



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



27th PAN AMERICAN SANITARY CONFERENCE **59th SESSION OF THE REGIONAL COMMITTEE**

Washington, D.C., USA, 1-5 October 2007

Provisional Agenda Item 4.6

CSP27/10 (Eng.)

19 July 2007

ORIGINAL: ENGLISH

REGIONAL GOALS FOR HUMAN RESOURCES FOR HEALTH 2007-2015

Introduction

1. We have witnessed in recent years a global consensus on the prevailing crisis of human resources for health and a growing sense of urgency for a collective effort to tackle some of the most critical problems. The implications of this crisis are well recognized for their negative effects on the quality of care, the ability to prevent disease, the performance of health systems, and ultimately the achievement of desired health outcomes, including those identified in the Millennium Development Goals. Despite an unprecedented mobilization of financial resources by the international community to control the spread of HIV/AIDS, tuberculosis, malaria and immunization-preventable diseases, to reduce maternal and infant mortality, and to improve the nutritional status of at risk populations, serious concerns exist that these investments will not achieve their expected results. Nor will they be sustainable over time unless systematic efforts are deployed to stabilize a competent, culturally appropriate and motivated workforce. In many situations, the pressure to act comes from large sectors of population who rightly demand basic access to health care personnel.

2. The extraordinary financial pressures exerted on governments and individuals alike resulting from the growing prevalence of chronic diseases, disabilities, social and behavioral problems and the aging of our populations call for substantive gains in efficiency and bold changes in the planning, organization and management of the workforce. The regional goals for human resources for health 2007-2015 are a response to the Member States' willingness to act and move collectively in addressing the critical challenges confronting those whose daily work consists in improving the quality of life of others.

3. The first and indispensable element is a common sense of direction on the essential changes in the situation of human resources required to substantially impact the overall performance of health systems, including the access to quality health services and public health interventions, and ultimately to improve the health status and wellbeing of our populations, with special attention to underserved and at-risk groups. These changes are captured in 20 regional goals, presented in this document. The regional goals for human resources for health 2007-2015 are therefore understood as a collective undertaking, based on the development of national plans of action aimed at achieving the regional goals, guided by the principles of equity and panamericanism, and supported by active cooperation between countries.

Background

4. Virtually all countries of the Region, while allowing for their tremendous diversity, are challenged by a complex set of human resources problems: acute or systematic shortages of specific categories of health personnel, disconnections between the supply side and the labor market, deficit of human resources to attend to the health needs of large sectors of the population, constant mobility of the workforce between the different segments of the health sector, precarious working arrangements and conditions, low motivation and low productivity of health personnel, inefficiencies in the allocation of resources, profound imbalances in the composition and the distribution of the workforce, to mention a few.

5. These problems, some of them part of the unfinished agenda given their persistence over time, and others emerging in the context of the health sector reforms, received progressively more attention from the Pan American Health Organization and its Member States by the end of the nineties. The impact of the reforms on the management of the health workforce became an increasing source of concern as labor conflicts multiplied in the Region, some with disastrous consequences for their population.¹ PAHO responded by launching the regional initiative of the Observatories of Human Resources for Health in Santiago, Chile, in 1999, with the explicit initial objective of monitoring the impact of health sector reforms on the health workforce.²

6. In September 2001, the 43rd Directing Council adopted Resolution CD43.R6 on the “Development and Strengthening of Human Resources Management in the Health Sector.” The resolution urged Member States to accord higher priority to human resources development policies in their sectoral reform processes and to actively participate in the Observatory of Human Resources initiative. By 2004, 21 countries had joined the initiative and were actively engaged using the best information available and building with relevant stakeholders the feasibility of needed policies and interventions.

