

Annexure XI – Health Workforce Strategic Plan (2012-2017)

Health Workforce Strategic Plan 2012-2017

Ministry of Health

Myanmar

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Acronyms

AMW	Auxiliary Midwives
ASEAN	Association of South East Asian Nations
BHS	Basic Health Staff
CBO	Community Based Organisations
CHW	Community Health Workers
DPO	Development Policy Options
GOM	Government of Myanmar
HRD	Human Resource Development
HRH	Human Resources for Health
HWF	Health Workforce
HWFM	Health Workforce Management Division
INGO	International Non-Government Organisations
MDG	Millennium Development Goals
MNPED	Ministry of National Planning and Economic Development
MOD	Ministry of Defence
MOF	Ministry of Finance
MOH	Ministry of Health
MOL	Ministry of Labour
NGO	Non-Government Organisations
PHC	Primary Health Care
PhD	Doctorate of Philosophy
PHS	Public Health Supervisors
UCSB	Union Civil Service Board
WHO	World Health Organization

Health Workforce Strategic Plan 2012-2017

1. INTRODUCTION TO POLICY

1.1 AIM OF HRH POLICY

The Health Workforce Strategic Plan, drafted by the Myanmar Ministry of Health (MOH) in extensive consultation with key stakeholders, is designed to guide the development of Human Resources for Health (HRH) to meet the challenges facing the Myanmar health system. The strategy aims to ensure that the health system has adequate quantity and mix of competent and committed health professionals at managerial and technical levels, who could be deployed where and when needed to serve the people of Myanmar.

The HRH Policy is underpinned by an analytical review of the challenges inherent in the Myanmar demographic, socio-economic, health and human resource situation. The review entitled Myanmar Country Profile is attached.

1.2 THE HRH POLICY CONTEXT

Various government policies, plans and strategies provide a policy context for human resources for health.

High-level consultation on Development Policy Options (DPO) for Myanmar held in Nay Pyi Taw in Feb 2012, placed health at the centre of poverty reduction and highlighted the importance of developing a reliable HRH database & strategic plan (including a Rural Human Resource Plan). The meeting also stressed the need to clearly define roles and responsibilities for all categories of the health workforce (HWF) and to explore strategic options for attraction and retention of skilled HRH in rural areas, especially midwives.

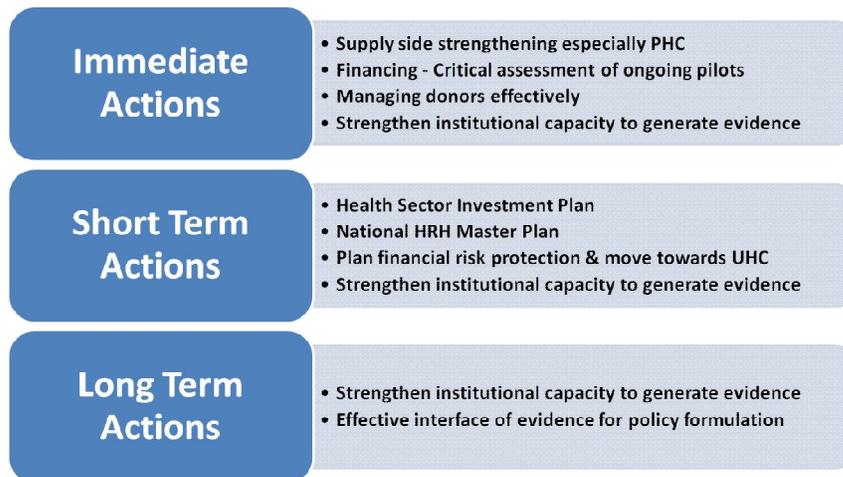
The current National Health Plan (2011-2016) highlights the importance of developing a comprehensive National Strategic Plan for Health Human Resource to strengthen health systems through effective health human resource planning, development and management.

The National Health Plan 2011-2016 stipulates the urgency of developing a five years National health Workforce Strategic Plan with emphasis on compiling information concerning HR supply, demand and critical gaps in both the public and private sectors through a collaborative process involving all relevant stakeholders.

The Nay Pyi Taw Accord for Effective Development Cooperation adopted in February 2013 stresses the aspiration of the Government for a people-centred socio-economic development in cooperation with international partners to strengthen national capacity and skill development, to reduce incidence of poverty and achieve the Millennium Development Goals by 2015.

A national multi sectoral consultation, convened in Nay Pyi Taw in November 2012, assessed the health system capabilities towards Universal Health coverage (UHC) and

reasserted the critical role of human resources for health in attaining UHC. The meeting confirmed the following actions for strengthening the health system.



Other relevant policies include, the Myanmar Vision 2030, Rural Health Development Plan 2001-2006, Hospital Upgrading Plan 2001/2002-2005/2006 and various laws including;

- Myanmar Medical Council Law (2000).
- Dental and Oral Medicine Council Law (1989, revised in 2011).
- Nursing and Midwifery Law (1990, amended in 2002).
- The Law Relating to Private Health Care Services (2007).
- Public Health Law (1972).
- National Drug Law (1992).
- Traditional Medical Council Law (2000).
- Myanmar Maternal and Child Welfare Association Law (1990, revised 2010).
- Myanmar Medical and Allied Degrees Act (in process).
- Prevention and Control of Communicable Diseases Law (1995, revised 2011).

