

Inaugural Address

By
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At

*Regional Consultation on Strategic Plan for Health
Workforce Development*

Bali, Indonesia
18-20 December 2006

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REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA**

Dr Subrata; Dr Sultana; Dr Georg Petersen; distinguished participants; honourable guests; ladies and gentlemen;

With great pleasure, I welcome you all to this Consultation. At this meeting, we will review and deliberate upon the Regional Strategic Plan for Health Workforce Development. The health workforce is the backbone of health systems; and it is central to their effective operation.

It is well documented that the health workforce is the key component of health development to achieve positive health outcomes of the population. The correlation between the performance of health workers and the critical health indicators is well recognized and proven beyond doubt.

The issues relating to health workforce are common among many countries across the world. In absolute terms, the acute shortage of health workers is also found in the South-East Asia Region. At the same time, consumers' demands for more and better services have emerged globally during the last two decades. This is also equally relevant to South-East Asia Region.

The health workforce today has to address, among many others, a growing burden of chronic diseases, which requires a continuum of care. For this, health workers have to be particularly skilled in ambulatory and community care.

Disease outbreaks and natural disasters have put to the test the preparedness of the health workforce. Health workers themselves are also adversely affected in the conflict and post-conflict periods, either within or between countries. Their personal and family needs in this situation must be well taken care of.

Furthermore, the technological advances and growing consumers' expectations affect the ways health care and services are perceived and practised. Adding to these, among others, are the international trade agreements and the issues relating to intellectual property rights, which have profound implications on the health of the people. Health professionals today need to clearly understand these trends and their implications.

Many actions have been taken by WHO in an effort to help Member States improve the situation relating to the health workforce. During the recent past, the World Health Assembly has adopted several resolutions, addressing many related issues. Furthermore, the Global Health Workforce Alliance was launched by WHO in May this year. This is one among many other efforts to mobilize the support of key stakeholders in strengthening and developing health workforce in countries.

The WHO Regional Office for South-East Asia has also taken many initiatives to strengthen the health workforce in Member States. Among other important events was the landmark Calcutta Declaration, adopted in 1999 at the Regional Conference on Public Health in South-East Asia.

Despite all out efforts to face the challenges, health workforce-related issues in the Region continue to prevail. In most countries, national information on various dimensions of health workforce is inadequate. Comparatively, the data are more complete on the

types of services than on management aspects; which determine the efficiency of service delivery. And the data are more complete on service providers than on supporting staff, who also contribute to the efficiency and quality of services.

Often, available data are limited to the public sector; and, within this sector; the data focuses heavily on doctors and nurses. Community-based health workers are often excluded from the head count. These workers are the key players to contribute to the reduction of disease burden in the population. However, these data help highlight a few important health workforce-related problems that need urgent attention.

The shortage of health workers is a critical concern almost everywhere. Many countries cannot meet the required threshold of doctors, nurses and midwives. According to one study, these staff members are needed at the ratio of at least 2.5 per 1,000 population; in order to adequately provide essential health services. Below this level, the coverage of needed interventions to achieve the targets set under the MDGs will become very inadequate. In our Region, this figure is estimated at 2.12, with a range from 0.56 to 7.37.

Europe and North America, with 21% of the world population, have 45% of doctors and 61% of nurses. South-East Asia, with 26% of the world population, has only 20% of doctors and 8% per cent of nurses. Furthermore a gross imbalance in the distribution of health workers is common among countries, as well as within countries. This is especially so in the developing world.

In most of developing countries, there is a severe shortage of health staff in the rural, compared to the urban areas. On the other side of the coin, training is heavily tipped towards the production of physicians and nurses, at the expense of public health and management cadres. This situation creates a gross imbalance between institutional care and community care. The latter is really very much needed in the developing countries; where most of the population lives in the communities with inadequate health care institutions.

The past emphasis laid on the development of community-based health workforce is no longer visible. This is really a serious public health concern.

Inadequate competency and skills of the health workers to meet the expected standards of care is another important challenge in the Region. Many of the training institutions need to update or even reform their teaching methods and materials, in order to effectively provide need-based and job-oriented education. Often, these institutions lack a system to assure the quality of training. And there are very few opportunities available in countries of the Region for continuing education of health staff.

Incentive systems need to be strengthened or even created; to motivate and maintain the health workforce at a high standard of performance. Management policies and practices need to be reformed, to ensure efficient and effective development and deployment of health staff. These are essential elements for the management of health workers.

A conducive working environment is needed to ensure a fair management, career advancement, and personal development of health staff. Often, there is an increased attrition which surpasses the production of health workers.

In some countries, measures to motivate staff to stay on the job, such as providing dual employment opportunities with the public and private sectors, have led to a negative effect on the government services. There are many underlying causes for these issues, including the inadequate production capacity and migration of skilled health professionals.

Adequate orientation in the areas of public health, quality of training programmes, and availability of facilities for continuing education are essential in our countries. These factors are important for health workers to acquire the required level of competency and skills.

Effective management of the health workforce requires clear vision, robust policies and approaches with strong leaderships at all levels. The 24th Health Ministers' Meeting and the 59th session of the Regional Committee this year was another landmark in the development of health workforce in South-East Asia.

The honourable Ministers agreed that unwavering and intensified political commitment was needed in facing the challenges in this area. At the end of the deliberations during the Ministers' meeting, the "Dhaka Declaration" was adopted in this connection. This clearly reflects their strong determination to push forward the development of the health workforce in the Region. The Declaration urged the Member States to take several initiatives in this regard.

The 59th session of the WHO Regional Committee for South-East Asia that followed adopted a resolution on strengthening of the health workforce. The above declaration of Health Ministers and the resolution of the Regional Committee are now the principal guide for the countries in SEAR to move forward, in ensuring the quality and adequacy of the health workforce. The draft 'Regional Strategic Plan for Health Workforce Development, presented to the 59th session of the Regional Committee was also thereby endorsed.

This consultation is being organized to revisit this strategic plan. During the course of our meeting, we will review the plan and identify the activities to be carried forward by both Member States and WHO. I hope that only realistic and practical activities are identified for action.

Before concluding, I would like to underline some important points in connection with the development of the health workforce. Special attention should be paid to public health professionals and public health practitioners; the professionals and practitioners who can successfully develop and implement public health programmes. Public health programmes are the programmes that place emphasis on health promotion and disease prevention and control. The programmes that serve directly and equally all communities, in both rural and urban areas. The programmes that ensure equitable health care services to all segments of the population.

Equally important, particular efforts should also be devoted to the strengthening and development of community-based health workers; the workers who can ensure reaching the unreached; the poor, the vulnerable, the marginalized.

While the development of the health workforce is basically the responsibility of the health sector, all concerned stakeholders should be actively involved. These include educational institutions (which are often outside the health ministry), professional bodies and associations, civil society organizations, consumers' groups, and many more.

Today, health care needs a multidisciplinary health workforce, with multisectoral perspectives. We need a health workforce with a high sense of social responsibility and commitment.

Even more important, we need health workers with a high standard of ethical and moral values; and with a selfless interest. They should have with them only the interest of their clients and their people; especially the poor, the underprivileged.

There is still a long way for us to go in the development of the health workforce to ensure good health for all people, regardless of their socio-economic status. Let us face this challenge squarely together in the years to come. Let us hope that with our unwavering determination and commitment, we will be successful in pursuing this formidable; but noble task.

I finally wish you all fruitful deliberations, and successful conclusions. And, I wish all of you a very pleasant stay in Bali.