



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 45th DIRECTING COUNCIL 56th SESSION OF THE REGIONAL COMMITTEE

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### OBSERVATORY OF HUMAN RESOURCES IN HEALTH

Even though the situation of human resources in health varies between the countries of the Region of the Americas, all of them are confronted by deep imbalances in the availability, composition, and distribution of the work force. These imbalances can be present as acute shortages of health personnel, chronic and persistent problems of inappropriate distribution of the work force with regard to needs, or inequities in composition of health providers in relation to the population served. Combined with co-existing deteriorating working conditions, poor incentive systems, and lack of appropriate competency maintenance strategies, these situations often have serious implications for the efficient functioning of health systems and may be associated with severe inadequacies in the performance of health professionals.

The achievement of major international agreements, such as the Millennium Development Goals and the “3 by 5” Initiative, as well as national health objectives and policies aimed at universal access to quality health services, demands that issues about human resources for health be tackled by the governments of the Region, and that proper mechanisms be established for the development of effective national human resources development policies and plans. It is also imperative, in a context of regional integration processes and high mobility of health providers and populations, to strengthen exchanges between Member States on issues of common interest.

The Observatory of Human Resources in Health was launched in 1999 as a major initiative of the Organization to raise the awareness of the importance of integrating human resources in the health policy agenda, and to support the participatory development of appropriate human resources policies. It does so through the promotion of active networking and collaboration between relevant institutional stakeholders at the national level to discuss and analyze data, monitor trends, prioritize issues, and build consensus for policy interventions. PAHO’s technical cooperation activities are aimed at the development of a set of core data that allows the analysis of trends and international comparisons, as well as the sharing of experiences between national observatory groups. The regional Observatory currently represents 21 countries.

This document briefly reviews the experience of the Observatory of Human Resources in Health initiative, identifies some of the lessons learned, proposes new orientations for action, and searches for an intensified commitment from Member States with regard to its goals and main strategies.

The Executive Committee adopted Resolution CE134.R9 for consideration by the Directing Council.

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## **Introduction**

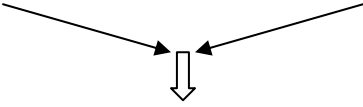
1. In response to needs of the countries in the 1990s, PAHO started a comprehensive program of action to strengthen the steering role of the health authorities to produce and disseminate knowledge and instruments that will lead to better policies, regulations, management, and education of human resources for health. One key initiative was the creation of the Observatory of Human Resources in Health, which was launched in 1999.
2. In 2001, the 43rd Directing Council of PAHO approved Resolution CD43.R6 urging the Member States to “actively participate in the Observatory of Human Resources initiative, facilitating the creation of intersectoral and interinstitutional groups in each country to analyze the situation, generate essential information, and formulate proposals on human resources policy, regulation, and management.”
3. This document is an effort to update the Directing Council about this initiative and describes the achievements and lessons learned by the observatory groups in the countries, as well as PAHO’s cooperation in this regard. At the same time, it aims to bring to the attention of the Governing Bodies of the Organization the need for sound human resources policies as a crucial means to achieve the goals of Health for All and to meet the challenges posed by the Millennium Development Goals in our Region.

## **Development of Human Resources in Health: Problems and Challenges in a Complex and Rapidly Changing Environment**

4. A major challenge faced by the majority of countries in our Region is the overlapping of persisting problems with emerging challenges. This interface leads to scenarios where accumulated problems from traditional systems remain unresolved, but new challenges have emerged as a result of sectoral reforms, and both are affected by the dynamics of a changing global context (Table 1).
5. Historically, overlapping agendas can be identified in the development of human resources policies in the countries of the Region. The “old” agenda corresponds to issues generated by a model of stable and protected labor relations based on lifetime careers, and was characterized by the persistence of traditional bureaucratic practices in many ministries of health, with more focus on process rather than results.
6. A latter agenda associated with the era of sectoral reforms and responding to a new regulatory model was characterized by the flexibility of labor and employment conditions. Reform processes were often embedded within government reform agendas meant to improve efficiency, equity, and quality of public services in general. In many instances, however, these reforms actually focused on the macroeconomic objective of reducing the government’s operating costs and cutting budget deficits. Furthermore, the

implementation of some reform processes, such as decentralization or the introduction of new systems of incentives, occupied much of the attention of human resources managers and policy-makers, leaving even less room for addressing previous shortcomings, including the need to strengthen health information systems.