In addition The Government of Myanmar (GOM) initiated various activities in recent years to promote effective deployment of HRH, including:

- Operational studies on the deployment of staff in remote areas and functional analysis of their performance, with particular reference to *“motivation and retention of midwives in hard to reach rural areas”*;
- Provision of financial incentives (per-diems) for staff in twenty pilot townships, with villages in hard to reach areas for to integrate outreach activities;
- Hardship allowances for health workers serving in hard to reach areas; and
- Recruitment and training of volunteer health workers (Auxiliary Midwives (AMW) and Community Health Workers (CHW)).

1.4 THE MYANMAR VISION FOR HEALTH DEVELOPMENT

The objectives of the Myanmar Health Vision 2030 are:

- To uplift the Health Status of the people.
- To make communicable diseases no longer public health problems, aiming towards total eradication or elimination and also to reduce the magnitude of other health problems.
- To foresee emerging diseases and potential health problems and make necessary arrangements for the control.
- To ensure universal coverage of health services for the entire nation.
- To train and produce all categories of human resources for health within the country.
- To modernise Myanmar traditional medicine and to encourage more extensive utilisation.
- To develop medical research and health research up to the international standard.
- To ensure availability in sufficient quantity of quality essential medicine and traditional medicine within the country.
- To develop a health system in keeping with changing political, economic, social and environmental situation and changing technology.

The Vision for the Health Workforce Strategy is to:

“Achieve comprehensive health benefits, by providing universal coverage of quality and equitable health services through a financially sustainable health system with an adequate, competent and productive health workforce that is responsive to changing health needs, especially of remote and rural populations.”

1.5 SITUATIONAL ANALYSIS

Background

The Republic of the Union of Myanmar is a developing country in the midst of a political, social and economic transition. The nation is facing major challenges in every sphere of development and particularly in the provision of quality health and education. With a population of around 59.1 million people, spread across 680,000 square kilometres, most of whom live in rural areas with limited access to health care services, Myanmar is required to strengthen its health system and ensure equitable and effective services to its people.

Government expenditure on health care has increased but is still very low. Correspondingly, in spite of recent improvement in health status, health indicators are still weak compared to other countries in the region and beyond. Mortality rates are improving, as is life expectancy, but there are still many challenges. The country is in an epidemiological transition, with non-communicable diseases on the rise as well as significant prevalence of infectious diseases.

Current health personnel stock levels and distribution

It is estimated in 2010-11 there were 88,975 health workers, including 26,435 medical practitioners, 25,544 nurses and 19,556 midwives. Together, this equalled to 1.49 health

workers (doctors, nurses and midwives) per 1,000 people, well below the WHO minimum recommended threshold of 2.3 health workers considered necessary to support the achievement of the Millennium Development Goals (MDG). Furthermore, not all these health workers are public servants, and those who are, are not necessarily employed by the Ministry of Health as the Ministries of Labour and Defence have employed large numbers of health workers.

The health workforce has a high proportion of women, with almost 75% female health workers. There is an even spread of health workers in urban and rural areas. However, only 34% of the Myanmar people live in urban areas. Furthermore, health facilities in the rural areas are mostly staffed with lesser qualified Basic Health Staff (BHS) – health assistants, midwives, public health supervisors, lady health visitors and community health workers, who require further training and logistical support.

Due to the limited data on the private sector it is difficult to estimate the availability and deployment of health personnel and ascertain the true state of HRH in Myanmar. It is known however, that the private sector is playing an increasingly important role in Myanmar health system and that it is essential to understand its contribution and regulate its involvement.

Main HRH issues

Human Resource Development (HRD) has been identified as a major priority to promote quality and accessibility of health service in Myanmar. Human Resource challenges include shortages of qualified human resources; inappropriate balance and mix of skills; inequitable distribution; difficulties in rural deployment and retention; and lack of appropriate incentives and support to engender motivation and retention of health workers in remote areas.

Basic health staffs are responsible for providing health services to approximately 70% of the population, largely in rural areas. These workers face many challenges in their effort to reach out to the remote villages, with meagre resources and support. Accessibility to health care is hampered by health worker shortages, particularly in rural and remote areas near the borders, high levels of private financing of health services, security issues, poor infrastructure and transport, lack of equipment, resources and drugs, cultural and language difficulties and geographic isolation.

In view of these constraints, not surprisingly, there has been a focus on extending the coverage and access to services through production of a larger quantity of health personnel without sufficient emphasis on the quality of the services provided. Furthermore, production and recruitment of health workers are often not well synchronised, with excess number of doctors relative to recruitment quota, and lack of nursing personnel to fill vacancies in rural areas. Pre-service education is also affected by inadequate funding and infrastructure which in turn affects the capacity of the institutions to offer quality programs.

