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#### **REGIONAL GOALS FOR HUMAN RESOURCES FOR HEALTH 2007-2015: FINAL REPORT**

##### **Introduction**

1. In September 2007, the 27th Pan American Sanitary Conference adopted Resolution CSP27.R7, Regional Goals for Human Resources for Health 2007-2015 (1), which sought to support the development of national action plans for human resources for health to strengthen primary health care and help achieve universal access to health and universal health coverage.
  2. The regional goals were adopted in the context of the Toronto Call to Action 2006-2015: Towards a Decade of Human Resources in Health for the Americas, drawn from the VII Regional Meeting of the Observatory of Human Resources in Health, held in 2005 in Toronto (Canada) (2).
  3. The goals were structured on the basis of the five critical challenges identified at the meeting. The Call to Action invited the countries of the Region to undertake a sustained effort to develop and invest in human resources for health over the span of a decade. Resolution CSP27.R7 formalized this commitment and established a set of goals, measured by several indicators for each challenge.
  4. Following approval of the aforementioned resolution, the Pan American Sanitary Bureau (the Bureau) spearheaded a process to develop indicators for the regional goals, along with technical guidelines and a methodology for their measurement and monitoring.
  5. The methodology was developed through a participatory process; health authorities in the interested countries sought feedback from a broad range of institutions and relevant social stakeholders both within and outside the health sector and at different levels within the sector. Both training and technical support were provided for the interested ministries of health with a view to obtaining the best available information to
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support the measurement of each goal and facilitate deliberations by the professionals invited to join in the measurement exercise.

6. The results were collected in reports from the respective countries and disseminated online through the Regional Observatory of Human Resources in Health website.

7. The progress report on attainment of the regional goals, presented at the 28th Pan American Sanitary Conference in 2012 (Document CSP28/INF/3) (3), provided information on the main results of the first measurement of the regional goals, completed in 2009-2010 with 24 countries participating. The first measurement made it possible to establish a baseline for each country. The second measurement was done between 2013 and 2015 with the participation of 20 countries.

8. This report closes the life cycle of Resolution CSP27.R7 (2007) and summarizes the main findings and the status of progress toward meeting the 20 regional goals in the 20 countries that completed both measurements. As such, the results reported here do not reflect the situation for the entire Region.

### **Status of Progress toward the 20 Regional Goals for Human Resources for Health**

9. These goals take into account the complexity of the field of human resources, particularly its intersectoral and multi-institutional nature, and the methodology for measuring the goals recognizes this complexity. The process was implemented at the national level under the leadership of the ministries of health with interaction among the key stakeholders. More than 500 interested stakeholders were involved at different stages of the process.

10. The results of the measurements are expressed as percentages toward the achievement of each goal, as agreed upon by the evaluators. Each goal was measured using a defined set of indicators, which explains why many goals have been partially achieved. While regional efforts to standardize the main measurements have been taken into account, the measurements are mainly of interest and validity to the individual countries as a tool for monitoring progress.

11. The aggregate results for the participating countries give a general idea of the areas of greatest progress and difficulty; however, the methodology was not designed to draw comparisons since, among other factors, the indicators are not applicable to all situations.

12. A total of 24 countries in the Region undertook the first measurement, or baseline, for each of the 20 regional goals, over the period 2009-2010. Brazil did its first measurement in 2013 and the second one is now underway. In 2014, Mexico carried out a baseline measurement exercise to provide feedback for its planning methodology, and in 2015, Antigua and Barbuda, and the British Virgin Islands also established their baseline. Twenty countries conducted a second measurement to see how far they had progressed:

in 2013, Belize, Bolivia, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Paraguay, Peru, Trinidad and Tobago, and Uruguay; and this year, Anguilla, Barbados, Jamaica, and Saint Lucia also completed the second measurement process.

13. Technical support and training for both measurement exercises were coordinated at the subregional level with the support of subregional agencies in Central America and the Dominican Republic (COMISCA) and the Andean Health Organization (*Organismo Andino de Salud*—ORAS). Also, the PAHO/WHO collaborating centers specializing in human resources planning actively supported the measurement activities.

