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STRATEGY ON HUMAN RESOURCES FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE

Introduction

1. The countries of the Region of the Americas recently reaffirmed their commitment to universal access to health and universal health coverage *(1)*. They recognize that despite progress made in economic and social development and in strengthening health systems, there are still inequities and exclusion in access to comprehensive, appropriate, timely, and quality services, particularly for vulnerable population groups. The present strategy is intended to guide national policies on human resources for health,[1] taking into account that the availability, accessibility, acceptability, relevance, and competence of these resources are key components for achieving the objectives of the Strategy for Universal Access to Health and Universal Health Coverage, *(1, 3)* and the 2030 Agenda for Sustainable Development *(4)*.

Background

2. Developing human resources for health that are appropriate, available, and qualified to meet the health needs of the population has been at the forefront of global, regional, and national agendas in recent decades. The 2006 World Health Report, *Working Together for Health (2)*, issued by the World Health Organization (WHO), analyzed the worldwide crisis in human resources for health and put forth proposals to address the problem within 10 years. Also, there have been many initiatives such as: a call by WHO for the rapid scaling up of health workforce production *(5)*; the Kampala Declaration *(6)*; the WHO Global Code of Practice on the International Recruitment of

[1] The World Health Organization (WHO) considers human resources for health to be "all people engaged in actions whose primary intent is to enhance health" *(2)*. This group includes people from different professions and occupations, trained and working in health, whether as paid staff or as volunteers in the public or private sector, working full- or part-time, regardless of whether they deliver health services, manage health system services, or address the social determinants of health. They form part of a complex intersectoral field and are committed both to health and the population they serve.

Health Personnel *(7)*; resolutions to strengthen nursing and midwifery *(8);* the Recife Political Declaration *(9),* and the follow-up on these commitments at the World Health Assembly *(10);* and the call by that Assembly to transform health workforce education to support universal health coverage *(11).*

3. In alignment with the 2030 Agenda for Sustainable Development and its Goal 3 ("to ensure healthy lives and promote well-being for all at all ages") *(4),* in 2016 the World Health Assembly adopted the Global Strategy on Human Resources for Health: Workforce 2030 *(12).* In addition, the High-Level Commission on Health Employment and Economic Growth convened by the United Nations urged investments in the health workforce as an economic growth strategy for countries *(13).* This process culminated in the 70th World Health Assembly in May 2017, with the adoption of the Five-year Action Plan for Health Employment and Inclusive Economic Growth (2017–2021) *(14).*

4. The Toronto Call to Action *(15)* spurred a decade of commitment, work, and investment at the regional and country levels to improve the availability, distribution, working conditions, and training of health teams. These initiatives were supported by the Regional Goals for Human Resources for Health 2007-2015, adopted by the Pan American Sanitary Conference in 2007 *(16),* which reaffirmed the need for a close correlation between the competency profiles of health professionals and the primary health care strategy set forth in Directing Council resolutions in 2010 and 2013 *(17-18).* Three recent Directing Council resolutions consolidate the regional mandates framing this new proposal on human resources for health: the Strategy for Universal Access to Health and Universal Health Coverage (2014) *(19);* the Plan of Action on Workers' Health (2015) *(20);* and the Policy on Resilient Health Systems (2016) *(21).* During this decade, the Ibero-American Conferences of Ministers of Health have also spoken about the need for coordination between the health and education sectors (2010) *(22),* and the importance of having effective information systems *(23).* The policy objectives set forth in these documents cannot be met without adequate and competent human resources for health.

5. Several WHO resolutions and initiatives support the use of innovative technologies to strengthen information systems and monitor the trends and gaps in human resources for health *(24, 25),* and to better address the health needs of the population, including through *eHealth* and telemedicine *(26, 27).* The latter has been echoed at the regional level in the Strategy and Plan of Action on *eHealth* adopted by the Directing Council in 2011 *(28).* PAHO has also advocated for the use of information and communication technologies to support eLearning as a means for strengthening human resources for health *(17, 29).*

Situation Analysis

6. The past few decades have seen reductions in the large imbalances in the health workforce *(16)* and improvements have been made in the provision and availability of human resources for health at the first level of care. Many countries have reduced their critical deficits of human resources for health (defined by the WHO in 2006 as fewer than 23 physicians, nurses, and midwives per 10,000 population) *(2)*, and are moving toward the new levels established in 2015 (44.5 physicians, nurses, and midwives per 10,000 population) *(12, 30)*[2] and which are considered essential to meet the evolving health needs of the population and achieve the Sustainable Development Goals (SDGs). Progress has also been made in establishing primary health care teams. There is broader recognition of human resources within the health sector, and improvements have been made in defining long-term plans and policies *(31-35)*. Nonetheless, the role of human resources for health as agents of social change *(36)* is still undervalued and there is a perception that human resources constitute an ever-increasing cost as opposed to an investment to improve health and development.

