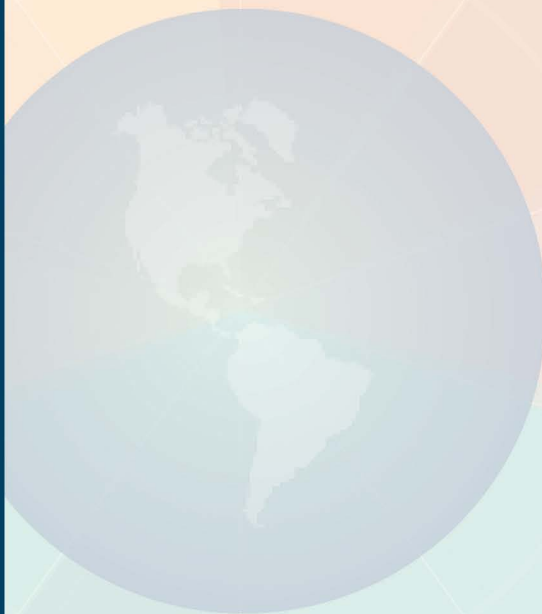
HANDBOOK FOR MONITORING THE PLAN OF ACTION ON HUMAN RESOURCES FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE 2018-2023



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REGIONAL OFFICE FOR THE Americas

Handbook for Monitoring the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023

WASHINGTON, D.C., 2021

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In the preparation of this document, contributions were made by participants in various regional and subregional workshops. This participatory process generated key elements for the design of this methodological proposal, as well as its subsequent validation by a group of experts. The key elements for determining the indicators came from the workshop held in Trinidad and Tobago on 17 and 18 July 2018, with the participation of ministerial officials responsible for human resources for health from Antigua and Barbuda, Argentina, Bahamas, Barbados, the British Virgin Islands, Chile, Cuba, Curaçao, El Salvador, Jamaica, Panama, Peru, and Trinidad and Tobago. The key aspects for implementation of the plan were developed in two subregional workshops (South America: Lima, 5-6 November 2018; and Central America: San Salvador, 20-21 March 2019), with the participation of professionals from Argentina, Bolivia, Brazil, Chile, Colombia, the Dominican Republic, Ecuador, Paraguay, Peru, Uruguay, and Venezuela; and Belize, Costa Rica, Cuba, El Salvador, Guatemala, Honduras, Nicaragua, and Panama, respectively. Experts from the Region of the Americas gathered for the validation workshop. Finally, the document was enriched by the participants in the pilot study of the monitoring system (platform) in 2019, namely, the Dominican Republic, Guatemala, Panama, Paraguay, and Venezuela.

Those responsible for systematizing the proposal wish to express their gratitude to this wide-ranging group of professionals for their commitment and for the quality of their contributions.

The technical work on this product was coordinated by Hernán Sepulveda, Annella Auer, and Malhi Cho (PAHO Advisors on Human Resources for Health) and was supervised by Fernando Menezes da Silva (Unit Chief, Human Resources for Health, PAHO). The preparatory workshops were undertaken with the support of Pilar Navarro Pérez and Juan Ignacio Martinez Millán, professors of the Andalusian School of Public Health.

INTRODUCTION

The 29th Pan American Sanitary Conference (Washington, D.C., 25 to 29 September 2017) approved the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage (hereafter referred to as the Strategy). The Strategy has three lines of action:[1]

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

In order to move forward with the Strategy, the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023[2] (hereafter referred to as the Plan of Action) was prepared in 2018, with specific objectives and indicators. The Plan of Action was approved by the Directing Council of the Pan American Health Organization (PAHO) in September 2018. Both the Strategy and the Plan of Action were the result of a participatory, iterative process with the Region's countries.

The purpose of the Plan of Action is to establish a road map for providing countries with the human resources necessary to achieve the global target of universal health by 2030. The Plan also aims to improve the geographical distribution and competencies of these human resources in order to reach all people in all places. The plan provides guidance for countries to develop their policies and plans for human resources for health.

Implementation of the Plan of Action in each country requires the preparation of road maps adapted to local conditions. Accordingly, PAHO led a participatory strategy with the Region's countries to seek contributions to facilitate the process in each country.

This participatory process included the following actions:

- "Workshop to develop the methodology to monitor the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023" in Trinidad and Tobago, with representation from countries throughout the Region. The objective of the workshop was to propose a preliminary definition of the attributes and

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[1] Pan American Health Organization. Strategy on Human Resources for Universal Access to Health and Universal Health Coverage. 29th Pan American Sanitary Conference. 69th Session of the Regional Committee of WHO for the Americas; 25-29 September 2017. Washington, D.C.: PAHO; 2017. Available at: https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=29-en-9249&alias=41531-csp29-10-e-531&Itemid=270&lang=en

[2] Pan American Health Organization. Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023. 56th Directing Council. 70th Session of the Regional Committee of WHO for the Americas; 23-27 September, 2018. Washington, D.C.: PAHO; 2018. Available at: https://www3.paho.org/hq/index.php?option=com_docman&view=download&category_slug=56-directing-council-english-9964&alias=45770-cd56-10-e-poa-hr-770&Itemid=270&lang=en

levels of achievement for the indicators contained in the Plan of Action. The participants first identified the key attributes that should be included in a detailed definition of each indicator, in order to then determine the relevance, viability, and importance of each indicator for the countries of the Region and to facilitate implementation of the Plan of Action.

- Consultation with the countries to review whether the indicators selected in the Plan of Action reflect each country's context, priorities, and diversity. An online, self-administered survey was designed and the government officials responsible for human resources for health were invited to identify progress toward the achievement of each indicator in the baseline year (2018) and target year (2023), or to indicate if the indicator did not apply to their country or was not considered feasible to attain during the 2018-2023 period. The survey included the indicators and the attributes that would be used to determine the documentation needed to evaluate achievement of the indicators, based on the workshop in Trinidad and Tobago.
- Workshop to validate the methodology for the monitoring of the Plan of Action with a group of experts from different countries.
- Two workshops on the implementation of the Plan of Action were held with countries from the subregions of South America and Central America in November 2018 and March 2019, respectively. These workshops had a dual objective: a) to establish the key stages and activities for implementation of the Plan of Action; and b) to share experiences in good practices related to the total or partial achievement of the indicators.
- Pilot study to evaluate the monitoring system and the methodological handbook with countries in the Region.

Finally, PAHO led the development of a handbook and online monitoring system to facilitate monitoring of the indicators in the Plan of Action in the implementation of the Strategy.

This methodological handbook is meant to provide the countries of the Region with a standardized reference tool that:

1. Defines and justifies each of the indicators within the framework of the Strategy.
2. Provides an operational definition of each indicator at the country level based on the attributes that are considered necessary for its implementation.
3. Indicates a method for monitoring implementation of the indicator.
4. Specifies the documentation needed to verify the information.
5. Provides an assessment scale to determine the degree of progress toward or achievement of each indicator in each country and in the Region.
6. Provides methodological clarifications for indicators where necessary.

METHODOLOGY

This section describes the specific methodology used to develop the system for monitoring, validation, and measuring country progress, which led to the development of this methodological handbook for the implementation and monitoring of the Plan of Action (Figure 1).

Figure 1. Timeline of the actions carried out to support implementation of the Plan of Action within a framework of country participation

Workshop to develop the methodology to monitor the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023, Trinidad and Tobago, July 2018

A qualitative approach and a structured technique of ideation, debate, consensus, and prioritization was used to establish an initial version of the attributes that define each indicator. After individual reflection, each participant proposed two attributes for each indicator. These were subsequently grouped into thematic groups by consensus. Each participant voted individually on the importance and feasibility of application of each attribute after which a prioritization technique was used to order the attributes according to relevance criteria. Finally, the group defined the elements necessary to develop a proposal for the implementation and monitoring of the Plan of Action in each country, including key stages and activities, the implementation process for the main stakeholders, implications, conditions for applicability, and strategies to support and strengthen its development.

Consultation with countries

Prior to approval of the Plan of Action, PAHO invited countries to identify the indicators that they had achieved as of 2018 (baseline) and the amount of progress they proposed by 2023 (target). A process for consultation with Member States was prepared using an online survey that presented the attributes associated with each indicator and that should be used to evaluate achievement of the indicator, as proposed in the workshop in Trinidad and Tobago. It is important to point out that when the survey was conducted, countries were asked to position themselves in relation to the indicator, considering the definition of the indicator and using its attributes to guide the overall assessment. Countries were asked to evaluate their achievement of each of the indicators included in the Plan of Action, indicating the following:

- **2018 Baseline**: If the country considers that the corresponding indicator was achieved in 2018.
- **2023 Target**: If the country considers that the indicator can be achieved by 2023.
- **Not applicable**: If the country considers that the indicator is not applicable to their country (for whatever reason).
- **Not attainable in 2023**: If the country considers that the indicator is unattainable, at least in the 2018-2023 period.
- **Other**: Specify any other position.

