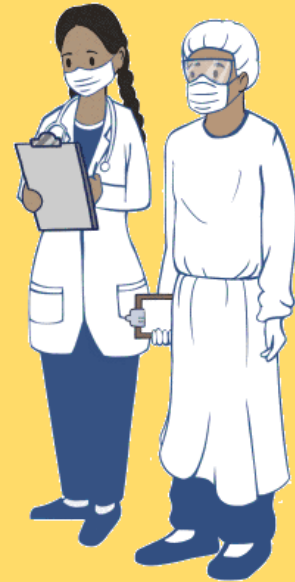


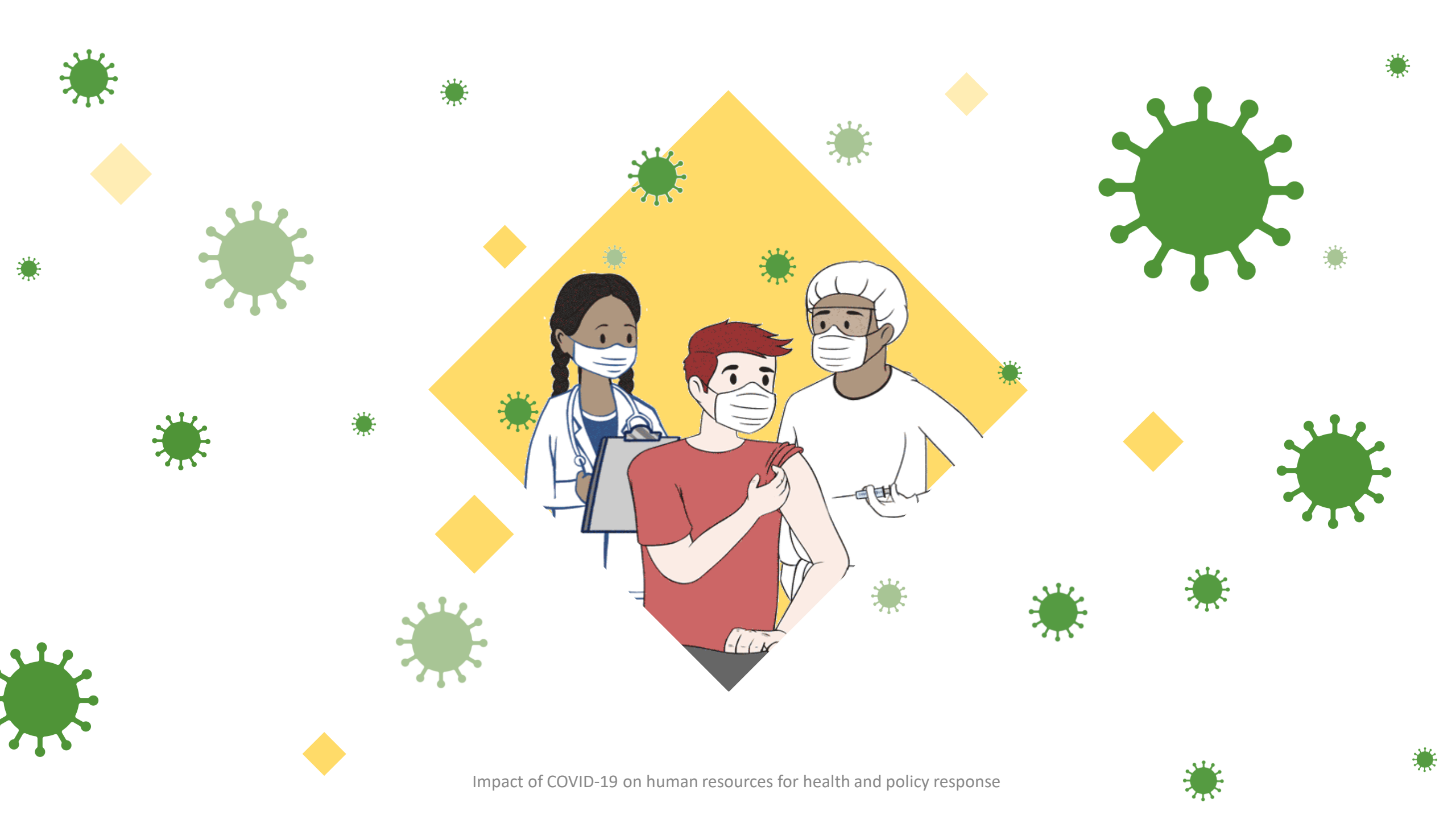
Impact of COVID-19 on human resources for health and policy response:

the case of Plurinational State of Bolivia, Chile, Colombia, Ecuador and Peru



Health workers critically important in the response to COVID-19





Impact of COVID-19 on human resources for health and policy response

AGENDA

1. Health workforce challenges in the region
2. Impact of COVID-19 on HRH
3. Policy response
4. Lessons learned



1

HRH challenges in the region

Human resources for health in the region

Health system fragmentation

- ◆ Different subsystems
- ◆ Multiple funding sources
- ◆ Various types of health service providers