¹ Scavino J. *La conflictividad de alcance nacional en el sector salud en la Región de las Américas en 2003*. See: <http://observatoriosp.org>

² See: <http://observatoriorh.org>

The 45th Directing Council (2004) adopted Resolution CD45.R9 on the “Observatory of Human Resources in Health” and requested Member States to exert effective leadership in establishing a national agenda for human resources development to support the strategy of primary health care and the delivery of essential public health functions, and to explore ways to better address the active recruitment of health professionals from the developing countries within a framework of managed migration.

7. In response to these mandates, the Organization conducted in 2005 a consultation to characterize the critical challenges faced by the countries of the Region in human resources.³ The five critical challenges identified became the common platform for the Call to Action for a Decade of Human Resources for Health, during the Seventh Regional Meeting of the Observatories of Human Resources for Health held in Toronto, Canada, in October 2005.⁴ Building on the Call to Action, many countries began or intensified the process of developing national and subregional plans of action with a 10-year perspective. The progress made was shared in the VIII Regional Meeting of the Observatories of Human Resources for Health, held in Lima, Peru, November 2006, with 31 countries participating.⁵ The 47th Directing Council promoted a rich discussion on these issues in September 2006.⁶ The VIII Ibero-American Conference of Ministers of Health discussed the issue of the migration of health workers in its meeting held in Colonia del Sacramento, Uruguay, October 2006.⁷ The XXII Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD) held in Guatemala City, September 2006, acknowledged the urgency to take action and establish a subregional observatory. The Meeting of the Ministers of Health of the Andean Region (REMSA) agreed with the development of a 10-year plan of action in La Paz, Bolivia, in March 2007.

8. Finally, it is relevant to highlight that the global crisis of human resources has been the object of major discussions and initiatives in other Regions of the world and globally, as reflected in the Joint Learning Initiative “Human Resources for Health: Overcoming the Crisis;” the High-level Forum on MDGs and Health Human Resources; the World Health Report 2006, “Working Together for Health;” and the recent creation of the Global Health Workforce Alliance, to mention some of the most significant.

³ Regional Consultation of Human Resources in Health: Critical Challenges

⁴ Toronto Call to Action, *Towards a Decade of Human Resources for Health in the Americas*, PAHO, Health Canada and the Ontario Ministry of Health and Long Term Care. Toronto, Canada, October 2005.

⁵ *Plans of Action for a Decade of Human Resources for Health: Towards a Common Vision*. VIII Regional Meeting of the Observatories of Human Resources for Health, PAHO and the Ministry of Health of Peru, Lima, November 2006.

⁶ *Priorities and Strategies in Human Resources for Health*, 47th Directing Council, Discussion of the Roundtables. PAHO, September 2006.

⁷ *La Migración del Personal de Salud en la Región de las Américas, Situación, Perspectivas y Sugerencias para la Acción*. Ministerio de Salud de Uruguay, OPS, September 2006.

Analysis

Trends in Human Resources in Health in the Americas

9. The World Health Organization (2006) estimated that there are 59.2 million full-time paid health workers worldwide (health service providers, health management and support workers), over 21.7 million (31.6%) of whom reside within the Americas.⁸ Currently, there are an estimated 57 countries worldwide with critical shortages in health human resources, totaling 2.4 million doctors, nurses and midwives.⁹ With competition for scarce human resources increasing, the international migration of health workers is likely to intensify in the coming years, leading to further workforce destabilization in less-developed countries.

10. A recent review of health human resources trends in the Americas¹⁰ highlights the following aspects:

- Over 72% of the countries of the Americas have experienced a net loss due to migration.
- Physician supply in urban areas is eight to ten times higher than it is in rural areas.
- Nurses outnumber physicians three to one in North America, but physicians outnumber nurses by three to one in many countries in Latin America and the Caribbean.
- In a sample of 13 countries throughout the Region, the average unemployment rate for health workers was 6.2%, with a high of 16.8%.
- Women are almost 70% of the health workforce.
- Women represented a disproportionately high percentage of unemployed health workers in two thirds of the countries sampled.
- Attrition rates in many health professional training programs are over 75% for doctors, nurses and other health professionals.
- In 2000, over 163 million people in the Americas resided in areas where the human resources density was below the desirable target level of 25 per 10,000 identified by the World Health Organization.¹¹
- In the 15 countries where the health human resources density ratio is below 25, it would take approximately 128,000 additional doctors and nurses to raise the human resource density ratio of these countries to the desirable target level of 25.