Workshops on the implementation of the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023 in the subregions

Two subregional workshops, for South America and Central America, were convened to contribute to the development and dissemination of the Strategy and the implementation of the Plan of Action. Managers of human resources units from around the Region participated, along with national, subregional, and regional consultants from PAHO. During the workshops, the key stages and activities for implementation of the Plan of Action were identified and discussed. Each participating country gave a presentation about the process and key factors that contributed to the achievement of one of the indicators in their country. After debate, the group reached consensus on the critical activities for implementation and achievement of each objective.

Work of core team

The team from the Andalusian School of Public Health (EASP, by its acronym in Spanish), in collaboration with PAHO's Human Resources for Health unit, prepared an updated version of the attributes of the indicators, as well as an explanatory guide for each one. An operational definition of each indicator was proposed based on the attributes proposed and prioritized

in the methodological workshop in Trinidad and Tobago and reformulated by the core team taking into consideration the following three criteria: (1) Validity: the attribute measures what it intends to measure; (2) Reliability: the results obtained during the measurement process are consistent and stable; and (3) Sufficiency: the set of defined attributes adequately characterizes the purpose of the objective and indicator.

Workshop to validate the methodology for the implementation and monitoring of the Plan of Action by a group of experts

PAHO held a workshop in Washington, D.C. in March 2019 with a panel of experts. The objective of the workshop was to review and validate the proposed attributes and the methodological handbook. The validity of this method is based on the proper selection of participants whose experience, judgment, and perceptions are relevant due to the information they possess or their position of institutional or professional leadership or responsibility. A consensus technique was used, including an assessment scale to identify coinciding or conflicting points of view.

The Strategy and the Plan of Action were presented, including the participatory process for their development. The experts then reviewed and validated the attributes. The proposed attributes were presented for each indicator, followed by a debate on their validity, reliability, and sufficiency. The formulations of the attributes were discussed, and they were redefined as necessary, until group consensus was achieved. Likewise, when the addition or removal of attributes was proposed, the final decision was reached through group consensus.

Finally, the experts were asked to categorize the attributes, based on the following definitions:

a. *Level I*: This is a mandatory, necessary condition for achievement of the attribute that establishes that the country has achieved the most basic level of the indicator.

b. *Level II:* This indicates that the country is making progress with requirements that go beyond the mandatory ones, and that demonstrate greater implementation of the indicator.

c. *Level III:* Achievement of the Level III attributes implies consolidation of the indicator.

Work of core team to consolidate the levels of achievement of attributes and indicators, and final review of the handbook

A scale was proposed to establish the levels of achievement. The scale was adapted to each indicator based on the number of attributes and their categorization by levels. This led to two scenarios:

Scenario 1: If the indicator had attributes at all three levels, the following criteria were applied:

a. *Basic:* Achieves the attribute/s defined as mandatory (Level I).

b. *Advanced:* Has reached the Basic level for the indicator, as well as some Level II attributes.

c. *Consolidated:* Must have achieved all the attributes for this indicator.

Scenario 2: If the indicator had attributes at one or two levels, a gradient was established to determine the achievement at the basic, advanced, or consolidated level.

Development of the monitoring system and pilot study

A monitoring system was developed in 2019 in the Regional Observatory of Human Resources in Health[3] in order to facilitate the process with countries. Two pilot studies of the monitoring system and validation of this handbook were also undertaken with countries in the Region (one with Spanish-speaking countries and one with countries in the English-speaking Caribbean) at the end of 2019 and beginning of 2020, respectively.

Monitoring of the Plan of Action during the COVID-19 pandemic

The COVID-19 pandemic underscored the need to strengthen the processes that would allow countries to advance in the implementation of the Strategy and Plan of Action. National authorities recognized human resources for health as one of the essential pillars for tackling the health crisis and adopted standards, regulations, and actions to build national capacity, based on their countries' specific needs and situation. The Human Resources for Health unit noted the need to link the actions and responses of the countries to the monitoring of the objectives and indicators in the Plan of Action.

The analysis of these experiences and lessons learned has made it possible to identify the progress made and the work yet to be done in each country to meet the objectives of the Plan of Action. During the pandemic, it has become clear that countries that have made progress in implementing the Strategy and the Plan of Action have had better tools for tackling the health crisis in the area of human resources, thus improving health system response capacity.

These experiences and the lessons learned likewise enable PAHO to focus its technical cooperation at the regional, subregional, and national levels to reinforce the structural and organizational components considered necessary for timely and effective management within a strong system of governance and in favor of human resources that are properly trained, in sufficient numbers, and appropriately distributed in compliance with the Strategy and the Plan of Action. These will also serve as important inputs for fostering dialogue and exchanges among countries, subregional integration mechanisms, international agencies, and other entities.

[3] Pan American Health Organization. Regional Observatory of Human Resources in Health. Available at: https://www.observatoriorh.org/en

IMPLEMENTATION AND MONITORING

Implementation stages, implications of the Plan of Action, and conditions for applicability

The following stages are proposed to facilitate implementation (Figure 2):

1. Designation of the authority responsible for implementation, revitalization, and accountability of the Plan of Action.
2. Identification and analysis of key stakeholders who should participate in the development and implementation of the Plan of Action.
3. Strategy for stakeholder participation and involvement.
4. Socialization of the Plan of Action in the health system.
5. Review of the regulatory framework and context.
6. Baseline measurement.
7. Selection of objectives to be achieved.
8. Development of a national implementation plan that includes prioritization and scalability of implementation, involvement of the rest of the system (regional, provincial, and district-level governments, etc.), development of the necessary competencies, and action timelines.
9. Implementation, with resource allocation.
10. Monitoring and evaluation.

Figure 2. Stages for implementation and monitoring of the Plan of Action

Stages

1 Designation of the authority responsible for implementation, revitalization, and accountability of the Plan of Action

2 Identification and analysis of key stakeholders who should participate in the development and implementation of the Plan of Action

3 Strategy for stakeholder participation and involvement

4 Socialization of the Plan of Action in the health system

5 Review of the regulatory framework and context

6 Baseline measurement

7 Selection of objectives to be achieved

8 Development of a national implementation plan that includes prioritization and scalability of implementation, involvement of the rest of the system (regional, provincial, and district-level governments, etc.), development of the necessary competencies, and action timelines

9 Implementation, with resource allocation

10 Monitoring and evaluation

It should be noted that the implementation process requires serious effort and commitment by countries. It entails monitoring and providing the documentation to support the country assessment and compliance with the indicator. This information is of great value for the country and the Region since it will provide an inestimable source of knowledge on countries' experiences with the implementation and monitoring process. Furthermore, it is relevant to learn about the circumstances of the countries where it is felt that some of the indicators do not apply or cannot be achieved within the designated time frame.

This handbook is intended as a support tool to accompany the implementation process, providing instruments and guidelines to advance toward the achievement and consolidation of the objectives of the Plan of Action by characterizing the attributes associated with the indicators, which serve as a guide for action.

It is important to note the participatory approach in the process of developing the strategy, objectives, and indicators, as well as the methodology for the measurement and construction of the baseline by the countries. Similar processes should continue in the implementation stage.

The methodology followed in the subregional workshops presented good practices in relation to the objectives of the Strategy. This is a good method: sharing experiences, systematizing good practices, and sharing lessons learned should be part of the process. PAHO's Regional Observatory of Human Resources in Health and the regional and subregional meetings are appropriate spaces for this exchange.

Each country should have an intersectoral team for planning and a designated counterpart as liaison with the person in PAHO in charge of monitoring and supporting implementation of the strategy. Given the frequent rotation of country teams, the role of the PAHO focal points is especially important to support and ensure continuity of the monitoring process.

The Plan of Action should be adapted to the context and goals proposed by each country for the achievement of objectives. This is especially important when setting targets and establishing the road map for their attainment, and for formalizing targets and timelines. This process should be accompanied by the development and consolidation of capacities and supported by a rigorous monitoring and evaluation process. It will be important to make a new measurement of the situation, based on the established attributes, in order to define road maps appropriate to each country's reality, with proposed targets for 2023.

With regard to the indicators, it is important to emphasize that their purpose is not to compare countries. Instead, they are intended to serve as a tool for countries to develop their own improvement process and assess the degree of progress on each indicator. All countries are urged to use the matrix for each indicator to compile information about diverse realities in a uniform manner. Countries' periodic reports on the achievement and progress for each indicator will make it possible to calculate achievement of the indicator at the regional and subregional levels.

