPI in Vietnam seeks to review measures and determinants of performance at CHS (based on HSPI gathered information on 40 CHS) with a view to improving performance monitoring, including developing a proposal for practical HRH intervention studies in a sample of low performing CHS, with staff from the upper quartile of CHS performance seconded to CHS in the lower quartile of performance.

> ***Output****: Discussion Paper on HRH factors associated with relative low and high performing CHS. July 2012*
>
> **Targeted Dissemination***:* Through HSPI to Ministry of Health Hanoi, AAAH membership and Secretaries of Health in Lao PDR and Cambodia.

C. The HRH contribution to NCD prevention at the PHC level. A literature review on the role and effectiveness of health workers in NCD prevention will be completed in early 2012. Initial findings indicate a paucity of research that can attribute population based NCD prevention gains to health workers. The literature review will inform the development of a study proposal to be piloted in the Vuda sub-division of Western Viti Levu: to determine the effectiveness of health staff in NCD prevention by serial cross-sectional studies.

> ***Outputs****: Literature review on the role and effectiveness of health workers in NCD prevention. January 2012*
>
> *Two pilot study reports from Fiji. October 2012, April 2013*

A methodology for wider application to address information needs in this critical area of evaluating HRH effectiveness. *November 2012*

Targeted Dissemination. The Director NCD Fiji Ministry of Health, all PIC Ministries of Health, WHO, international development agencies and NGOs. Due to its central relevance to emerging NCD global epidemics this paper will appear in the academic literature.

D. Phase 2 - PNG sexual health workforce effectiveness study. Phase 1 in 2011 identified the range of HIV training programs developed in PNG, including the role of community-based cadres of HIV prevention workers. For Phase 2 the research will seek to understand the role of community based cadre in HIV in PNG in the context of the HRH crisis and the delayed Global Fund grant. Partnerships are developed with PNGIMR and National AIDS Council of Papua New Guinea.

***Output**: Discussion paper on the role, functions and effectiveness of community-based cadre in HIV prevention and management.* *June 2012*

Targeted Dissemination: NGOs, international agencies supporting community-based training and national Ministries of Health. Due to the large investments in community-based training this paper will also be prepared for the academic literature.

5.1.4 Additional Stakeholders

The interested partners of this theme include PHRHA, AAAH, WHO (WPRO, SEARO), the CMNHS and the SPC. Direct partners include other Knowledge Hubs, in-country institutions such as the Ministries of Health, universities and research institutions in Timor-Leste, Indonesia, Papua New Guinea and Vietnam. The Hub will support country level stakeholders in the presentation of study findings and the preparation of policy briefs arising from the Outputs.

5.2 Theme 2: HRH and Maternal, Newborn, Child and Adolescent Reproductive Health in the Asia Pacific Region

5.2.1 Key Achievements

To date the Hub has produced a series of country profiles for PNG, Timor-Leste, Vanuatu, Lao PDR, Solomon Islands, Philippines, Indonesia, Fiji, Cambodia and Bangladesh and two discussion papers on the issues of HRH information and enhancing professional performance on maternal, newborn and child health (MNCH) workers. These have contributed to awareness of the issues and have allowed for country comparisons.

5.2.2 Anticipated Outcomes

This theme will focus the Hub work on synthesizing findings to date into policy briefs and further pursuing a limited set of activities arising, in particular those related to HRH as identified by mortality audits (root cause analysis) in the neonatal period (the major component of infant and childhood mortality); to identify potential for HR policy change that will contribute to improved quality of services, saving lives and the achievement of MDGs 4 and 5. It is anticipated that the use of standardised perinatal mortality audits and root cause analysis methodology will continue to generate evidence for policy change.

Identifying innovative multi-sectoral partnership HRH approaches between health and partner agencies will strengthen and optimise adolescent reproductive health service delivery in a region with significant proportions of the population entering reproductive age, and potentially exposure to early pregnancy, sexually transmitted diseases and HIV.

5.2.3 Activities and Outputs 2012-13

A. Analysis of perinatal and neonatal mortality audits conducted in Colonial War Memorial Hospital (CWMH) and Lautoka Hospital, Fiji, using root cause analysis of sentinel cases of perinatal and neonatal deaths, in order to provide evidence for health system and HRH policy development directed to improving service quality and saving lives. Collaboration with clinical and administrative staff from both institutions will contribute to capacity development.

