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HUMAN RESOURCES FOR HEALTH—CRITICAL CHALLENGES FOR THE REGION OF THE AMERICAS: ROUNDTABLES

A summary of actions and proposals for a plan of action on human resources for health in the Americas is submitted for the consideration of the Directing Council. This document summarizes the activities carried out to date in the countries and in the Governing Bodies. It provides an overview of the situation and the predominant trends in the Region, as well as a vision of the technical proposals and agreements for activities that are being developed.

In this plan of action, it is recognized that the quantity, quality, and distribution of health workers must be altered to achieve the health goals of the countries. In particular, it is necessary to:

- (a) Define and implement long-term human resource policies based on reliable information linked to overall health policies.
- (b) Put the right people in the right places as part of an effort to correct inequities in the availability of health workers.
- (c) Manage the domestic and external migration of health professionals so that it does not result in shortages that affect the most vulnerable populations.
- (d) Achieve a commitment by health workers to the mission to provide quality services to the entire population.
- (e) Work together with universities, schools of public health, and health services to ensure that the education of new professionals and technical personnel is adapted to the health needs of the population.

To this end, it is recognized that a planned and sustained effort is needed that will require not only internal work in the countries, but also collaboration among countries, sharing experiences and knowledge. The document summarizes this proposal in the Toronto Call to Action, which proposes lines of action for collaboration at the national, subregional, and Pan-American levels.

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Introduction

Health Worker Trends in the Americas

1. At present, the Region has 1,872,000 physicians and 3,580,000 nurses, representing average ratios of 22 and 42 professionals per 10,000 population, respectively. These ratios increased during the last period (2000-2004) at an annual rate of 0.15 for physicians and 0.20 for nurses.
2. A sizable number of countries of the Region do not have the necessary personnel to provide minimum coverage (25 professionals per 10,000 population).¹ In contrast, another group of countries has five times more available personnel. The average densities of human resources per population in the groups of countries with the highest, medium, and lowest ratios are 18.4, 27.7, and 122.6 professionals per 10,000 population, respectively.²
3. Grouping countries makes it possible to appreciate how mortality decreases as the availability of human resources increases. In countries with a low density of health personnel, the mortality rate for children under 5 is 43 per 1,000 population, maternal mortality is 148 per 100,000 population, and deliveries attended by skilled personnel is only 74%.

Mortality and Coverage of Deliveries in Selected Groups of Countries by Availability of Human Resources

Human resources per 10,000 population	Maternal mortality rate	Infant mortality rate	Mortality of children <5 years	Births (deliveries attended by skilled personnel) (%)
<25	148	31	43	74
25 to 50	65	22	25	95
>50	9	7	8	99

Sources: PAHO/WHO. *Basic Indicators*.

¹ WHO and the Joint Learning Initiative (JLI) have proposed using the “density of human resources for health” measure, which corresponds to the sum of the two indicators available for all the countries: physicians and nurses per 10,000 population. Using this method to measure density is imperfect, since it does not take other health workers into account. However, it is the only viable measure for making global comparisons.

² To analyze the availability of health workers, the countries were grouped by density of human resources, establishing three categories: (1) those with a ratio above 50 per 10,000 population; (2) those with a ratio from 25 to 50 per 10,000 population; and (3) those with a ratio of under 25 per 10,000 population. The rates are consistent with those reported in the *World Health Report 2006*.

4. Countries with a low density of health workers need to train, employ, and retain 124,000 more physicians and nurses than they now have. Despite the significant increase in staffing (during this period, Bolivia increased its personnel by 120%, Nicaragua by 88%, Paraguay by 44%, Costa Rica by 25%, and Colombia by 24%), some countries will not be able to reach the optimal ratio of 25 per 10,000 population by 2015, since the current rate of increase (in some cases negative) makes it unlikely that these countries will reach the minimum levels in the next 10 years. Countries where the lack of health workers is greatest have major difficulties not only with respect to training, but also in creating and financing jobs that will attract and retain professionals in places where they are most needed.