Basic recommendations for moving forward with implementation

The following is recommended for moving forward with implementation:

1. Align the Strategy and the Plan of Action with the national human resources for health policy.
2. Identify the person responsible for the Strategy at the ministerial level.
3. Conduct a participatory implementation process that includes the key actors.
4. Train those responsible in PAHO and in the countries in the methodology for implementation and monitoring of the Plan of Action.
5. Formalize the Strategy's implementation processes, allocating resources and planning actions.

6. Ensure that there is an open channel to facilitate consultation and technical assistance.
7. Share information periodically on experiences or key events relevant to the Strategy.

Proposal for quantifying the Region's progress and level of achievement

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To measure achievement as a Region, the total number of countries that achieve each of the three levels (basic, advanced, and consolidated) will be considered. These levels demonstrate advances in the full implementation of the indicator. These data will be included in the progress report to be submitted to PAHO Member States in 2021 and the final report that will be presented in 2024.

STRUCTURE OF THE EXPLANATORY GUIDE

Definition of the indicator. The definition was taken from the Plan of Action.

Rationale. The indicator was framed within the Strategy.

Country indicator includes:

1. **Definition.** An operational definition of the indicator is presented.

2. **Reporting method.** A monitoring table in included with the categorization of the attributes, the relative weight of levels of achievement, and the documentation that the country should provide to verify the level of achievement. Each country should assess itself according to its level of achievement of the proposed attributes and provide the evidence requested to verify the country's level of attainment.

3. **Country progress and level of achievement.** To measure each country's progress, a table shows the attribute's level of achievement (Level I, II, and III) and the score required to attain "basic", "advanced", and "consolidated" levels.

4. **Methodological clarifications.** These are comments related to specific aspects of the attributes or their measurement that are needed to gather the information or for their subsequent interpretation. They may also include definitions or explanations of some of the concepts used to systematize their interpretation.

Annual monitoring is recommended as a general guideline starting in 2019. The information will be registered on the monitoring system (platform) established by PAHO. This data will allow the country to determine if it has complied with the indicator, if it feels it can attain it by 2023, or if it is not applicable for whatever reason. The monitoring system will also include a section for comments and limitations. This will be an open-ended space for whatever considerations the team responsible for filling out the form wishes to indicate.

Explanatory Guides for Each Indicator

1.1.1 Number of countries that have formalized and have initiated implementation of a national policy on human resources for health

Associated strategic line of action 1

Strengthen and consolidate governance and leadership in human resources for health

Associated objective 1.1

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.

INDICATOR 1.1.1

Definition

This indicator refers to the number of countries that formalized and have initiated implementation of a national policy on human resources for health.

Rationale

This is one of two indicators linked to the objective, "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."

The Strategy proposes the need for countries to carry out intersectoral processes (including with education, health, labor, and finance) at the highest level to develop, implement, and evaluate policies, regulations, interventions, and policy frameworks on human resources for health. These actions should consolidate the leadership of the health authority and focus on training, competency profiles, internal and external mobility, employment, working conditions, regulation of training, professional practice, and the distribution of personnel in accordance with health needs and a health system in transformation toward universal access to health and universal health coverage, ensuring accountability.

The existence of a national human resources for health policy that is formalized and in the process of implementation is a context indicator that provides information on the necessary and favorable conditions to combat the scarcity of health personnel and achieve the equitable distribution and improved quality of health professionals.

Country indicator

Definition

There is a national policy, reflected in a document approved by the Ministry of Health, published and authorized, focused on universal health; as well as a structure that identifies those responsible for this policy and Plan of Action. There is dissemination of the policy, its strategic lines, the responsible institutions, resources, etc. Actions have been taken that demonstrate implementation with allocation and availability of the necessary resources. The actions, indicators, and targets of the national human resources policy are evaluated and monitored.

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Yes	No	Level of achievement	Documentation
A document has been approved by the Ministry of Health or national health authority, published and authorized, focused on universal health.			Level I	National policy document
A structure is in place that identifies those responsible for this policy and plan of action.			Level I	Document that indicates the structure and that identifies those responsible
There is dissemination of the policy, its strategic lines, the responsible institutions, resources, etc.			Level II	Meeting proceedings and dissemination notes
Actions have been taken that demonstrate implementation with allocation and availability of the necessary resources.			Level II	Documentation on allocation of resources for implementation of the policy

Attributes	Yes	No	Level of achievement	Documentation
The indicators and targets of the national human resources policy are evaluated and monitored.			Level III	Evaluation plan for the policy, including timeline, those responsible, and resources; Presentation of results of the different measurements.

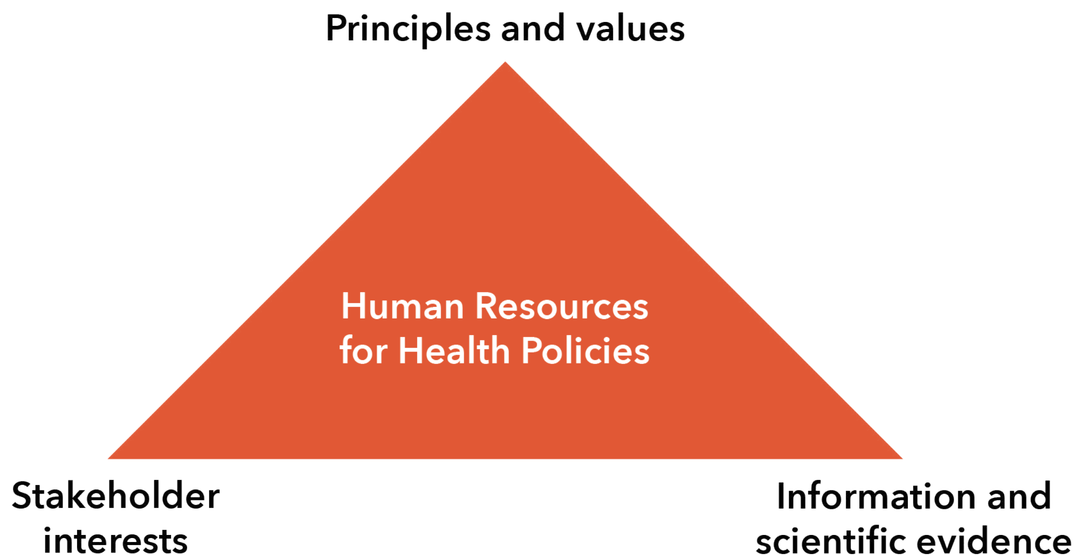
Country progress and level of achievement

Country progress in the implementation process is assessed with respect to the level of attainment of the different attributes. Of the five attributes noted in the above table that contribute to this indicator, two of them are Level I, indicating that the country has met the minimum requirements for the indicator. In the following table, the column "requirements" shows the weights assigned to these attributes, which are used to determine the level of achievement.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated", according to the following scale:

Level of achievement	Requirements
Basic	Achieves Level I attributes
Advanced	Achieves Basic + at least one Level II attribute
Consolidated	Achieves all attributes

Methodological clarifications



The national human resources for health policy refers to the policy framework promoted and supported by the State to promote and coordinate intersectoral action to guarantee the fundamental right to health and universal access to services under conditions of equity, quality, and sustainability and to improve the conditions for the training, performance, management, and development of human resources for health. Policy formulation should be based on information, evidence, principles, and values and should take into account diverse stakeholder interests. Therefore, every policy-related dialogue should use mechanisms to ensure that stakeholders' participation is considered but modulated by relevant information.[4]

[4] World Health Organization, World Bank, United States Agency for International Development. Handbook on monitoring and evaluation of human resources for health with special applications for low- and middle-income countries. Geneva: WHO: 2009. Available at: http://apps.who.int/iris/bitstream/handle/10665/44097/9789241547703_eng.pdf;jsessionid=C76EACC9E938A5590E6249882BC61FB5?sequence=1

1.1.2 Number of countries with an active high-level intersectoral institutional decision-making body in human resources for health

Associated strategic line of action 1

Strengthen and consolidate governance and leadership in human resources for health

Associated objective 1.1

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.

INDICATOR 1.1.2

Definition

This indicator refers to the number of countries that have an active high-level intersectoral institutional decision-making body. It seeks to reflect the existence of governance in human resources for health, implementing actions that are agreed upon across sectors, promoting joint action, and providing solutions in the pursuit of common targets. It also ensures participation and implementation in regional, provincial, and local decision-making, and in the corresponding system.

Rationale

This is one of two indicators linked to the objective, "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."

The existence of a high-level intersectoral decision-making entity demonstrates how the country prioritizes decision-making related to the universal health system and its implications for the availability and appropriate distribution of human resources for health.