Outputs: *A tested perinatal mortality audit tool for use in Fiji with potential for replication across the Pacific region.* *May 2012*

A report in collaboration with in-country staff on the findings of the two Fiji studies relevant to HRH and supported by a literature review and key informant interviews. *July 2012*

Policy recommendations arising from the findings relevant to HRH and health systems issues. *November 2012*

Targeted Dissemination: Directors of Clinical Services in PIC Ministries and referral hospitals, Secretaries of Ministries of Heath, medical councils and clinical professional associations.

B. Adolescent sexual and reproductive health (ASRH) cross-sector collaboration project Solomon Islands. Exploring skill-mix and cross-sector collaboration between health, education and welfare sectors in the Solomon Islands by collecting and collating all policy, legislation and curricula related to the roles of the (ASRH) workforce, and conduct stakeholder analysis, key informant interviews and key informant discussions in two sites in the Solomon Islands.

Output*: Discussion paper on optimising ASRH service delivery in the Solomon Islands.* *August 2012*

Targeted Dissemination: Solomon Islands Ministry of Health and Medical Services (MHMS), Ministry of Education, Ministry of Social Welfare, UNFPA, PSRH, Pacific NGOs working in ASRH.

C. Current Issues in the Skilled MNCH health workforce in the Pacific: An exploration of the current training, policies, exchanges (formal and informal) and mobility being undertaken across the Pacific, Australia and New Zealand in the skilled MNCH health workforce of nurses, doctors and public health practitioners. Links to Theme 3 Mobility and Migration.

Output: *Discussion paper outlining current issues requiring policy response and policy suggestions.* *February 2012*

Targeted Dissemination: PIC Ministries of Health, AusAID, UNFPA, WHO, NGOs, PSRH and health training institutions.

5.2.4 Stakeholders

The Hub will convene discussions with key clinical and administrative staff working in maternal and neonatal health in the CWMH and Lautoka Hospital of the Ministry of Health Fiji, the Pacific Society for Reproductive Health, clinical staff of the School of Medicine and Health Sciences at UPNG, Fiji National University, Lux Development, Ministry of Health and Medical Services Solomon Islands, Compass: the Women's and Children's Health Knowledge Hub, and the University of Technology, Sydney. A wide range of stakeholders have been consulted in the conceptualisation of this theme, and will continue to be involved in its implementation and dissemination. The Hub will support country level stakeholders in the presentation of study findings and the preparation of policy briefs arising from the Outputs.

5.3 Theme 3: Strategies for Managing HRH Migration and Mobility in the Pacific Region

5.3.1 Key Achievements

In late 2008 the HRH Hub commissioned two reviews of skilled health worker migration in the Asia and Pacific regions (Iredale and Turpin (unpublished)[5] and (Connell 2008)[6]. These reviews highlighted the complex nature of the Pacific Rim labour markets and migration and mobility of skilled health workers within and from the region; and the need for a policy response to these flows to manage retention and obtain benefits where possible, such as agreements for short term relieving visits. In 2010-11 a *Five Country Migration Study* [7](Fiji, Samoa, Cook Islands, Solomon Islands, and Vanuatu), investigated the local availability of information on HRH emigration and established that national information systems did not systematically capture HRH migration information and that public sector employers did not conduct exit interviews. Two policy briefs are in preparation on these issues, targeted to secretaries of public sector employment authorities and PIC health ministries. In 2011 the Hub published a paper on *Issues and Challenges of HRH in 13 PICs*[8], completed in conjunction with the PHRHA and presented to the AAAH conference in Cebu.

5.3.2 Anticipated Outcomes

Work in this theme will provide a synthesis of the literature on Pacific HRH emigration in the context of Pacific Labour Force mobility, including a synopsis of HRH issues within the Pacific region, to inform effective policy responses at the national level, to inform donor support and to highlight where recruitment generates critical HRH and skills shortages.