7. Inequities persist in the availability, distribution, and quality of the health workforce (between and within countries, between different levels of care, and between the public and private sectors) *(37)*.[3] The situation in the Region is contextualized by poor retention rates in rural and/or underserved areas, high mobility and migration, precarious working conditions, low productivity, and poor performance, all hindering the progressive expansion of services, particularly at the first level of care *(38-40)*. Even when human resources for health are available, they do not always have the appropriate profile and competencies or an intercultural perspective, nor are they always in the right place at the right time to improve the health of the communities they serve *(32, 33)*.

8. Some of these challenges are linked to social and cultural preferences, and weak intersectoral coordination in the areas of governance,[4] regulation, and management, thereby constituting critical obstacles to the achievement of universal access to health and universal health coverage. Intersectoral cooperation is often limited by the differing legal frameworks of the health sector, the education sector, the labor sector, the finance sector, and professional practice. This makes it difficult to establish interprofessional teams with the competencies required for integrated health networks *(41, 42)*.

[2] According to the WHO World Health Statistics 2016 *(30)* and taking as the ideal parameter of human resources for health a density of 44.5 professionals per 10,000 population (including physicians, nurses, and midwives), only 10 countries in the Region of the Americas meet this threshold: Bahamas, Barbados, Brazil, Canada, Cuba, Grenada, Mexico, Trinidad and Tobago, United States of America, and Uruguay.

[3] According to the WHO *(37)*, the shortage of health workers in the Region of the Americas was estimated at almost 800,000 in 2013: 50,000 physicians, more than 500,000 nurses and midwives, and more than 200,000 other types of health workers.

[4] Four dimensions of governance are recognized with regard to human resources for health: 1) human resources education; 2) professionalization; 3) regulation of professional practice; and 4) working conditions.

9. Funding for human resources in health continues to be highly variable within the Region; in many countries it is insufficient to ensure the delivery of quality health services, particularly at the first level of care, and to meet the needs of underserved populations. Evidence has shown that investing in human resources for health improves employment rates and enhances economic development *(43, 44)*. There is an urgent need to strengthen political will and translate commitments into effective budget allocations for human resources for health.

10. Although most Member States have established units to guide national policies for human resources for health, another critical limitation is the difficulty for national authorities to plan for current and future human resources needs, and to formulate and implement long-term strategies. As a consequence, some countries' interventions to address shortages of human resources for health are not consistent with the objectives of established national health plans, and the funding of human resources is not synchronized with the national plans *(45, 46)*.

11. In many countries, health authorities do not have sufficient information or adequately advanced methods to monitor or evaluate human resources for health to support decision-making. Information is fragmented and tends to be limited to the public sector *(47)*. Policymaking is further limited by the absence of professional registries and processes for standardizing nomenclature, a lack of appropriate indicators, and problems of definition with respect to classifications *(48)*.

12. Development of appropriate, qualified human resources for health requires an in-depth critical analysis of the situation in every country, a clear understanding of the dynamics of employment, and the political will to explore alternatives with regard to the composition and competencies of appropriate human resources aligned with the model of care *(31)*. This alignment is an essential factor in transforming health systems toward universal access to health and universal health coverage. It will help offset the impact of market dynamics in determining worker profiles and mobility. Migration is a particular challenge in some Caribbean countries, especially for ensuring an adequate supply of nurses for comprehensive health service delivery.

13. The supply of human resources in the Region is not aligned with the needs of health systems based on primary health care and integrated health services networks. Health workers primarily seek careers in hospital specialties, hindering the availability and retention of fit-for-purpose human resources for health, especially in remote and underserved areas *(46, 49-52)*. Innovative solutions for handling these challenges (such as task shifting/task sharing, advanced practices, the creation of new professional profiles, or use of telehealth) are advancing slowly in the Region *(53-55)*. Furthermore, the growing feminization of human resources in health is affecting the conditions that govern the supply of professionals and will require adaptations in workplace settings *(56)*.