14. The overall integrated results for the countries mentioned are given below. The best and the poorest performances for each goal have been indicated.

15. **Challenge 1, defining long-range policies and plans for human resources**, has five goals. **Goal 1**, achieving a human resources density ratio of 25 per 10,000 population: 12 of the 20 countries reported having met this goal, while three had less than 60% achievement. **Goal 2**, at least 40% of physicians working in primary health care: five of the 20 countries reported that they met the goal, while four reported less than 50% achievement. **Goal 3**, developing primary health care teams with a broad range of competencies: only one of the 20 countries reported having met this goal, but three were very close to reaching it. Five countries did not measure it. **Goal 4** refers to the ratio of nurses to physicians: seven of the 20 countries reported that they met the goal, while three had less than 35% achievement. **Goal 5**, establishing a strategic human resources unit responsible for the development of policies and plans: five of the 20 countries reported having met the goal.

16. **Challenge 2, putting the right people in the right places**, has four goals. **Goal 6**, reducing the gap in the distribution of health personnel between urban and rural areas: two of the 20 countries reported that they met the goal, while six had percentages lower than 50% and eight did not measure it. **Goal 7**, primary health care workers with public health and intercultural competencies: two of the 20 countries reported having met the goal, while three had averages under 50% and seven did not measure it. **Goal 8**, nurses, auxiliaries, and technical personnel with upgraded skills and competencies: three of the 20 countries reported having met the goal, two were under 50%, and eight did not measure it. **Goal 9**, recruitment of health workers from their own communities: four of the 20 countries reported having met the goal, three had percentages under 35%, and 13 did not measure it.

17. **Challenge 3, ensuring an adequate level of health staffing based on the country's needs**, has three goals. **Goal 10**, adoption of a global code of practice or ethical norms on the recruitment of health workers: five of the 20 countries reported that they met the goal. **Goal 11**, policy for self-sufficiency in meeting human resource needs: four of the 20 countries reported having met the goal, while 11 had percentages lower than 50%. **Goal 12**, mechanisms for recognizing foreign-trained professionals: 18 of the 20 countries reported having met the goal.

18. **Challenge 4, promoting healthy workplaces and a commitment to the institutional mission of guaranteeing quality health services for the whole population**, has four goals. **Goal 13**, reducing the proportion of precarious employment: seven of the 20 countries reported that they met the goal, while three had percentages lower than 50%. **Goal 14**, implementation of policies on workers' health and safety: eight of the 20 countries reported having met the goal, while six had percentages lower than 50%. **Goal 15**, competency requirements in public health and management for health services and program managers: five of the 20 countries reported having met the goal, and two were very close to achieving it, while seven did not measure it. No country was under 50% achievement. **Goal 16**, having negotiation mechanisms in place to prevent, mitigate, or resolve labor conflicts: 13 of the 20 countries reported that they met the goal.

19. **Challenge 5, developing mechanisms of cooperation between training institutions and health service institutions**, has four goals. **Goal 17**, reorientation of training toward primary health care: two of the 20 countries reported that they met the goal and seven had percentages of less than 50%, but 16 countries showed progress. Four countries did not measure it. **Goal 18**, adoption of specific programs to recruit and train students from underserved populations: two of the 20 countries reported having met the goal, while seven reported partial achievement. Seven countries did not measure it. **Goal 19**, improving attrition rates in schools of nursing and medicine: two of the 20 countries reported having met the goal, three reported less than 50% achievement, and seven did not measure it. **Goal 20**, accreditation of schools of health sciences: six of the 20 countries reported having met the goal, while eight reported less than 50% achievement.