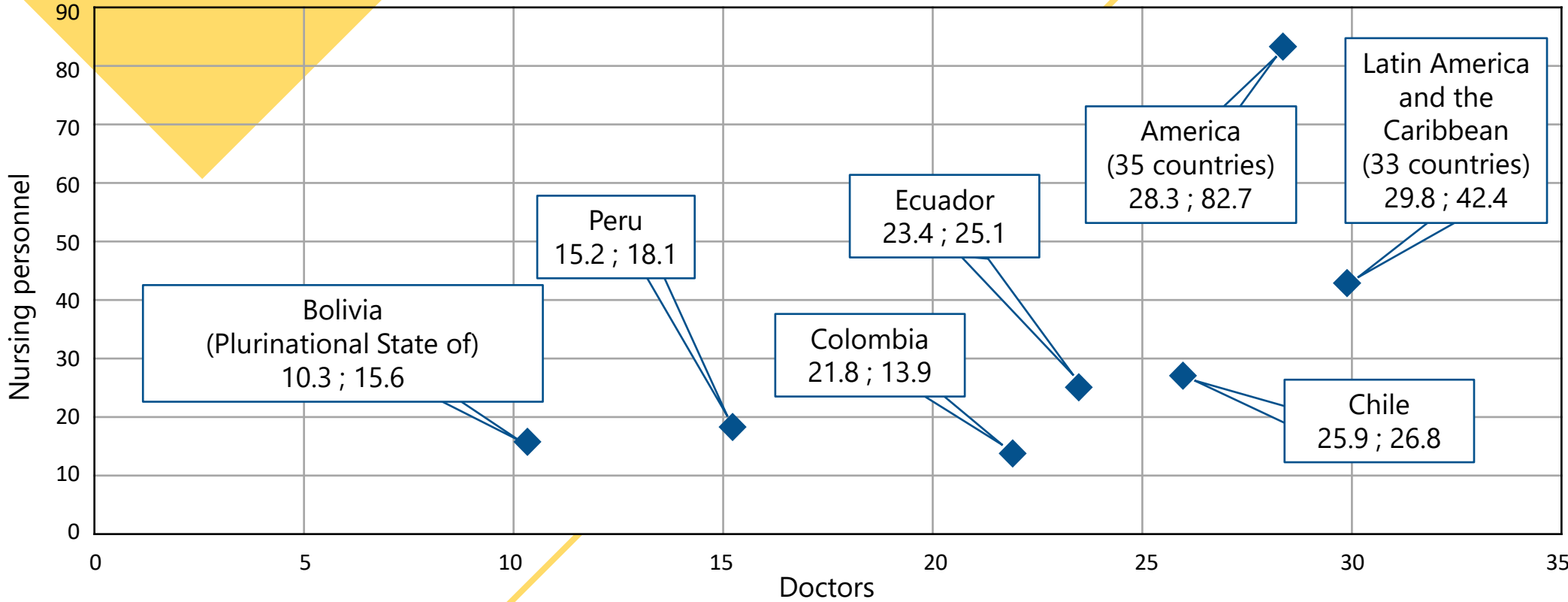
HRH hiring

- ◆ Varies by level and subsystem
- ◆ Challenges in coordination and the effect of regulations

HRH availability

- ◆ HRH deficit
- ◆ Unequal distribution of HRH between regions, and at urban and rural levels

The density of doctors and nursing personnel per 10 000 population in the five countries is lower in every case than the average for the region



Source: WHO. National Health Workforce Accounts (NHWA)

