

8. Evidence indicates that recruitment of students from rural areas has higher probabilities of working and better retention in rural health services. Efforts should be made to strengthen learning capacity of these rural students to ensure completion and achieve the standard competencies as required by the curriculum to function effectively in the community.
9. Systematic In-service training, re-orientation of skills-mix and task-shifting are recommended in the context of changing health needs and demands that result from numerous factors such as demographic and epidemiologic transitions, introduction of newer health technologies and changing patterns on health-seeking behaviours.
10. There is a need to revisit the public health competencies of professionals at all levels and see whether public health training is relevant and can adequately meet the necessary/ essential competencies required of them to deal with emerging public health threats.

Deployment, retention and migration

11. It is recommended that governments invest more in the healthcare system, through deployment of trained health workers and devise policies to increase the number of appropriate health workers in rural under-served areas through the application of financial and non-financial incentives, drawing lessons learnt and experiences from other country contexts.
12. It is also recommended that efforts be made to improve working conditions and environment especially at the primary health care level in remote areas with adequate provision of equipment and supplies of medicines and logistics support and decent remuneration in order to motivate health workers to improve their performance and be retained in rural health services for as long as possible.
13. Based on country political, social and cultural context, explore potential applications of "mandatory rural services" for key health workers upon graduation and draw lessons learnt from other countries.
14. Establish national forum for dialogues between public and private health sectors in country in order to mitigate losses of human resources from public services, and take active role in the formulation of the WHO Code of Practice on the International Recruitment of Health Personnel to reduce adverse impacts that result from their migration.

III. For regional and international actions

Advocacy

15. In the context of the Paris Declaration on Aid Effectiveness and Harmonisation and respecting the sovereignty of countries to own and take the leadership role in the development of their human resources for health, it is recommended that Partners and Global Health Initiatives should align their funding and aid in support of the national human resource plan and synergize their programs in order to strengthen health systems and human resources according to the national health priorities.
16. In the context of existing regional strategic plans on human resources for health in Southeast Asia and Western Pacific Regions, WHO should continue to provide technical support, in conjunction with other development partners in fostering the implementation of national human resources for health plans.

Asia Pacific Action Alliance on Human Resources for Health

17. In collaboration with WHO and other partners, to support countries in developing and managing human resource of health information systems in collaboration with WHO and other partners.
18. Facilitate knowledge generation, documentation, management and sharing good practices on human resource management among countries.
19. Facilitate building and strengthening capacity in HRH research to inform policy, planning and management of human resource for health.