**Table 1: Overlapping Problems and Challenges**

<b>Persisting Problems</b>		<b>Emerging Challenges</b>
Imbalances in the availability, composition, and distribution of the work force	<b>N E W</b>	Management changes – decentralization, public management, and importance of administrative processes
Insufficient management and evaluation of workforce performance		Increased flexibility of employment conditions and emphasis on the team approach
Lack of incentive systems for quality and productivity	<b>I N</b>	Concerns with competencies, productivity, quality, and accreditation
Fragmentation of labor processes	<b>T</b>	Improved recruitment and retention practices
Inappropriate training, centralized, and of doubtful impact	<b>E</b>	Complexity of coexistence of diverse labor regimens for similar occupational categories
Poor motivation, absenteeism, and low rate of worker participation in decision-making capacities	<b>R</b>	Attention to the health status, rights, and obligations of health workers
Inflexible and regressive regulations and norms	<b>F</b>	International migrations and greater worker mobility
Persisting gender inequities	<b>A</b>	Social demands for more equitable work conditions
Lack of coordination in planning between health and education sectors	<b>C E</b>	Uncontrolled increases in educational offerings by the private sector

7. More recently, additional challenges have appeared as a result of the changing global context and labor conditions emerging from regional and free trade agreements. Current challenges therefore include matters related to recruitment and retention of the health work force, problems with professional mobility, migrations, and shortages of health personnel, concerns with quality, productivity, and accreditation, among others. These new issues bring additional pressures that are frequently beyond resolution at the national level alone.

8. Many countries are experiencing shortages of qualified skilled human resources, both in terms of professional categories, such as the nursing profession, as well as fields of competencies, such as epidemiology, health economics, and gerontology. These may be due to absolute shortages of health personnel, limited capacity to upgrade the skills of the existing work force, or the result of increasing international recruitment and migration of trained staff. A case in point would be the current and projected nursing shortages in Canada and the United States. In Canada, a shortage of over 60,000 nurses is expected as a result of the lack of new recruits and the general aging of the existing cohort of nurses. Assuming a retirement age of 55, this number jumps to 64,248. A Canadian Nurses Association Report: *Planning for the Future, Nursing Human Resources Projections (2002)* notes: “that there will be a shortage of 78,000 Registered Nurses in 2011, and 113,000 RN’s by 2016”. In the United States, there is a current shortfall of over 100,000 nurses and the shortage is expected to grow in the coming years.

9. Evidence from Latin American and Caribbean countries points to persisting imbalances in workforce deployment and composition. Geographical disparities are common between urban centers with high population density and rural or sparsely populated areas. In Argentina, the number of physicians per capita is 10 times higher in Buenos Aires compared to Tierra del Fuego; while in Paraguay, the nurse per capita ratio in Asunción is about 5 times higher than for the rest of the country. In Uruguay, Montevideo has 45% of the population but 80% of the country’s physicians. Imbalances in skills mix are also widespread. In Brazil, medical doctors make up 66% of health professionals; in the Dominican Republic, there are eight doctors for every nurse; and in Uruguay, 66% of doctors are specialists.

10. An area in need of more exploration is the critical contribution of the informal health sector to the provision of health services in the community setting. There is a growing recognition of the role played by individuals themselves in the form of self care, and by families, especially women, in home care, though little has been documented in this regard. Limited information is available on the magnitude of the care provided by midwives and traditional healers, to mention only two categories of non traditional health workers. Innovative ways to capture the availability and contribution of these human

resources in the provision of care need to be developed and the information incorporated in the core data set of the national workforce.