14. Prioritizing investment to improve the resolutive capacity of the first level of care is a fundamental pillar of the Strategy for Universal Access to Health and Universal

Health Coverage (*57*). However, there continue to be significant differences in pay scales for medical and nonmedical professionals, according to type of specialty, and between levels of care, in both the public and private sector *(58)*. Low wages, poor working conditions, and a lack of career advancement opportunities undermine the motivation of health workers and, in many countries, lead to migration *(59, 60)*. Member States must continue to create stable jobs and quality work, improving the working environment with decent hiring conditions (whether permanent or temporary contracts), and social protection guarantees to promote retention *(61)*.

15. Within the Region, education in the health sciences has grown exponentially in the past few decades. However, the regulation of these processes is insufficient and there are concerns about the quality of training, relevance of many academic programs and, as a result, professional practice *(62, 63)*. Notwithstanding, more and more universities and schools of health are redefining their social responsibilities and commitment to the communities they serve by developing professional profiles consistent with the health needs of the population *(64)*. Countries are clearly having difficulty in moving toward skills-based training, establishing inter-professional learning programs, designing flexible curricula, strengthening teaching capacity, and extending training to all levels of the care network *(65, 66)*.

16. There has been an over-emphasis on the third level of care and excessive expansion of specialized medicine. This has come at the expense of training that professionals need to increase and improve the resolutive capacity at the first level of care *(48)*. The training of specialist physicians through medical residencies is a challenge that most countries face in the Region. Problems include an uneven supply of specialists in different geographical areas and a shortage of certain basic specialties, such as family and community medicine. The problem is confounded by the lack of planning in the number and type of specialists needed by the health system of each country *(67)*.

17. Finally, recent natural disasters and disease outbreaks of international concern have made it very clear that the resilience of health systems depends largely on human resources for health. Implementation of the International Health Regulations and the development of essential public health functions require national human resources for health to be prepared, adaptable, and sufficient in number to handle such events *(68, 69)*.

Proposal

18. This Strategy on Human Resources for Universal Access to Health and Universal Health Coverage is based on the principles underpinning all people's right to enjoy the highest attainable standard of health, and on the principles of equity and solidarity. Human resources for health play a pivotal role in progressively overcoming geographical, economic, sociocultural, organizational, ethnic, and gender barriers so that all communities may have equitable access, without discrimination, to comprehensive health services that are appropriate, timely, and of good quality (*1*). The strategic lines and interventions proposed here are intended to guide Member States in developing human

resources policies and plans, in accordance with these principles and with the national context, and in collaboration with the Pan American Sanitary Bureau and other partners.

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

19. Implement intersectoral processes (including education, health, labor, and finance) at the highest level in order to develop, implement and evaluate policies, regulations, interventions, and regulatory frameworks on human resources for health. These activities should consolidate the stewardship of the health authority and focus on training, competency profiles, internal and external mobility, employment, working conditions, regulation of education, professional practice, and distribution of personnel, according to health needs and in a way that is consistent with a health system in transformation toward universal access to health and universal health coverage, while ensuring accountability.

20. Strengthen strategic planning capacity in management teams at ministries of health and other entities through joint training and sharing of experiences. Planning of human resources for health requires coordinating leadership and specialized technical capacity at different levels of government and in training institutions. This will facilitate forecasting of needs and the creation of diverse scenarios, and the continued strengthening of national strategic leadership units *(70).* It is necessary to improve public management and administration capacity, including systematic processes to professionalize health management and continuous professional development for health workers.

21. Increase public investment in human resources for health in order to improve access to qualified personnel, improve the health of the population, and contribute to national economic development. Adequate funding, with specific regulations for the health sector, will enable the offer of quality jobs, expansion of employment opportunities for inter-professional teams, and task-shifting, particularly at the first level of care.

22. Prioritize the development of human resources information systems contextualized to national needs and geared to support the development and monitoring of policies, plans, and programs for human resources for health. There should be efforts to promote research, data analysis, and evidence-based decision-making on investments in human resources for health.

23. Foster political leadership and social dialogue to identify gaps in current and future human resources for health, and undertake actions to analyze and create the necessary fiscal space to close those gaps.

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

24. Implement strategies designed to facilitate access to an adequate supply of human resources for health in accordance with the specific needs of each community. Such strategies should incorporate appropriate staff retention and rotation mechanisms which combine incentives—economic as well as opportunities for professional development and personal fulfillment, working conditions and infrastructure—aimed at creating stable, decent and quality employment, and guarantees of social protection.

25. Incorporate a gender perspective as well as the needs of female workers in future models for organizing and contracting health services, taking into consideration the growing feminization of human resources in health.