In the absence of a focal point unit/department in the Ministry of Health to coordinate all aspects of HRH, HRH planning, management and production are not sufficiently aligned and impact on the efficiency and effectiveness of health personnel development and deployment.

Underpinning many of the difficulties associated with HRD is the insufficient investment and allocation of resources for improving all aspects of HRH production and deployment.

On balance, Myanmar faces immense challenges in improving the health situation. Rural areas are particularly disadvantaged, with severe shortages of health workers, services, equipment, resources and infrastructure. Revenue from gas exports are increasing and the lifting of sanctions in recent years has potential to enable increase health funding and with it, improve the health outcomes for the people of Myanmar.

Summary of HRH issues that need to be addressed:

- Insufficient capacity and lack of coordination for planning, managing and monitoring the health workforce.
- Inadequate HRH information systems to inform HRH policy formulation and operational decision making particularly with regard to the deployment of staff in the private sector.
- Insufficient capacity and resources to implement a systematic regulatory framework to ensure adherence to institutional quality standards and competence of health personnel to provide quality services.
- Insufficient engagement of development partners in formulation and delivery of coordinated support and investments particularly in continuing education at the grass root levels.
- Shortages of qualified health workers particularly in rural and remote areas.
- Workforce recruitment quotas that fail to respond to the staffing requirements of the health system.
- Inadequate financial arrangement for support of education intuitions and professional bodies to enable quality production of health personnel.
- Deficiencies in the quality of education and training of health workers particularly weak professional, practical and clinical skills.
- Imbalance in skills-mix and distribution of health workers.
- Lack of clarity about functional responsibilities, scope of services, required competencies and supervision arrangements in different settings.
- Low motivation and performance of health workers at all levels.
- Insufficient salaries to meet basic living costs and low incentives.
- Insufficient human resource budget, linked to inadequate financing of the sector.

2. GOAL AND OBJECTIVES OF HWF STRATEGY

The goal of the HWF Strategy is:

To develop an effective health workforce that can meet the challenges facing the Myanmar health system, ensuring that competent and committed personnel, managerial and technical, appropriate in quantity and quality, are deployed where and when needed to adequately serve all the people of Myanmar.

The objectives of the Health Workforce policy are:

1. To strengthen the leadership and management of human resources for health.
2. To ensure availability and deployment of adequate number and mix of suitably qualified health workers at all levels of the health system.
3. To ensure availability of a competent and motivated health workforce through improved training and supervision.
4. To ensure efficiency, quality and acceptability of the health workforce through attention to equity issues.

3. GUIDING PRINCIPLES

The HWF Strategic plan will be:

1. Responsive to the priority health needs of the population.
2. Sustainable and instrumental to the attainment of universal coverage of health services.
3. Focused on priorities set by the Millennium Development Goals.
4. Responsive to the socio-economic and cultural context of the country.
5. Sensitive to issues of equity, particularly from the perspective of gender and the needs of people living in remote and hard to reach areas.
6. Cognisant of the need to protect and promote diversity within the workforce.
7. Consistent with best evidence, with reference to the Association of South East Asian Nations (ASEAN) and global health policy.
8. Flexible and enabling adaptation to changing circumstances.
9. Developed through wide consultation within and outside the health sector.

4. THE FOUR PILLARS OF THE POLICY

The HRH policy is based on four key pillars in line with the development objectives.

4.1 STRENGTHENING LEADERSHIP AND MANAGEMENT OF HRH

Strengthening of HRH leadership and management capacity at all levels of the health system is essential for effective performance and transparent governance.

The MOH has charged the Department of Medical Science, Department of Health and Department of Health Planning to act as focal points in their respective areas of responsibility to provide leadership in the implementation of policies and strategic directions for human resources for health.

4.1.1 Development of policy and plans on human resources for health

The Department of Medical Science is charged with the responsibility to formulate policy and monitor all aspects of education and training of the health workforce across the country. The Department of Health Planning is responsible for developing and implementing the HWF Strategic Plan to guide adjustments in the national workforce size, staff distribution, staff mix and staff performance. The development of a HRH unit under the MOH will need to include representatives from all relevant departments. It is proposed this new HRH unit should be called the Health Workforce Management Division (HWFM). The HWFM should report directly to the Union Minister of Health to ensure active involvement and mobilization of all sections of the MOH and beyond. It needs to have designated full time staff with adequate authority and expertise to manage HRH effectively.

4.1.2 Human resource management

The MOH, through the HWFM, in close coordination with the Union Civil Service Board, other Ministries, health authorities at Regional and District levels and other agencies and councils, will provide leadership and technical capacity for effective management of human resources at all levels with particular reference to:

- a) Determining staff requirements (types, staffing levels and mix).
- b) Reviewing roles, allocation of responsibilities, delegations, accountabilities.
- c) Developing policies to ensure healthy and safe working conditions and environments.
- d) Providing induction, training, re-skilling and supervision support.
- e) Facilitating work teams and supportive networks.
- f) Setting standard performance targets and indicators.
- g) Enhancing management of staff performance, including documentation using standard appraisal templates.
- h) Give incentives and promote staff who have high levels of productivity.
- i) Managing separation and retirement of staff.
- j) Monitoring equal opportunities commitments.
- k) Manage and facilitate information sharing with the private sector in a confidential and secure manner.