11. Gaps in data collection and limitations of data sources undermine efforts to address these issues. Data are generally collected from existing sources, such as personnel registries of ministries of health and social security institutions, admission and graduation records of universities, census and ongoing household surveys, records of professional associations and trade unions, as well as hospital and health services statistics. In three countries (Argentina, Ecuador, and Paraguay), general data on the health work force are provided by the office of statistics or surveys specifically targeting health personnel. The major types of information included are the number, type, and territorial distribution of health professionals, and the main trends in the training of new professionals (the profession, specialty, gender, and territorial distribution). Additional efforts are required to organize and maintain the data sets in order to estimate present and future needs, both quantitative and qualitative (skill mix), not only at the national level, but also at the regional and local levels, or for specific geographic areas.

#### **PAHO's Response: The Observatory of Human Resources in Health in the Americas**

12. The Observatory of Human Resources in Health in the Americas is a cooperative initiative among the countries of the Americas aimed at producing information and knowledge in order to improve policy-making for human resources and contribute to human resources development within the health sector through the sharing of experiences among countries. The Observatory has managed to achieve this objective by promoting innovative ways of using available information without attempting to substitute existing information systems or creating new ones.

13. The work of the Observatory is done through national groups made up of health authorities, major universities, and professional associations who come together to engage in policy discussions based on available data. The main functions of the national observatory groups are to monitor trends that have an impact on the task of defining human resources policies as a shared agenda with society, in order to align priorities and values of the reform agenda with the interests of stakeholders, taking into account available evidence on population needs. Experience shows how the creation of a policy discussion arena where different stakeholders have to consider priorities in the face of hard facts can be a powerful instrument for setting agendas and giving human resources issues the relevance needed for them to be integrated into national health policies and planning processes.

14. To facilitate this work, a core data set was created to organize the data collected from different sources. The different information areas that make up this data set are: (a) quality of labor and labor regimes; (b) professional education and training for the health work force; (c) productivity and quality of services; and (d) governance and labor disputes within the health sector. Data on these areas are gathered, analyzed, and disseminated, and serve as a basis for developing policies and for strengthening the stewardship role of national health authorities. The present development of the data sets is still insufficient to forecast the adequacy between projected supply and health needs, in terms of quantity, distribution and competencies. However, in some countries of the Region, notably Brazil, Canada, Mexico, and United States, long term assessments of required workforce are currently under way.

15. The role of the national observatory groups is to convene and mobilize the relevant stakeholders, identify sources of information, prioritize the main issues, and build consensus over policy interventions. The role of PAHO is to assist with the collection of core data on the four information areas mentioned previously, contribute to trend analysis and comparisons among countries, as well as provide institutional support to the observatory groups and make recommendations based on data presented. The Observatory also promotes and strengthens the role and capacity of the ministry of health and the presence and role of this ministry contribute in significant ways to the work of national observatory groups.

### **Achievements of the Observatory of Human Resources in Health in the Policy and Regulation Processes in the Americas**

16. The Observatory started with a nucleus of nine countries in 1999. Other countries sharing the same concerns joined as the initiative became known. Currently, there are 21 countries in the Observatory that are members of the regional network<sup>1</sup> and they exchange information and experiences among themselves.

17. Since the implementation of the Observatory, three methodological handbooks have been produced at the regional level to improve the analysis of human resources and optimize the use of existing sources.<sup>2,3,4</sup> Similarly, in several countries of the Region,

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<sup>1</sup> As of January 2004, Argentina, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Uruguay, and Venezuela.

<sup>2</sup> Dal Poz M, Varella T. Guía de metodologías para análise de sistemas de remuneração e incentivos dos recursos humanos do setor saúde. In: Relaciones Laborales en el Sector Salud. Serie Observatorio de Recursos Humanos, Quito, agosto 2000.