⁸ Includes 12.5 million physicians, nurses, midwives, dentists and allied health professionals and technicians.

⁹ World Health Organization: *Working Together for Health*, World Health Report 2006.

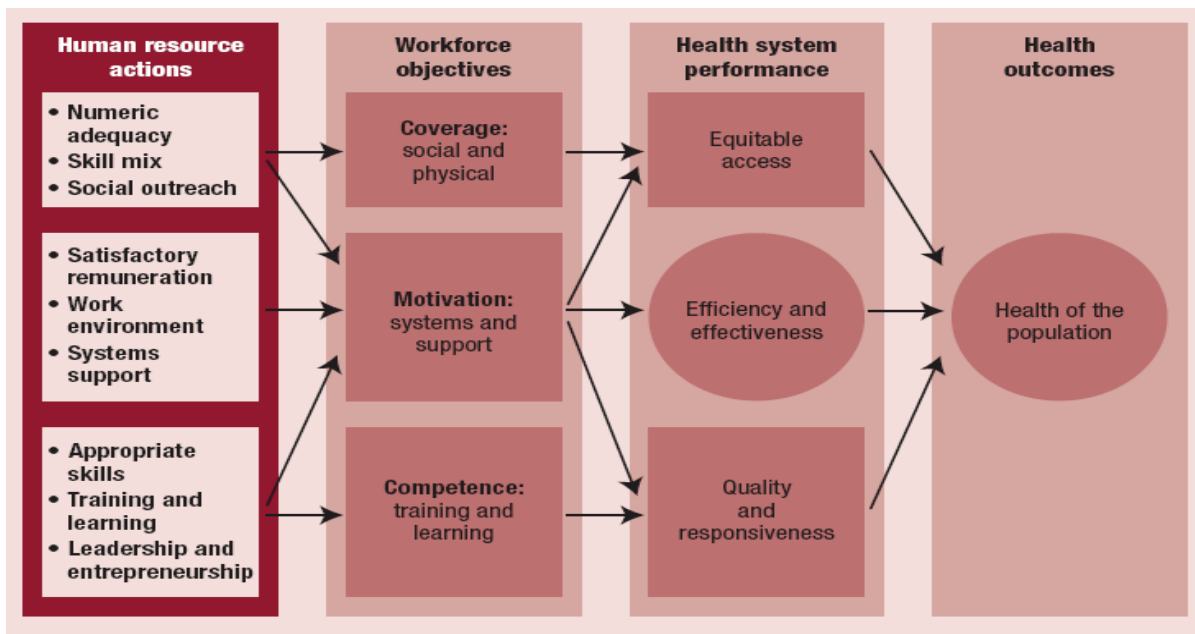
¹⁰ Cameron, R. *Health Human Resources Trends in the Americas: Evidence for Action*. Pan American Health Organization, September 2006.

¹¹ The World Health Report 2006 suggests that a density of health human resource population (doctors, nurses and midwives) of between 20 and 25 per 10,000 population is required to ensure a minimum desired level of coverage of basic public health interventions.

Strategic Orientations for Human Resources for Health Policy

11. The results of the review clearly indicate that the magnitude of the supply of health human resources has a positive influence on population health status, particularly with regards to maternal and child mortality, a finding consistent with current research in the field.¹² Though this figure of 25 per 10,000 is not absolute, it provides a benchmark and a sense of the relative magnitude of the challenges. The relationship between health human resources and health status is mediated by the organization of health services, and the optimal combination of skills and staff mixes in a given context.¹³ It has been argued that the most important determinant of a health system’s performance is the performance of the health workers.¹⁴ The following graph has been developed by the Joint Learning Initiative; it provides a useful framework to relate human resources areas of intervention, health system performance and desired health outcomes.