4.1.3 Development of legislation on human resources for health

The MOH will formulate regulations and laws concerning HRH by:

- a) Compiling an inventory of Health System Legislation, policies and guidelines, and analysing for consistency and compliance with the HRH framework;
- b) Drafting modifications of inconsistent legislation, policies and guidelines;
- c) Determining where additional supporting legislation, policies or guidelines are required to ensure HRH can provide effective and efficient services; and
- d) Drafting and enacting legislation which clearly delineates the conditions, requirements and mechanisms for the accreditation of training programmes and licensing of health professionals.
- e) Ensuring that the Health Professions Council is strengthened and adequately resourced to play a major role in regulating and managing the quality of the health professions.

4.1.4 Monitoring

The MOH will develop and maintain an information system on health personnel to inform policy and enable effective management of HRH.

The MOH will ensure that the HWF strategic plan support the production and employment of staff required to address public health priorities in the framework of a comprehensive PHC approach, including strategies for:

- a) Maternal mortality reduction.
- b) Improving child survival.
- c) Improving nutrition status and disaster and epidemic preparedness.

The MOH will monitor human resources recruitment, deployment, career progression and retention to ensure compliance with the HRH policy directions, including commitment to equity and equal opportunities.

The MOH will establish capacity and/or commission relevant institutions for the conduct of operational research concerning HRH issues to support evidence based decision making.

The MOH will establish mechanism(s) that will allow the voices of health sector staff to be heard on key issues that affect their performance and motivation.

4.1.5 Coordination of national human resource efforts

The MOH will strengthen coordination among all HRH stakeholders and promote their participation to ensure that HRH development strategies are acceptable, feasible, and sustainable. In particular, the MOH will:

- a) Review the roles of and coordination among authorities with responsibility for policy formulation and implementation concerning employment of staff and vocational and higher education in the health sector;
- b) Monitor and regulate the development of health services provided by the private health sector and ensure that they are well aligned with national health priorities.

4.1.6 Coordination of development partner support

The MOH will coordinate development partner support for HR issues in line with the national HWF strategic plan.

The MOH will ensure that donor support complies with the principles of aid effectiveness. This requires donor support to be designed from the outset to be:

- a) Focused on the priority activities of the MOH.
- b) Evidence-based effective health and health care.
- c) Sustainable after initial development support.
- d) Co-ordinated to avoid duplication.
- e) Consistent with operating procedures, clinical protocols and reporting.

4.1.7 Duties and responsibilities of the stakeholder units

The proposed Health Workforce Management Division will be designated as the focal point for the implementation and monitoring of the HRH strategy. The performance of this role entails many responsibilities focused on planning and management of human resource for health, including;

- Formulating and regularly updating a Strategic Health Workforce Plan.
- Informing officials at all levels about the Health Workforce Plan.
- Directing adjustments in the national workforce size, staff distribution, staff mix, and staff duties and responsibilities mandated by the HWF plan.
- Regularly updating projections of future national health workforce requirements.
- Developing and implementing strategies for recruitment and deployment of staff in remote and hard to reach areas.
- Developing long-term strategies to promote the recruitment and retention of specific groups to the health workforce, candidates from disadvantaged areas who may not meet recruitment requirements without targeted support.
- Building capacity for and promoting effective management of human resources, in close coordination with central agencies and health authorities at regional, district and township levels.
- Contributing to the formulation of regulations and laws concerning HRH by:
 - Compiling an inventory of Health System Legislation, policies and guidelines, and analysing for consistency and compliance with the HWF strategy.
 - Determining where additional supporting legislation, policies or guidelines are required to ensure HRH can provide effective and efficient services.
- Developing and maintaining an information system on health personnel to inform policy and enable effective management of HRH.
- Monitoring the implementation of the HRH strategy to ensure that it supports the production and employment of staff required to address public health priorities, with particular reference to the implementation of strategies that target attainment of the MDG (poverty, infant and maternal mortality)
- Monitoring human resources recruitment, deployment, career progression and retention to ensure compliance with the HWF strategy, including equal opportunities commitments.

The Department of Medical Science was designated as the focal point for all aspects of production of the health workforce including oversight and regulation of all education and training institutions and continuous support for the professional development of managerial and technical health staff, including:

- Formulate policies and provide strategic direction for the development of health professional education.