<sup>3</sup> Galin P. Guía para optimizar la utilización de la información disponible sobre empleo en el sector salud. In: Relaciones Laborales en el Sector Salud. Serie Observatorio de Recursos Humanos, Quito, agosto 2000.

studies of basic data have been produced which correspond to the Observatory publications in 2001 (Argentina, Costa Rica, and El Salvador) and in 2002 (Bolivia and El Salvador). In Brazil, Observatory documents have been produced which are currently available on the Internet. In Jamaica, the Ministry of Health made its electronic database accessible for the Observatory. In the Dominican Republic and Paraguay, documents are currently being elaborated. Additionally, five regional meetings have taken place, and a mapping of experts has been achieved with the creation of a databank of identified experts. Web connections have been established in all the countries that are members of the network as well as to the central Observatory.

18. There are many specific examples in the Region of successful experiences associated with the work of the Observatory:

- In Brazil, the initiative has allowed a number of studies and academic groups to be nested within the Observatory of Human Resources in Health, following the structure of specialized nodes of a national network. In turn, this has helped the dissemination of information by making these studies and their results easily accessible through the Internet. Mexico has developed a national human resources planning methodology in a cooperative effort with its federal states, professional associations, and universities. This methodology is now in the phase of detecting gaps between the epidemiological and demographical transition and the profile, number, and distribution of the training of medical professionals.
- El Salvador is a case where the initiative boosted the action of a nongovernmental organization (NGO), the Interinstitutional Group on the Development of Human Resources (GIDRHUS), that joined the efforts of the Ministry of Public Health and Social Assistance and the main universities for better integration of training and services. This NGO was transformed into a human resources policy think tank and is now the designated group for human resources issues in the Reform Commission.
- The Ecuador Observatory Group was designated a formal advisory body of the National Health Council responsible for gathering consensus on health policies. The observatory group (CONARHUS: National Committee on Human Resources in Health) has collected a large database on training and employment that is currently on line for the academic community and local policy-makers.

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<sup>4</sup> Novick M. Guía metodológica para el análisis de las relaciones colectivas de trabajo en el sector salud. In: Relaciones Laborales en el Sector Salud. Serie Observatorio de Recursos Humanos, Quito, agosto 2000.



- Argentina, Brazil, Cuba, and Peru have included the Observatory as a regular activity of their human resources units, giving official status to the national groups.

19. The Observatory receives financial and technical support from various sources. Financing mechanisms include cost-sharing arrangements between PAHO Headquarters and PWR offices and in-kind venues, such as publications, as well as direct support from the governments of the countries. In addition, the Norwegian Agency for Development and Cooperation (NORAD), through its financial support, has contributed to the exchange of national experiences implemented by the network. In terms of technical support, the close ties developed with WHO and the International Labor Organization have benefited the initiative.

### **Major Lessons Learned from the Implementation of the Observatory of Human Resources in Health**

20. Although the initiative of the Observatory, by means of its different expressions—direct technical cooperation, publications, cooperation between countries, and international and national forums—has contributed to increasing the visibility of human resources issues, the degree to which it has effectively reached the intended outcomes and impact at the policy-making level and in terms of health sector strategies varies tremendously from one country to the other and over time.

21. Transitions of authorities are often frequent and rapid at the political levels in the countries of the Region leading to institutional instability, and can be considered an obstacle towards assuring continuity for the human resources health policy process. On the other hand, it must also be recognized that the interinstitutional work of the observatory groups has helped to keep the theme of human resources within the political agenda between government administrations, and to maintain continuity in policies and interventions.

22. There are still difficulties in advocating the need for information for policy-making on such sensitive issues as the regulation of professions or the redeployment of the health work force. In many cases the vested interests of professional corporations or the time frames of the reform process do not provide the appropriate climate for discussions based on the evidence presented.