26. Prioritize inter-professional teams at the first level of care, through regulation, standard-setting, and public employment opportunities. Mechanisms should be created to evaluate and adapt the capacities and profiles of teams at the first level of care to ensure essential public health functions, address the social determinants of health, and promote the development of an intercultural perspective.

27. Develop strategies to maximize professional competencies, using appropriate models for coordination and supervision, including task shifting, incorporation of new professional profiles that facilitate the expansion of coverage and quality of care according to needs, and better definition of the role of community health workers in health teams. This requires making adjustments to the regulation of professional practice, updating legal frameworks and pay scales, and developing telehealth and learning networks.

28. Research the interests, motivations and required working conditions for health personnel in underserved areas, and promote the identification and exchange of experiences to attract and retain human resources for health in such places.

29. Continue to advance with the standardization of nomenclature and registration of health professions and occupations, promoting the development of subregional and regional agreements to facilitate coordinated planning among countries.

30. Regulate the impact of professional mobility and evaluate options for the circular[5] migration of health sector personnel to facilitate the exchange and development of

[5] The European Migration Network defines circular migration as "a repetition of legal migration by the same person between two or more countries." Circular migration may create an opportunity for people to reside in one European Union country to work, study, or receive training and then re-establish their primary residency and activity in their country of origin (available at (https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/european_migration_network/reports/docs/emn-studies/circular-migration/0a_emn_synthesis_report_temporary__circular_migration_final_sept_2011_en.pdf)

mutually beneficial skills, knowledge, and technology transfer *(71).* Support should be given to bilateral agreements between countries of origin and destination, with a greater role for States to effectively regulate recruitment and hiring, taking into account the WHO Global Code of Practice on the International Recruitment of Health Personnel *(7).*

31. Establish systems and metrics to track progress in access, coverage, equity, and quality, providing periodic data for forecasting and adapting human resources for health in response to the changing health care needs of countries.

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

32. Promote high-level agreements between education and health sectors so as to align human resources training strategies with universal access to health and universal health coverage, thereby shifting the educational paradigm in this area. This requires government leadership and continuous coordination between the national health and education authorities and academic institutions and communities *(72).*

33. Regulate the quality of professional health education through evaluation systems and the accreditation of training institutions and degree programs. Standards should prioritize technical and scientific knowledge, together with the social competence criteria of graduates, and the development of contextualized learning programs *(73).* Promote the active participation of all persons receiving training at all levels. Such competencies should be culturally appropriate, include a gender perspective, and should offer appropriate and socially acceptable solutions to the health problems of various population groups.

34. Encourage transformation in the education of health professionals, focusing on the principles of the social mission of academic institutions in the health sciences *(74).* This requires training human resources for health with a comprehensive vision and commitment to the health of the most vulnerable communities, strongly promoting practicum opportunities at the first level of care and in underserved communities.

35. Increase access to professional training in the health field for underserved populations through the decentralization of training and reorientation of selection and admission criteria so that it is more culturally inclusive and socially relevant. Training institutions should avoid limiting their presence to urban areas and should promote careers with new professional profiles to improve health promotion, disease prevention, and care, especially in rural and underserved areas.

36. Make progress in the planning and regulation of specialist training, by determining priority specialties and setting the number of specialists required by national health systems. In order to achieve the objectives of the 2030 Agenda for Sustainable Development and the Strategy for Universal Access to Health and Universal Health

Coverage in the Region, there is a need to considerably expand training in family and community health, and to promote interprofessional teams within integrated health service networks.

37. Establish training and management strategies for academic and in-service training programs in health fields, including opportunities for teaching-community service and professional development aligned with the model of care.

38. Develop policies on continuous professional development of human resources for health, using diverse methodologies, incorporating virtual education and the innovative utilization of technology to support the move toward universal access to health and universal health coverage. Continuous professional development should address knowledge and learning gaps, support skills development, and promote the development of technical, programmatic, managerial and administrative competencies *(75).*

Action by the Pan American Sanitary Conference

39. The Conference is asked to review the proposed Strategy on Human Resources for Universal Access to Health and Universal Health Coverage, offer any recommendations it deems relevant, and consider adopting the resolution included in Annex A.