5. The shortage of health workers in some countries is exacerbated by the trend among professionals to live in urban areas, which contributes to the poor allocation of human resources and the limited access to health services for citizens who reside in rural areas. Only nine of the 28 countries of the Region report being satisfied with the availability of information on the distribution of health workers in relation to the population. There are marked differences in the urban-rural distribution of human resources for health. In general, the availability of physicians in urban areas is 1.5 to 4 times higher than overall availability in those countries, and between 8 and 10 times higher than in rural areas.

Migration of Health workers

6. The migration of human resources in the health sector is an extremely complex phenomenon that has become more serious with the increased movement of health workers within national borders and between countries.

7. Some 25% to 28% of the physicians currently working in the United States, the United Kingdom, Canada, and Australia obtained their medical degree outside those countries, and from 40% to 75% of those physicians come from low-income countries.³ In these four countries, 1,589 Jamaican physicians are working (70% of the number that work in their country of origin); 1,067 Haitians (55% of the number that work in their own country); 3,262 Dominicans (21% of the number that work in their own country); with variable figures for Peruvian, Bolivian, Guatemalan, Panamanian, Costa Rican, and Colombian physicians, who represent some 4% to 5% of the physicians who remain in their countries of origin.

8. Within the Region of the Americas, the role of the United States as an active job market in health should be noted. According to the research cited earlier, Canada and

³ Mullan, Fitzhugh, M.D. "The Metrics of the Physician Brain Drain," *New England Journal of Medicine*, volume 353 (October); 2005: 1810-18.

Mexico are the countries with the greatest emigration of health workers. This is related to their proximity to the United States, a country where there are currently 170,000 vacancies for nurses, a number expected to reach 260,000 by 2010. That deficit corresponds to 90% of the total number of nurses in Latin America and the Caribbean. In the case of physicians, U.S. medical schools are known to graduate about 17,000 new doctors annually, while the annual demand for residents exceeds this figure by 30%. These positions are filled by physicians from outside the country (approximately 6,000 annually), many of whom end up acquiring permanent residence in the United States.⁴

The Road Traveled

9. Achieving the goals of major international agreements such as the Millennium Development Goals (MDG) and various global initiatives, as well as national health policies and objectives whose goal is universal access to quality health services, requires governments of the Region to address the issue of human resources in health and put adequate mechanisms in place to develop effective national policies and plans for the education and utilization of human resources. Furthermore, in the context of regional integration processes and the high mobility of health care providers and the population in general, it is imperative to increase the sharing of experiences among the Member States in matters of common interest.

10. The Observatory of Human Resources in Health, created in 1999, is a major initiative of the Organization directed to raising awareness about the importance of integrating human resources into health policy agendas and supporting the participatory formulation of human resources policies. To achieve its objectives, the initiative promotes the creation of networks and active collaboration among directly-interested institutional parties at the national level in order to analyze data, monitor trends, assign priorities to problems, and forge a consensus on policies for interventions. PAHO technical cooperation activities are geared to creating a reserve of baseline data that will facilitate analysis by the Observatory of trends and comparisons between countries, as well as the sharing of experiences between national groups.

Resolutions of the Directing Council

11. In light of this situation, the 45th Directing Council, held in 2004, resolved in Resolution CD45.R9:

1. To request the Member States to:

⁴ Chen, Lincoln C., M.D., and Jo Ivey Boufford, M.D. "Fatal Flows—Doctors on the Move," *New England Journal of Medicine*, volume 353 (October); 2005: 1810-18.

- (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 achievement of the goals of the United Nations Millennium Declaration;
- (d) explore ways to better address the complexities of active recruitment of health professionals from the developing countries within a framework of managed migration;
- (e) 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 Member States in developing and implementing effective human resources policies and plans;
- (b) promote technical cooperation between countries as an appropriate mechanism to address human resources issues of common interest, including continuing education programs;
- (c) expand the scope of the Initiative of the Observatory of Human Resources to address new challenges to the development of human resources;
- (d) contribute to the creation of a regional strategy to address priority problems derived from the flow of human resources between countries;
- (e) evaluate the Initiative during the 2006-2007 biennium to define future developments in PAHO's technical cooperation in this field.