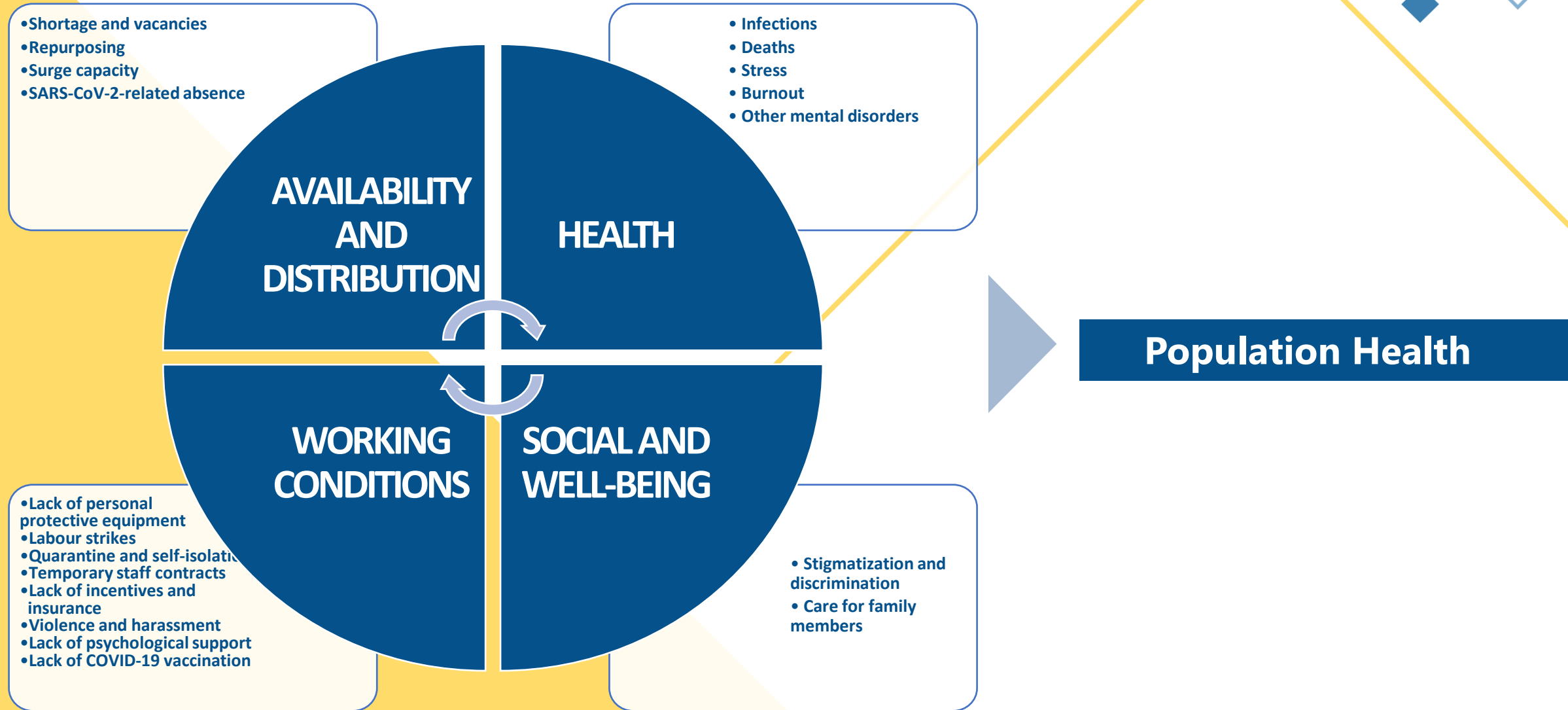


2

Impact of COVID-19 on HRH

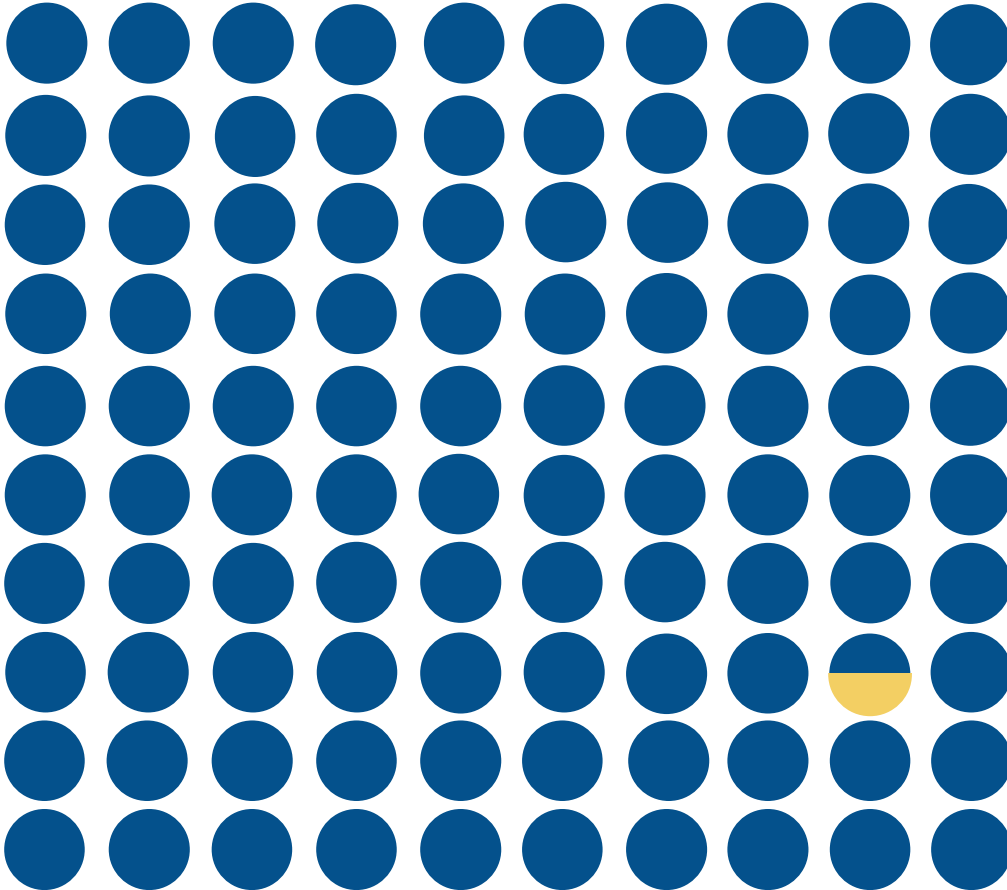
Impact of COVID-19 on human resources for health and policy response