We anticipate a potential to provide input into HWA policy strategies on addressing Australian HRH recruitment practices designed to avoid the potential negative impacts on source country health systems. The degree to which this agenda needs to be pursued with the States (as employers) is yet to be determined during discussions with HWA, however, the outcome of assisting HWA to raising the States' awareness of the potential adverse impacts of Pacific recruitment on PIC's health systems will be constructive. Such information will support the development of focussed donor support to assist countries in responding to external 'pull factors' that impact on the supply of particular and specialist cadres.

5.3.3 Activities and Outputs for 2012-13

A. Pacific Labour Market Dynamics and HRH emigration. The recent literature on HRH emigration from the Pacific will be synthesised and presented in relation to the context and extent of Pacific Labour Force mobility. A study will be conducted on the use and potential of incentives, such as remote area allowances, provision of accommodation and market allowances to support the retention of HRH staff in rural and remote areas.

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[5] Iredale, R & Turpin, T (Unpublished), *Mobility of health human resources in Asia: issues and challenges*, unpublished report commissioned by Human Resources for Health Knowledge Hub, School of Public Health and Community Medicine, University of New South Wales, Sydney.

[6] Connell, J 2010, *Migration of health workers in the Asia-Pacific region*, Human Resources for Health Knowledge Hub, School of Public Health and Community Medicine, University of New South Wales, Sydney, viewed 10 November 2011 <http://www.med.unsw.edu.au/HRHweb.nsf/resources/3_Migration_Web_20100112.pdf/$file/3_Migration_Web_20100112.pdf >.

[7] Roberts, G et al (Unpublished), Five *country migration study*, HRH Hub @ UNSW.

[8] Doyle, J, Asante, A & Roberts, G (in Press) 2011 *Human resources for health (HRH) and challenges in 13 Pacific Island countries*, Human Resources for Health Knowledge Hub, School of Public Health and Community Medicine, University of New South Wales, Sydney

***Output**: A synthesis of the Pacific literature on HRH emigration in relation to regional labour market forces and suggested policy responses to enhance the potential for retention. April 2012*

Targeted Dissemination: PIC public sector employer authorities, Ministries of Health and presented at PHRHA and AAAH conferences.

***Output:** Study findings and discussion paper on the current use of and potential for incentives in staff retention in Pacific health systems. August 2013*

Targeted Dissemination: Pacific Health Ministries, Public Service Associations, Medical and Nursing Councils and the donor community for consideration of developing more effective rural retention schemes.

B. Mapping Australian and New Zealand professional college capacity. As an activity of progressing knowledge on the wider issues related to the changing profile of medical education in the Pacific (see Theme 1) and in particular, to postgraduate medical, nursing and public health education and health systems strengthening, the Hub will describe the current training (formal and informal) service development activities and capacity of the Australian and New Zealand medical colleges to contribute to strengthening specialist services in the Pacific.

***Output**: Discussion paper on formal and informal HRH development activities in education and health systems strengthening. April 2012*

Targeted Dissemination: Australian and New Zealand Professional Colleges, senior clinicians in PIC Ministries of Health, AusAID and donor agencies seeking information relative to their potential to provide support to HRH professional education and enhancing health service quality.

C. Return Labour Flows - Migration and Mobility. Arising from the findings of Roberts et al (2011 unpublished) the facts that return migration occurs and that individual Pacific based and trained professionals seek opportunities for intra-regional employment mobility, there is potential to consider mechanism that would facilitate such movements, in order to address skills gaps through return migration or periodic service contributions. To further explore the potential for a return labour flow the Hub will assist the Pasifika Medical Association (PMA) to survey membership on the potential to contribute to training and/or the provision of services; and the factors that may affect or limit their availability.

***Output*: C*oncept paper identifying the potential for return migration and professional mobility to contribute to HRH training and health service developments in the Pacific. July 2012*

Targeted Dissemination: PIC public sector employment authorities and Ministries of Health, the memberships of PMA, Professional Medical Colleges in Australia and New Zealand and the diaspora of Pacific HRH qualified resident in Australia and New Zealand.

5.3.4 Stakeholders

The Hub will continue to work in this area with the CMNHS and the PMA, HWA, participating Professional Colleges, PIC Ministries of Health, the PHRHA, SSCSIP, the Health Information Systems Knowledge Hub (HIS Hub), WHO and in-country institutions including universities offering health professions educational programs.