Relation of Human Resources Areas of Intervention, Health Systems Performance and Desired Health Outcomes



¹² As part of the Joint Learning Initiative in 2004, a cross-country econometric study was conducted in 117 countries that concluded that density of health human resources is significant in accounting for maternal mortality, infant mortality and under-five mortality rates, in addition to and independent of policies that bring about income growth, poverty reduction and increases in female education. See: Anand S. Barnighausen T. Human resource and health outcomes: cross-country econometric study. *The Lancet* 2004; Volume 364: pp. 1603-09.

¹³ Macinko J, et al. Evaluation of the impact of the family health program on infant mortality in Brazil, 1990-2002. *Journal of Epidemiology and Community Health* (2006), Volume 60, pp. 13-19.

¹⁴ Dussault G. Improving the performance of the health workforce: from advocacy to action. Presentation to PAHO’s 47th Directing Council, September 2006.

12. The basic concept supporting this framework is the strategic character of human resources policy to improve the performance of health systems and achieve desired health outcomes. It also implies that human resources policy should evolve dynamically along health system objectives in order to respond appropriately to a rapidly changing sociodemographic and epidemiological environment. Some areas of intervention in human resources, namely those related to numeric adequacy and skill mix, require years before producing the desired results. Human resources policy should therefore contemplate a mix of short-, mid-, and long-term interventions. Finally, complex problems in the scaling-up, distribution, composition and performance of the workforce demand comprehensive approaches, and challenge established silos and isolated actions.

13. The successful development of human resources for health requires planning and the formulation of policies resulting from a multisectoral effort, particularly among the health, education, labor and finance sectors, and promotes the articulation between governmental and non-governmental actors.

14. The magnitude of the critical challenges faced by the countries of the Region in human resources calls for radical changes and innovative interventions. Those in turn are more likely to happen and be sustainable if the national health authority assumes a strong leadership and develops collaborative plans of action accordingly. To achieve maximum impact on health outcomes, these plans should focus essentially on the development of health systems based on primary health care and the strengthening of the public health infrastructures.

Regional Goals for Human Resources for Health 2007-2015

15. The regional goals for human resources for health 2007-2015 are organized according to the five critical challenges identified in the Health Agenda for the Americas and the Toronto Call to Action.

A. Define long-range policies and plans to better adapt the workforce so it will be prepared to meet expected changes in the health systems and to better develop the institutional capacity for defining these policies and revising them periodically:

Goal 1: All countries of the Region will have achieved a human resources density ratio level of 25 per 10,000.¹⁵

Goal 2: The regional and subregional proportions of primary health care physicians will exceed 40% of the total medical workforce.

¹⁵ According to *The World Health Report 2006: Working Together for Health* of WHO, this indicator refers to doctors, nurses and midwives.

Goal 3: All countries will have developed primary health care teams with a broad range of competencies that will systematically include community health workers to improve access, reach out to vulnerable groups, and mobilize community networks.

Goal 4: The ratio of qualified nurses to physicians will reach at least 1:1 in all countries of the Region.

Goal 5: All countries of the Region will have established a unit of human resources for health responsible for the development of human resources policies and plans, the definition of strategic directions and the negotiation with other sectors, levels of government, and stakeholders.

B. Place the right people in the right places by deploying the appropriate personnel into the right positions and into the most suitable areas of the countries, so as to achieve an equitable distribution of quantity and skill set of health workers in the different regions so that they match the specific health needs of those populations:

Goal 6: The gap in the distribution of health personnel between urban and rural areas will have been reduced by half in 2015.

Goal 7: At least 70% of the primary health care workers will have demonstrable public health and intercultural competencies.

Goal 8: 70% of nurses, nursing auxiliaries and health technicians including community health workers, will have upgraded their skills and competencies appropriate to the complexities of their functions.