Multidimensional factors related to COVID-19 that affect HCWs



* Data for the five countries of Latin America

This deficit became more critical due to **infection** and **lethality**

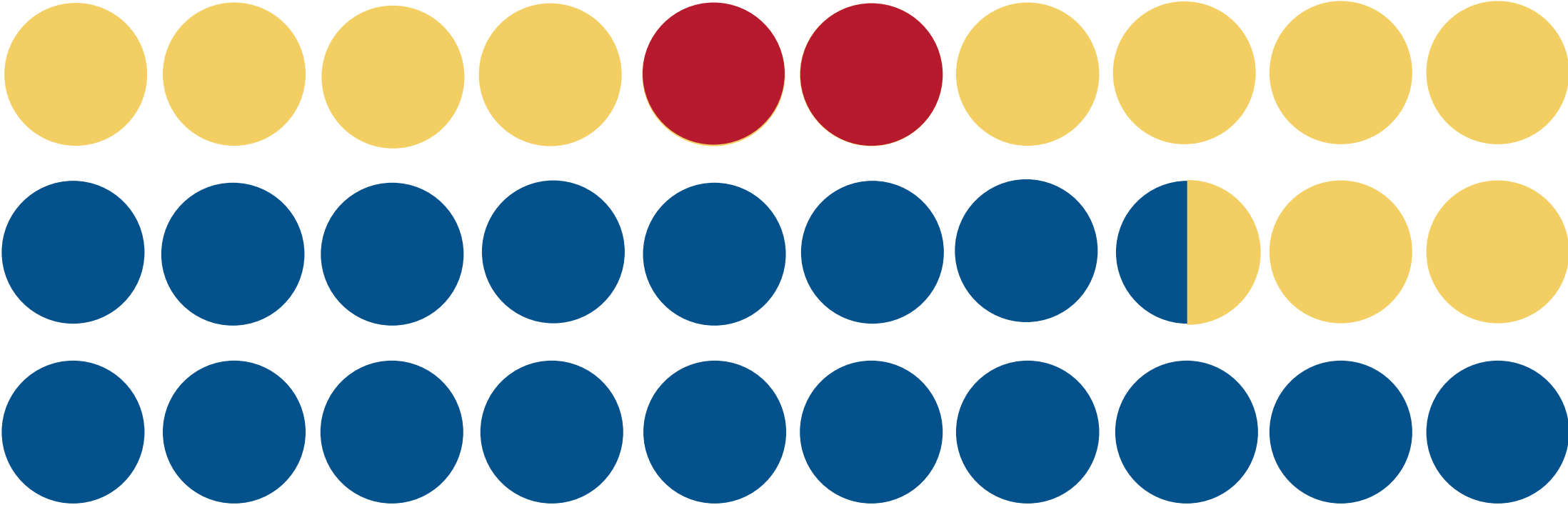


Between **3.2%** and **12.6%** of HRH have been infected by the virus

* Data from April 2021, according to the latest data available by country

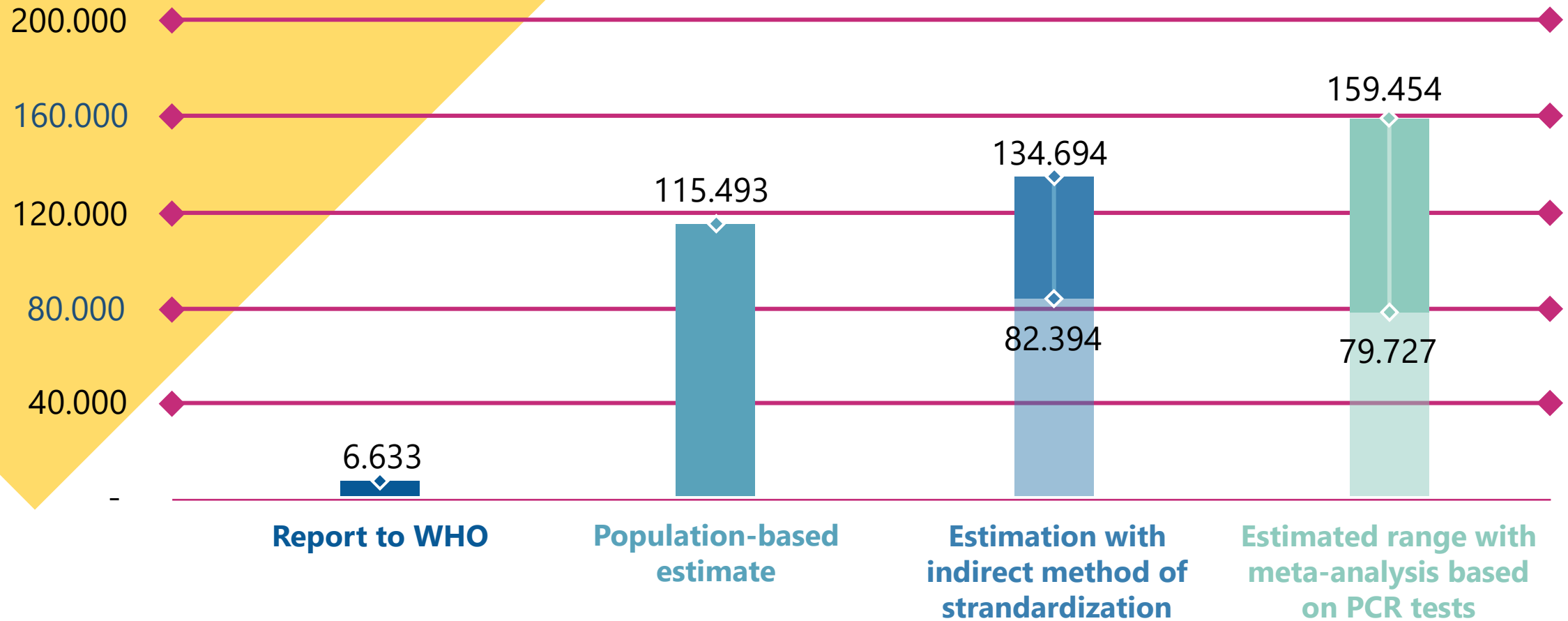
of which **1.97%** have died.

This affected their mental health due to increased workload



Impact of COVID-19 on human resources for health and policy response

Estimates of HRH deaths from COVID-19 suggest that the report to the WHO does not capture the magnitude of this impact



Source: WHO (2021). The impact of COVID-19 on health and care workers: a closer look at death