The Hub will convene a meeting of stakeholders in 2012 to present policy options on incentives and the potential for return labour flows and to discuss the potential for common PIC policy responses to this regional issue.

5.4 Theme 4: HRH resources and Challenges in Public Health Emergencies

5.4.1 Key Achievements:

In 2011 the Hub produced three policy briefs:

HRH in Public Health Emergencies in developing countries: an overview;

Top 12 issues for Ministries of Health to consider in addressing HRH in Public Health Emergencies; and

Public health emergencies in the Asia-Pacific region: actors and institutions; coordination and management, (In press)

A number of case studies in the Stories and Strategies Series have been completed and will be disseminated early in 2012.

5.4.2 Anticipated Outcomes

Strengthened systems for mobilising and managing HRH in PHE preparedness, prevention, mitigation and recovery efforts; arising from knowledge derived from recent events in the region and proposing policy recommendations designed to address the concerns of health workers involved in recent PHEs, in particular, arising from natural disasters and civil unrest. It can be anticipated that collaboration with others (CMNHS and WHO) on the issue of climate change in the Pacific will result in focused research collaboration to which the Hub will contribute HRH information and discussion.

5.4.3 Activities and Outputs for 2012-13

A. A synthesis of the literature and reported experience in recent PHEs. Summarising 2010-11 work that characterises the overarching HRH challenges experienced in recent PHEs, and a presentation of the available evidence on HRH preparedness and response.

***Output**: A policy discussion paper: Issues for HRH policy development in PHE and climate change. June 2012*

Targeted Dissemination: Ministries of Health, SPC, United Nations Development Programme (UNDP) and UNICEF for HRH policy recommendations to National Disaster Preparedness Committees.

B. Post Aceh Tsunami HRH related policy responses. Building on a baseline study conducted soon after the Aceh Tsunami and interviews conducted with key informants in Aceh and the Australia-Indonesia Facility for Disaster Reduction, detail the HRH policy response and propose approaches to address HRH policy gaps.

Output*: *Aceh Tsunami follow-up. A discussion paper on Lessons Learned in HRH developments post-Tsunami. October 2012

Targeted Dissemination: Ministry of Health Indonesia, PIC Ministries of Health and the selected professionals in the PHE community of practice.

C. Post Conflict HRH related policy response. Collaborative investigation with key informants in Timor-Leste on HRH policy developments related to staff deployment, support and security in post conflict locations. This issue has direct relevance to the deployment of new medical graduates in Timor-Leste (see Theme 5) and also, more widely, to the general retreat of health services from locations with histories of ethnic tension or political insurgency.

***Output**:* Discussion paper and policy recommendations on the deployment of health workers into post conflict scenarios. *October 2012*

Targeted Dissemination: Timor-Leste Ministry of Health, Secretaries of PIC Ministries of Health, Disaster Management Committees, PHRHA, National Medical and Nursing Councils. Due to its wider application a paper will also be prepared for the academic literature.

D. Round Table Discussion on Disaster Planning for PHE in the Asia Pacific. The Hub will convene a meeting of Australian and selected regional representatives of national disaster management and response organisations with the view to developing common understandings of the impact and implications for locally-based health personnel involved in PHEs, with the view to extending agreement on methods of preparing for and addressing their needs while attending the PHE.

Output: Concept paper and summary typology of the range of PHE and the predicted implications for HRH, including personal safety and security, service delivery, system support, and institutional strengthening. November 2012

Targeted Dissemination: Pacific National Disaster Management Committees, Australian disaster response groups, regional organisations, SPC and UNICEF.

5.4.4 Stakeholders

The Hub has links to the University of Indonesia for the post Ache Tsunami case study and to the National University of Timor-Leste to support the case study on post conflict retention. Linkages are being developed and consolidated with the Australia-Indonesia Facility for Disaster Reduction, the Asian Disaster Preparedness Centre, and the Pacific Disaster Centre.

In the process of convening the round table discussion, which will commence in March 2012, the Hub will develop links with Australian organisations with recent experience in PHE within the region, such as with water and climate related PHEs in the Pacific region.