Country indicator

Definition

There is a formal structure responsible for specific functions in the implementation of a human resources for health strategy and policies focused on universal access and universal coverage. Responsibilities include preparing, implementing, and evaluating a plan of action and providing information on progress and results.

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Yes	No	Level of achievement	Documentation
There is a formal intersectoral structure for the implementation of a strategy and policies for human resources for health focused on universal access and universal coverage.			Level I	Name and official supporting documentation for the constitution of the formal structure and agreements adopted by this structure
There is an accountability system.			Level II	URL of the site for discussion between citizens and the responsible entity, where information on implemented actions is published, as well as evaluation results, if any are available. The process for facilitating public participation is also included.
There are mechanisms for transparency that ensure public access to information.			Level II	URL of the site for discussion between citizens and the responsible entity, where information on implemented actions is published, as well as evaluation results, if any are available.

Attributes	Yes	No	Level of achievement	Documentation
There is a multisectoral plan of action that has been implemented and is periodically evaluated.			Level III	Documents that demonstrate the participation of territorial agencies in the implementation of the plan of action. This is accompanied by results of the evaluation of the implementation, based on the timetable for the plan of action.

Country progress and level of achievement

Country progress in the implementation process is assessed with respect to the level of attainment of the attributes that contribute to this indicator. In the following table, the column "requirements" shows the weights assigned to these attributes, which are used to determine the level of achievement.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	Achieves Level I attributes
Advanced	Achieves Basic + at least one Level II attribute
Consolidated	Achieves all attributes

Methodological clarifications

Each country will specify the territorial organization to which this indicator would apply.

Intersectoral: An intervention coordinated across institutions that are representative of more than one social sector, through actions that are fully or partially aimed at addressing problems related to health, well-being, and quality of life.

Accountability: Aimed at fomenting responsibility in public administration to strengthen and increase public oversight, improving access to information and public control. The process is also an input to adjust the implementation of projects and plans of action.

Transparency: Aimed at helping to guarantee the right to access public information and provide timely information to improve decision-making by citizens and greater trust in institutions.

1.2.1 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

Associated strategic line of action 1

Strengthen and consolidate governance and leadership in human resources for health

Associated objective 1.2

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.

INDICATOR 1.2.1

Definition

This refers to the number of countries in the Region that have a multidisciplinary team with planning capacity in human resources for health in the Ministry of Health. This means that each country has a team with the capacity and authorization to conduct human resources for health planning studies. This group's work should contribute information to support decision-making around human resources for health policies.

Rationale

This is one of three indicators linked to the objective "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." Human resources for health planning is considered to be one of the essential functions of human resources for health directorates within ministries of health. The proper exercise of this competency requires a technical team with the competencies and stability to provide data from health information systems or from specific studies on human resources for health needs and distribution.

Country indicator

Definition

This country-level indicator implies the existence of a multidisciplinary institutional team that has been formally empowered with human resources for health planning and methodological capacity, and is managed by a human resources regulatory entity. The team's scientific output should be used by the responsible institution's human resources for health directorate in its decision-making processes. External verification of the work carried out by this team is important.

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Yes	No	Level of achievement	Documentation
The health system's governing body has a formalized multi-disciplinary team with human resources for health planning capacity.			Level I	Supporting document that identifies the team's constitution, governing body, functions, and location.
The team has technical stability and continuity.			Level II	Published reports on health professional demographics, with a URL, and indicating authorships and implementation dates to confirm the continuity of the teams' competencies.
The team's reports are considered by authorities when making decisions.			Level III	Existence of human resources for health needs planning studies produced by this team for any professional and technical category (provide URL). Evidence that the reports have been considered by the responsible authority, for example, in decisions that affect the supply of professionals (variations in the number of slots in colleges and schools of health sciences, in the medical residencies offered, in specific incentive policies for the most disadvantaged areas, etc.).

Country progress and level of achievement

Country progress in the implementation process is assessed with respect to the level of attainment of the attributes that contribute to this indicator. In the following table, the column "requirements" shows the weights assigned to these attributes, which are used to determine the level of achievement.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	Achieves Level I attributes
Advanced	Achieves Basic + the Level II attribute
Consolidated	Achieves all attributes

Methodological clarifications

Multidisciplinary team with planning capacity in human resources for health: A group of people with different academic training and professional experience that work jointly to establish short-, medium-, and long-term human resources for health needs according to the health care model. Each individual has established competencies and roles and the team works together under the direction of a coordinator. The composition of the team can vary, but it should include, at least, professionals with knowledge in demographics, public health, and health care, as well as professional mathematicians and experts in information systems and databases.

This team is integrated into the technical structure of the Ministry of Health or is a functional team under the ministry.

Stability and continuity exists in the multidisciplinary team when people with the technical competencies needed to complete the work are maintained over time, regardless of political changes, and/or there are processes for the transfer of competencies when such changes occur, so that the team maintains its resolutive capacity.

1.2.2 Number of countries that have needs projections in human resources for health, and action strategies based on their model of care

Associated strategic line of action 1

Strengthen and consolidate governance and leadership in human resources for health

Associated objective 1.2

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.

INDICATOR 1.2.2

Definition

The goal of this indicator is to identify countries' human resources for health needs using human resources for health needs projection techniques based on studies of the estimated supply and demand under different scenarios.

The indicator makes special reference to the needs of the public sector, but also considers the influence that the private sector can have.

Projection refers to the estimation of future short- and medium-term needs, based on knowledge of demographic phenomena and using indicators of variables that influence human resources for health supply and demand. Human resources for health needs are planned under diverse hypotheses called scenarios.

Rationale

Through human resources planning, health systems have to identify current staffing needs and anticipate future needs, both in quantitative and qualitative terms. Human resources planning systematically determines the supply and demand for staff that an organization or system will need in the relatively near future. Human resources for health planning is understood as securing the correct number of people with the needed qualifications, at the right time and place, so that they can carry out their work in the most efficient way possible. This implies anticipating the internal changes that should take place in the organization or system in order to adapt to new environments.

Country indicator

Definition

The country carries out a human resources for health planning exercise to respond to the following issues:

- How many people do we have and how many will we need in the future, by professional category?
- What are the qualifications, capacities, and abilities that we will need in the future in the public sector?
- What is the structure of the organization or system? Is it appropriate?
- What are the needs of the private sector?

To answer these, the country prepares and publishes reports that include an analysis of supply and demand with respect to the human resources that need to be planned and health needs. These studies provide a description of the baseline and take the model of care into consideration.

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Yes	No	Level of achievement	Documentation
Documents produced by the multidisciplinary team include an analysis of supply, demand, and health needs of the population, based on the framework and model of care.			Level I	Documents prepared by a functioning team (indicator 1.2.1) that include, for the country as a whole, a baseline situational analysis of supply, demand, and health needs of the population, based on the framework and model of care.
Data exist to justify the projections made.			Level II	Complementary report on information sources and their limitations

Attributes	Yes	No	Level of achievement	Documentation
There are studies that show estimates and projections of the need for health professionals.			Level III	Documents prepared by a functioning team (indicator 1.2.1) that include, for the country as a whole, a baseline situational analysis of supply, demand, and health needs of the population, based on the framework and model of care, and specifying the scenarios used for analysis.

Country progress and level of achievement

Country progress in the implementation process is assessed with respect to the level of attainment of the attributes that contribute to this indicator. In the following table, the column "requirements" shows the weights assigned to these attributes, which are used to determine the level of achievement.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated", according to the following scale:

Level of achievement	Requirements
Basic	Achieves Level I attributes
Advanced	Achieves Basic + the Level II attribute
Consolidated	Achieves all attributes

Methodological clarifications

Each country should indicate and justify which health and other professionals are prioritized in the planning studies.

Supply of health workers: Group of skilled health workers available to work in the health sector.

Demand for health workers: Public and private institutions that constitute the health sector.[5]

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[5] Sousa A, Scheffler RM, Nyoni J, Boerma T. A comprehensive health labour market framework for universal health coverage. Bull World Health Organ. 2013 Nov 1; 91(11): 892–894. Disponible en: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3853957/

1.2.3 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

Associated strategic line of action 1

Strengthen and consolidate governance and leadership in human resources for health

Associated objective 1.2

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.

INDICATOR 1.2.3

Definition

This refers to the 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. This means having data registries to adequately inform the health system's human resources planning. It is strongly recommended that countries reach consensus about the general principles for establishing the criteria and minimum requirements for the public health system's professional registries and, ideally, for professional associations, councils, semi-private and private health centers, and insurance providers that operate in the sector. A minimum data set should also be established for an integrated registry that includes real-time information from the entire health system.