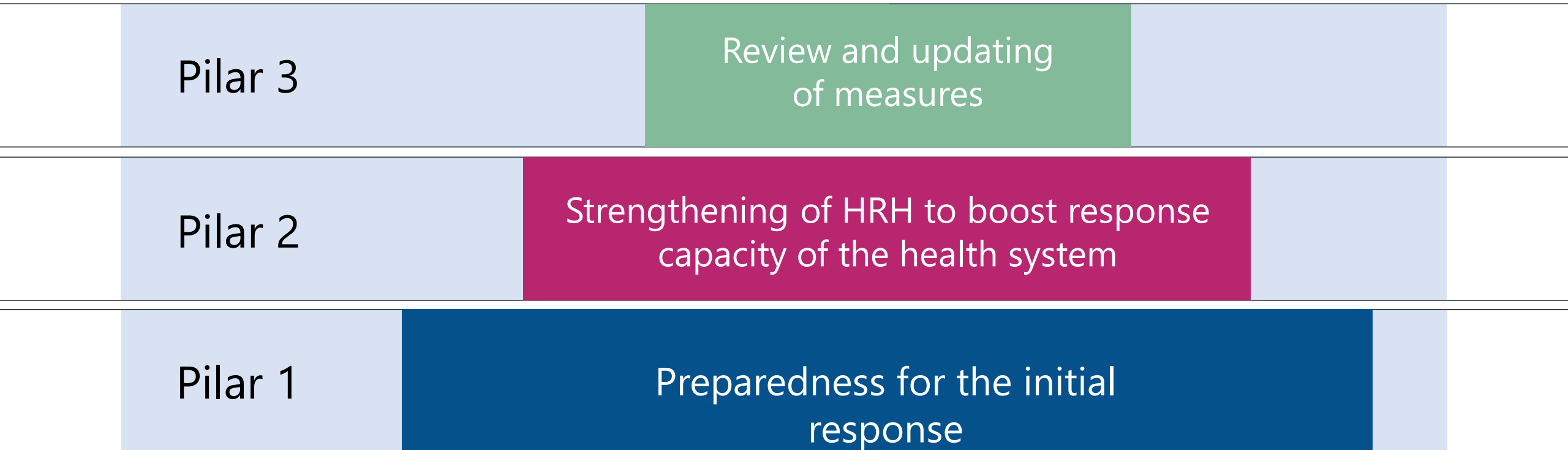
3

Policy response



3.1 Three pillar of the policy response

Strategies and mechanisms to address HRH in the response to COVID-19

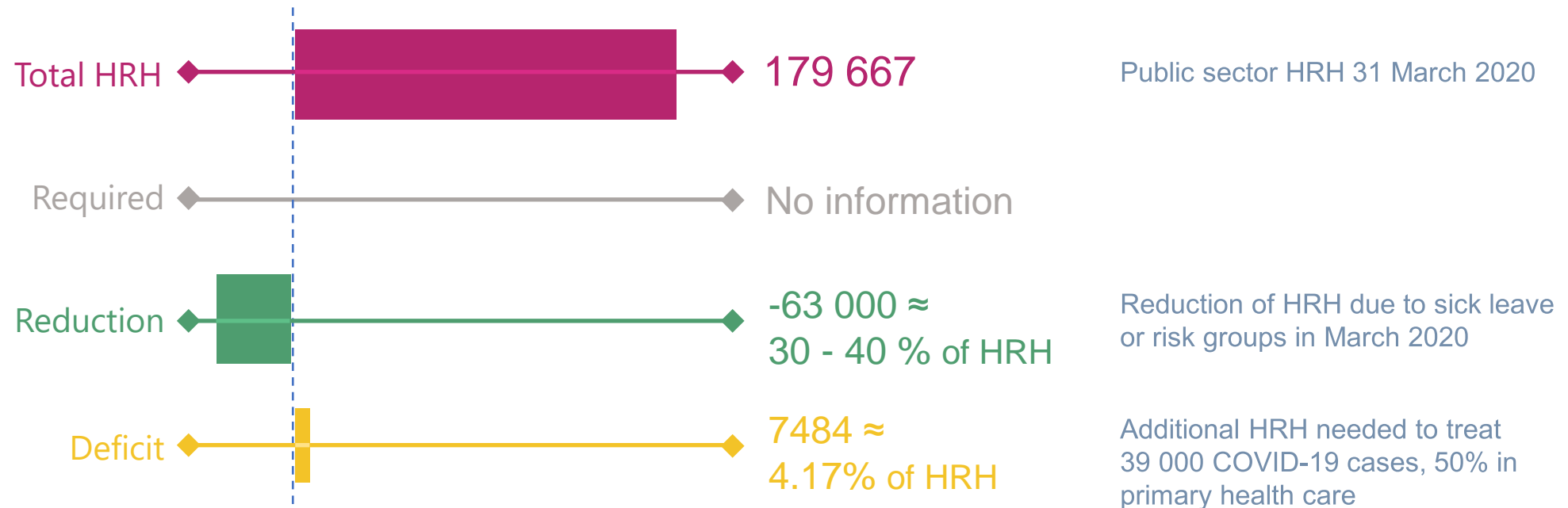




3.2 Planning

Bolivia

HRH planning for policy response



Chile

HRH planning for policy response



Total HRH 30 November 2020

HRH needed to treat COVID-19 estimated on the basis of increased number of ICU beds and hospital admissions

Colombia

HRH planning for policy response



Total estimated health workforce in 2020, including graduates and qualifications recognized

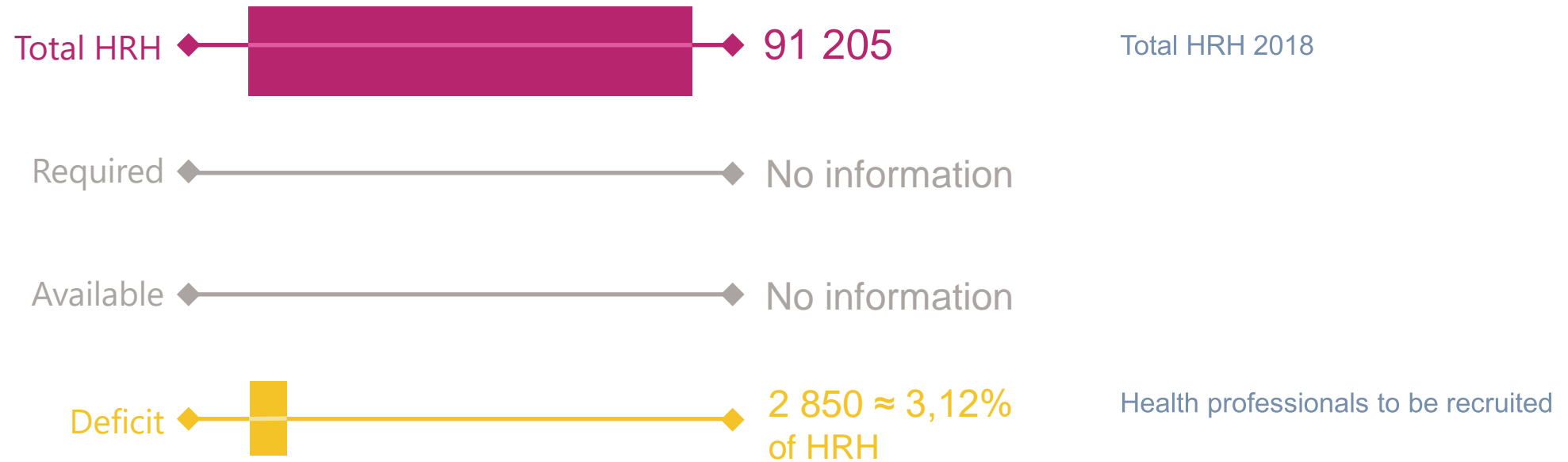
HRH needed to treat COVID-19 estimated on the basis of increased number of ICU and ITU beds and hospital admissions

HRH available to treat COVID-19, corresponding to general practitioners and specialists, nurses and therapists

Shortage of specialists in intensive care (adult and paediatric), internal medicine, anaesthesiology and surgery for treatment of COVID-19