5.5. Cross-cutting Strategic Intelligence Activities

Policy development in the four thematic areas depends on the quality of baseline information on workforce numbers and employment contexts. The Hub will collate evidence and produce background papers and policy briefs on the critical issues occupying the attention of partner countries and stakeholders. The evidence will be grouped to be consistent with the focus areas of the HRH Action Framework developed by WHO and the Global Health Workforce Alliance (GHWA): Leadership, Policy, Human Resource Management, Education, Finance and Partnerships.

A. Health Workforce Profiles and Policy Issues

Building on work in Theme 1 we will revisit and update the 2008-9 baseline workforce mapping information to enable contemporary assessment and analysis of critical workforce issues. This activity will be undertaken in collaboration with Ministries of Health, WHO, PHRHA and the SSCSIP in Fiji and draw on the networks of the University of New South Wales (UNSW) alumni. It will employ WHO Tools for the assessment of Human Resource Information Systems and the standard enumeration of the health workforce, some still under development. To better contextualise employment conditions we have progressed the collation of information on employment legislation, terms and conditions of employment, salary scales and incentives, numbers in professional education, and labour mobility/turnover. This work will result in operational outputs of immediate value to Ministries of Health and we are discussing a co-publication with the Asia Pacific Observatory on Health Systems and Policies. Outputs during 2012 will include: country assessments and health workforce profiles, updated returns to WHO for the Global Atlas of the Health Workforce, national profiles for inclusion in annual health reports and a monograph on HRH in the Pacific. Targeted Dissemination will include discussions with Ministries of Health and policy briefs on specific issues of identified skills gaps. The Hub will collaborate with the PHRHA in developing web-based access to HRH information by country for the Pacific.

B. Human Resource Management.

The management and deployment of the health workforce (employees and those students currently in the education pipeline) is a critical issue to deliver effective and efficient services. Previously identified in Themes 1 and 3 we will work with partners in Timor-Leste, Fiji, Kiribati and Solomon Islands to develop greater appreciation of the imminent HRM challenges that are resulting from: (a) the rapid scale-up of the numbers and future graduates in medical education (including those graduating from Cuba), and; (b) the increase in foreign-born/foreign-licensed medical practitioners. The work will identify policy and planning issues related to education, licensing, credentialing, registration, internships and role definition, deployment and the impact on public sector wage ceilings. We will collaborate with HPHF Hub on this study. Outputs during 2012 include a report identifying the HR management issues to effectively integrate and deploy graduates from varying medical programs into the Timor-Leste and Pacific health systems and related policy options papers on issues of internship, supervision and continuing medical education. Targeted dissemination of findings will include: Department of Personnel Management, Ministry of Health Timor-Leste, Permanent Secretaries of Health, Public Service Commissions, regional medical schools and medical councils in PICs and other countries involved in integrating graduates of various medical training programs into their health systems.

C. Education and Training

Arising from issues identified in Theme 3, and assisted by data collection in A (above) the Hub will review the available evidence and prepare policy briefs on the future of health workforce education in the Pacific region. It will primarily consider medical, nursing and midwifery education, but also extend to allied health professionals. The work will include the preparation of background papers, a Delphi study of health workforce education experts in the region, a consensus-building workshop and result in the publication of policy briefs for senior decision-makers. Outputs in 2012 will include background papers (Commissioning, Capacity, Credentialing/Licensing); Deplhi Study; Workshop report; and a Policy Brief. Targeted dissemination will be to Permanent Secretaries of Health, Public Service Commissions, regional medical, nursing, midwifery and allied health professional schools and councils in PICs and relevant Asian countries.

6 Cross Hub Activity and Output

The four Knowledge Hubs have agreed to the production of a common 'lessons learned' discussion paper based on the whole period of the Hub's initiative, with the view to identifying issues in the development and progress of the initiative and to strengthening the pathways to knowledge generation and use and increasing the effectiveness of Australia's development assistance. *December 2012.*

In addition, the activities in Timor-Leste with the HPF Hub and in Theme 2 with Compass, inform each other and will take the form of complementary work .

7 Knowledge Management and Dissemination

The gathering of information from PIC Ministries requires donors, projects and consultants to harmonise their research interests in HRH, or country capacity to respond will be overwhelmed. Accordingly, the Hub proposes to strengthen its convening role for AusAID supported HRH work in the Pacific over the extension period – for the purposes of minimising disruption to country staff, supporting existing PIC professional networks (PHRHA, SSCSIP and clinical professional groups) to gather information; and to move towards standardisation of HRH reporting. Partner governments, WHO, AusAID, HRF and projects (such as SSCSIP) will be important stakeholders in the harmonisation of data collection.