23. Nevertheless, with the use of participatory methods to facilitate social dialogue and gain consensus, much progress has been made in the development of policy documents by many countries in the Region (Bolivia, Costa Rica, Ecuador, El Salvador, Nicaragua, Peru, and Saint Lucia), and in the development of norms and regulations in

the areas of training and employment (Argentina, Brazil, Dominican Republic, Mexico, and Paraguay).

24. Experience from the countries shows the need to integrate relevant stakeholders, such as universities and professional associations, and to collaborate with ministries of education in more active and permanent ways to increase the sustainability of the policy work coming out of the Observatory of Human Resources in Health.

### **Expectations for the Future**

25. The experience developed by the Observatory of Human Resources in Health in the Region of the Americas has proved to be an effective way to advocate the importance of human resources issues. It is expected that human resources in health will play an increasingly important role in the years to come, and that this proactive approach to human resources development will be accompanied by changes in the formulations of health sector policies.

26. The Observatory has made important contributions to upholding the relevance of human resources in the broad political agenda and is in a good position to harness inter-sectoral cooperation for achieving a well qualified and motivated as well as healthy and sustainable work force—balanced in the composition of health professionals, equitably distributed, and equipped to respond to population health needs and health system challenges.

27. A vital function of the Observatory is concerned with the production and diffusion of national information, as well as the consolidation and exchange of information and experience between countries, through a common methodology. This process can be strengthened by focusing on more effective data collection, distribution, and utilization, with the building of a valid, reliable core data set that can be used for comparative analysis, studies of trends, and forecasting purposes.

28. The potential impact of the Observatory rests largely on the effective leadership of the ministries of health, to establish an agenda for human resources development within the wider context of health system policies, and to promote the active involvement of relevant stakeholders in all phases of the policy-making process. PAHO can play an important role in supporting this leadership, through its commitment to strengthen the steering role of ministries of health, the capacity of human resources units, as well as greater institutionalization of different functions of the Observatory.

29. Major strategies of the Observatory include providing a comprehensive framework for human resources planning based on the best evidence available; formulating national and regional agendas that are flexible and relevant to the

policymaking environment; and bringing together diverse institutional stakeholders in Member States for policy dialogues on issues important for human resources development.

30. Priority issues for discussion in the Observatory are identified by country-based groups that constitute the main focus of the initiative. This mechanism constitutes a promising venue for continuously updating the cross-national agenda of relevant and interesting topics, such as inequities in the distribution of health personnel, international migration of health workers, evolution of labor flexibility in the health work force, and institutional capacity building for human resources policies.

31. Even though there is no common and defined set of desirable results to be achieved by the countries' human resources policies, there is certainly a regional interest in the development of a systematic approach to assess the impact of the Observatory in the countries. Four categories of indicators should be developed as proxys to the degree of integration of human resources issues in national health plans and policies. These four categories are: i) the existence and periodic updating of national human resources core data sets; ii) the regular meeting of a national group of key stakeholders to analyse information on human resources and develop plans; iii) the formulation of new regulatory framework regarding the health workforce and iv) the integration of the Observatory activities within the mandate of the Ministry of Health.

32. A promising avenue for the coming years is the organization of regular regional or subregional human resources policy forums. Such forums can help foster collaborative partnerships and a sense of collective social responsibility among relevant ministries, professional associations, educational institutions and international organizations. A research agenda should be developed between stakeholders on priority human resources issues to support policy making. Equity in the deployment of health professionals with regard to needs appears to be such an issue, and a broad collaboration is currently being developed with the International Labor Organization (ILO) and the World Health Organization in five countries of the Region to strengthen the relation between research groups and policy makers.

33. Experience has shown that collaboration with the education sector, including ministries of education, is both necessary and desirable. This is particularly important for addressing issues like competencies and profiles of human resources in health, including training, research, and life-long learning for different health professionals, as well as quality, certification, and accreditation matters.