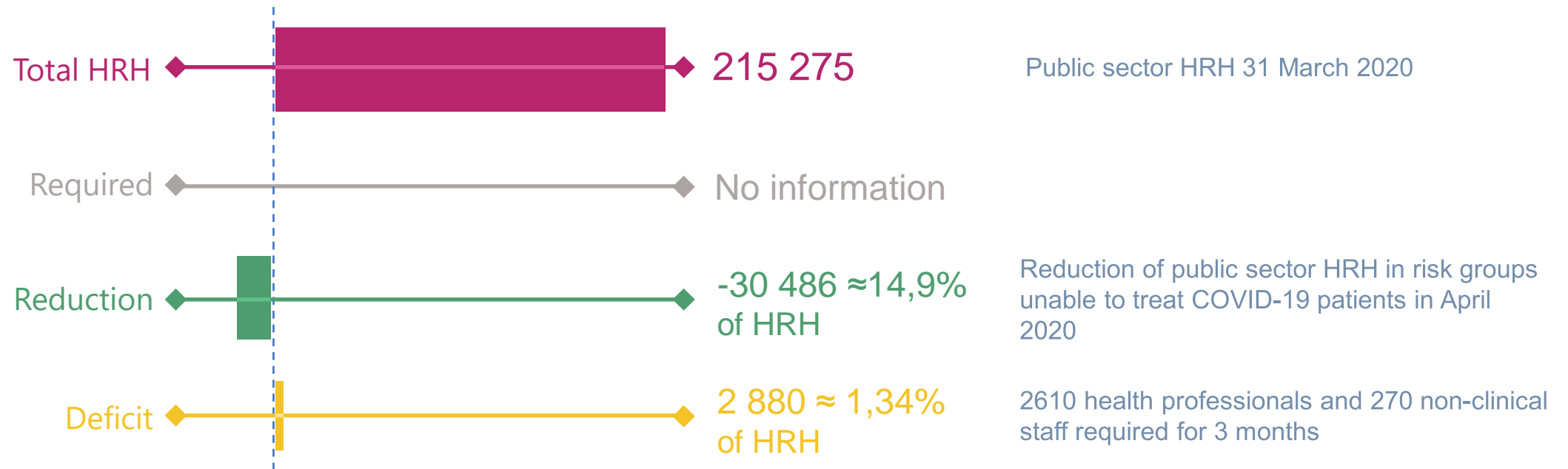
Ecuador

HRH planning for policy response



Peru

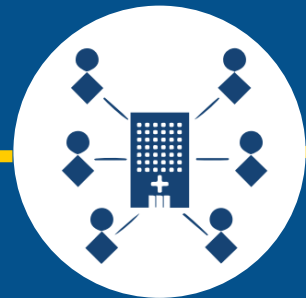
HRH planning for policy response



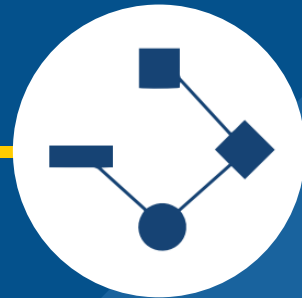


3.3 Increase or maintain HRH

INVEST



HRH recruitment



HRH reassignment



Employ students

Ten measures to increase or maintain HRH availability



Extend mandatory
Community service



Recourse **Retirees**



Modify
Work shifts



Armed forces
support



Recourse
foreign qualifications



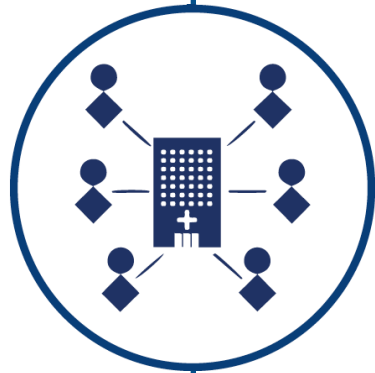
Recourse
volunteers



International cooperation
support

Recruitment

Create faster and more efficient hiring pathways, simplify or eliminate procedures, allow more freelance hiring, and allow direct hiring. In the Plurinational State of Bolivia this measure represented 6777 hires out of the 7628 planned, using funding from the World Bank (MoH Bolivia, 2020a); in Chile 19 027 health workers were hired as of August 2020 (MoH Chile, 2020d); Ecuador hired 3087 as of November 2020 (MoH Ecuador, 2020a); Peru hired 44 207 by December 2020 under a specific type of contracting called CAS-COVID (MoH Peru/ORHUS, 2020); in Colombia the number of new contracts was not quantified.



Bolivia
6 777
health workers
additionally recruited*

* October 2020

Chile
19 027
health workers
additionally recruited

Colombia
Recruitment
of scarce HRH

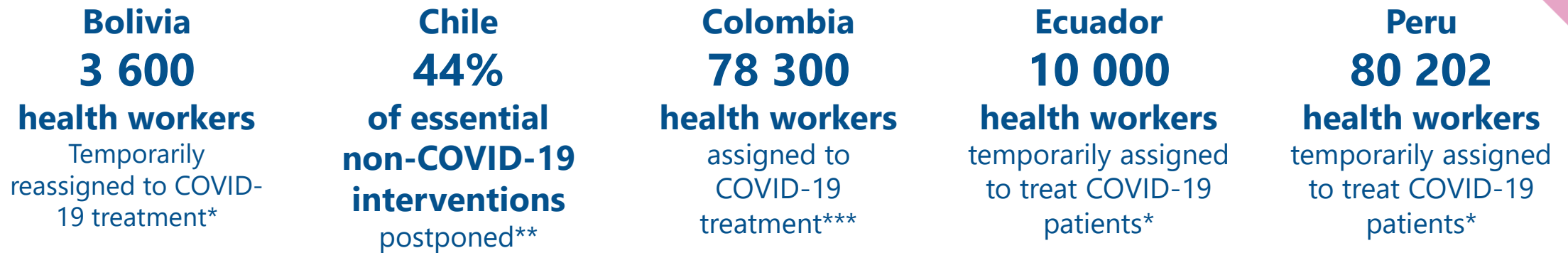
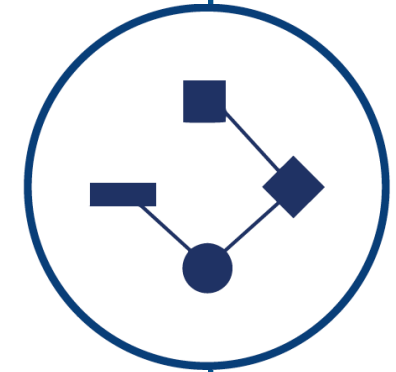
Ecuador
3 087
health workers
additionally recruited**

