



Pan American  
Health  
Organization



World Health  
Organization

REGIONAL OFFICE FOR THE Americas

# 162nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 18-22 June 2018

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*Provisional Agenda Item 4.6*

CE162/16  
11 May 2018  
Original: Spanish

## **PLAN OF ACTION ON HUMAN RESOURCES FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE 2018-2023**

### **Introduction**

1. The 29th Pan American Sanitary Conference approved the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage (Document CSP29/10) (1) in September 2017. In the adopted resolution (CSP29.R15) (2), the Director was requested to prepare a regional plan of action with specific objectives and indicators for 2018, in order to advance more quickly on the path established in this strategy.

### **Background**

2. Taking into account the global frameworks established by the 2030 Agenda for Sustainable Development (3), the Global Strategy on Human Resources for Health (4), and the report of the High-level Commission on Health Employment and Economic Growth (5), the Pan American Health Organization (PAHO) built its human resources for health strategy on the values and principles of the Strategy for Universal Access to Health and Universal Health Coverage (the Strategy for Universal Health) (6), focusing on developing and strengthening the capacity of health teams to ensure the right to the highest attainable standard of health for the population, with equity and solidarity.

3. Based on the lines of action of the Strategy for Universal Health, and drawing on the main conclusions of the Decade of Human Resources for Health, especially regarding the measurement of regional goals (7), the Strategy for Human Resources proposes a robust, innovative, and proactive approach to attain health systems and services with the human resources necessary to ensure access and coverage in health, using the Sustainable Health Agenda for the Americas 2018-2030 (8) as a framework.

4. The strategy was developed through active consultations and technical discussions with the Member States at the different subregional levels. Its purpose is to guide the Member States in drafting human resource policies and plans grounded in these

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principles, as appropriate to their national context. In this regard, the strategy proposes the following three strategic lines of action:

- a) Strengthen and consolidate governance and leadership in human resources for health.
- b) Develop conditions and capacities in human resources for health to expand access to health and health coverage, with equity and quality.
- c) Partner with the education sector to respond to the needs of health systems in transformation toward universal access to health and universal health coverage.

### **Situation analysis**

5. The Strategy on Human Resources emphasizes that, while the serious imbalances that existed in the health workforce have dissipated in recent decades and the number and availability of personnel at the first level of care have increased, inequities persist in the availability, distribution, and quality of health workers. The main obstacles include weak intersectoral processes related to governance, regulation, and management; insufficient financing for human resources; lack of information to support decision-making; and the difficulty that the national authorities have in projecting current and future needs for health workers and formulating and implementing long-term strategies.

6. The main challenges indicated in the strategy involve weaknesses in intersectoral processes related to governance. Indeed, fragmentation of the legal frameworks for the health, education, labor, and financial sectors, and for regulatory and management practice, is a critical obstacle to the achievement of universal access to health and universal health coverage. This also limits the potential for intersectoral cooperation and hinders the incorporation of interprofessional teams with the competency profiles required by integrated health networks (9).

7. Another critical constraint is the difficulty projecting the current and future need for health workers and formulating and implementing long-term strategies, making the interventions introduced by some countries inconsistent with the objectives of their national health plans. In addition, many countries lack the information and advanced methodologies needed for monitoring and evaluating human resources for health to support decision-making. This information is fragmented and tends to be limited to the public sector (10).

8. In many countries, the financing allocated to human resources for health has proven inadequate to ensure the delivery of quality services, especially at the first level of care and for underserved populations. As the strategy indicates, evidence shows that investing in human resources for health helps to raise employment rates and improve the economic development of countries, creating an urgent need to strengthen political will and shift commitments toward the effective mobilization of budgets for human resource development (11).

9. There are inequities in the availability, distribution, and quality of health workers between and within countries, between levels of care, and between the public and private sectors. Moreover, there is poor retention in rural and underserved areas and high mobility, as well poor working conditions, low productivity, and poor-quality performance, all of which impede the steady expansion of the services, especially at the first level of care. This is compounded by the migration of health workers, which especially affects Caribbean countries. Furthermore, in places where human resources for health are available, health workers do not always have the profile, competencies, or training required for work with an intercultural and gender approach (12).