Annexes

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Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

29th PAN AMERICAN SANITARY CONFERENCE

69th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 25-29 September 2017

CSP29/10
Annex A
Original: Spanish

PROPOSED RESOLUTION

STRATEGY ON HUMAN RESOURCES FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE

THE 29th PAN AMERICAN SANITARY CONFERENCE,

(PP1) Having considered the *Strategy on Human Resources for Universal Access to Health and Universal Health Coverage* (Document CSP29/10) presented by the Director;

(PP2) Taking into account that the United Nations General Assembly adopted the new 2030 Agenda for Sustainable Development, in which Goal 3 seeks "to ensure healthy lives and promote well-being for all at all ages";

(PP3) Aware that the implementation of the Strategy for Universal Access to Health and Universal Health Coverage, approved during the 53rd Directing Council of PAHO (2014), requires human resources that are sufficient in number, distributed equitably and possess the appropriate capacities, in accordance with the needs of communities;

(PP4) Considering that the 69th World Health Assembly, in May 2016, adopted the Global Strategy on Human Resources for Health: Workforce 2030; considering that the High-level Commission on Health Employment and Economic Growth convened by the United Nations in November 2016 established that investing in employment in the health sector can generate economic growth and contribute to the development of countries; and considering that the 70th World Health Assembly, in May 2017, adopted the five-year action plan on health employment and inclusive economic growth;

(PP5) Recognizing that, despite progress made, challenges remain, especially in the availability and distribution of personnel, planning, governance, intersectoral coordination, and training to meet the needs of health systems in transformation towards universal access to health and universal health coverage,

RESOLVES:

(OP)1. To adopt the *Strategy on Human Resources for Universal Access to Health and Universal Health Coverage* (Document CSP29/10).

(OP)2. To urge the Member States, as appropriate to their context and their domestic priorities, to:

a) establish formal mechanisms to strengthen stewardship in the development of national policies on human resources for health, including high-level intersectoral collaboration and coordination to promote synergies in regulation, strategic planning, and decision-making, based on the needs of the health system;

b) increase public spending and financial efficiency by fostering quality education and employment in the health sector to increase the availability of human resources for health, motivate health teams, promote retention, improve health outcomes, and support economic development;

c) strengthen strategic planning, forecasting of present and future needs, and performance monitoring, through the development of information systems on human resources for health;

d) promote the development of interprofessional teams within services networks through interprofessional training and the diversification of learning environments, realigning professional profiles and new work management processes (task shifting/task sharing) to foment the integration of these teams within health services networks;

e) implement strategies to retain human resources for health, particularly for underserved areas, consonant with the intercultural characteristics of each community, that include economic and professional development incentives, life plans, and work and infrastructure conditions;

f) advocate for the transformation of professional health education to include the principles of social mission, the incorporation of a public health perspective, and a social determinants approach, as linchpins in the education of human resources for health;

g) promote high-level agreements between education and health sectors in order to align the education of human resources with current and future health system needs, and move forward in the evaluation and accreditation of health sciences training programs which incorporate social relevance among the criteria for educational quality standards;

h) develop continuous professional development strategies for health professionals, incorporating new information and communications technologies, telehealth, virtual education, and learning networks, in order to improve the resolutive capacity and quality performance of integrated health services networks;

i) strengthen governance in planning and regulating the education of specialists, setting incremental goals for more positions in family and community health and in basic specialties;

j) incorporate a gender perspective as well as the needs of female workers in future models for organizing and contracting health services, taking into consideration the growing feminization of human resources in the health sector.

(OP)3. Request the Director to:

a) promote intersectoral policy dialogue to facilitate implementation of the *Strategy on Human Resources for Universal Access to Health and Universal Health Coverage* in the Member States and, in particular, to increase investment in human resources for health;

b) prepare a regional plan of action for 2018, with specific objectives and indicators in order to advance more quickly on the path established in this strategy;

c) support countries in strengthening their capacity for strategic planning, human resources management, and the development of information systems to help inform current and future scenarios for the progressive achievement of universal access to health and universal health coverage;

d) promote research, the sharing of experiences, and cooperation among countries in areas such as interprofessional health teams, quality and socially relevant education, and retention strategies for human resources;

e) promote coordination among United Nations agencies and other international organizations working on issues related to human resources for health, and establish a high-level technical commission to evaluate trends, capacities, and mobility in human resources for health in the Region of the Americas.

Pan American Health Organization

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CSP29/10
Annex B

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

1. Agenda item: 4.8 - Strategy on Human Resources for Access to Universal Health and Universal Health Coverage

2. Linkage to PAHO Program and Budget 2016-2017:

a) Categories: Category 4, Health Systems and Services

b) Program areas and outcomes:
4.1 Health 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, requiring coordination action with other categories, in particular, category 3, which addresses the social determinants of health and cross-cutting themes (gender, equity, ethnicity, and human rights), and the life course. Furthermore, strengthening access to high-quality human resources for health requires coordination with priority programs such as communicable and noncommunicable diseases.

