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OBSERVATORY OF HUMAN RESOURCES IN HEALTH

The Observatory of Human Resources in Health is a cooperative initiative among the countries of the Region of the Americas established to produce, analyze and share information and knowledge necessary for:

- integrating human resources in the health policy agenda;
- improving the development of policies on human resources.

The initiative supports the creation of observatory groups at the national level integrated by all relevant institutional stakeholders (ministries of health, social security institutes, universities, professional associations, and others) that come together to discuss and analyze data, monitor trends, prioritize issues and build consensus for policy interventions. The name "Observatory" reflects the insistence given to the use of available information and evidence to guide the policy-making process.

The technical cooperation provided by PAHO aims to support the development of a set of core data that would allow for trends analysis and international comparisons in four major areas: quality of labor and labor regimes; education and basic training of human resources; productivity and quality of services; and governance and labor conflict within the health sector. The regional Observatory currently represents a network of 20 national observatory groups.

Major lessons learned from the implementation of the Observatory of Human Resources in Health include:

- The Observatory contributes to the strengthening of the steering role of ministries of health.
- The interinstitutional nature of the observatory groups exerts a positive influence in maintaining human resources on the political agenda in periods of transition between government administrations.
- Experience from the countries indicates there is a need to integrate relevant stakeholders, such as universities and professional associations, in more active and permanent ways to increase the sustainability of the initiative.

The Observatory of Human Resources in Health looks to benefit from the Subcommittee's input into its agenda of work for the future and its strategy to strengthen evidence-based policy-making in human resources issues.

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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 Subcommittee on Planning and Programming 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: Main Challenges in a Complex and Rapidly Changing Environment

4. Historically, three overlapping agendas can be identified in the development of human resources policies in the countries of the Region (Table 1). The main dimensions of the agendas have profound implications for human resources as can be seen in the table. The first one is what can be called the old agenda, which corresponds to issues generated by a model of stable and protected labor relations based on lifetime careers. The second is a new or flexible agenda, associated with the era of sectoral reforms, which responds to a new regulatory model characterized by the flexibility of labor and employment conditions. Finally, the third agenda refers to the challenges of globalization and the new conditions emerging from regional and free trade agreements.

5. The old agenda was characterized by the persistence of traditional-bureaucratic practices in many ministries of health in the Region, which gave rise to many problems illustrated in the first column of the table.

Table 1: Multiple Agendas in Human Resource Policies and Implications for Health Systems

Persistence of Traditional-Bureaucratic Practices	Problems with Sectoral Reforms	Emerging Dynamics as a Result of Globalization
High degree of health sector participation in the economically active population and high percentage of State expenditures allocated to health workers.	Decentralization/transfer of decision-making power and authority; transfer of personnel administration and budget. Balance of power between health personnel and users changed.	Limitations to the decision-making of national governments and capacities of the health authorities. More complex decision-making structure made up of the State, companies, donor and financing agencies, and civil society.
Imbalances in the makeup of the available pool of personnel.	Changes in contracts and working conditions. New institutional arrangements. Growing trend toward labor flexibility with lack of job stability.	Indiscriminate international recruitment. Impact of migration of skilled workers due to political, social, and economic factors.
Inequities in geographical allocation of resources, inefficient deployment mechanisms, and ineffective regulatory systems.	Geographic and public/private redeployment. New recruitment and retention mechanisms. Demands for new types of regulation. Inequities in distribution due to differences of purchasing power within the health system.	Need for standardization of titles and new standards for international professional practice. Need to ensure staff and career development.
Gender inequities.	Feminization of the health work force.	Growing emigration of professional nurses.
Imbalances in the makeup of health care teams, centered around the physician without correlations between treatment needs and the type of personnel assigned.	Creation of incentives to promote productivity. Social demands for better quality.	Lack of protection for the national production of human resources (*brain drain*).
Limited development of information systems	Uncontrolled increases in educational offerings in the health fields by the private sector, rapid growth of the inservice training market.	Accreditation of educational processes at both national and international levels.
Little integration between training and services.	Call for changes in qualifications/skills/attitudes needed. New work arrangements (e.g. teamwork). Challenges in training for the new skills required to implement reforms.	Weakness of public health systems and public policy management.