### **Analysis of the results**

20. Analysis of the results of the two measurements taken by each country shows that although the 20 countries that completed the measurements made progress, to a greater or lesser degree, in the process of achieving the goals, they still have a long way to go, particularly in the following areas:

- a) There is evidence of improvement in staffing and in the institutional strengthening of human resources units, but greater effort is required in the development of human resources for primary health care.
- b) Progress has been confirmed in competency-building and local recruitment, but further advances are needed to narrow the gap in the distribution of health workers between urban and rural areas.
- c) Advances have been observed in the implementation of mechanisms to recognize professionals trained abroad, but there has been little development of policies aimed at self-sufficiency in meeting the need for health personnel, and poor compliance with the WHO Global Code of Practice on the International Recruitment of Health Personnel.

- d) Advances have been observed in competency-building in public health managers and in the reduction of precarious employment, but greater effort is needed in the implementation of labor negotiation mechanisms and in the development of policies for workers' health and safety.
- e) There is evidence of progress in the reduction of dropout rates in medical and nursing schools, but more progress is required in attracting students from underserved populations, institutional accreditation, and the reorientation of health-related training toward primary care.

21. This measurement exercise contributed to the evaluation and monitoring process and to the search for the best information and evidence from a group of actors in various sectors and organizations, highlighting the need to develop more solid metrics for human resources, standardize definitions and concepts, strengthen information sources and the quality of data, and improve technologies for analyzing and assessing the results.

22. The 20 regional goals cover a broad range of sectoral and institutional duties and responsibilities. Agreeing on the goals and parameters for measuring and monitoring required a sustained effort on the part of the participating countries, reflecting the leadership of the ministries of health and their strategic directions for human resources. Some countries that have recently conducted this exercise, such as Mexico, are using these measurements to consider opportunities in areas such as the ministry's steering role and leadership in both the definition of human resource competencies and better strategic data collection.

### **Input for a New Regional Human Resources Agenda, Post-2015**

23. The national objectives for human resources for health should be reviewed regularly to ensure their alignment with the commitment to advance toward universal access to health and universal health coverage. For the period starting in 2015, it is suggested that countries take advantage of this experience to review the relevance and priority of each of the 20 regional goals and continue to move forward in the context of their particular situations.

24. It is suggested that the Member States consider adopting a new regional agenda for human resources for health within the framework of the Global Strategy on Human Resources for Health, to be presented by WHO in May 2016. At the regional human resources for health meeting held in Buenos Aires from 31 August to 3 September 2015, the countries addressed the human resources challenges for attaining universal access to health and universal health coverage, and agreed to work on a number of priority issues focused on strengthening the leadership and governance capacity of the national human resources authority; guaranteeing equity in staffing and distribution of human resources for health; and reorienting the education of health professionals toward primary health care.

25. Finally, the initiative showed that a regional agenda contributes to the mobilization of will and resources, and strengthens alignments and synergies between global, regional, subregional, and national entities. The Pan American Sanitary Bureau wishes to express its gratitude for the commitment and support of the Member States in their efforts to carry this initiative forward.

### **Action by the Directing Council**

26. The Directing Council is requested to take note of this report and formulate the recommendations it deems relevant.

Annex

### **References**

1. Pan American Health Organization. Regional goals for human resources for health 2007-2015 [Internet]. 27th Pan American Sanitary Conference, 59th Session of the Regional Committee of WHO for the Americas; 2007 Oct 1-5; Washington, DC). Washington (DC): PAHO; 2007 (Resolution CSP27.R7) [cited 2012 Mar 20]. Available from: <http://www1.paho.org/english/gov/csp/csp27.r7-e.pdf>
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## Annex

## MEASUREMENT SUMMARY OF 20 REGIONAL GOALS

## Methodological Considerations

Each goal was measured using a defined set of indicators, which explains why many goals have been partially achieved. In order to show the aggregate results, the percentages of achievement reported by the countries for each of the goals, both at the baseline and second measurement, were averaged. The result was called the *average percentage*. However, since the percentage averages do not take into account the population size, a weighted average was then calculated, which considered the relative population weight of each country that participated in the measurement exercise. The figure for the level of *progress* was the difference between the percentage points for each measurement. **In this comparison, only the countries that took two measurements were included.** To analyze the overall outcomes, a qualitative equivalence was established for both the *average percentage* and the *progress* achieved for each goal, as shown in the following tables:

