Overview

Is COVID-19 a turning point for the health workforce?

Fernando Aith1, Midalys Castilla Martínez2, Malhi Cho3, Gilles Dussault4, Matthew Harris5, Mónica Padilla6, Gail Tomblin Murphy7, Paul Tomlin8 and José M Valderas9


In 2015, the United Nations issued the Agenda for Sustainable Development Goals, which highlighted the need to ensure healthy lives and promote well-being for all across the lifespan. Goal 3 aims to make sure everyone has access to health and health coverage and, in 2019, the United Nations General Assembly adopted the political declaration of the high-level meeting on universal health coverage reaffirming that “health is a precondition for and an outcome and indicator of the social, economic and environmental dimensions of sustainable development”.

(2) The High-Level Commission on Health Employment and Economic Growth identified that investments in the health and social workforce can spur inclusive economic growth.

Achieving Goal 3 requires health services that are accessible (available and affordable), culturally acceptable and that provide quality care by well-trained health workers. The World Health Organization (WHO), however, estimates a worldwide projected shortfall of 18 million health workers by 2030, mostly in low- and lower-middle income countries. Countries at all levels of socioeconomic development face –to varying degrees– difficulties in employment, deployment, retention, and performance of their workforce due to chronic under-investment in education and training of health workers and the mismatch between education and employment strategies in relation to health systems and population needs.

The Pan American Health Organization/World Health Organization (PAHO/WHO) has a long history of contribution to the development of human resources for health in the Region of the Americas through pioneering actions such as calling for regional action to implement policies for the development of human resources in health in areas such as regulation, education, professional practice, work, and specialized migration, as well as the creation of observatories and the Virtual Campus for Public Health. Its “Strategy on Human Resources for Universal Access to Health and Universal Health Coverage” offers guidance to countries to progress towards improving the availability, accessibility and quality of their health workforce. Evidence-informed workforce policies are of critical importance in support of strong and resilient health care systems.

In alignment with the priorities set by the Strategy, a special issue of the Pan American Journal of Public Health on “Human resources for Universal Health” was planned at the end of 2019 as a contribution to implementing the vision of the Astana Declaration on primary health care, with the goal of stimulating research on three topics: governance, capacity building, and education and training of health workers.

Research can produce actionable evidence for governance on how decision-making, planning, regulation, inter-sectoral and inter-organizational coordination, leadership and management mechanisms are conducive to the design and implementation of workforce policies that respond to the rapidly changing needs of the populations in equitable manner. There is equity in access when all members of a population have the same level and quality of access to health workers, according to need, irrespective of their capacity to pay and without any form of discrimination (social status, ethnic origins, religion, sexual orientation, etc.). Access to health workers is equitable when it is modulated in function of the importance of the need, e.g. urgency, or the severity of the health problem, and when health workers provide the same quality of service to all people who need it.

As regards to capacity building, it is critical to establish the technical and leadership skills that are available at all levels of the policy development and management of the workforce, and to create and sustain supportive management that motivates and enables workers to provide services at the highest level of quality.

We also need more clarity about how to align education and training programs with the needs of health services, so that they

1 Facultad de Salud Pública, Universidade de São Paulo, São Paulo, Brazil
2 Cuban Medical Services, Havana, Cuba
3 Pan American Health Organization, Washington, DC, United States of America
4 Instituto de Higiene e Medicina Tropical, Universidade Nova, Lisbon, Portugal
5 Imperial College London, London, England
6 Pan American Health Organization, Brasilia, Brazil
7 Nova Scotia Health Authority, Halifax, Canada
8 The University of the West Indies, Mona, Jamaica
9 University of Exeter, Exeter, England

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs 3.0 IGO License, which permits use, distribution, and reproduction in any medium, provided the original work is properly cited. No modifications or commercial use of this article are permitted. In any reproduction of this article there should not be any suggestion that PAHO or this article endorse any specific organization or product. The use of the PAHO logo is not permitted. This notice should be preserved along with the article’s original URL.
equip health workers from their initial training and all along their professional life with relevant competencies.

Then came the COVID-19 pandemic! In a matter of weeks, even days, it did more than all past advocacy efforts to highlight in real time the critical role of health workers, vital to respond to emergencies and disasters. All of a sudden, physicians, nurses, auxiliaries, ambulance staff, and all support personnel became heroes. However, it soon became clear that the commitment demonstrated by health workers was not enough to respond adequately to the crisis. Numerous deficiencies in the management of the health workforce became visible to all, from users of services to political decision-makers. In addition to insufficient numbers of workers overall, the crisis revealed inequities of access due to shortages in certain regions, typically rural, remote and poor. In many countries of the Region, this is compounded by the underutilization of the skills of diverse occupational groups, like nurses and pharmacists, and by an inefficient composition of the workforce, with low ratios of nurses (7) and other personnel to physicians, and of generalists to specialists. It also threw light on the often difficult working conditions of health staff, their low remuneration, and the gaps between what is necessary to provide a good response to the needs of the sick and what is at their disposal. It showed the need for upskilling personnel working in intensive care units, in homes for the aged and the disabled, and physicians and nurses needed training in the use of telemedicine.

Even if this was not news to students of health labor markets, it was a wake-up call for policy-makers and the public. The recognition of these problems is a prerequisite to the introduction of policies in the Region going forward and provide impetus to the implementation of the Declaration of Astana.

REFERENCES


APPRECIATION

The Pan American Journal of Public Health recognizes with appreciation the contributions of the members of the Editorial Committee and authors of this Overview. Their dedication to this issue on human resources for universal health helped make the manuscripts more interesting and more useful to our readers and all others who work to improve the health of the peoples of the Americas.