Rationale

This is one of three indicators linked to the objective "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." The purpose of this indicator is to have an integrated information system to identify the quantitative and qualitative characteristics of health professionals, their distribution, and their entry and exit flows in the health system. This will facilitate strategic planning of the workforce, including the analysis of professional mobility.

Country indicator

Definition

A reliable quality information system characterizes the health workforce and contains the variables needed to describe the distribution, planning, and monitoring of workforce mobility, based on primary sources and coordinated by the Ministry of Health. This system should have high-quality, reliable data. Furthermore, it should contain information on both technical and professional personnel and be accessible and transparent, with different levels of access for citizens, professionals, and managers. At its highest level of development, this system would be interoperable with others.

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Yes	No	Level of achievement	Documentation
A reliable quality information system characterizes the health workforce and contains the variables needed to describe the distribution, planning, and monitoring of workforce mobility, based on primary sources and coordinated by the Ministry of Health.			Level I	Provide documentation with: • Name of information system, entity responsible, and maintenance team • Start date and date of latest update • Frequency of updating • Sectors and institutions that provide information to generate a unified system • Description of the variables included • Quality-control system used to guarantee data quality

Attributes	Yes	No	Level of achievement	Documentation
The system includes information on human resources for health, according to the country's definition of the different professional categories, with reference to training, duration of formative degree, and other parameters			Level II	Indicate the definition of each professional category included, with reference to training, duration of formative degree, etc.
The system provides transparent information with different levels of access (from public to confidential).			Level II	Identify the levels of access and the variables and reports that each type of recipient can see
The system is interoperable with others.			Level III	Indicate the information systems through which information is shared and the use of that shared information

Country progress and level of achievement

Country progress in the implementation process is assessed with respect to the level of attainment of the attributes that contribute to this indicator. The Level I indicator indicates that the country has achieved the minimum requirements for the indicator. In the following table, the column "requirements" shows the weights assigned to these attributes, which are used to determine the level of achievement.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	Achieves the Level I attribute
Advanced	Achieves Basic + at least one Level II attribute
Consolidated	Achieves all attributes

Methodological clarifications

Interoperability: For the purposes of this indicator, interoperability means that different information systems are able to communicate, exchange, and use the acquired data in their own systems.

1.3.1 Number of countries that have increased the proportion of the public budget allocated to human resources for health

Associated strategic line of action 1

Strengthen and consolidate governance and leadership in human resources for health

Associated objective 1.3

Increase public investment in human resources for health, increasing employment opportunities and improving working conditions, especially at the first level of care.

INDICATOR 1.3.1

Definition

This indicator refers to the number of countries that have increased the proportion of the public budget allocated to human resources for health. The goal of this indicator is to monitor the effort that countries make to improve working conditions and the availability of human resources for health in the public sector. It aims to align investment in human resources for health with the current and future needs of the population and of the health systems, considering the dynamics of the labor market and educational policies. It aims to address health workforce scarcity and improve its distribution, leading to improved outcomes in health and social well-being, job creation, and economic growth.

Rationale

This is one of two indicators linked to the objective "Increase public investment in human resources for health, increasing employment opportunities and improving working conditions, especially at the first level of care." The Plan of Action offers a roadmap for providing countries with the human resources necessary to achieve the global target of universal health by 2030. This requires improving both the geographical distribution of human resources for health and their capacities and level of satisfaction.

Country indicator

Definition

At the country level, this indicator measures trends in the percent variation in the public budget for human resources for health that is allocated to improving the distribution of human resources for health by increasing employment opportunities and improving working conditions, especially at the first level of care.

This percent variation will be calculated as follows:

$$\%\ \text{Year X} = \text{year in which the measurement is made}$$

$$\Delta\%\ \text{PUBLIC BUDGET} = \%\ \text{Year X} - \%\ \text{Base year 2018}$$

where:

$$\%\ \text{Base year 2018} = \frac{\text{Public budget allocated to human resources for health}}{\text{Public budget}} \times 100$$

$$\%\ \text{Year X} = \frac{\text{Public budget allocated to human resources for health}}{\text{Public budget}} \times 100$$

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Percent variation	Yes	No	Level of achievement	Documentation
Increase in public expenditure for human resources for health at the first level of care.				Level I	Official document that shows the public budget allocated to health (and specifically, to the first level of care) in 2018 and in the year when the indicator is measured

Attributes	Percent variation	Yes	No	Level of achievement	Documentation
Economic strategies exist to improve labor conditions and satisfaction, linked to increased public budget on the public health workforce.				Level II	Documents that economically quantify the strategies for improving labor conditions and workforce satisfaction
Wage-related policies exist that are aimed at strengthening the first level of care.				Level II	Wage scales for the different public agencies, listing professional salaries at the different levels of care
Workforce satisfaction regarding working conditions is measured, with differential analysis by level and region.				Level III	Report on a representative sample of the workforce, by categories and regions, that contains the results of a survey designed to measure the level of satisfaction with working conditions

Country progress and level of achievement

Country progress in the implementation process is assessed with respect to the level of attainment of the attributes that contribute to this indicator. In the following table, the column "requirements" shows the weights assigned to these attributes, which are used to determine the level of achievement.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	Achieves the Level I attribute
Advanced	Achieves Basic + at least one Level II attribute
Consolidated	Achieves all attributes

Methodological clarifications

Public budget to reduce inequity: Public budget allocated to human resources for health at the first level of care.

Workforce satisfaction: Affective response of workers to different aspects of their work. This response will be conditioned by the circumstances of each job and the characteristics of each individual. It can be broadly defined as the extent to which certain worker needs are satisfied and the degree to which workers feel that their workplace needs—whether social, personal, economic, or health—are met.

Measuring workforce satisfaction: Workforce satisfaction can be measured by its causes or effects, or by asking people directly. Different methods can be used. Nearly all of them involve interviewing people about different aspects of their work.

1.3.2 Number of countries that have increased the public budget, reflected in jobs at the first level of care in relation to total health workers

Associated strategic line of action 1

Strengthen and consolidate governance and leadership in human resources for health

Associated objective 1.3

Increase public investment in human resources for health, increasing employment opportunities and improving working conditions, especially at the first level of care.

INDICATOR 1.3.2

Definition

The goal of this indicator is to monitor the effort that countries make to increase the availability of human resources for health in the public sector at the first level of care. Specifically, it measures countries that have increased public budget, reflected by jobs at the first level of care relative to the total number of health workers.

Rationale

This is one of two indicators linked to the objective "Increase public investment in human resources for health, increasing employment opportunities and improving working conditions, especially at the first level of care." The demand for human resources for health is anticipated to grow substantially in coming decades as a consequence of population and economic growth, combined with demographic and epidemiological changes, as well as changes in health services provision. This is where the most significant imbalances between needs/demand and supply of health workers will occur, leading to unequal distribution and deployment of health workers at the national, sub-national, and global levels. The objective is to achieve universal access to health care at all levels. This requires an appropriate, equitable distribution of health workers between and within countries.

Country indicator

Definition

Countries contribute evidence on the increase in the number of jobs at the first level of care that are financed with public funds.

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Value	Comments	Level of achievement	Documents
Measurement of the proportion of jobs financed by the public budget, at the first level of care (Number of jobs at the first level of care financed by the public budget) / (Number of health personnel jobs financed by the public budget).			Level I	The country will provide data for this indicator taking into account the methodological considerations indicated under Methodological clarifications. The value of the indicator will be provided for the base year and the monitoring year. The percent variation will be calculated as follows: Percent variation = (Value of indicator in monitoring year − Value of indicator in base year) × 100
There are annual measurements of the proportion of jobs financed by the public budget, at the first level of care.			Level II	

Country progress and level of achievement

Once the indicator has been measured once, the level of achievement will be determined by the increase in this proportion over time. Country progress in implementation will be determined based on the attainment of the attributes associated with this indicator.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	Establishes baseline
Advanced	Achieves Basic + annual measurements exist (regardless of value)
Consolidated	The last measurement is higher than that of the Advanced level

Methodological clarifications

Required data for calculation of the ratio:

$$\frac{\textbf{Number of jobs at the first level of care financed by public budget}}{\textbf{Number of health personnel jobs financed by public budget}}$$

In the numerator, the country should include the total number of occupied posts at the first level of care in the public sector, using the most recent and comparable data available (indicate date). In the denominator, they should indicate the total number of occupied posts in the country financed by the public sector for the same period of time.

Specify what kind of professionals and non-professionals hold the jobs included in the calculation.

2.1.1 Number of countries that have an institutionalized professional development policy that promotes the equitable distribution of personnel in accordance with their model of care and that considers the gender perspective

Associated 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

Associated objective 2.1

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.