PAHO/WHO, Human Resources Unit, Washington, D.C. 2003.

6. When countries went through health sector reform, reform processes were usually embedded in a set of government reforms meant to improve efficiency, equity of access, and quality of public services in general. In many instances, however, these reforms actually focused on a single macroeconomic objective, that of reducing the government's operating costs and cutting budget deficits. Furthermore, the implementation of some processes of the reform agenda, such as decentralization or the introduction of new systems of incentives, have mobilized a great deal of the attention of human resource managers and policy-makers, leaving even less room for addressing previous shortcomings such as the need to strengthen health information systems.

7. The transition to globalization requires an integrated concept of the role played by human resources within the health system as a whole, a concept that should provide a clear vision of how the proposed organization of health services will be affected by imbalances in human resources development, and how these imbalances can be corrected. However, these new conditions impose additional pressures that are frequently beyond resolution at the national level.

8. Many countries in our Region have accumulated problems from being unable to solve difficulties posed by the old agenda. However, reform processes and globalization have added new problems that have become too heavy a burden to bear, thus further decreasing their ability to cope with the overlapping challenges. This situation is made worse when governments are unable to provide sufficient resources to implement the necessary changes and to bring about an environment that would lend itself to participation in decision-making by the health work force.

9. The data collected generally come from existing sources such as personnel registries of ministries of health and social security institutes, 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 several countries (Argentina, Ecuador, Paraguay), general data on the health workforce coming directly from the country's Office of Statistics or surveys specifically targeting health personnel are analyzed.

10. 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).

11. The aim is to have recourse to permanent sources of data that do not require PAHO's support to be maintained, although generally, additional efforts in organizing and analyzing the data are required.

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. An additional objective of the Observatory has been to improve the use of knowledge and information on human resources by relevant stakeholders in order to produce policies and instruments of intervention. The Observatory has managed to achieve this objective by promoting the creative use of available information without attempting to substitute existing information systems or creating new ones.

13. It works by forming national groups made up of health authorities, major universities, and professional associations, who gather 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 resource (HR) policies as a shared agenda with society, in order to combine priorities and values of the reform agenda and the interests of stakeholders, and also to take into account evidence showing where the population's needs are. 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 resource 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) Education and basic training of human resources. (c) Productivity and quality of services. (d) Governance and labor conflict within the health sector.

15. In terms of the process, the initiative attempts to support the functioning of permanent national forums for gathering, analyzing, and disseminating information about human resources, which would be used as a basis for developing policies and for strengthening the stewardship role of national health authorities. In this sense, the main users of the information and outcomes of comparative studies are the countries themselves. The role of the national observatory groups is to select the relevant stakeholders, to identify sources of information, to prioritize the main issues, and to build consensus over policy interventions. The role of PAHO is to help in collecting core data on the four information areas mentioned previously, and in contributing to trends analysis

and comparisons among countries, as well as providing institutional support to the observatory groups and making recommendations based on data presented.

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 20 countries in the Observatory that are members of the regional network[1] and exchange information and experiences among each other.

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.[2,3,4] Similarly, in several countries of the Region 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.

18. There are also many examples in the Region of successful experiences in terms of the dynamics that the Observatory has acquired.

- 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.

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

[2] Dal Poz M, Varella T. Guia de metodologias para ánalise de sistemas de remuneraçao e incentivos dos recursos humanos do setor saúde. In: Relaciones Laborales en el Sector Salud. Serie Observatorio de Recursos Humanos, Quito, agosto 2000.

[3] Galin P. Guia 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.

[4] Novick M. Guia metodológica para el análisis de las relaciones colectivas de trabajo en el el sector salud. In: Relaciones Laborales en el Sector Salud. Serie Observatorio de Recursos Humanos, Quito, agosto 2000.

- 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 non-governmental organization, the Interinstitutional Group on the Development of Human Resources (GIDRHUS) that joined the efforts of the Ministry of Health and the main universities for better integration of training and services. This NGO was transformed into a HR policy think tank and is now the designated group for HR 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.