34. There is growing indication that the scope of the Observatory's activities can be expanded to deal with emerging human resources challenges. These include critical workforce factors for the strategy of primary health care, the delivery of essential public health services, and for responding to emerging epidemics like HIV/AIDS. Another group of concerns would have to do with the area of worker protection and employment conditions. The implications of the international movement of health workers in terms of possible shortages, international licensing and ways of managing the predictable imbalances that can result represents an additional area of interest.

35. Since the implementation of the Observatory, there has been a scaling up of the process of policy formulation among Member States as well as improvements in their institutional capacity for participating in this process. This can be demonstrated by new instances of strengthened institutional capacity, an increase in the numbers of countries participating in the network or undertaking policy formulation activities, and countries with a human resources database in the Observatory's Web. Clearer definitions of evaluation strategies can be undertaken to document progress in the future.

36. Intensification and expansion of the Observatory's activities throughout the Region is anticipated. This could involve incorporating new members, especially countries where formulation of national human resources plans is currently lacking; forming partnerships with other defined communities, such as the Caribbean Community Secretariat (CARICOM), for cooperative policy interventions in human resources issues; and channeling efforts towards implementing the Observatory in all of PAHO's priority countries.

#### **Action by the Directing Council**

37. The Directing Council is requested to endorse efforts to maintain the relevance of human resources on the health policy agenda and to support the development of human resources policy processes, programs, and units in the countries, including expansion of the Observatory of Human Resources in Health in the Region, as well as an intensified commitment to proposed orientations for the future.

38. In addition the Council is invited to consider Resolution CE134.R9 (see annex) recommended by the Executive Committee.

Annex



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 134th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 21-25 June 2004

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CD45/9 (Eng.)  
Annex

### ***RESOLUTION***

#### ***CE134.R9***

#### **OBSERVATORY OF HUMAN RESOURCES IN HEALTH**

##### ***THE 134th SESSION OF THE EXECUTIVE COMMITTEE,***

Having seen Document SPP38/5 on the Observatory of Human Resources in Health;

Having considered Resolution CE128.R3 on the Development and Strengthening of Human Resources Management in the Health Sector (2001); and

Having acknowledged the central role of human resources in the development of equitable health systems and policies, and recognized the importance of evidence-based, participatory mechanisms for the formulation of effective and sustainable human resources plans and policies,

#### ***RESOLVES:***

To recommend that the Directing Council adopt a resolution along the following lines:

##### ***THE 45TH DIRECTING COUNCIL,***

Having considered Document CD45/\_\_\_ on the Observatory of Human Resources in Health, as well as Resolution CE128.R3 on the Development and Strengthening of Human Resources Management in the Health Sector (2001); and

Recognizing the importance of the development of effective human resources policies and plans to achieve universal access to quality health services and meet priority health needs of our populations,

***RESOLVES:***

1. To request the Member States to:
  - (a) address persistent and emerging issues related to the availability, composition, distribution, and performance of human resources in health, which constitute major obstacles to the goal of universal access to quality health services and equity in health;
  - (b) exert effective leadership in establishing a national agenda for human resources development and promote the active involvement of relevant stakeholders in all phases of the policy-making process;
  - (c) invest in the development of human resources to support the strategy of primary health care and the delivery of essential public health functions, as a critical contribution to the attainment of the goals of the United Nations Millennium Declaration;
  - (d) intensify their involvement in the Observatory of Human Resources in Health, as an appropriate strategy to define priorities and formulate sustainable policies.
2. To request the Director to:
  - (a) intensify technical cooperation with the countries in developing and implementing effective human resources policies and plans;
  - (b) expand the scope of the Initiative of the Observatory of Human Resources to address new challenges to the development of human resources;
  - (c) contribute to the creation of a regional strategy to address priority problems derived from the flow of human resources among countries;
  - (d) evaluate the Initiative during the 2006-2007 biennium to define future developments in PAHO's technical cooperation in this field.