- Monitor the health services staffing requirements to ensure adequate supply of human resources with appropriate competencies and attributes.
- Maintain and utilize data from the Human Resource Management Information System concerning professional development and in-service training of health personnel.
- Review changing and emerging duties and responsibilities of health personnel to ensure relevance of education programs to current requirements.
- Maintain close liaison with Ministry of Education and other education authorities concerning policy and operational matters associated with the operation of the training institutions and programs for the health professions.
- Review and implement legal frameworks for regulation and monitoring of training institutions.
- Cooperate with the Professional Councils in the development of mechanism for accreditation of training institutions and national licensing exam to verify professional competence of graduates.
- Monitor outcomes of institutional accreditation and national exit exam results and consider strategies to address deficiencies (in the future).
- Monitor and promote complementary contribution of the public and private sectors to health profession education.
- Review efficient and effective use of Educational Development resources to promote quality of education.
- Monitor development partner collaboration with training institutions and promote harmonization of efforts in line with MOH priorities.
- Commission operational studies to inform policy and program implementation for quality production of the health workforce.
- Advocate and mobilize support for the development of education institutions and programs for the health professions.
- Monitor the development and use of quality standards for education institutions to ensure quality of programs, efficient use of resources and transparent and effective management systems.
- Monitor the strengthening of education and training institutions with particular reference to:
 - Curriculum development.
 - Teacher training and educational development activities.
 - Availability and use of learning resources and materials.
 - Institutional arrangements for clinical practice.
 - Availability and use of clinical settings for learning.
 - Improvement of school facilities and dormitories.
 - Acquisition and maintenance of equipment.
- Monitor and regulate students' enrolment into training institutions to ensure intakes are consistent with service requirements and institutional capacity to provide quality education.
- Formulate long-term strategies to promote enrolment in training institutions of students from rural, remote and disadvantaged areas who may not meet entry requirements without targeted support.

- Guide the preparation of strategic and operational development plans of training institutions to ensure adherence to policy and efficient and equitable allocation of resources.
- Monitor and promote development and implementation of in-service training program for professional and technical staff.
- Overseeing development and implementation of continuing professional development training programs for senior managers and leaders.

4.1.8 Targets for 2012-2016

The priority targets for strengthening leadership and management systems for HRH are to:

- *Review and adjust Terms of Reference for all the Departments and entities involved with HRH.*
- *Establish a focal point unit/department for HRH planning and management in the MOH.*
- *Review and adjust a legal framework to regulate the production and deployment of health personnel.*
- *Develop leadership and management systems to strengthen planning and management of HRH at all levels.*
- *Develop and maintain Health Personnel Information System.*
- *Develop and maintain tools for the projection of staff production and recruitment requirement.*
- *Review staffing standards and adjust targets based on consultation and evidence.*
- *Develop an evaluation and monitoring framework to ensure quality and effective use of resources.*
- *Establish mechanisms for information sharing, coordination and consultation within the Ministry, the public sector at large, the private sector and development partners.*

4.2 IMPROVING AVAILABILITY OF HUMAN RESOURCES FOR HEALTH

4.2.1 Workforce size and characteristics

The MOH will determine and implement affordable and sustainable staffing norms that reflect service requirements and promote effective use of scarce resources within a Primary Health Care (PHC) conceptual framework to respond to users' needs.

The MOH in consultation with health services providers will identify gaps in staffing according to agreed staff norms, and set priorities for resolving imbalances in staff distribution and skill mix with reference to:

- a) Implementation of essential services based on PHC principles and practices.
- b) Compliance with the MOH policies concerning roles and functions of health facilities at all levels of the health system, including needs-based specialist hospitals.
- c) Consistent with the scope of services of health personnel and laws and regulations concerning professional practice.

- d) Promotion of equitable access to and utilisation of services based on factors such as: the size of population served, burden of disease, cultural and demographic considerations, geographical remoteness, social and cultural practices, economic situations and public health emergencies that affect access to health facilities and potential access to alternative facilities, such as private sector, INGOs, NGOs and CBOs.
- e) Apply increases in recruitment of health personnel to address specific gaps, with priority to remote and hard to reach areas.
- f) Linking increase in the size and quality of the health workforce with strategies to increase demand for and utilisation of public health services. These strategies need to consider staff attitudes, communication and clinical skills.
- g) Consistent with availability of infrastructure and space for deployment of staff.
- h) Consistent with availability of funding for deployment and retention of staff.

4.2.2 Classification of categories of staff

The MOH will determine from time to time the categories of health personnel needed to provide health care services. The current categories of staff are classified according to the level of education attained, functional responsibilities and professional disciplines.

4.2.2.1 The classification of the workforce according to level of education attained:

- a) Post Graduate (including PhD, Masters Degrees and specialist training).
- b) Graduate (Bachelor Degrees).
- c) Post Basic Diploma (Vocational High and Mid-Level professionals).
- d) Diploma (Vocational Low Level professionals).
- e) No professional qualifications.

4.2.2.2 The classification of functional responsibilities includes:

- a) Direct patient care.
- b) Paramedical support services (such as pharmacy and laboratory services).
- c) Health promotion, disease prevention and public health.
- d) Managerial, technical and logistic support.

4.2.2.3 The classification of staff based on professional disciplines is clustered into four major areas, as follows

- a) Medical and Dental surgery staff.
- b) Nurse, Midwives and Medical Assistant staff.
- c) Paramedical and allied health staff.
- d) Professional, managerial and support staff.

Medical and Dental surgery staff will include:

- a) Medical doctors with higher degree qualifications (PhD and Master Degree) in various fields including Science and Public Health.
- b) Medical specialists in areas approved by the MOH according to service requirements.
- c) Medical doctors/dentists (Bachelor degree).
- d) Dental assistants (Diploma).