10. The strategy also highlights the limited development of innovative alternatives to meet the challenges associated with the availability and distribution of personnel, which include rotation and task shifting, advanced practices, the creation of new professional profiles, and the use of telehealth (13).

11. With respect to health sciences education, the strategy emphasizes that, given the exponential growth of supply in recent decades, regulation in this area has been inadequate, undermining the quality of the training received by graduates. This is compounded by the countries' difficulties in moving toward competency-based education, establishing interprofessional learning programs, designing flexible curricula, improving teaching skills, and diversifying learning contexts. The strategy underscores, however, that more and more universities and schools of health sciences are redefining their social responsibilities and their commitment to the communities they serve, creating professional profiles consistent with the health needs of the population (14).

12. Finally, another major challenge that affects most countries in the Region is related to the education of medical specialists through residencies. The main problems are imbalances in the supply of specialists among geographical areas, the scarcity of personnel in certain basic specialties (particularly family and community medicine), and the lack of planning with respect to the number and types of specialists needed by each country's health system (15).

### **Proposal**

13. The purpose of this Plan of Action is to present priority objectives for each line of action proposed in the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage. These objectives are aimed at advancing more quickly on the path proposed by the strategy and helping countries develop roadmaps appropriate to their local situation.

14. The Plan was prepared following consultations with the Member States, which revealed the need for the selected indicators to reflect each country's specific context, priorities, and diversity.

***Strategic line of action 1: Strengthen and consolidate governance and leadership in human resources for health***

15. Transitioning toward universal health implies a series of policies, regulations, and interventions related to training, employment and working conditions, internal and external professional mobility, the regulation of education and professional practice, and the distribution of the workforce under the stewardship of the health authority. It also requires strategic planning, technical capacity, and synergistic interventions in different sectors, each of which includes various actors with specific and differing responsibilities, objectives, and interests.

Objectives	Indicators	Baseline 2018	Target 2023
<b>1.1</b> Strengthen leadership through the development and implementation of a national policy on human resources for health that has high-level, intersectoral agreement and is aimed at transforming systems toward universal health	<b>1.1.1</b> Number of countries that have formalized and have initiated implementation of a national policy on human resources for health	15	29
	<b>1.1.2</b> Number of countries with an active high-level institutional decision-making body in human resources for health	14	25
<b>1.2</b> Strengthen strategic planning capacity in human resources for health, through the development of national human resources information systems that include the analysis of professional mobility and forecasting of medium- and long-term needs	<b>1.2.1</b> Number of countries that have a multidisciplinary institutional team with planning capacity in human resources for health, or the equivalent function in the ministry of health	18	26
	<b>1.2.2</b> Number of countries that have needs projections in human resources for health, and action strategies based on their model of care	15	25
	<b>1.2.3</b> Number of countries that have a functioning human resources for health national information system that responds to planning needs, monitors professional mobility, and supports decision-making	12	26
<b>1.3</b> Increase public investment in human resources for health, increasing employment opportunities and improving	<b>1.3.1</b> Number of countries that have increased the proportion of the public budget allocated to human resources for health	14 <sup>1</sup>	22

<sup>1</sup> The baseline for this indicator corresponds to 2017 and 2018.

Objectives	Indicators	Baseline 2018	Target 2023
working conditions, especially at the first level of care	<b>1.3.2</b> Number of countries that have increased the public budget, reflected in jobs at the first level of care in relation to total health workers	14 <sup>2</sup>	27

***Strategic line of action 2: Develop conditions and capacities in human resources for health to expand access to health and health coverage, with equity and quality***

16. Increasing access to equitable, quality health services implies improving the organization of the system and the working conditions of the people who work in it. This should include consideration of the gender perspective. It also implies changes in the way competencies are regulated, exercised, and shared in interprofessional teams, facilitating actions to improve access to the first level of care and upgrading the skills of every individual and every team through opportunities for continuing education in health, in light of new technologies.