3. Financial implications:

a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities):
The resolution covers the period of the PAHO Strategic Plan 2014-2019 and within the period of the 2030 Agenda for Sustainable Development. For the 2018-2019 period, US$16,000,000 is allocated in the Program and Budget 2018-2019 for the resources needed to launch and execute an action plan to ensure the effective implementation the first years of the strategy. Subsequently, within the framework of future PAHO strategic plans until 2030, it is estimated that US$7,000,000 per year will be necessary.

b) Estimated cost for the 2016-2017 biennium (including staff and activities):
The budget planned for 4.5 human resources for health in the 2016-2017 period is US$13,623,000.

c) Of the estimated cost noted in *b)*, what can be subsumed under existing programmed activities?
The strategy constitutes a comprehensive approach to improving access, provision, and quality of human resources that are essential for health systems in transformation toward universal access to health and universal health coverage. The balance of the budget for 2017 and the entire budget for 2018-2019 will be allocated for effective implementation of the activities presented in the strategy's lines 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 country) will carry out actions for the implementation of the strategy, according to defined responsibilities.

b) Additional staffing requirements (indicate additional required staff full-time 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 existing capacities in Member States. No additional posts will be needed, since three posts have been reprofiled with specific competencies to support the three strategic lines: 1) Governance; 2) Strengthening of the quality of the human resources for health; 3) Transformation of education in the health professions.

c) Time frames (indicate broad time frames for implementation and evaluation):
The time frames for implementation and evaluation activities are aligned with those established in the Organization's strategic and operational planning, i.e. with the programs and budgets, and with the Strategic Plan, in accordance with the schedule established by the Governing Bodies.

CSP29/10
Annex C

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. **Agenda item:** 4.8 - Strategy for human Resources for Access to Universal Health and Universal Health Coverage

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 Health Agenda for the Americas 2008-2017:**

   The Health Agenda for the Americas is based on and reaffirms primary health care and the commitment to health and well-being as key elements for development in the Region. It also prioritizes strengthening the governance and leadership of national health authorities in order to guide health systems toward reducing inequities.

5. **Link between Agenda item and the PAHO Strategic Plan 2014-2019:**

   The PAHO Strategic Plan 2014-2019 emphasizes that health workers are essential political actor with sufficient power to change the way health policies are formulated and implemented. The effectiveness of health care depends enormously on the performance of health workers and, consequently, on their financing, training, selection, hiring, and development, and on offering them comprehensive career opportunities. Comprehensive health services that are high-quality, effective, and people-centered depend on a correct combination of health workers with the right skills at the right place and the right time. Strengthening the management and development of human resources for health should be part of public policy. Since human resources for health can have a significant impact on the health situation of the population, they should be considered essential workers, not flexible resources that can be easily cut when there is a budgetary gap.

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

   The strategy will require stepping up collaboration with national and academic institutions, and expanding collaborating centers in the area of Health Systems and Services. To date, the following collaborating centers have been identified:

   a) PAHO/WHO Collaborating Center on Health Workforce Planning and Information, State University of Rio de Janeiro (Brazil).

   b) PAHO/WHO Collaborating Center on Health Workforce Planning and Research, Dalhousie University (Canada).

   c) PAHO/WHO Collaborating Center on Health Science Education and Practice, University of Sherbrooke (Canada).

d) PAHO/WHO Collaborating Center for Innovative Health Workers Education, Services and Research Models, University of New Mexico, Health Sciences Center (United States of America)

e) PAHO/WHO Collaborating Center for Developing and Sustainable Human Resources for Health, University of Illinois College of Medicine at Rockford (United States of America).

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

In the Region there are numerous successful initiatives to strengthen human resources for health, especially at the first level of care. Noteworthy examples include the experiences with family doctors in Canada, where health services (e.g. in Ontario, Quebec, and Montreal) offer 50% of their posts to family doctors and 50% to specialists; the Mais Medicos in Brazil program, which has deployed more than 18,000 physicians to neglected areas; the Closing Gaps Plan in Chile, which has financed the education of specialized physicians in order to provide public health services in areas with critical deficits; the national system for the accreditation of health team residencies in Argentina, which has established minimum requirements for the medical residence system, based on priorities and the need for posts at the regional level; and the initiative to provide university-level technical education in midwifery in Guatemala, training community members to join 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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