INDICATOR 2.1.1

Definition

The goal of this indicator is to measure the existence of an institutionalized professional development policy that promotes the equitable distribution of human resources for health to support the development of the model of care and that considers the gender perspective. Each country should use objective, measurable indicators to define and identify the underserved areas in different territories. A professional development policy is viewed as a strategy to recruit and retain talent, especially in underserved areas. Effective equality of women and men in the work environment requires organizational formulas where women and men can make the different facets of their lives compatible (work, family, leisure, personal time, etc.) and where there is no gender-based discrimination (salary, duties, professional development opportunities, etc.).

Rationale

This is one of three indicators linked to the objective "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." Professional development is an organized, formal endeavor that focuses on human resources for health development and has a broader scope and longer duration than training. Development should be a strategic option designed to produce motivated, committed human resources for health and to ensure their adequate availability and distribution. The development policy should also guarantee

the elimination of discrimination against women.

Country indicator

Definition

Countries should contribute evidence on the increase in human resources for health in underserved areas. They should also document the existence of a professional development plan, with emphasis in underserved areas and which provides a specific plan to incorporate the gender perspective. These issues are considered essential for indicating achievement of this indicator. The development of organizational (incentives) and structural measures complements this indicator.

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Yes	No	Level of achievement	Documentation
There are capacity development policies or plans for health professionals in underserved areas (defined by the country).			Level I	Provide document or URL where the design and implementation of the development policies or plan can be found. Provide the list of activities carried out and assessment of their impact.
Policies are promoted to develop the competencies of other non-professional profiles (defined by the country) in underserved areas.			Level II	Name of initiative implemented to develop competencies of other non-professional profiles, indicating the responsible institution, description of the initiative, degree of implementation, and expected or attained impact.

Attributes	Yes	No	Level of achievement	Documentation
Underserved areas are covered through the incorporation of mobile technologies and services.			Level II	Description of the technologies used, especially in relation to safety, efficacy, effectiveness, usefulness, and efficiency, as well as organizational, ethical, and social impact. Presentation of the results of using the technology.
There is a specific plan to incorporate the gender perspective into professional development policy (defined by the country).			Level III	Provide document or URL containing the plan to incorporate the gender perspective into institutional professional development and employment policies.

Country progress and level of achievement

Country progress in the implementation process is assessed with respect to the level of attainment of the attributes that contribute to this indicator. In the following table, the column "requirements" shows the weights assigned to these attributes, which are used to determine the level of achievement.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	Achieves the Level I attribute
Advanced	Achieves Basic + at least one Level II attribute
Consolidated	Achieves all attributes

Methodological clarifications

Underserved areas: Each country should use objective, measurable indicators to define and identify underserved areas in different territories.

Capacity development plan: This instrument will allow the institution to prove its ability to comply with the competencies, responsibilities, functions, and resources designated by law. The capacity development plan should also describe the competency levels necessary for continuing to safeguard the right to health protection.

Competencies: The skills, capacities, and knowledge that a person needs to efficiently complete a certain task. Competencies are characteristics that train someone in a specific field. They include not only theoretical aptitude, but also a way of thinking, character, values, and proper management of problematic situations.

Gender: Gender refers to the social condition that establishes the behavioral guidelines and attitudes regarded as appropriate and different for women and men. These guidelines are learned (through the socialization process) and change with time and the historical context. They also vary significantly both across different cultures and within a given culture.[6] Introducing the gender perspective into human resources for health management means integrating gender equality as a key way to achieve poverty reduction and national development objectives.

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[6] Krieger N. Gender, sexes and health: what are the connections–and why does it matter? Int J Epidemiol 2003;32(4):652-657. Available at https://doi.org/10.1093/ije/dyg156

2.1.2 Number of countries with a policy that has economic and noneconomic incentives for hiring and retaining personnel that considers the gender perspective, with emphasis on underserved areas

Associated 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

Associated objective 2.1

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.

INDICATOR 2.1.2

Definition

The objective of this indicator is to identify the number of countries with a policy that has economic and noneconomic incentives for hiring and retaining personnel that considers the gender perspective, with emphasis on underserved areas.

Rationale

There is general recognition that the growing lag between the supply of health professionals and the demand for their services is a fundamental health and development problem throughout the world. Countries need effective means to hire and retain personnel. The need to satisfactorily cover the health care needs of underserved areas makes it necessary to design innovative formulas that strengthen coverage of these positions by recognizing the work of professionals that choose to work in rural, complex, or remote areas, including the design of effective incentive plans. Incentives can play a role in all sectors and represent a way for health systems to attract and retain health professionals who are essential and in high demand. Effective incentive plans also help to obtain more motivated, satisfied, and efficient human resources.

Country indicator

Definition

To confirm achievement of this indicator, countries will provide information on standards and agreements adopted by public sector institutions to promote the placement and retention of professionals, distinguishing between economic and noneconomic incentives.

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Yes	No	Level of achievement	Documentation
Approved standards or agreements exist as evidence of an **economic incentives** policy for hiring and retaining personnel that considers the gender perspective, with emphasis on underserved areas.			Level I	The country will provide a document or URL with the published standard, showing at least the following elements: • Strategic objective and purpose • Evidence on which the economic incentives are based • Inclusion of professionals' needs and preferences • Professional categories benefiting from the policy • Projected results • Implementation strategy • Measurement and communication of results or impact

Attributes	Yes	No	Level of achievement	Documentation
Approved standards or agreements exist as evidence of a **personal and professional development incentives** policy that favors the hiring and retention of professionals and considers the gender perspective, with emphasis on underserved areas.			Level I	The country will provide a document or URL with the published standard, showing at least the following elements: • Strategic objective and purpose • Evidence on which the economic incentives are based • Inclusion of professionals' needs and preferences • Professional categories benefiting from the policy • Projected results • Implementation strategy • Measurement and communication of results or impact
Breadth of the incentives program for health system professionals in underserved areas is measured.			Level II	Outcome report, indicating the breadth of the agreement (number and type of professionals included, etc.)
The effects of the incentives policy are measured.			Level III	Outcome report, demonstrating the impact achieved and whether the objectives for which the system was designed have been achieved, and assessing the need for change, undesired effects, etc.

Country progress and level of achievement

To achieve this indicator, it is essential to provide evidence that both Level I attributes have been met. Country progress in the implementation process is assessed with respect to the level of attainment of the remaining attributes that contribute to this indicator.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	Achieves Level I attributes
Advanced	Achieves Basic + the Level II attribute
Consolidated	Achieves all attributes

Methodological clarifications

The most effective incentive programs are adapted to the specific contexts in which they are to be applied. There is no "table of incentives" that can be easily applied to a given situation. Similarly, the "same for all" criterion cannot be applied to a set of incentives that meets the needs of a specific organization or group of health professionals. Based on the models for policy development, from Bardach (2000),[7] the following table shows a method to prepare a set of incentives.

Preparatory phases	List
Strategic objective and purpose	What are we trying to obtain? Who will have access to this program? What is the problem we are trying to solve?
Gather the evidence: studies and consultations	What are the main problems that need to be addressed? What types of incentives will be more important for personnel? What are the staff's development needs and priorities? What has been effective in other comparable circumstances? What hasn't been effective?

[7] Bardach E. A practical guide for policy analysis: the eightfold path to more effective problem solving. New York: Chatham House; 2000.

Preparatory phases	List
Prepare alternatives: design a program	What options do we have? Can we contribute financial incentives? What type of incentives? What non-financial incentives can we contribute? Who will apply the incentives? What financial and non-financial resources do we have to sustain the program? How will we obtain the support of the personnel and directors? What resources will be necessary to develop and apply the program?
Select the criteria: how to define success	How will we select the best option? What results do we expect? How will we measure whether results have been obtained? Is the proposal fair and reasonable? Is the proposal sustainable?
Project the results	How much time will it take to apply the program? How much will the program cost? Is it fair, reasonable, and transparent? How might the main stakeholders respond? Could there be any negative effects? Are the effects different in the short- and long-term?
Compare the advantages and drawbacks	What is the ideal balance between the financial and non-financial incentives? Will all stakeholders be affected in the same way? If not, how will this be addressed? What is the relationship between the costs and benefits?

Preparatory phases	List
Decide: the stakeholder	Is it a better, clearly identifiable option? Is more information needed? Can all stakeholders reach an agreement on the preferred method? What authorization is needed to move forward?
Tell the story: application	Have all stakeholders been informed? Is there an appropriate change management procedure? Is the implementation procedure transparent and clear? Do all stakeholders understand what is expected of them? Do all stakeholders have reasonable expectations regarding the results? Do all stakeholders know how to obtain more information?
Evaluation and review	Has it functioned well? Were there any unforeseen consequences? Do we need to make changes?