Objectives	Indicators	Baseline 2018	Target 2023
<b>2.1</b> Promote equitable distribution and retention of health workers through the development of a professional and economic incentives policy that considers the gender perspective and is consistent with the specific needs of each community, especially in underserved areas	<b>2.1.1</b> Number of countries that have an institutional professional development policy that promotes the equitable distribution of personnel in accordance with the model of care and that considers the gender perspective	9	17
	<b>2.1.2</b> Number of countries with a policy that has economic and non-economic incentives for hiring and retaining personnel that considers the gender perspective, with emphasis on underserved areas	10	19
	<b>2.1.3</b> Number of countries that have reduced the density gap with respect to physicians, nurses, and midwives, achieving at least 25 per 10,000 population in underserved areas, keeping in mind the global target of 44.5 by 2030	8	19

<sup>2</sup> The baseline for this indicator corresponds to 2017 and 2018.

Objectives	Indicators	Baseline 2018	Target 2023
<b>2.2</b> Develop interprofessional teams at the first level of care with combined competencies in comprehensive care and an intercultural and social determinants approach to health	<b>2.2.1</b> Number of countries that have an interprofessional health team at the first level of care, consistent with the model of care	16	30
<b>2.3</b> Draft and implement regulations for professional practice that allow for optimal utilization of the competencies of health professionals, and include appropriate coordination and supervision mechanisms, in order to improve coverage and quality of care	<b>2.3.1</b> Number of countries with a formal regulatory framework that defines the functions of the health sciences and related professions, based on the needs of the model of care	14	22
	<b>2.3.2</b> Number of countries with a regulatory framework that promotes the delegation and redistribution of the tasks of the health team	2	12
<b>2.4</b> Enhance dialogue and partnerships, including multilateral and bilateral agreements, in order to address the challenges of health worker migration and health systems strengthening	<b>2.4.1</b> Number of countries that have participated in multilateral or bilateral dialogue or agreements on health worker migration, including the WHO Global Code of Practice on the International Recruitment of Health Personnel	9	16

***Strategic line of action 3: Partner with the education sector to respond to the needs of health systems in transformation toward universal access to health and universal health coverage***

17. Human resources education in the Americas should be geared to the needs of a health system in transformation toward universal health. A change in paradigm is necessary for planning and managing undergraduate and graduate-level programs in the health sciences, their curricula, and their teaching teams, and for developing evaluation and accreditation mechanisms to guarantee the quality of the training.

Objectives	Indicators	Baseline 2018	Target 2023
<b>3.1</b> Establish permanent coordination mechanisms and high-level agreements between the education and health sectors to align the education and practice of human resources for health with the current and future needs of the health systems	<b>3.1.1</b> Number of countries that have agreements and mechanisms for permanent formal coordination between the education and health sectors, based on social accountability principles and interprofessional education	10	27
	<b>3.1.2</b> Number of countries that have implemented a continuing education plan for health professionals	11	28
<b>3.2</b> Have systems for evaluating and accrediting health professions programs that include standards that consider the scientific, technical, and social competencies of graduates	<b>3.2.1</b> Number of countries with at least 50% of health professions programs accredited	11	18
	<b>3.2.2</b> Number of countries with a system for the accreditation of health professions programs that includes social accountability standards, teacher training, interprofessional education, and graduates' competencies	2	16
<b>3.3</b> Develop regulatory mechanisms and a training plan for priority specialties that stipulates the number of specialists required by the health system and increases training in family and community health	<b>3.3.1</b> Number of countries with a plan for training specialists in the various professions, agreed upon with training institutions	9	23
	<b>3.3.2</b> Number of countries where at least 30% of total health care residencies offered are in family and community health	5	14
	<b>3.3.3</b> Number of countries where at least 30% of specialist positions available are in family and community health	5	11

### Monitoring and evaluation

18. This Plan of Action contributes to the achievement of impact goal 4.5 (Human resources for health) of the Strategic Plan of PAHO 2014-2019 and the targets set for Goal 3 (Strengthen the management and development of human resources for health [HRH] with skills that facilitate a comprehensive approach to health”) of the Sustainable Health Agenda for the Americas 2018-2030.

19. For its implementation, a methodological guide will be prepared that establishes the characteristics of the indicators and helps countries to measure their baselines and monitor the process.

20. Monitoring and evaluation of this Plan will be based on the Organization's results-based management framework, as well as the performance, monitoring, and evaluation processes set out in the roadmap prepared by each country.