Goal 9: 30% of health workers in primary health care settings will have been recruited from their own communities.

C. Promote national and international initiatives for developing countries to retain their health workers and avoid personnel deficits:

Goal 10: All countries of the Region will have adopted a global code of practice or developed ethical norms on the international recruitment of health care workers.

Goal 11: All countries of the Region will have a policy regarding self-sufficiency to meet its needs in human resources for health.

Goal 12: All subregions will have developed mechanisms for the recognition of foreign-trained professionals.

D. Generate labor relationships between the workers and the health organizations that promote healthy work environments and foster commitment to the institutional mission to guarantee quality health services for all the population:

Goal 13: The proportion of precarious, unprotected employment for health service providers will have been reduced by half in all countries.

Goal 14: 80% of the countries of the Region will have in place a policy of health and safety for the health workers, including the support of programs to reduce work-related diseases and injuries.

Goal 15: At least 60% of health services and program managers will fulfill specific requirements for public health and management competencies, including ethics.

Goal 16: 100% of the countries of the Region will have in place effective negotiation mechanisms and legislations to prevent, mitigate or resolve labor conflicts and ensure essential services if they happen.

E. Develop mechanisms of cooperation between training institutions (universities and schools) and the health services institutions so that it is possible to adapt the education of the health workers to a universal and equitable model of providing quality care to meet the health needs of the entire population:

Goal 17: 80% of schools of clinical health sciences will have reoriented their education towards primary health care and community health needs and adopted interprofessional training strategies.

Goal 18: 80% of schools in clinical health sciences will have adopted specific programs to recruit and train students from underserved populations with, when appropriate, a special emphasis on indigenous, or First Nations, communities.

Goal 19: Attrition rates in schools of nursing and medicine will not exceed 20%.

Goal 20: 70% of schools of clinical health sciences and public health will be accredited by a recognized accreditation body.

16. The definition of a baseline, monitoring of the attained changes, and sustainability of the achievements reached, require an additional effort. All of this requires collaboration at the regional, subregional, intercountry and national levels to provide the necessary technical, material and financial resources.

17. The strategic goals presented are intended as an orientation for the analysis and formulation and/or enrichment of the national ten-year human resources plans, according

to the specific situation of each country and the objectives that are realistic to attain in each context. This process was initiated at the Regional Meeting of the Observatories of Human Resources for Health in Toronto, 2005, giving rise to the development of national and subregional workshops for the organization of work plans, which were subsequently analyzed in the meeting in Lima in 2006.

18. It is considered of utmost importance the development of a monitoring and evaluation system of the ten-year plan, which is currently being formulated based on the definition of a set of indicators that will be tested in 2007 and is expected to be incorporated into the national plans.

19. The Regional Network of Observatories of Human Resources will determine the baseline values and will monitor the progress achieved.

Action by the Pan American Sanitary Conference

20. The Conference is requested to consider the recommendations of the 140th Session of the Executive Committee contained in Resolution CE140.R13 (annexed). As it does so, it should introduce the necessary changes to the resolution proposed by the Executive Committee to reflect the adjustments the Director has made since the meeting of the Executive Committee to place emphasis at this stage on the goals prior to moving towards the development of a regional plan of action.

Annexes



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140th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 25-29 June 2007

CSP27/10 (Eng.)
Annex I

RESOLUTION

CE140.R13

REGIONAL PLAN OF ACTION FOR HUMAN RESOURCES FOR HEALTH 2007-2015

THE 140th SESSION OF THE EXECUTIVE COMMITTEE,

Having analyzed the Regional Plan of Action for Human Resources for Health 2007-2015 (Document CE140/11);

Taking into account the urgency for a collective effort to address the prevailing crisis of human resources for health in the Region of the Americas and globally;

Cognizant of the fact that sustained efforts over time are needed to achieve the desirable results of health-based human resources for health planning and policy; and