Average percentage	
Average %	Qualitative equivalence
< 25%	Very low
25%-50%	Low
50.1%-75%	Moderate
75.1%-90%	Good
90.1%-100%	Very good

Progress	
Progress	Qualitative equivalence
< 2	Unchanged
2.1-5	Low
5.1-15	Moderate
15.1-30	Good
> 30	Very good

Challenge 1: Define long-range policies and plans to better adapt the workforce so it will be prepared to meet expected changes in the health systems and to better develop the institutional capacity for defining these policies and revising them periodically.				
Goals		Baseline %	Second measurement (%)	Progress
Goal 1	<i>All countries of the Region will have achieved a human resources density ratio level of 25 professionals per 10,000.</i>	75.3	86.4	11.1
	Overall, achievement of this goal had a good average percentage with moderate progress. Twelve countries reported that they met the goal, while Bolivia, Guatemala, and Honduras remained below 60% and thus continued to have deficits. Seven of the countries that did not reach the goal showed progress relative to the first measurement.			

Goals		Baseline %	Second measurement %	Progress
Goal 2	<i>The regional and subregional proportions of primary health care physicians will exceed 40% of the total medical workforce.</i>	73.3	75.9	2.6
	The outcome for this goal showed a good average percentage but progress was low. Colombia, the Dominican Republic, El Salvador, Jamaica, and Nicaragua reported that they met the goal, while Guatemala, Honduras, Paraguay, and Trinidad and Tobago reported under 50% achievement. Of the countries that did not reach the goal, six made progress relative to the first measurement and five saw decline. .			
Goal 3	<i>All countries will have developed primary health care teams with a broad range of competencies that will systematically include community health workers to improve access, reach out to vulnerable groups, and mobilize community networks.</i>	72.6	75.1	2.5
	This goal had a good average percentage but a low degree of progress. Only Costa Rica reported that the goal had been met, though Chile, Nicaragua, and Panama were very close to reaching it. Uruguay stood at less than 15%. Anguilla, Barbados, Colombia, Jamaica, and Saint Lucia did not measure it. Of the countries that did not reach the goal, 10 showed progress relative to the first measurement, one remained unchanged, and two saw a decline.			
Goal 4	<i>The ratio of qualified nurses to physicians will reach at least 1:1 in all countries of the Region.</i>	59.3	67	7.7
	The outcome for this goal showed moderate improvement in the average percentage and moderate progress. Anguilla, Barbados, Jamaica, Nicaragua, Saint Lucia, Peru, and Trinidad and Tobago reported that they met the goal, while the Dominican Republic, Honduras, and Uruguay were at less than 35% achievement. Nine countries that had not reached the goal showed progress relative to their first measurement, one remained essentially unchanged, and three saw a decline. In the last group, though Belize and Costa Rica saw declines, they had already reached the goal initially when they took their baseline measurement.			
Goal 5	<i>All countries of the Region will have established a unit of human resources for health which will be responsible for the development of human resources policies and plans, the definition of the strategic directions, and negotiation with other sectors, levels of government, and stakeholders.</i>	77.1	87.3	10.2
	The outcome for this goal showed a good average percentage and moderate progress. Anguilla, El Salvador, Nicaragua, Trinidad and Tobago, and Uruguay reported that they met the goal. No country stood at under 50%. Of those that did not reach the goal, eight showed progress relative to their first measurement, one remained basically unchanged, and three saw a decline.			