21. A progress report will be submitted in 2021 and a final report in 2024.

### **Financial impact**

22. The estimated total cost of execution throughout the life cycle of this Plan of action is US\$ 7,000,000<sup>3</sup> per year for five years (2019-2023), 80% of which could be covered with available resources from voluntary contributions and regular resources. The remaining 20% would be financed through additional resource mobilization.

### **Action by the Executive Committee**

23. The Executive Committee is requested to review this proposed plan of action, make the comments and recommendations it deems pertinent, and consider adopting the proposed resolution presented in Annex A.

Annexes

### **References**

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<sup>3</sup> Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.



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# 162nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 18-22 June 2018

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CE162/16  
Annex A  
Original: Spanish

## ***PROPOSED RESOLUTION***

### **PLAN OF ACTION ON HUMAN RESOURCES FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE 2018-2023**

#### ***THE 162nd SESSION OF THE EXECUTIVE COMMITTEE,***

Having reviewed the *Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023* (Document CE162/16),

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

To recommend that the 56th Directing Council adopt a resolution in the following terms:

### **PLAN OF ACTION ON HUMAN RESOURCES FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE (2018-2023)**

#### ***The 56th DIRECTING COUNCIL,***

(PP1) Having considered the *Plan of Action on Human Resources for Universal Access to Health and Universal Health 2018-2023* (Document CD56/\_\_\_) presented by the Director;

(PP2) Bearing in mind that, in September 2017, the 29th Pan American Sanitary Conference approved the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage, and that its corresponding resolution requests the Director to prepare, by 2018, a regional plan of action with specific objectives and indicators to advance more quickly on the path established in the strategy;

(PP3) Considering that the 29th Pan American Sanitary Conference adopted the Sustainable Health Agenda for the Americas 2018-2030,

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***RESOLVES:***

(OP)1. To approve the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2030 (Document CE162/16).

(OP)2. To urge the Member States, in keeping with the objectives and indicators established in the plan of action, to:

- a) promote the achievement of the objectives and indicators of the PAHO Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage for the period 2018-2023 in order to advance more quickly on the roadmap proposed by the strategy and to help the countries prepare road maps appropriate to their local situation.

(OP)3. Request the Director to:

- a) provide technical support to the Member States to strengthen national capacities and information systems for human resources for health that contribute to the implementation of the plan and the achievement of its objectives.

**Report on the Financial and Administrative Implications  
of the Proposed Resolution for PASB**

**1. Agenda item:** 4.6. Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage (2018-2023)

**2. Linkage to [PAHO Program and Budget 2018-2019](#):**

- a) **Categories:** Category 4 – Health Systems
- b) **Program areas and outcomes:**
  - 4.1 Governance and financing
  - 4.2 People-centered, integrated, quality health services
  - 4.5 Human resources for health
- c) It is important to note that human resources for health are a key pillar of the PAHO Strategic Plan 2014-2019 that is linked to and requires coordinated action with other categories—especially, Category 3, which addresses the social determinants of health, cross-cutting issues (gender, equity, ethnicity, and human rights), and the life course. Furthermore, improving access to quality human resources for health requires coordination with priority programs, including communicable and noncommunicable diseases.

**3. Financial implications:**

**a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities):**

A total of \$16,000,000 was programmed in the Program and Budget 2018-2019. This figure includes the resources necessary for launching and implementing this plan of action and ensuring effective implementation of the strategy in its initial years. Subsequently, in the framework of future PAHO Strategic Plans up to 2023, an estimated \$7,000,000 per year is considered necessary.

**b) Estimated cost for the 2018-2019 biennium (including staff and activities):**

The planned budget for programmatic area 4.5 (Human resources for health) for the period 2018-2019 is \$16,000,000.

**c) Of the estimated cost in b), what can be subsumed under the existing programmed activities?**

The strategy constitutes a comprehensive approach to increasing the accessibility, supply, and quality of the human resources essential for health systems in transformation toward universal access to health and universal health coverage. The plan of action aims at ensuring effective implementation of the strategy in its initial years. The balance of the 2018 budget and the total 2019 budget will be allocated for effective implementation of the activities presented in the plan of action.

