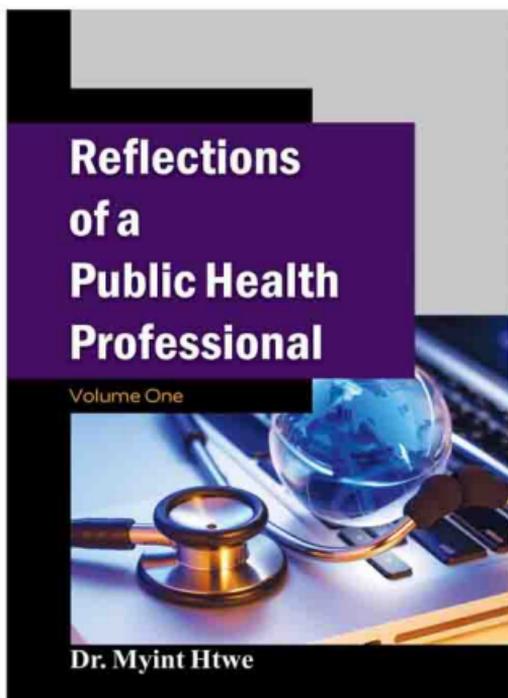


Role of MMA in Human Resource for Health Development



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15. Role of MMA in human resource for health development

(This article is based on the talk given during the technical symposium of Myanmar Medical Association Annual Conference in January 2011)

A technical talk was delivered at the Myanmar Medical association (MMA) to share experiences in the area of “Human Resource for Health Development (HRHD)” *for possible consideration in the context of one of the ongoing activities of MMA*. The ideas expressed here are personal views and need to be considered in the context of various determining or influencing factors, some of which are *beyond our control*. It is to be emphasized that *ultimate determining factors for HRHD are the overall policy of the Government, the national health policy of the country and, to some extent, the mission and vision statements of MMA*.

MMA members are, in fact, part of the health team in the country and are responsible for moving the country’s overall health agenda forward in the years to come. While considering and developing HRHD strategies of MMA, it is essential to initially review the country’s HRHD scenario in a *broader perspective* using systems approach and systems thinking. We cannot *replicate* interventions or strategies used in developed countries to improve HRHD issues in a developing country. Myanmar has its *own characteristics* of HRHD which should be taken into full account by MMA. Nobody can deny that MMA can play a critical role in supporting the activities of MoH in HRHD activities. Health workforce (HWF) is somewhat like the “driver” who will run the car called “Health Care Delivery System”. A competent HWF is, therefore, essential for obtaining good health outcomes.

Some of the issues or pointers which are mentioned here may have *(i) already been done or (ii) in progress or (iii) in the planning stage or (iv) yet*

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to be considered by MMA. The aim of this article is to achieve the following perspectives:

- (i) MMA HRHD strategies will become complementary to and supportive of HRHD activities of MoH;*
- (ii) MMA HRHD strategies will have strong linkages with National Health Plan and its implementation process;*
- (iii) MMA HRHD strategies will have either direct or indirect links with the HRHD policy of MoH; and*
- (iv) MMA HRHD strategies will be forward-looking, responsive, dynamic and broad enough to cater to contemporary and future needs of the country.*

Our ultimate aim should be to obtain an (i) *adequate number of competent, ethically minded, fully committed and reasonably motivated health professionals; and (ii) effective health workforce management in the country.* Generally, the following scenarios are encountered in the field of HRHD.

- (i) Shortages of HWF (due to weak HWF planning and weak human resource policy);*
- (ii) Insufficient updates in norms and standards of HRHD in various perspectives;*
- (iii) Weak competency and commitment (due to lackluster performance of training institutions);*
- (iv) Maldistribution of HWF (due to weak HWF placement policy); and*
- (v) Ineffective HWF management (due to the weak performance of HRH unit in MoH).*

How can MMA be involved?