** December 2020

Peru
44 207
health workers
additionally recruited**

Reassignment

Temporarily assign HRH to the exclusive treatment of COVID-19 cases. This strategy was pursued in Colombia (78 300 health workers; equivalent to 10.2% of total HRH) (MoH Colombia, 2020b), Ecuador (10 000 by November 2020) (MoH Ecuador, 2020a) and Peru (80 202 by August 2020) (MoH Peru, 2020a). The Plurinational State of Bolivia reassigned 3600 health workers (MoH Bolivia, 2020a). The number of reassignments in Chile was not quantified. This approach involved the total or partial interruption of non-COVID-19 essential services and treatment, such as the postponement of scheduled surgical interventions and chronic disease check-ups.



* October 2020

**with reference to 2019

*** August 2020

**** December 2020

Students

Employ recently qualified professionals or students about to graduate.

Plurinational State of Bolivia took steps to facilitate the hiring of 220 recent graduates and incorporate 300 trainee students into the workforce (MoH Bolivia, 2020a). Chile hired students in their final stages of medical qualification (MoH Chile, 2020d). In Colombia 1532 medical students were permitted to graduate ahead of schedule (MoH Colombia, 2020c), while in Peru medical residency requirements in key specialities were terminated early (5048 residents as of August 2020) and degree procedures were temporarily eliminated for medical graduates in order to expedite their entry into the workforce (MoH Peru, 2020a).



Bolivia 520 students

recent graduates contracted (220) and trainee students incorporated (300)*

* October 2020

Chile

Students in their final semesters recruited

Colombia 1523 students

early graduation in general medicine (1328) and specialist medical disciplines (195)**

** August 2020

Ecuador

Interinstitutional cooperation agreements with higher education establishments

Peru

- Rotation of residents
- Early completion of residency

Work shifts

Expand or modify work shifts with corresponding pay increases in Bolivia (Plurinational State of), Chile, Ecuador and Peru. Only Peru has quantified this strategy, applicable to 11 662 health professionals as of August 2020 (MoH Peru, 2020a).



* August 2020

Foreign qualifications



Facilitate the entry into practice of health professionals who studied medicine abroad, either by expediting validation of their qualifications as in Colombia (MoH Colombia, 2020b), or by dispensing with validation altogether, as in Chile (MoH Chile, 2020d) and Peru (MoH Peru, 2020a).

Bolivia

Not implemented

Chile

Recruitment of HRH holding an overseas medical qualification, without validation

Colombia

Accelerated validation of foreign qualifications

Ecuador

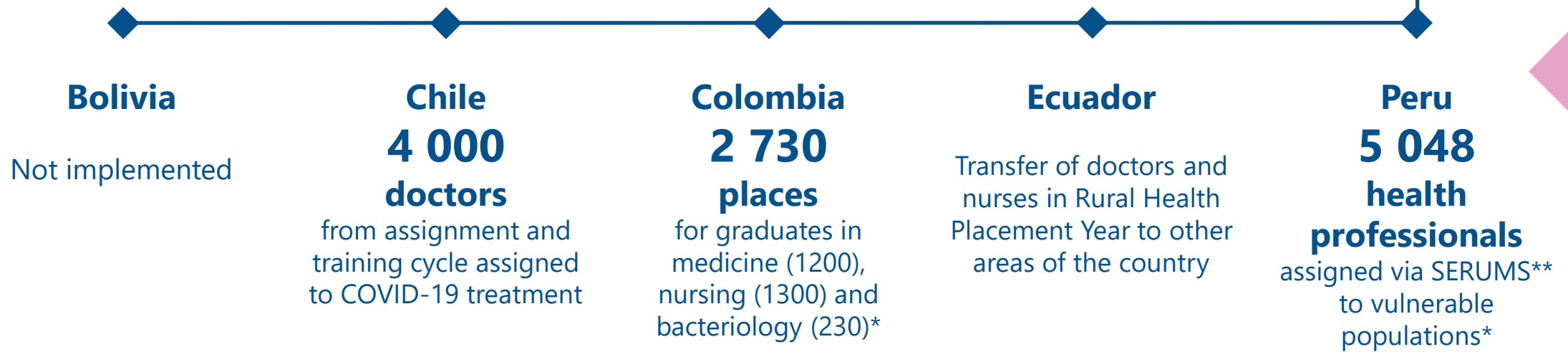
Not implemented

Peru

Temporary authorization to practice without validation of qualifications

Community service

Expand access to the service mechanisms required for graduation. In Chile, academic attendance was suspended to prioritize treatment by doctors and dentists in the appointment and training cycle (measure applicable to 4000 graduates) (MoH Chile, 2020d). In Colombia the number of places available in the Mandatory Social Service was expanded (2730 graduates) (MoH Colombia, 2020d). Peru facilitated access to SERUMS,19 even for practitioners who had pursued their medical studies abroad (MoH Peru, 2020a).



* August 2020

**Rural and Urban Marginalized Health

International cooperation

Accept teams of health professionals through international cooperation mechanisms. In Colombia, the United Nations Refugee Agency made 45 health professionals available in 16 regions of the country, and 105 health professionals were hired through the US Agency for International Development for 6 months (MoH Colombia, 2020b). Peru received support from the Cuban MoH in the form of 85 health professionals, and Médecins Sans Frontières provided 7 specialist health professionals (MoH Peru, 2020a).