A stakeholder analysis will be conducted to improve the targeting of knowledge products and their use.

The HRH Hub has an extensive network of people and organisations which it informs through publications and targeted email dissemination to decision and policy makers working in the Asia/Pacific region; and to international and aid agencies based in other world regions. AusAID has acknowledged reference to Hub documents as assisting bilateral planning. Many comments have been received on the usefulness of disseminating study findings that allow country comparisons. AusAID priority countries will continue to be the focus for dissemination of findings generated from studies in Timor-Leste, Indonesia, Solomon Islands, Fiji and other PICs states and Vietnam, Cambodia and Laos. During 2011 several strategic partnerships were strengthened (PHRHA, WHO Manila and Suva, the Centre for Health Information and Policy and Systems Research (CHIPSR - Fiji) and the other Knowledge Hubs, which provide opportunities for harmonising information gathering, consolidating opinion, sharing evidence and presenting policy options.

> *Activity: In early 2012 a stakeholder analysis will be conducted to improve the targeting of knowledge products and their use. At present we have indications that email opening rates and web site hit rates exceed industry standards.*

In addition, staff of the HRH Hub will attend a number of national and international meetings, conferences and workshops to present study findings and discuss policy options, while using these gatherings to promote the Hub's knowledge outputs and to facilitate face-to-face meetings with key partners and institutions in priority countries. In particular, as findings arise, but in particular during the period January to June 2013, the Hub will engage in concentrated discussions with partner organisations to bring our collaborative findings into the policy domain of public sector employers.

A synthesis of Hub findings will be submitted to the Second Global Symposium on Health Systems Research in Beijing, China while similar opportunities will arise to share experiences. The generation and use of Hub outputs will assist:

- access to baseline information on Pacific workforce shortages and evidence-informed HRH resource materials and information
- promotion of HRH learning across organisations in the region
- interaction with HRH communities of practice in the Asia and Pacific regions.

Knowledge dissemination will continue and increase during the extension period, through means of media engagements, blog sites and by placing our knowledge outputs on the web sites of partner organisations. (By October 2011 the Hub had 48 publications on our website, a further 10 in draft and anticipates a further 26 during the period of this Work Plan).

The SPHCM short course on HRH management (delivered first in November 2011) will be delivered again during the extension period. The opportunity to invite priority country participants strengthens relationships with HRH officers in the field and stimulates HRH research interest in young Australian health professionals, while formalising study in the area of HRH.

8 Expert Group

The Expert Group replaced the Advisory Board which was appointed for one year in 2009. The role of the 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. Members of the Group include: Mario Dal Poz (WHO, Geneva), Professor James Buchan (Queen Margaret University, Scotland), Mr James Campbell (Integrare, Spain), Dr. Suwit Wibulpolprasert (recent past President of AAAH and of the Ministry of Health Thailand), Dr Jimmie Rodgers (SPC), Emeritus Professor Arie Rotem (UNSW), Mr Lee Ridoutt (Human Capital Alliance) and Ms Beth Slatyer (AusAID) represented by Ms Joanne Greenfield at the November 2011 meeting.

The Group will continue to be involved in reviewing publications, providing advice and in reviewing this 2012-13 Work Plan. Dr John Dewdney and Ms Loraine Kerse remain as Senior Advisor and Advisor respectively. .

9 Risk Management Strategy

Monitoring and Evaluation	Assumptions	Risk Level	Likelihood	Consequences	Risk Management Strategy
Objective 1: To increase the critical, conceptual and strategic analysis of key health 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.	Key issues are selected that are relevant to the needs of policy makers in the period	Low	Unlikely	Work done will not be relevant to the pressing needs for policy advice	Maintain close liaison with in-country collaborators and partners. Co-authorship of all Hub publications to allow for context expertise
Objective 2: To expand convening powers and engagement between Knowledge Hubs, Australian institutions and Asia Pacific national, regional, and international researchers, development partners and educational institutes.	Willing collaboration, effective partnerships and networks. Common agendas and interests and a vision of mutual benefit	Low	Unlikely	Moderate – leading to uncoordinated activities and the potential for conflicting advice	Convene cross-hub meetings to identify common Hub partners. Identify common agendas and interests in current work. Establish and reinforce professional liaison. Co-authoring discussion papers and policy notes

