Strategic Management of Human Resources for Health: Building Competence and Compassion through Systemic Changes

Background:

The WHO-TACHS Regional Workshop on Human Resources for Health (HRH) held in Colombo in July 2025, convened by The Asian Collective for Health Systems (a regional platform hosted by the Centre for Social and Economic Progress) and the World Health Organization, Regional Office for South-East Asia (WHO-SEARO), brought together policymakers, academics, and practitioners from across the Asia Pacific region to address pressing challenges of HRH education, employment, and its accountability to dynamic population health needs in our diverse contexts.

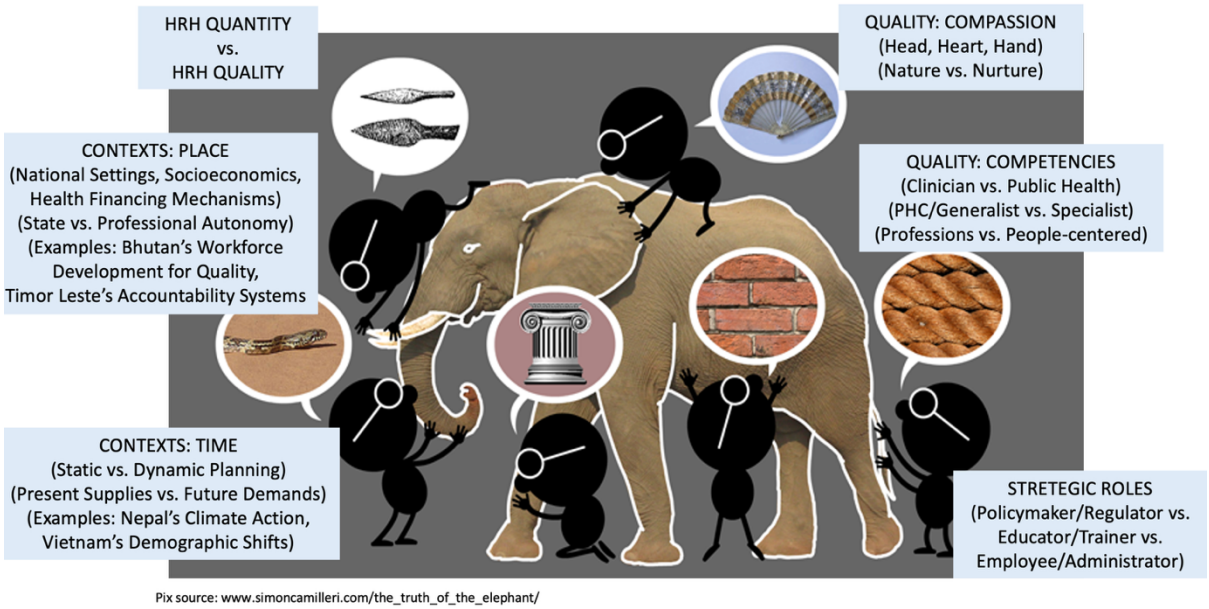

Figure 1: Strategic management of human resources from a systems thinking perspective

A central theme that has emerged was the need to recognize that HRH is not a standalone policy or management practice, but the dynamic relationships of both demands and supplies in the labor market (education and employment) and the health services market (population demand and health system needs) that interconnectedly influence the performance of health systems. By moving beyond the pitfalls of fragmented thinking and harnessing the integrative power of systems thinking, this synthesis distills key insights, debates, and country experiences into a shared framework for workforce transformation.

1) HRH Education: Building Competence and Compassion

The supply side of the health labor market depends on strong education systems that prepare professionals with both technical competence and compassion. Countries reported significant reforms in the past years:

- Thailand has pioneered community-based medical education, requiring students to spend one year of their six-year program embedded in local communities, fostering early exposure to primary care and population health needs.

- Indonesia faces uneven quality, with only one-third of medical schools accredited "excellent," and curricula still dominated by curative, biomedical training. Reforms under Health Law No. 17/2023 aim to integrate digital literacy, public health, interprofessional collaboration, and community-based education.
- Bhutan emphasizes competency-based continuing education, requiring 30 CME credits for relicensing, but struggles with retention and reliance on foreign-trained professionals.
- India highlighted the scale of its medical education system, with over 780 medical colleges and new competency-based curricula that integrate ethics, communication, geriatrics, and family medicine.

Across countries, participants stressed embedding compassion and people-centered care through the medical humanities, narrative practices, and cultural sensitivity training—transformative approaches to cultivate empathy alongside technical skills.

2) HRH Employment: Retention, Accountability, and South-South Cooperation

On the employment side, countries grappled with maldistribution, retention, and weak accountability systems:

- Bangladesh reported severe shortages (60,000 doctors, 140,000 nurses), urban concentration of providers, and weak regulation. Reforms include HR information systems (HRIS), digital dashboards, community monitoring via SMS, and grievance redress mechanisms to enhance accountability.
- Timor-Leste, with only 25 health workers per 10,000 population (well below the global standard of 44.5), is strengthening accountability through job descriptions, annual performance reviews, accreditation systems for training institutions, and revitalization of community health volunteers (CHVs). However, challenges remain in supervision, incentives, and data systems.
- Sri Lanka and Nepal shared innovations in community volunteer programs and integration of traditional medicine, though sustaining motivation and quality assurance remain barriers.

The participants also examined the issues of migration and South-South cooperation. Sri Lanka, Bhutan, and Timor-Leste face health worker outmigration, creating deficits in local systems. Timor-Leste's partnerships with Cuba, Fiji, and Sri Lanka were showcased as successful South-South cooperation to scale medical training and improve curricula. Yet unresolved questions remain on how to balance worker mobility with source-country needs, and whether destination countries should compensate for workforce losses.

3) HRH for Redesigned Health Services Delivery: Responding to the Changes of Population Demands and Health System Needs

The demographic shifts, epidemiological transitions, and rising public expectations are reshaping HRH requirements to address both population demands and health system needs.

- Aging populations in Thailand, Sri Lanka, and Bhutan are driving demand for family medicine, rehabilitation, and geriatric specialists.
- Climate change and migration were identified as systemic disruptors, generating new patterns of health needs and exacerbating workforce imbalances.

- Participants stressed the importance of aligning HRH production with real service demand, integrating providers of traditional medicine into mainstream systems where appropriate, and ensuring equitable distribution across rural and urban settings.

Policymakers with systems thinking can foresee how failure to anticipate these demand-side drivers would exacerbate the HRH mismatches—producing a new workforce whose skills do not align with emerging service needs, or deploying staff without adequate incentives to serve vulnerable populations.

Towards a Systems Approach of HRH Policy and Management:

Three key messages of HRH Policy and Management have emerged. First, HRH education must evolve to blend competence with compassion, embedding interprofessional, community-based, and digital literacy training. Second, accountability and retention mechanisms must be strengthened, with clear career pathways, fair incentives, and robust regulatory oversight. Third, regional collaboration and South-South cooperation offer promising avenues to address shared challenges in training, migration, and quality assurance.

Ultimately, applying systems thinking to HRH underscores that education, employment, and service demand cannot be addressed in isolation. Rather, they form a dynamic system where reforms in one domain reverberate across the others. Building resilient, people-centered health systems in the Asia Pacific region will therefore require integrated policies that balance the labor market's supply dynamics with the health system's evolving demand for care. Stronger collaboration across strategic actors—policymakers, educators, employers, and regulators—is essential. When these roles are coordinated, HRH policies translate more effectively into high-quality training, fair employment, and responsive health services.