**Challenge 2: Place the right people in the right places by deploying appropriate personnel into the right positions and into the most suitable areas of the countries, so as to achieve an equitable distribution of quantity and skill set of health workers in the different regions so that they match the specific health needs of those populations.**

Goals		Baseline %	Second measurement %	Progress
Goal 6	<i>The gap in the distribution of health personnel between urban and rural areas will have been reduced by half in 2015.</i>	22	49.5	27.5
	The outcome for this goal showed a low average percentage but good progress. Only Costa Rica and Nicaragua reported having met it, while six countries were lower than 50%. Six countries that did not reach the goal saw progress relative to their first measurement. Eight countries did not measure it.			
Goal 7	<i>At least 70% of the primary health care workers will have demonstrable public health and intercultural competencies.</i>	32.5	73.3	40.8
	Progress under this goal was very good, but the average percentage was moderate relative to the baseline. Only Belize and Chile reported that they met this goal, while Bolivia, Costa Rica, and Ecuador had under 50% achievement. Seven countries did not measure it. All the countries that measured this goal, with the exception of Panama, showed some degree of progress.			
Goal 8	<i>70% of nurses, nursing auxiliaries, and health technicians, including community health workers, will have upgraded their skills and competencies appropriate to the complexities of their functions.</i>	30.7	61.4	30.7
	The outcome for this goal was very good in terms of progress, but the average percentage was only moderate because of the low initial baseline. Chile, Honduras, and Panama reported having met the goal, Costa Rica and Ecuador reported under 50% achievement. Eight countries did not measure it. Of the countries that did not reach the goal, six showed progress relative to the first measurement, one remained essentially unchanged, and two saw a decline.			
Goal 9	<i>30% of health workers in primary health care settings will have been recruited from their own communities.</i>	13.5	46.9	33.4
	The outcome for this goal reflected very good progress, but the average percentage was below the baseline. Thirteen of the 20 countries did not measure this goal. Costa Rica, Nicaragua, Paraguay, and Uruguay reported having met the goal. El Salvador, Honduras and Peru were under 35%.			

<b>Challenge 3: Promote national and international initiatives for developing countries to retain their health workers and avoid personnel deficits.</b>				
<b>Goals</b>		<b>Baseline %</b>	<b>Second measurement %</b>	<b>Progress</b>
<b>Goal 10</b>	<i>All countries of the Region will have adopted a global code of global or developed ethical norms on the international recruitment of health care workers.</i>	<b>3.2</b>	<b>32.2</b>	<b>29</b>
	This goal had a low average percentage but good progress. Barbados, Ecuador, Jamaica, Nicaragua, Trinidad and Tobago, and Uruguay reported that they met the goal. Ten of the 20 countries reported percentages under 50%, but three of these showed progress relative to the first measurement.			
<b>Goal 11</b>	<i>All countries of the Region will have a policy regarding self-sufficiency to meet their needs in human resources for health.</i>	<b>29.5</b>	<b>50</b>	<b>20.5</b>
	The outcome for this goal showed a low average percentage but good progress. Only Ecuador, Nicaragua, Trinidad and Tobago, and Uruguay reported having met the goal. Eleven countries were under 50%. Of those not reaching the goal, seven showed progress relative to the first measurement, four remained relatively unchanged, and one saw a decline.			
<b>Goal 12</b>	<i>All subregions will have developed mechanisms for the recognition of foreign-trained professionals.</i>	<b>78.9</b>	<b>99</b>	<b>20.1</b>
	This goal had a very good average percentage with good progress: 18 of the 20 countries reported that they met the goal. Only Panama and Saint Lucia did not reach 50%.			
<b>Challenge 4: Generate labor relationships between the workers and the health organizations that promote healthy work environments and foster commitment to the institutional mission to deliver quality health services for all the population.</b>				
<b>Goal 13</b>	<i>The proportion of precarious, unprotected employment for health service providers will have been reduced by half in all countries.</i>	<b>66.4</b>	<b>87.3</b>	<b>20.9</b>
	The outcome for this goal showed a moderate average percentage with good progress. Chile, Colombia, Costa Rica, Nicaragua, Peru, Panama, and Uruguay reported that they met the goal, while Belize, Bolivia, and Honduras had rates lower than 50%. Of the countries that had not reached the goal, six showed progress relative to the first measurement and two reported declines. Five did not measure it.			
<b>Goal 14</b>	<i>80% percent of the countries of the Region will have in place a policy of health and safety for the health workers, including the support of programs to reduce work-related diseases and injuries.</i>	<b>64.3</b>	<b>67.6</b>	<b>3.3</b>
	The outcome for this goal showed a moderate average percentage and a low level of progress. Anguilla, Barbados, Colombia, El Salvador, Jamaica, Saint Lucia, Trinidad and Tobago, and Uruguay reported that they met the goal. Six countries had under 50% achievement. Belize and Bolivia, which had initially met this goal, saw declines.			