Objective 3: To effectively disseminate relevant and useful knowledge resources which aim to influence policy thinking around human resources for health issues at national, regional and international levels	Selection of methods of dissemination appropriate to the target audiences. Technical issues of access to electronic and other means are correctly assessed.	Moderate	Possible	Key decision makers may not have access to latest Hub produced publications and information	Stakeholder analysis and feedback surveys. Monitoring hit rates and email opening rates. Periodic international meetings and workshops held during country visits
Objective 4. To expand the capacity of Australian institutions and professionals and through them to Asia Pacific institutions and professionals to participate effectively in evidence informed decision making	Collaboration leads to capacity building Identifiable roles for other institutions and professionals in Hub activities and products	Moderate	Possible	A reduced potential for a broader institutional and professional response to current HRH issues in the region and lost opportunities for collaborators to develop their own effective liaison and work in the region	Agreements with consultants and collaborators on activities and outputs within the extension period. Inclusion of young academics and administrators in Hub work. Collaboration with other sections of UNSW, other organisations and universities both in Australia and in the region, and individual professionals

HRH Hub 2012-13 Work Plan Outputs Timeline: (Note: Each Output will be followed by a policy brief on selected individual issues).

Theme	Jan 12	Feb 12	Mar 12	April 12	May 12	June 12	July 12	Aug 12	Sept 12
L&M		Literature Review on HRH role in NCD prevention	Policy Paper: Competencies and role preparation for DHM	Education and Training background papers (Commissioning, capacity and credentialing)		Role, functions & effectiveness Community based cadre in HIV prevention & management	Vietnam CHS paper Discussion paper: role, functions and effectiveness community-based cadre in HIV prevention & management.		
ASRH		Discussion paper on current MNCH staffing and mobility issues requiring policy response			Perinatal Mortality Tool incl. HRH component		Report: Two Fiji studies relevant to HRH and lit. review & key informant interviews.	Policy options paper for ASRH in Solomon Islands	
HRH Migration & Mobility in Pacific	Two policy briefs: migration and exit interviews			Synthesis of Pac lit. on HRH labour market forces	Discussion paper. Prof. College capacity for education and health systems strengthening		Concept Paper: potential for return migration and long term employment		
HRH in PHE	Case studies in Stories and Strategies series will be disseminated in 2012					Policy Paper: Issues for HRH policy development in PHE			
Knowledge generation				Standard for HRH Annual reporting	Report of stakeholder analysis				

Output	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	June 13
L&M	Report on integrating TL Medical Graduates Pilot Study Report 1 on HRH in NCD prevention	Methodology for evaluating HRH effectiveness in NCD prevention	Policy Options Paper on integrating medical graduates in PICs				Pilot Study Report 2 HRH in NCD prevention		
ASRH		Policy recommendations arising from the findings relevant to HRH and health systems issues.							
HRH Migration & Mobility in Pacific						Discussion paper: use and potential of retention incentives			
HRH in PHE	Aceh Tsunami: Lessons Learned	Timor-Leste HRH issues in post conflict	Typology of PHE and implications for HRH						
Knowledge Generation	Country assessments and health workforce profiles released by country	Updated returns to WHO for the Global Atlas of the Health Workforce	Monograph: HRH in Pacific						
Cross-Hub 'Lessons Learned'			Discussion paper on the Hub initiative						