Considering that the success in meeting critical health and health system objectives such as universal access to quality health care and services is largely dependent on a well-distributed, competent and motivated workforce,

RESOLVES:

To recommend to the 27th Pan American Sanitary Conference the adoption of a resolution along the following lines:

THE 27th PAN AMERICAN SANITARY CONFERENCE,

Having analyzed the Regional Plan of Action for Human Resources for Health 2007-2015 (Document CSP27/10);

Taking into account the urgency for a collective effort to address the prevailing crisis of human resources for health in the Region of the Americas and globally;

Cognizant of the fact that sustained efforts over time are needed to achieve the desirable results of health-based human resources for health planning and policy; and

Considering that the success in meeting critical health and health system objectives such as universal access to quality health care and services is largely dependent on a well-distributed, competent and motivated workforce,

RESOLVES:

1. To urge the Member States to:
 - (a) Consider developing a national plan of action for human resources for health, with specific goals and objectives, an appropriate set of indicators and a tracking system, largely intended to strengthen integrated primary health care and public health capacities and ensure access to underserved populations and communities;
 - (b) Establish in the ministry of health a specific structure responsible for the strategic direction of human resources planning and policies, promoting proper alignment with health systems and services policy and ensuring intersectoral coordination;
 - (c) Pursue the development of a critical mass of leaders with specialized competencies in the management of human resources planning and policies at the central and decentralized levels;
 - (d) Commit themselves to the achievement of the proposed objectives of the Regional Plan of Action for Human Resources for Health 2007-2015 and intensify technical and financial cooperation between countries in support of the Plan.
2. To request to the Director to:
 - (a) Cooperate with the Member States in the development of their national plans of action for human resources for health 2007-2015 and promote and facilitate technical and financial cooperation between the countries of the Region;
 - (b) Actively support the development of plans of action for human resources for health at the subregional level, in coordination with subregional institutions and organizations, to address challenges related to border dynamics, the mobility of health professionals and populations and other issues of common interest;

- (c) Engage the Regional Network of Observatories for Human Resources for Health in the development of indicators and tracking systems to monitor human resources for health 2007-2015 objectives, and to generate, organize and facilitate the access to knowledge relevant to human resources strategies and interventions;
- (d) Intensify efforts to develop regional communities of practice and learning in the management of human resources planning and policy, including those aimed at the integration of primary health care and public health.

(Eighth meeting, 28 June 2007)



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27th PAN AMERICAN SANITARY CONFERENCE 59th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 1-5 October 2007

CSP27/10 (Eng.)
Annex II

Report on the Financial and Administrative Implications for the Secretariat of the Resolutions Proposed for Adoption by the Pan American Sanitary Conference

1. Resolution:	REGIONAL GOALS FOR HUMAN RESOURCES FOR HEALTH 2007-2015
2. Linkage to program budget	
Area of work	Expected result
24 Human Resources for Health	BPB 06-07 RE 01/03 RE 02/03-05
There is adequate alignment between the expected results, indicators, objectives, and baseline analysis; the problem-solving approach has been incorporated into the programming and interventions with the resolution submitted.	
3. Financial implications	
(a) Total estimated cost for implementation over the life-cycle of the resolution (estimated to the nearest US\$ 10,000; including staff and activities): \$17,000,000 (does not include fixed posts).	
(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10,000; including staff and activities): \$300,000.	
(c) Of the estimated cost noted in section (b), what can be subsumed under existing programmed activities? 100%.	

4. Administrative implications

- (a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions, where relevant):** Countries of the Region of the Americas, five subregions, and Region of the Americas.
- (b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):** WDC: one P3 post (planning, coordination, management, evaluation) and one G4 post for administrative procedures; countries: four national consultants in key countries and three national consultants in selected countries.
- (c) Timeframes (to indicate broad timeframes for the implementation and evaluation)**
The evaluation will be conducted with the timeframes of biennial programming and semiannual monitoring via AMPES.