- 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 work of the Observatory of Human Resources in Health of Latin America and the Caribbean has also resulted in different types of impact on key goals of health sector reforms in many countries, i.e., from the perspective of efficiency, equity, and quality.

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 impacts on the policy-making levels and in health sector strategies varies tremendously from one country to the other and over time.

21. The high turnover of authorities at political levels in the countries of the Region is a factor that can be considered an obstacle towards assuring continuity for the initiative. On the other hand, however, 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 in periods of transition between government administrations.

22. There are still difficulties in advocating the need for information for policy-making on such sensitive issues like the regulation of professions or the redeployment of the health workforce. 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 evidence.

23. Experience from the countries shows the need to integrate relevant stakeholders, such as universities and professional associations, in more active and permanent ways, for their involvement may increase the sustainability of the initiative of the Observatory of Human Resources in Health.

24. Many countries in the Region are constructing policy instruments in human resources in the form of policy documents (Bolivia, Costa Rica, Ecuador, El Salvador, Nicaragua, Peru, and Saint Lucia) or through human resources norms and regulations in the areas of training or employment (Argentina, Brazil, Dominican Republic, Mexico, and Paraguay). It must be stressed that these instruments have been developed through participatory methods and have received the inputs of other countries' experiences, in order to gain applicability and sustainability.

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 on the importance of human resources issues. What additional or complementary options should be developed to reinforce the issue of human resources in the health policy agenda? How can we foment a sense of commitment and social responsibility in all relevant sectors, ministries, professional associations, educational institutions, and international organizations in achieving a well qualified and motivated workforce, balanced in its composition and equitably distributed to face the challenges of the health system and the health needs of the population?

26. The national groups involved in the initiative are supported by PAHO in the consolidation and exchange of information and experience through a common methodology, the diffusion of the production of national information, and the participation of PAHO and country consultants in national observatory and regional events. The implementation of regional events has made it possible to continuously update the agenda of topics of interest, such as the evolution of labor flexibility in health workers, institutional capacity building for human resources policies, and critical workforce factors for the strategy of primary health care.

27. The coordination and promotion of the activities of the network of the Observatory are oriented by the priorities given by the country groups, who constitute the main focus of the initiative. The interest and technical support from WHO have benefited the initiative; the Norwegian Agency for Development and Cooperation (NORAD) has contributed to the linkages and exchange between national experiences.

28. The Observatory has made important contributions to strengthening the steering role of ministries of health and to maintaining the themes of human resources within the political agenda in circumstances of transition between political administrations of the health sector. What strategies are advisable to strengthen the administrative units responsible for human resources policies within the ministries of health? Which mechanisms could contribute to a greater level of institutionalization or formalization of the different instances and functions of the Observatory?

29. The potential impact of the Observatory largely rests on the effective leadership of the ministries of health to establish an agenda for human resources development linked to a broader set of health system policies, to support the production and utilization of the best evidence available in characterizing main issues and problems, and to promote the active involvement of relevant stakeholders in all phases of the policy-making process. What role can PAHO play in supporting this leadership?

30. The main strategy of the Observatory has been to provide a framework, to formulate a general agenda and to support an interinstitutional and intersectoral environment for the development of human resources policies at the national level, reinforcing the use of available information. To this date, the specific problems and issues under discussion are defined by each individual country. However, a transnational agenda of human resources issues is taking shape, partly attributable to political and economic integration processes, partly to the process of globalization. A perspective for the coming years would be the constitution of regional or subregional forums or policy dialogues on priority topics, such as inequities in the distribution of health personnel, international migration of health workers, homologation or accreditation of education programs, among others.

Action by the Subcommittee on Planning and Programming

31. The Secretariat looks to benefit from the Subcommittee's input on how technical cooperation can better contribute to a growing recognition by the countries of the Region of the importance of a systematic approach to human resources issues to develop appropriate health policies and achieve desirable health outcomes. More specifically, the suggestions of the Subcommittee are welcomed on the most effective strategies to develop human resources policies and to expand the initiative of the Observatory of Human Resources in the Region.

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