Nursing, Midwifery and Medical Assistant staff will include:

- a) Nurses with graduate and higher degree qualifications (Bachelor Nurses and beyond).
- b) Nursing Clinical Specialist determined by the MOH according to service needs (such as Surgical, Paediatric, Intensive care, Community, Mental Health).
- c) Registered Nurses (Diploma).
- d) Lady Health Visitors (Certificate).
- e) Registered Midwives (Diploma or Certificate).
- f) Nurse aides.
- g) Health assistants (Bachelor degree).

Paramedical staff will include:

- a) Pharmacists (Bachelor degree).
- b) Pharmacy assistants.
- c) Laboratory scientists.
- d) Laboratory technician assistants.
- e) Dental technicians.
- f) Radiographer and X-ray technicians.
- g) Hygienists (middle level, higher Diploma and Bachelor).
- h) Physiotherapists.
- i) Dieticians and nutritionists.
- j) Orthotists.
- k) Opticians.
- l) Audiologists.
- m) Public Health Supervisors (PHS) I and II.
- n) Medical social workers.

Professional, managerial and support staff will include:

- a) Professional staff (social scientists, epidemiologists, economists, anthropologists, statisticians, information technologists).
- b) Managerial, financial staff and accountants.
- c) Technical staff and tradesmen (medical equipment maintenance, electricians, plumbers, carpenters, mechanists, logistics etc.).
- d) Support staff (drivers, cleaners, etc.).
- e) Clerical staff.

Other contributors to community health include; traditional healers, traditional birth attendants, and village-based trained volunteer health workers. These categories of community health workers are not included on the MOH payroll.

4.2.3 Staff mix

The MOH will ensure an adequate mix of skills, both individual skills and team skills, required to perform agreed services using a multi-disciplinary approach, at different health facilities and services by:

- a) Reviewing the roles performed by different categories of staff and the required competencies for effective performance.

- b) Determining the functions that could be adequately performed at each level and the minimum number of services that must be performed to maintain required skills and justify allocation of resources.
- c) Determining an optimal balance among categories of staff for the different types of health facilities to ensure support and efficient use of resources.
- d) Upgrading the skills of existing staff to overcome service deficiency with an emphasis on integrated PHC services and life-saving skills
- e) Identifying possibilities for 'multi-skilling' and potential for 'task shifting' among categories of staff to overcome shortages of staff in selected areas and to avoid, if possible, proliferation of additional cadres of health workers.
- f) Identifying alternative supervision arrangements to facilitate "task shifting" (e.g. passing responsibility of immunisation from midwives to PHSII).
- g) Promoting use of mobile teams of skilled staff to provide scheduled clinics in facilities lacking required technical competence or capacity in specific areas.
- h) Developing and monitoring scope of services and qualifications, for all sectors including the privately trained health workers from the NGO/CBO sector.

The MOH will monitor the requirement of health services and from time to time will adjust the targets for recruitment and deployment of staff. As a result, certain categories of health staff that are no longer required (or only required in very small numbers), may no longer be recruited for training and/or service and if justified, other categories established.

4.2.4 Staff distribution

The MOH will base staff distribution primarily on consideration of public health needs as reflected in its policies and strategic plans.

The MOH will endeavour to address gaps in the provision of qualified health workers, particularly female health workers in remote and underserved areas by initiating evidence-based practices including:

- a) Improving rural working environment and conditions by strengthening health infrastructure, including health facilities, access to supplies and equipment, transport, communication, and referral mechanisms.
- b) Requiring newly qualified health workers to serve in district or health centres, based on public health needs, for prescribed period of time (say, a minimum two year period within the initial five years after graduation).
- c) Offering financial and non- financial incentives to staff working in rural areas.
- d) Offering efficient and timely transfers for staff who have completed two years' service at district or rural areas, and ensuring the same opportunities for career progression to these staff.
- e) Revising training curricula to ensure that graduates are fully prepared to work in district or rural locations.
- f) Identifying priorities for staffing in different facilities and services to address priorities emerging from the HWF Strategic Plan and priority public health areas such as maternal and infant mortality.
- g) Allocating MOH recruitment quota for appointment of staff needed for specific posts, with priority given to rural and remote areas.

- h) Identifying redundant posts at central level in order to reallocate positions for priority areas.

4.2.5 Staff performance and motivation

The MOH will develop and implement a sustained supportive supervision program. It will:

- a) Determine the supervision and management support activities required to support staff at different levels.
- b) Develop easy to understand operational management procedures to guide governance and administration of services.
- c) Provide appropriate clinical and health promotion guidelines.
- d) Develop and/or update job descriptions with achievable set of objectives and responsibilities linked to service priorities and operational management procedures.
- e) Identify functions and activities that could be delegated to lower level staff.
- f) Provide training in the use of clinical guidelines at the work place at all levels.
- g) Provide sustained coaching in the use of operational management procedures and clinical guidelines at the work place.