Volunteers



Accept volunteering by recent graduates and medical students through agreements with universities, as in the Plurinational State of Bolivia with 450 recent graduates (MoH Bolivia, 2020a) and Chile with 1000 students (MoH Chile, 2020d).

Bolivia

**450
students**

recent graduates through
agreements with
universities

Chile

Recruitment of HRH
holding an overseas
medical
qualification,
without validation

Colombia

Not implemented

Ecuador

Not implemented

Peru

Not implemented

Armed forces

Support from health professionals serving in the armed forces, specifically in Colombia as regards retired medical personnel (MoH Colombia, 2020b), and in Chile²⁰ and Ecuador, with regard to personnel still in service. In Ecuador represented 1523 additional health workers by November 2020 (MoH Ecuador, 2020a).



* October 2020

Retirees



Accept volunteering by recent graduates and medical students through agreements with universities, as in the Plurinational State of Bolivia with 450 recent graduates (MoH Bolivia, 2020a) and Chile with 1000 students (MoH Chile, 2020d).

Bolivia

Not implemented

Chile

1500 professionals
released from duty
re-entered medical
practice

Colombia

Retired
HRH under 60

Ecuador

Not implemented

Peru

Not implemented

Strategies to address uneven distribution at the subnational level



<p>Colombia</p>	<p>1</p> <p>2</p>	<p>HRH national call by the Ministry of Health on behalf of regions with health workforce shortages</p> <p>Salary adjustments in some regions to attract the necessary HRH</p>
<p>Ecuador</p>		<p>Support provided to “red traffic light” (danger) zones: first Guayaquil, then Quito and afterwards smaller cities</p>
<p>Peru</p>		<p>Mobile brigades of physicians, nurses and other health professionals to support critical areas of the country</p> <p>332 + 85 Peruvians Cubans</p>
<p>Bolivia</p>		<p>Reassignment of HRH from national programmes to regions with more COVID-19 cases: Santa Cruz and Beni</p> <p>800 Health workers</p>
<p>Chile</p>		<p>Support HRH from the Santiago Metropolitan Area sent To the regions of Antofagasta (north of the country) and Magallanes (extreme south)</p>



3.4 Protect and support HRH

PROTECT:

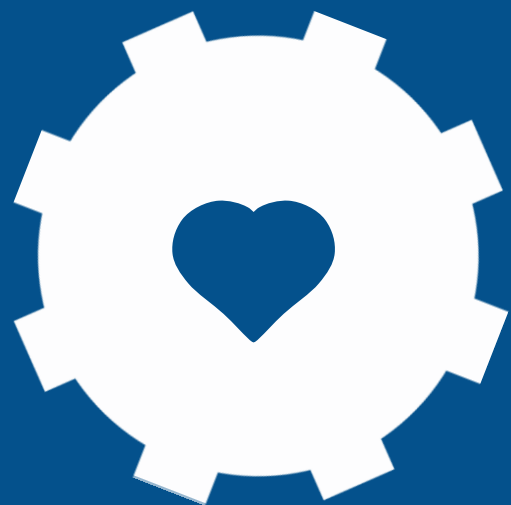


Through measures to prevent infections and support HRH

3.5 HRH Governance



How was
HRH governance strengthened
to implement the response to COVID-19?



Health



Work



Economy



Education



Articulation and coordination



4

Lessons learned

Invest in HRH to increase the resilience of health systems:

Lessons learned

Use of information ◆

Coordination among sectors ◆

Possibility of increasing employment ◆

Uso de telemedicina ◆

Mental Health ◆

Challenges

◆ Use of data and information analysis for HRH planning

◆ Strengthen coordination mechanisms

◆ Improve the availability and distribution of HRH at the subnational level

◆ Job stability and social security

◆ Strategies to quickly train HRH

◆ Strengthen the use of telemedicine after the pandemic through documenting and sharing experiences

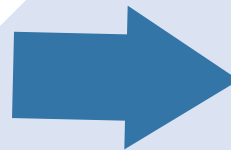
◆ Evaluate coverage and impact of the implemented strategies



¿How these results are being used by countries?

Use of data and analysis of information

- ◆ Identify the impact of COVID-19 and the policy response
- ◆ Strengthen capacities to identify and analyze HRH challenges



Dialogue

- ◆ Promote dialogue between the countries of the Andean region
- ◆ Identify and align priorities and objectives in strengthening HRH

Policy decisions and actions



Subregional policy dialogue

Objectives

- ◆ Exchange experiences
- ◆ Identify the main themes
- ◆ Provide evidence
- ◆ Agree policy actions

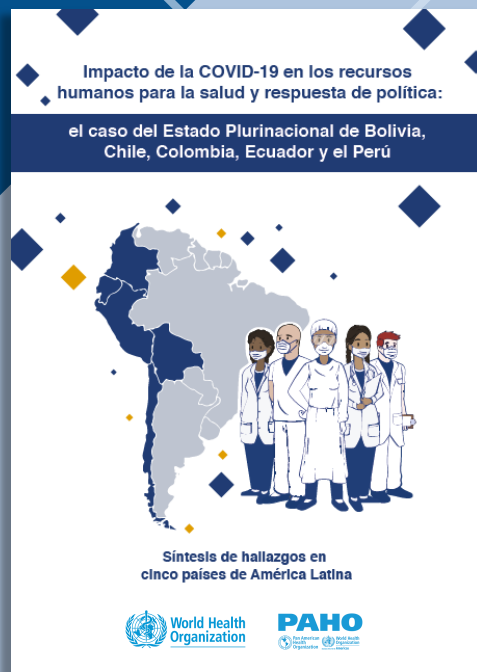
Result

Topics to be analyzed as a subregion

1. Use of data and information analysis for HRH planning
2. Improve HRH availability and distribution at the subnational level
3. HRH governance
4. HRH mental health
5. Strategies to rapidly train HRH



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