**4. Administrative implications:**

**a) Indicate the levels of the Organization at which the work will be undertaken:**

All levels of the Organization (regional, subregional, and national) will conduct activities to implement the plan of action, in accordance with the responsibilities defined.

**b) Additional staffing requirements (indicate additional required full-time staff equivalents, noting necessary skills profile):**

It will be necessary to develop innovative solutions for technical cooperation, establishing networks of experts and formal collaboration with institutions of excellence, using the existing capabilities in the Member States, especially for the development of the plan of action's methodology. Additional posts will not be needed, since three have already been reprofiled with specific competencies to support the three strategic lines: 1) governance; 2) strengthening the quality of human resources for health; 3) transforming education of the health professions.

**c) Time frames (indicate broad time frames for the implementation and evaluation):**

The time frames for the implementation and evaluation activities are aligned with those established in the Organization's strategic and operational planning—that is, with the programs and budgets and the Strategic Plan, following the timetable established by the Governing Bodies.

**ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES**

**1. Agenda item:** 4.6. Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage (2018-2023)

**2. Responsible unit:** Health Systems and Services/Health Services and Access (HSS/HS)

**3. Preparing officers:** Dr. James Fitzgerald and Dr. Fernando Menezes

**4. Link between Agenda item and the [Sustainable Health Agenda for the Americas 2018-2030](#):**  
The Sustainable Health Agenda for the Americas 2018-2030 is based on the right to the enjoyment of the highest attainable standard of health, Pan American solidarity, equity in health, universality, and social inclusion. It proposes strengthening the management and development of human resources for health with competencies that support a comprehensive approach to health.

**5. Link between this agenda item and the [Strategic Plan of the Pan American Health Organization 2014-2019 \(Amended\)](#):**

The Strategic Plan of PAHO 2014-2019 stresses that health workers are key policy actors with sufficient power to change the way health policies are designed and implemented. The effectiveness of health care depends heavily on the performance of health workers and, hence, on their financing, selection, hiring, training, and development, and on offering them comprehensive career opportunities. Effective, high-quality, people-centered health services depend on the right combination of health workers with the right skills, at the right location, and at the right time. Strengthening the management and development of human resources for health should be part of public policies. Because human resources for health can substantially influence the health status of the population, they should be considered essential personnel and not flexible resources that can easily be cut in the event of a budget deficit.

**6. List of collaborating centers and national institutions linked to this Agenda item:**

The strategy will require the strengthening of collaboration with national and academic institutions and an increase in collaborating centers in the health systems and services area. To date, the following collaborating centers have been identified:

- a) Collaborating Center on Health Workforce Planning and Information, State University of Rio de Janeiro, Brazil.
- b) Collaborating Center on Health Workforce Planning and Research, Dalhousie University, Canada.
- c) Collaborating Center on Health Science Education and Practice, University of Sherbrooke, Canada.
- d) Collaborating Center for partnerships in health through education, services, and research, University of New Mexico, Health Sciences Center.

- e) Collaborating Center for the transformation of education in the health professions, University of Illinois, College of Medicine at Rockford.
- f) The Andalusian School of Public Health in Granada (Spain) has also been identified as a relevant partner for technical collaboration in the implementation of the plan of action.

**7. Best practices in this area and examples from countries within the Region of the Americas:**

The Region has numerous successful initiatives for strengthening human resources for health, especially at the first level of care. Good examples are the experiences with family physicians in Canada, where health services in Ontario, Quebec, and Montreal offer 50% of their positions to family physicians and 50% to specialists; the Mais Médicos program in Brazil, which has deployed more than 18,000 physicians to neglected areas; the Bridging Gaps Plan in Chile, which has financed the education of medical specialists to deliver public health services in areas with critical deficits; the National System for the Accreditation of Health Team Residencies in Argentina, which has established the basic requirements for the medical residency system, based on the priorities and positions required at the regional level; and the University Midwife Technician Training Initiative in Guatemala, which trains personnel from the communities themselves to become part of the health teams.

**8. Financial implications of this Agenda item:**

No financial implications for the Bureau have been identified in this agenda item.

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