The MOH will undertake concrete steps to enhance staff productivity and morale by strengthening assessment and management of health worker performance. To this end the MOH will:

- a) Adopt a systematic approach, including appraisals and feedback, to support staff performance, aimed at increasing staff skills and commitment.
- b) Set clear targets for improvement of staff performance based on objective assessment and follow up progress regularly through mentoring and training.
- c) Provide sufficient resources including drugs, supplies and equipment to allow staff to perform the tasks required of them.
- d) Provide models of good practice in management and motivation of staff by training managers in human resource management, with particular emphasis on staff support, mentoring and performance management.
- e) Ensure a safe and secure working environment for health workers.
- f) Establish mechanism(s) for consultation with health workers on issues likely to affect their motivation and performance.

4.2.6 Remuneration

The MOH will consult with central agencies and local authorities to determine appropriate adjustments to staff remuneration in line with health sector salary benchmarking criteria and in line with rises in the cost of living. The MOH will:

- Ensure basic liveable wages and fair remuneration for tasks performed.
- Recognize and reward effective achievement of realistic service targets or health care outcomes (e.g. proven immunisation coverage; reduced maternal or neonatal or paediatric death rates; referrals/transport of emergency cases).
- Develop and implement a clearly defined career path for all health professionals including:
 - Appropriate gradations within staff categories.
 - Options for upgrading to higher levels.
 - Predictable options for transfers.

- Options for movement between categories.
- Appropriate relativity between clinical/technical and administrative streams.

The MOH will provide financial and other incentives for rural practice, particularly in those locations most underserved, with consideration given to long-term sustainability.

4.2.7 Targets for 2012-2016

- **Identify gaps in staffing according to agreed staffing standards and set priorities for resolving imbalances in staff distribution and skill mix**
- ***Explore potential for task shifting and multi-skilling as strategies to address shortages and in adequate skill mix***
- ***Revise scope of services and job description to reflect current performance requirements.***
- **Enhance staff productivity and staff morale by strengthening assessment and management of health worker performance through supportive supervision and opportunities for professional development**
- ***Explore strategies to promote recruitment and retainment of staff in rural and remote settings including optimal living and working conditions, opportunities for professional development and progression and remuneration.***
- ***Ensure BHS have adequate accommodation facilities through government investment and community and development partners support.***
- ***Create a national pool of funds from government and development partner to provide adequate financial remuneration for health workers.***

4.3 IMPROVING QUALITY OF HUMAN RESOURCES FOR HEALTH

4.3.1 Education and training

The MOH will make major investments in strengthening the capacity of the health professions' universities and other training institutions to provide quality education.

The MOH will:

- a) Review the intakes into education and training programmes to ensure production and recruitment are made in line with the needs and requirements of the country.
- b) Assess training institutions' pre- and in-service capacity to provide quality education in terms of space, teaching resources, exchange programs and clinical and community settings for training.
- c) Ensure that proposed new education and training programmes address relevant competency areas, that the training institution has capacity to deliver quality programmes, and that graduates are likely to be employed in their professional area.
- d) Ensure that admission to pre-service and in-service education and training programmes corresponds to the needs of the health system, as defined by HRH planning projections.
- e) Make appropriate investments, and mobilise additional support, in order to renovate the health professions institutions so that they can perform their teaching and student services roles.

- f) Strengthen the capacity of training institutions, clinical practice sites, and in-service training teams, especially with regard to modern teaching and learning strategies that focus on active learning and the development of job-related skills, rather than on theory.
- g) Appoint clinical preceptors in clinical settings to coordinate and supervise the quality of learning experiences provided to students.
- h) Strengthen equal opportunities for admission to training for candidates from disadvantaged areas.

The MOH will require all training institutions to develop annual operational plans and long term strategic plans which clearly identify the designated functions, the expected outcomes and the required resources and support. The MOH will monitor proposals emerging from these plans for development of educational facilities and resources to ensure that proposed developments reflect HRH training priorities.

The MOH will support the efforts of training institutions to develop the quality of teachers and the development of essential educational resources for student learning.

- a) Provide training programmes and mentoring opportunities for health professions teachers and clinical preceptors to improve their educational skills.
- b) Develop skill development laboratories to ensure adequate opportunities for practice of skills and application of knowledge.
- c) Develop learning resources and reading materials to support student learning and promote self-study.

4.3.2 Professional competence

The MOH will promote and regularly monitor the professional competence of health workers and make necessary provisions to address identified performance deficiencies. It will:

- a) Review job skills required for each category of health worker within the public health system as the basis of refocusing training programmes and curricula to ensure graduates have the necessary skills.
- b) Ensure that each graduate receives sufficient, well-mentored, practical experience during training that is applicable to daily practice.
- c) Strengthen in-service training systems by developing essential and integrated packages of training that is broad ranging in topics and scope, and is also easily accessible to all health workers in all regions. These in-service packages need to be decentralised in order to improve the relevance, availability, quality, cost-effectiveness and outcomes.
- d) Follow up in-service training participants with supportive supervision to help them apply their new skills on the job. This will require refocusing and expansion of the current supervisory system.
- e) As a priority, design and implement management training programmes for District, Township and Health Centre managers in order to strengthen and upgrade the management capabilities of health managers.
- f) Develop a pool of resource people, including retirees, who are able to act as facilitators for leadership and management development programs at all levels.