2.1.3 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

Associated 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

Associated objective 2.1

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.

INDICATOR 2.1.3

Definition

The goal of this indicator is to identify the 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.

Rationale

The Toronto Call to Action emphasized the need to implement international long-term, coordinated efforts to promote, strengthen, and develop the health workforce in all countries in the Region of the Americas. The inadequate distribution of trained, motivated health professionals continues to be an important impediment to the effective operation of health systems and constitutes one of the critical aspects for achieving Sustainable Development Goal 3: "Ensure healthy lives and promote well-being for all at all ages."

Country indicator

Definition

The density of physicians, nurses, and midwives in underserved areas relative to other areas should increase to at least 25 per 10,000 population. This increase should take place in the three professions.

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	% areas	Yes	No	Level of achievement	Documentation
Measurement of the reduction in the density gap of physicians, nurses, and midwives in underserved areas relative to other areas, achieving at least 25 per 10,000 population.				Level I	The country will provide data for this indicator taking into account the methodological considerations for attribute 1, indicated below. The value of the indicator will be provided for the base year and the monitoring year.
Measurement of the percent increase in physicians, nurses, and midwives working in different geographical areas of the country (zones, regions, states/ provinces) compared with the base year.				Level II	The country will provide data for this indicator taking into account the methodological considerations for attribute 2, indicated below.

Country progress and level of achievement

Country progress in the implementation process is assessed with respect to the level of attainment of the attributes that contribute to this indicator.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	Achieves Level I attributes
Advanced	Achieves Basic + achieves the indicator in some of the defined geographical areas
Consolidated	Achieves the indicator in all of the defined geographical areas

Methodological clarifications

Methodological clarifications for attribute 1:

To comply with this attribute, the country should have information on the density of physicians, nurses, and midwives in underserved areas. The numerator should be the total number of physicians, nurses, and midwives in the public sector who work in underserved areas. This means it is necessary to have a list of underserved areas. The denominator should be the census population in that area, according to information from the country's institute of statistics.

Methodological clarifications for attribute 2:

The numerator indicates the number of physicians, nurses, and midwives working in underserved areas (geographic zones or regions) defined by the country, in the year of measurement. The denominator indicates the number of physicians, nurses, and midwives working in the defined underserved areas of the country in the base year.

$$\text{\% professionals} = \left(\frac{\text{Number of physicians, nurses, and midwives in monitoring year (X) in area Y}}{\text{Number of physicians, nurses, and midwives in base year (X-1) in area Y}} - 1 \right) \times 100$$

Geographical/health areas: The country will indicate the areas used to measure the indicator.

2.2.1 Number of countries that have an interprofessional health team at the first level of care, consistent with their model of care

Associated 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

Associated objective 2.2

Develop interprofessional teams at the first level of care with combined competencies in comprehensive care and an intercultural and social determinants approach to health.

INDICATOR 2.2.1

Definition

The goal of this indicator is to identify the number of countries that have an interprofessional health team at the first level of care, consistent with their model of care.

Rationale

Within the framework of 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", the goal is to prioritize the development of interprofessional teams at the first level of care through the use of regulations and standards, and the offer of public employment. Mechanisms should be created to evaluate and adapt the capacities and profiles of first-level teams to ensure the essential public health functions, address the social determinants of health, and develop interculturalism.

Country indicator

Definition

This indicator will be measured at the country level. It will demonstrate the existence of an approved technical standard that defines the basic interprofessional team at the first level of care and identify the level of implementation. Furthermore, to ensure its problem-solving capacity, the team's qualifications will be reviewed, both overall and with respect to interculturalism and social determinants of health.

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Yes	No	Level of achievement	Documentation
An approved technical standard exists that defines the basic interprofessional primary care team.			Level I	Published document or URL that defines the basic interprofessional primary care team at the institutional or ministerial level
Teams exist at the first level of care that meet the standard for that level.			Level I	Report that documents the degree of implementation of these teams at the first level of care
Teams at the first level of care have the appropriate resources and technology to solve prevalent health problems.			Level II	Report generated through consensus with professionals and with institutional endorsement, identifying the basic resources and technology required and available to provide care for prevalent problems
A strategy has been developed for training interprofessional teams in the social determinants of health and interculturalism.			Level III	Report on planned and implemented activities, stating the objectives, content, methodology, recipients, and satisfaction level of participants in the different activities

Country progress and level of achievement

To achieve this indicator, it is essential to provide evidence that the two Level I attributes have been met. Country progress in the implementation process is assessed with respect to the level of attainment of the remaining attributes that contribute to this indicator.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	Achieves Level I attributes
Advanced	Achieves Basic + the Level II attribute
Consolidated	Achieves all attributes

Methodological clarifications

Each country will specify the prevalent health problems and the available technologies.

Basic interprofessional team: Each country will specify the team members, identifying the required training and/or level.

2.3.1 Number of countries with a formal regulatory framework that defines the functions of the health sciences and related professions, based on the needs of their model of care

Associated 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

Associated objective 2.3

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.

INDICATOR 2.3.1

Definition

The goal of this indicator is to identify the number of countries with a formal regulatory framework that defines the functions of the health sciences and related professions, based on the needs of their model of care.

Rationale

It is necessary to develop strategies to achieve the maximum utilization of professionals' competencies, based on adequate coordination and supervision models and needs, including task sharing and the incorporation of new professional profiles to improve coverage and quality of care. This requires adaptations to professional practice regulations, updating of legal and remunerative frameworks, and development of telehealth and learning networks.

Country indicator

Definition

The country-level indicator will measure the existence of institutional standards that define the functions of different professional and related categories. An additional attribute is proposed, linked to the lists of competencies prepared by the entities that regulate professional practice, enabling maximum utilization of health professionals' competencies to improve quality of care.

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Yes	No	Level of achievement	Documentation
There are institutional standards defining the functions of different professional and related categories, based on the model of care.			Level I	Supporting document or accessible URL that presents the institutional standard
There are competency manuals prepared by the regulatory entities for the different professions.			Level II	Documents duly accredited by regulatory bodies that describe the professional competencies of: • Physicians, by specialty • Nurses • Midwives

Country progress and level of achievement

Achievement of the Level I attribute is essential for achievement of this objective. The other is complementary and its achievement will determine different degrees of progress.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	Achieves the Level I attribute
Advanced	Achieves Basic + has competency manuals for physicians, nurses, and midwives
Consolidated	Has competency manuals for the different professional and related categories

Methodological clarifications

Competencies: The skills, capacities, and knowledge that a person needs to efficiently complete a certain task. Competencies are characteristics that train someone in a specific field. They include not only theoretical aptitude, but also a way of thinking, character, values, and proper management of problematic situations.

2.3.2 Number of countries with a regulatory framework that promotes the delegation and redistribution of the tasks of the health team

Associated 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

Associated objective 2.3

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.

INDICATOR 2.3.2

Definition

The goal of this indicator is to identify the number of countries that have a regulatory framework that promotes the delegation and redistribution of the tasks of the health team.

Rationale

This strategy is complementary to the previous indicator and for achievement of associated objective 2.3.

Country indicator

Definition

New standards exist that modify the competencies of professionals who are part of health teams, based on the model of care, especially in specific areas where learning networks can be used to delegate and support professional competencies to improve coverage and quality of care.

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Yes	No	Level of achievement	Documentation
At least one standard exists for one professional category.			Level I	Approved, published standards that regulate the aspects specified in this attribute
Standards exist for each category of the health team.			Level II	Approved, published standards that regulate the aspects specified in this attribute
A standard exists that regulates the combination of competencies of the health team in a specific manner.			Level III	Approved, published standards that regulate the combination of competencies of the health team

Country progress and level of achievement

The achievement of this indicator depends on the country's implementation of the attribute categorized as Level I and their progress in the remaining levels.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	At least one standard for a professional category
Advanced	Basic + standards for each of the professional categories in the health team
Consolidated	Advanced + one standard that specifically regulates the combination of competencies of the health team

Methodological clarifications

For this indicator, it is necessary to indicate the standards stated in the regulatory framework regarding the delegation and redistribution of health team tasks. Initially, it should be established that there are standards for the professional categories and then, secondarily, standards that regulate the functioning of teams that work collaboratively.

2.4.1 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

Associated 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

Associated objective 2.4

Enhance dialogue and partnerships, including multilateral and bilateral agreements, in order to address the challenges of health worker migration and health systems strengthening.

INDICATOR 2.4.1

Definition

The goal of this indicator is to measure the number of countries that have participated in multilateral or bilateral dialogues or agreements on health worker migration, including the WHO Global Code of Practice on the International Recruitment of Health Personnel.