Goals		Baseline %	Second measurement %	Progress
Goal 15	<i>At least 60% of health services and program managers will fulfill specific requirements for public health and management competencies, including ethics.</i>	30.1	87.9	57.8
	The outcome for this goal showed a good average percentage and very good progress. Chile, Ecuador, El Salvador, Peru, and Uruguay reported that they met the goal and Belize and Costa Rica were very close to achieving it. No country reported less than 50% achievement. Seven countries did not measure it. Of the countries that did not meet the goal, seven showed progress relative to the first measurement and one saw a decline.			
Goal 16	<i>100% of the countries of the Region will have in place effective negotiation mechanisms and legislation to prevent, mitigate, or resolve labor conflicts and ensure essential services if they happen.</i>	82.3	78.5	-3.8
	This goal had a good average percentage with little change in terms of progress. Thirteen countries reported that they met the goal. Anguilla, Chile, the Dominican Republic, Nicaragua, Panama, and Peru were under 50%. The decline experienced by Colombia and Peru was noteworthy, given that they reported having met the goal in their baseline measurement.			
<b>Challenge 5: Develop mechanisms of cooperation between training institutions and the health services institutions so that it is possible to adapt the education of the health workers to a universal and equitable model of providing quality care to meet the health needs of the entire population.</b>				
Goal 17	<i>80% of schools of clinical health sciences will have reoriented their education towards primary health care and country health needs and adopted interprofessional training strategies.</i>	17.3	42.3	24.9
	The outcome for this goal showed good progress but a low average percentage, starting from a low baseline when the first measurements were taken. Only Trinidad and Tobago and Uruguay reported having met the goal. Seven countries had averages under 50%, while 16 countries had some level of progress. Anguilla, Barbados, Jamaica, and Saint Lucia did not measure it.			
Goal 18	<i>80% of schools in clinical health science will have adopted a specific program to recruit and train students from underserved populations with, when appropriate, a special emphasis on indigenous, or First Nations, communities.</i>	12.1	28.4	16.3
	This goal had a low average percentage but good progress. Only Bolivia and Uruguay met the goal. Seven countries were below 30%. Seven countries did not measure it. Of the countries that did not reach the goal, six showed progress relative to the first measurement, three remained essentially unchanged, and two saw a decline.			

Goals		Baseline %	Second measurement %	Progress
Goal 19	<i>Attrition rates in schools of medicine and nursing will not exceed 20%.</i>	34.2	69.6	35.4
	The outcome for this goal showed very good progress but the average percentage was only moderate because their figures were initially low in the baseline measurement. Only Costa Rica and Peru reported having met the goal. Ecuador, Guatemala, and Panama had less than 50% achievement. Seven countries did not measure it. Of the countries that did not reach the goal, eight showed progress relative to the first measurement, one remained unchanged, and two saw a decline.			
Goal 20	<i>70% of schools of clinical health sciences and public health will be accredited by a recognized accreditation body.</i>	29.3	48.2	18.9
	This goal had a low average percentage and good progress. Anguilla, Barbados, the Dominican Republic, Ecuador, Panama, and Uruguay reported that they met the goal. Eight countries had less than 50% achievement. Bolivia and Trinidad did not measure it. Of the countries that did not reach the goal, four showed progress relative to the first measurement, four remained unchanged, and three saw a decline.			

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