4.3.3 Certification and licensing

The MOH will cultivate the capacity of and work closely with the Health Professions Council whose function is to organise, control and provide expert opinion on the practice of health profession.

The Health Professions Council will be charged with the responsibility to:

- a) Develop criteria and an implementation framework for the accreditation and quality assurance of training and education programmes for the health professions.
- b) Develop professional standards for certification of health professions' right to practice.
- c) Assess continuing education and professional development activities to promote and certify quality education and relevance to health workers' performance requirements.

The MOH will streamline certification and licensing procedures in order to ensure compliance with professional standards and timely deployment of health staff.

4.3.4 Targets for 2012-2016

- *Review development requirements of health sciences Universities and Schools and prepare investment plans to address priorities*
- *Review existing and potential sources of funding to ensure adequate funding for education institutions*
- *Develop a central accreditation body for all health training courses and institutions to improve governance and academic standards. (including development of quality standards and mechanism for accreditation)*
- *Develop and strengthen the capacity of each of the health professional councils (Myanmar Medical Council, Myanmar Nurse and Midwife Council, and Myanmar Dental Council) to promote their contribution to quality management (including certification of competency for licensing and registration of health personnel)*
- *Develop adequate competency-based curriculum and assessment frameworks for students and ensure that it is enforced universally.*
- *Improve integration of theoretical knowledge and practice by expanding capacity of training institutions to provide training in both clinical and public health settings.*
- *Collaborate with other stakeholders, including private sector, to effectively integrate pre- and in-service training programs based on a competency framework.*
- *Strengthen the collaboration and coordination between training and deployment of health workers through the appointment of clinical tutors from service side in both clinical and community training settings.*
- *Develop internship training programs for newly graduated nurses and midwives.*
- *Develop bridging courses to up-skill auxiliary midwives to fully qualified midwives.*

- *Develop refresher training courses for health workers according to needs base.*
- *Improve IT capacity in all training institutions to support modern training and learning needs.*
- *Provide incentives and reward exceptional students and high performance health workers across all levels.*
- *Upgrade all nursing and midwifery training schools into University or College level with view to have an entire nursing workforce with a minimum Bachelor-level qualification.*
- *Rotate health workers with informal training or Diploma and Certificate level qualifications through formal and bridging courses to raise the skill level of the entire health workforce.*
- *Develop a Staff Handbook to provide definitions, required competencies, and career structure of each health category.*
- *Improve health worker communications skills and professional attitudes through training and supportive supervision*
- *Develop multi-lingual curriculums to increase recruitment of health personnel from minority groups.*

4.4 ENSURING EQUITY IN HUMAN RESOURCES FOR HEALTH

4.4.1 Monitoring equity Issues in HRH

To ensure maximum efficiency, quality and acceptability of the health workforce, and to maximise its capacity to meet public health goals, the MOH will analyse and monitor workforce entry, composition, performance, motivation and retention from gender, ethnicity, age, geographic location and other perspectives. This will be done as an essential part of regular workforce monitoring.

4.4.2 Equal opportunities framework

The MOH will devise an equal opportunities policy framework. This will:

- a) Prevent unfair and unjust differences by age, gender, ethnic group, disability or other types of difference in opportunities for workforce participation, training, career progression or in remuneration.
- b) Promote a safe and supportive working environment, free of harassment and discrimination, for all workers, regardless of their gender, ethnicity, age or any other aspect of difference.
- c) Outline short- and long-term strategies to be taken by the MOH to promote equal opportunities (e.g. flexible working arrangements; improved grievance and disciplinary procedures).
- d) Outline a framework for monitoring equal opportunities commitments.

4.4.3 Affirmative action strategies

The MOH will increase the proportion of female and ethnic minority recruits to health worker pre-service training courses at all levels, but particularly for courses where women and ethnic minorities are currently under-represented. This must be done by:

- a) Proactively encouraging applications from these groups.
- b) Strengthening regional training institutions.
- c) Providing scholarships for bridging courses for individuals who lack the requisite qualifications to apply for health training courses.
- d) Providing assisted placements for health workers from these groups.
- e) Providing adequate continuing education opportunities and adequate supportive supervision for lower level categories of staff.

The MOH will proactively address the issue of the concentration of female health workers and ethnic minority groups at lower and middle levels of the health system by:

- a) Giving preferential treatment to female and ethnic minority applicants in higher-level medical skills training quotas.
- b) Giving preferential treatment to female and ethnic minority applicants who apply for senior health management training.

4.4.4 Cultural acceptability of health services

The MOH will promote equity of access to health services by:

- a) Integrating inter-personal communication and counselling skills training in all medical curricula.
- b) Integrating training on women-friendly and culturally appropriate service delivery in training curricula of all front-line health providers and health managers.

4.4.5 Targets for 2012-2016

- ***Review and adjust regulations aimed to increase the access and success of people in remote and hard to reach areas participation in training and subsequent recruitment to public service.***
- ***Provide bridging courses and other remedial activities to support academic progress of students who may not have had sufficient preparation due to location and other disadvantages.***