Regional Actions: Challenges and Consensus for Action

12. Since 2004, various activities and institutions have been mobilized around this topic, significant among them:

- The decision of the World Health Organization (WHO) to devote World Health Day 2006 and the *World Health Report* to the subject of health workers;
- The Regional Consultation, discussed below, held in various countries of the Region of the Americas by PAHO/WHO in June and July 2005;
- The Subregional Meetings on the Management of Human Resources in Health organized by PAHO/WHO and held in 2005 in Buenos Aires (Argentina), San José (Costa Rica), and Lima (Peru) (www.observatoriorh.org);
- Publication by the Joint Learning Initiative (JLI)⁵ of its final report, entitled *Human Resources for Health: Overcoming the Crisis*, in December 2004;
- The 3rd National Conference on Management of Labor and Education in Health in Brazil, held in 2006 and directed to discussing and analyzing proposals for national directives to implement policies for the management of labor and education in health in order to expand participation and social co-responsibility in this field.⁶

13. In July 2005, the PAHO/WHO Human Resources Development Unit (HR) carried out a Regional Consultation on the critical challenges in human resources management and education in the health sector.⁷ The Consultation evaluated the countries' situation in terms of five critical challenges:

- (a) Defining long-term policies and plans to adapt the workforce to the expected changes in health systems and developing the institutional capacity to implement these changes and regularly review and adjust the systems.
- (b) Putting the right people in the right places, achieving an equitable distribution of health professionals in the different regions that meets the different health needs of the population.

⁵ The Joint Learning Initiative on Human Resources for Health and Development was launched in November 2002 as a joint action of governments, stakeholders, academic institutions, international agencies, nongovernmental organizations, and individuals advocating the central role of human resources in health. For further information on this initiative, see: <http://www.globalhealthtrust.org>.

⁶ For further information, see: http://Consejo.saude.gov.br/ultimas_noticias/2005/conferenciagestaotrabajo.htm.

⁷ For further information, see: <http://www.observatoriorh.org/esp/consultas.html>.

- (c) Managing the movement and placement of health workers in such a way as to ensure that the entire population has access to health care.
- (d) Creating cooperative relationships between health workers and health organizations that foster commitment to the institutional mission to guarantee quality health services for the entire population.
- (e) Developing mechanisms for interaction between academic and training institutions (universities, schools) and the health services to adapt the education of health workers to a model of universal, equitable, and quality care that meets the health needs of the entire population.

A Call to Action

19. Based on these trends and the aforementioned Regional Consultation, the VII Regional Meeting of the Observatories of Human Resources in Health, held in Toronto, Canada, sought to reach a consensus on cooperative strategies and lines of action to meet these challenges.

20. This consensus is summarized in the Toronto Call to Action, which reports on the discussions of the working groups of the VII Regional Meeting of the Observatories of Human Resources in Health, held from 4-7 October 2005 in Toronto and sponsored by PAHO/WHO together with the Ministry of Health of Canada and the Ministry of Health and Long-term Care of Ontario Province.

21. The objective of the Call to Action is to mobilize national and international actors from the health sector, other relevant sectors, and civil society to collectively come up with policies and interventions for the development of human resources in health that help attain the Millennium Development Goals, national health priorities, and access to quality health services for all people of the Americas by 2015.

22. These efforts should be guided by the following principles:

- (a) Human resources are the foundation of the health system: The development of human resources in health is the social and technical foundation of health systems and the basis for their improvement. The contribution of health workers is an essential factor in improving the quality of life and health.
- (b) Working in health is a public service and a social responsibility: Working in health is a public service and a social good of great importance to human development. A balance is needed between the social rights and responsibilities of health workers and the social rights and responsibilities of citizens, who deserve care and have a right to health.

(c) Health workers are protagonists in their development: Developing human resources in the health sector is a social process (not exclusively a technical one) aimed at improving health and social equity in the population through a workforce that is well distributed, healthy, trained, and motivated. Among the protagonists of this social process are the health workers themselves.

23. In order to make the agreements reached at the Regional Meeting of the Observatories of Human Resources in Health a reality, the Toronto Call to Action must have a profound political and social impact on the countries that results in policies and plans of action.