10 2012/2013 Work Plan Budget

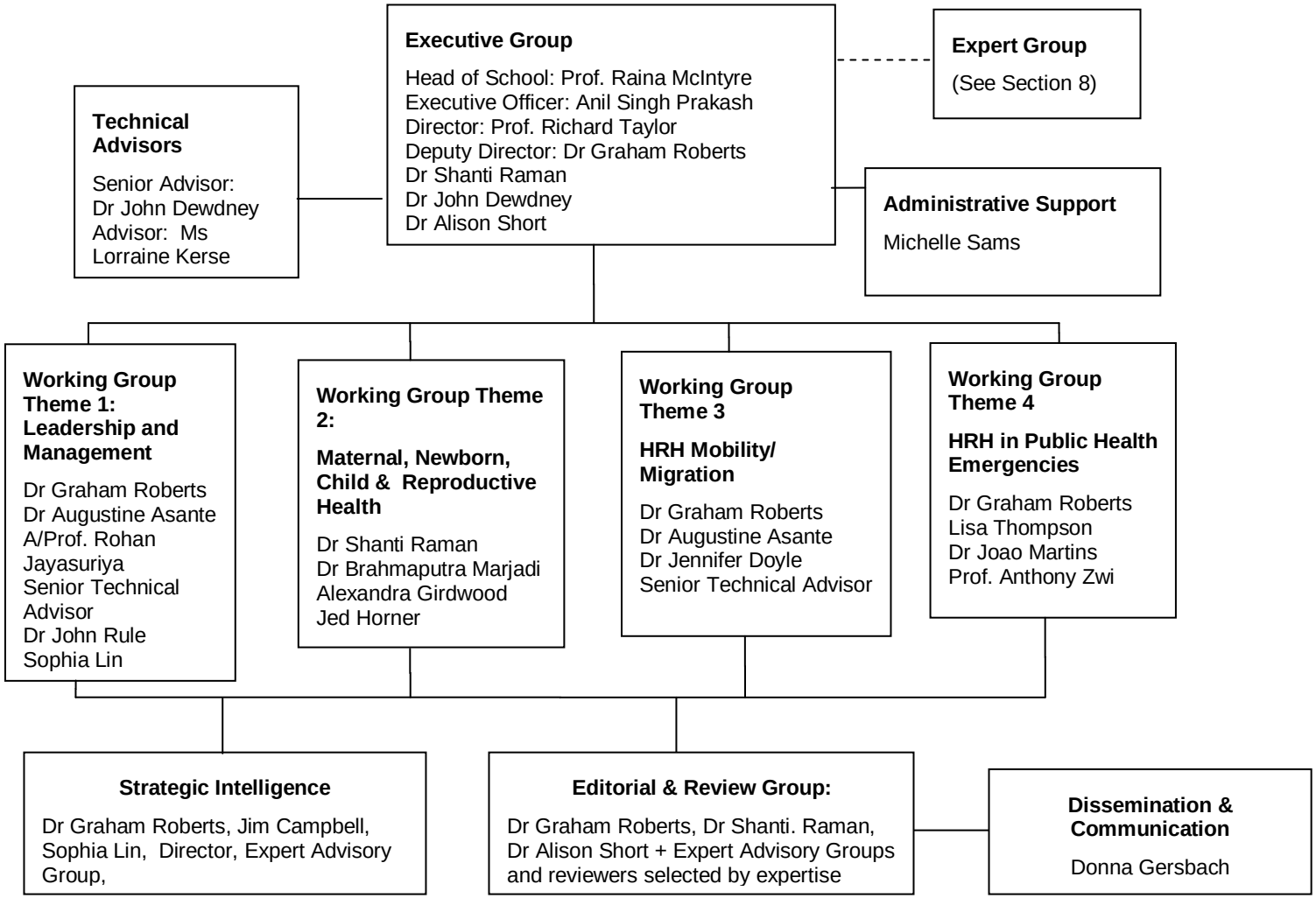
The budget for the 2012/2013 has 7 components:

1. Personnel – this includes staff, consultants and experts
2. Support country collaborators/product development – this is all the in-country work that is planned in 2012-2013
3. Training and Education
4. External communication & dissemination of materials produced by the Hub
5. M&E development
6. UNSW overheads – this is Administration and Management Costs by UNSW
7. Operation costs – includes office supplies, stationery, IT & communications

Annual Budget – 2012/2013: January 2012 to June 2013

Description	Total for this proposal
Personnel (including consultants and experts)	1,250,000
Support for in-country collaborators/product development/ travel	850,000
Office operations and equipment	200,000
Training/Education	120,000
External communication & dissemination	200,000
M&E development	110,000
UNSW Overheads costs	270,000
Total	**$3,000,000**

11 Appendix 1. HRH Hub Organisational Chart



Human Resources for Health Knowledge Hub

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