Several causal and determining factors of key HRHD issues can be favourably supported and facilitated by MMA in collaboration with MoH. However, MMA needs to identify and prioritize these factors. The following suggestions were proposed to MMA to increase its effectiveness in HRHD:

- (i) *MMA can network with South-East Asia Public Health Education Institutes Network (SEAPHEIN), South-East Asia Nursing and Midwifery Educational Institutions Network (SEANMEIN), WHO Collaborating Centres, Global Health Workforce (GHWF), Asia Pacific Action Alliance for Human Resource for Health (AAAH) and national training institutions involved in HRHD together with MoH;*
- (ii) *MMA needs to have a clear mission statement on HRHD in the country;*
- (iii) *MMA can be systematically involved in need-based, job-oriented training before deployment by MoH (pre-service training courses);*
- (iv) *MMA can spearhead continuing professional development (CPD), in both clinical and public health domains, in line with rapidly expanding technological advances; and*
- (v) *MMA can do a quick situational analysis on HRHD by way of conducting quick desk-top reviews, quick surveys, focus group discussions, Key Informant Interviews and brainstorming on HRHD issues with MoH officials. The situation should be reviewed holistically.*

Strategic areas of HRHD

MMA may screen the below-mentioned strategic areas jointly with MoH and select those areas which MMA is comfortable and capable of implementing (subject to approval of MoH). Some of the issues are also very sensitive and could lead to negative implications.

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- (i) Strengthening the collection, sharing, analysis and utilization of HRHD data in the country: (a) develop national HWF data-base; and (b) periodic assessment of HWF situation, including geographical imbalances and in-country and international migration;*
- (ii) Policy development, regulation and legislation;*
- (iii) Scaling up HWF production (a) undertake HWF need analysis to get the optimum skill mix and numbers to meet the health challenges (b) develop plans to upgrade existing training institutions and establish new training institutions;*
- (iv) Knowledge generation and management (a) take stock of existing training facilities (b) develop health learning materials to facilitate training of HWF (c) HWF related research to bridge the knowledge gap and generate new evidence for HRHD planning and (d) conduct systematic continuing medical education or continuing professional development programmes;*
- (v) Capacity building on HWF management (a) develop need-based job descriptions/duty lists, tools and guidelines for assessment, regulation and management of HWF;*
- (vi) Quality assurance in training;*
- (vii) Increasing investment in HWF (a) National Health Account studies on HWF development;*
- (viii) Improving the work environment of HWF (a) assess current work environment of HWF (b) identify a minimum set of standards for working environment;*
- (ix) Development of a community-based HWF and implement appropriate training programmes for CBHWF.*

Modus operandi

The following process can be followed. MMA cannot work alone. It needs close collaboration and support of MoH. Partnering with MoH and other

relevant training institutions in the country is essential. The following steps are proposed:

- (i) *MMA needs to review its existing strength and resources and consider working closely with experts (retirees who are experts in the field of HRH) in the country.*
- (ii) *Formation of MMA Technical Advisory Group (TAG).*
- (iii) *Several in-house forums in HRHD should be conducted.*

Conclusion

We need *combined, concerted and coordinated efforts* to consider carrying out some of the points mentioned above in a *phased or step-by-step manner*. While considering the discussion points mentioned above, *systems approach, systems thinking and epidemiologic thinking* should be applied. The role of the University of Public Health, public health branch of MMA, Universities of Medicine, Community Health, Nursing, Paramedical, and training schools in the country are also very crucial as prime movers. Their inputs are essential. It is preferable that the main *operational strategies* are identified together with MoH. Finally, it is proposed that an *action-oriented national-level seminar* be conducted for in-depth discussion on Human Resource for Health Development.

Further reading

1. *Regional Strategic Plan for Health Workforce Development in South-East Asia Region.* SEA/HSD/289. 2007. WHO-SEARO
2. *Strategic Directions for Strengthening Community-based Health Workers and Community Health Volunteers in the South-East Region.* 2008 SEA/HSD/311. WHO-SEARO
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5. *Report of the Regional Consultation on the Draft WHO Code of Practice for the International Recruitment of Health Personnel.* Guragon, Haryana, India, December 2009. SEA-HSD-331 WHO-SEARO
6. *Strategic Plan. Global Health Workforce Alliance.* 2006. <http://www.who.int/workforcealliance>
7. *Guidelines for Preventive and Social Medicine/Community Health Curriculum in the Undergraduate Medical Education.* SEA-HSD-325. WHO-SEARO
8. *Regional Consultation on Strategic Plan for Health Workforce.* Bali, Indonesia, December 2006 SEA-HSD-291 WHO-SEARO
9. *Accreditation Guidelines for Educational/Training Institutions and Programmes in Public Health.* Chennai, India January 2002 SEA-HMD-213 WHO-SEARO
10. *Dhaka Declaration on Strengthening Health Workforce in SEAR countries.* Report of the Twenty-Fourth Meeting of Ministers of Health of Countries of the South-East Asia Region. Dhaka, Bangladesh, 20-21 August 2006 *Background documents of Asia-Pacific Action Alliance on Human Resources for Health Meetings.* <http://www.aaahrh.org>.