24. These plans and policies should promote equity in health, social protection, and the effective right to health, while at the same time supporting the integrated development of health systems based on primary care and multidisciplinary teams. In addition to these strategic orientations, the measures adopted with respect to human resources should promote a culture in certain health services that is safe and healthy for both patients and workers alike.

Collective and Collaborative Lines of Action in the Region of the Americas

25. Overcoming these challenges and problems to develop human resources in health is possible through a planned and ongoing effort that results in political will and is implemented with concrete measures.

26. Several lines of action have been proposed at the national, subregional, and regional levels; it should be noted that these activities must involve international cooperation. These actions are designed so that, by the end of 2015, each country will have significantly advanced toward attaining its objectives in health through the development of its human resources.

In the countries

27. Strengthen the institutional capacity to develop human resources in health by:
- (a) Creating and/or strengthening national bureaus of human resources, and
 - (b) Strengthening the Observatories of Human Resources and their operations as networks and spheres for data analysis, consensus-building, and negotiation;

28. Financing for the development of health personnel:
 - (a) Advocacy for developing the health workforce is perceived as an essential social investment.
 - (b) Debate and negotiation with the ministries of economy and finance to expand the fiscal areas devoted to health services.
 - (c) Alignment, harmonization, and coordination of international cooperation to increase financing for national priorities.
29. Improve technical capacity for human resources management and education:
 - (a) Consolidation of the technical capacity of the teams responsible for human resources policy and management, developing a common language and a comprehensive view of this topic.
 - (b) Greater cooperation between health services and universities and schools of public health in working jointly in human resources planning and in the formulation of programs for human resources management as components of public health curricula and management.
 - (c) Development of the capacity to come up with new paradigms, especially those related to the need for interdisciplinary education and new approaches in regard to the capacities of primary health care teams.
30. Expand the scientific information and data on human resources:
 - (a) Generation and strengthening of information systems that make it possible to control the training, functioning, and mobility of the health workforce by expanding the Observatories and similar strategies.
 - (b) Study and identification of indicators of human resources for health to better understand the impact of human resources on health and health services.
 - (c) Dissemination of knowledge about the characteristics and conditions of health workers for use by decisionmakers.

In the subregions

- (a) Agreements with and advocacy in the political and technical integration entities (Meeting of the Health Sector of Central America and the Dominican Republic -

RESSCAD, Caribbean Community - CARICOM, Southern Cone Common Market - MERCOSUR, CAN).

- (b) Sharing of experiences and information, with emphasis on the best and most suitable practices and the creation of networks for information exchange and horizontal cooperation.
- (c) Establishment of training mechanisms in order to develop leadership capacity.
- (d) Coordination of schools of public health in order to strengthen practices in this sphere (research/ training).

International Cooperation

- (a) Projects for strengthening health systems should make human resources strategies a central element of the changes proposed.
- (b) It is necessary to maintain the international community's enthusiasm for the issue of human resources, so that long-term processes can be implemented and short-term or fluctuating interest avoided.
- (c) The main strategies for the plan of action will be advocacy, leadership, technical cooperation, the production of reliable data, and partnerships.
- (d) To demonstrate the need for long-term intervention, international cooperation should support the idea of plans of action for a "Decade of Human Resources for Health," in line with the report of the Joint Learning Initiative and the resolutions of WHO.
- (e) The concept of "human resources for health" should be expanded to include a vision of other paradigms of care (non-Western models) and the role of women.
- (f) The use and impact of fragmentary financing from vertical agencies and programs is a concern, as is its incidence on the development of health and human resources systems.
- (g) Support should be provided to the national Observatories for the creation of national and international networks to maintain and improve the flow of data, information, knowledge, advocacy in support of policies, and the promotion of social dialogue.

31. The Toronto Call to Action is a first and important collective step in terms of decision-making and taking concrete and sustainable action geared to the full development of human resources in the health sector of the Americas. Thus, the countries are encouraged to disseminate in the broadest possible manner this Call to Action, so that it may serve as a reference and a tool for all who are trying to formulate human resources policies as part of more equitable, better quality health systems in the countries of our Region.

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