Rationale

One of the essential aspects of planning processes is to regulate the impact of professional mobility and evaluate options for circular migration of health sector personnel that facilitate the mutually beneficial exchange and development of skills and knowledge, and technology transfer. It is necessary to support bilateral agreements between sending and receiving countries, with a more significant role for States in the effective regulation of recruitment and contracting, considering the WHO Global Code of Practice on the International Recruitment of Health Personnel. Within this framework, it is necessary to continue to move forward with processes to standardize denominations and modalities for registering health professions and occupations and promote subregional and regional agreements to facilitate coordinated planning processes across countries.

Country indicator

Definition

The country is a signatory to the WHO Global Code of Practice on the International Recruitment of Health Personnel. Furthermore, there are standards in place that regulate the recognition of university degrees in the health professions and that link the ability to practice as a health professional with the possession of certain degrees. Standards should focus on regulating the conditions for practicing in different professional areas without discrimination and on measures that guarantee basic practical and clinical training for professionals. Finally, cooperative agreements have been formalized between sending and receiving institutions, including rotation of personnel and ongoing support.

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Yes	No	Level of achievement	Documentation
The country is a signatory to the Global Code of Practice on the International Recruitment of Health Personnel.			Level I	Duly signed document showing that the country is a signatory to the Global Code of Practice on the International Recruitment of Health Personnel
There are regulations that recognize which university degrees grant the ability to practice as a health professional.			Level II	Standards and procedures that regulate the recognition of degrees needed to practice as a health professional, including the publication date and the institution responsible for implementation
There are strategies to promote the integration of professionals from other countries.			Level II	Institutional standards and procedures that clarify and establish conditions for professional practice

Attributes	Yes	No	Level of achievement	Documentation
There are signed high-level agreements that regulate migration and cooperation between nations, seeking to benefit the sending countries.			Level III	Bilateral agreements between sending and receiving institutions, covering movement of personnel and ongoing support

Country progress and level of achievement

To achieve this indicator, it is necessary to provide evidence of achieving the Level I attribute and progress in the following levels.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	Achieves the Level I attribute
Advanced	Achieves Basic + at least one Level II attribute
Consolidated	Achieves all attributes

Methodological clarifications

WHO Global Code of Practice on the International Recruitment of Health Personnel: Document can be accessed through the following link: https://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R16-en.pdf

High-level agreements: Consensus among government representatives, expressing their consent and commitment through signed agreements that regulate migration and cooperation between nations and that are binding for the signatory countries.

3.1.1 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

Associated 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

Associated objective 3.1

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.

INDICATOR 3.1.1

Definition

The goal of this indicator is to identify the 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.

Rationale

Promotion of high-level agreements between the education and health sectors to align strategies for training human resources toward universal access to health and universal health coverage will change the paradigm of training in this area. This requires governmental leadership and permanent coordination between national health and education authorities and academic institutions and communities.

Country indicator

Definition

Achievement of this indicator at the country level requires a permanent active commission that includes the Ministry of Health and the Ministry of Education in order to align human resources training strategies toward universal access to health and universal health coverage, changing the paradigm of training in this area. This commission is formally regulated and produces recommendations to align human resources for health training with the current and future needs of the system.

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Yes	No	Level of achievement	Documentation
There is a permanent active commission that includes the Ministry of Health and the Ministry of Education.			Level I	Published standard that describes the existence of a commission that includes the Ministry of Health and the Ministry of Education
There is a legal framework that formalizes and regulates the functions of the interministerial commission, as well as accountability mechanisms.			Level I	Published standards that regulate the following aspects of the commission described in attribute 1: • Purpose • Composition • Functions • Operating regulations • Mechanisms by which the agreements will be incorporated • Participating institutions • Accountability mechanisms
The commission makes recommendations for plans to align human resources for health training with the current and future needs of the system.			Level II	Evidence of the commission's agreements (decisions, recommendations or reports, etc.) and means of approval

Attributes	Yes	No	Level of achievement	Documentation
The degree of implementation of the proposed measures is evaluated.			Level III	Studies on the degree of implementation of decisions or recommendations

Country progress and level of achievement

To achieve this indicator, it is necessary to provide evidence of achieving two Level I attributes. The country's progress with implementation is assessed on the basis of the progress made with the other attributes of this indicator.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	Achieves Level I attributes
Advanced	Achieves Basic + the Level II attribute
Consolidated	Achieves all attributes

Methodological clarifications

Accountability: Aimed at fomenting responsibility in public administration to strengthen and increase public oversight, improving access to information and control by citizens. The process is also an input to adjust the implementation of projects and plans of action.

3.1.2 Number of countries that have implemented a continuing education plan for health professionals

Associated 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

Associated objective 3.1

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.

INDICATOR 3.1.2

Definition

The goal of this indicator is to identify the number of countries that have implemented a continuing education plan for health professionals.

Rationale

This indicator reflects the need to develop continuing education policies for human resources for health, diversifying methodologies, incorporating virtual education, and innovating in the use of technologies to accompany processes of change toward universal access to health and universal health coverage. Continuing education should target gaps in knowledge and learning, support capacity development, and promote the development of technical, programmatic, managerial, and administrative competencies.

Country indicator

Definition

To verify countries' achievement of this indicator, three attributes will be considered. The sole Level I attribute refers to the existence of a human resources for health education and training plan for the different professions represented in public institutions, promoted and backed by the Ministry of Health in agreement with public service provider institutions and that:

- Responds to identified needs, such as gaps in knowledge and learning
- Supports capacity development
- Promotes the development of technical, programmatic, managerial, and administrative competencies
- Describes the evaluation process

To comply with the second attribute, it is necessary for countries to provide the results of the evaluation of the degree of implementation. To promote professionals' ability to pursue training programs—as noted in the third attribute—this training should ideally be linked to their progress as they move through their professional careers.

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Yes	No	Level of achievement	Documentation
There is a plan for continuing education of human resources for health that guarantees access to continuing education for all professionals.			Level I	Document published and approved by the public entity that establishes the training program for the different professions that integrate the country's health system
There are systematic evaluations of the implementation of the continuing education plan.			Level II	Report that compiles the results on the degree of implementation of the training plan, backed by the Ministry of Health
There are mechanisms that link continuing education with professional advancement.			Level III	Official document that shows this link

Country progress and level of achievement

The country's progress in the implementation process is assessed on the basis of achieving the attributes of this indicator. In the following table, the column "requirements" shows the weights assigned to these attributes, which are used to determine the level of achievement.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	Achieves the Level I attribute
Advanced	Achieves Basic + the Level II attribute
Consolidated	Achieves all attributes

Methodological clarifications

Continuing education: Training offered by employers for the different professional categories.

Continuing education plan: Document containing at least the following elements and stages:

- Professions targeted by the plan
- Stage 1. Identification of training needs. Specify the process followed to identify educational needs
- Stage 2. Design of the training plan; necessary training activities; planning of the timeline; budget; expected results; dissemination, etc.
- Stage 3: Implementation of the plan; responsible parties, schedule, etc.
- Stage 4: Evaluation of the plan (participants' satisfaction, attainment of objectives such as competencies, knowledge, skills, attitudes, satisfaction, savings, benefits, value of the course, management of the training, costs, etc.)

3.2.1 Number of countries with at least 50% of health professions programs accredited

Associated 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

Associated objective 3.2

Have systems for evaluating and accrediting health professions programs that include standards that consider the scientific, technical, and social competencies of graduates.

INDICATOR 3.2.1

Definition

The goal of this indicator is to guarantee the quality of health professions programs in countries. It therefore establishes that the programs should be subject to an accreditation process and that at least 50% of the programs should be accredited.

Rationale

In strategic line of action 3, the Strategy proposes the need to regulate the quality of training for health professionals. Systems to evaluate and accredit training programs and institutions should have standards that prioritize scientific and technical knowledge as well as social competencies in graduates, and the development of contextualized learning programs that promote the active participation of all trainees at all levels. These competencies should be culturally appropriate, incorporate the gender approach, and provide an appropriate, socially acceptable solution to the health problems of diverse population groups.

Country indicator

Definition

The country should provide information on the number of degree programs duly accredited by the competent national organization, as well as the total number of health science degree programs at public and private universities that could potentially be accredited. This information will be used to calculate the following indicator:

$$\text{\% health sciences degree programs that are accredited} = \frac{\text{Number of health degree programs accredited}}{\text{Number of health degree programs in country}} \times 100$$

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Yes	No	Level of achievement	Documentation
50% of health degree programs are accredited, based on defined criteria.			Level I	Report detailing the available health professions programs and the universities that impart them, providing URLs where accredited health sciences programs can be consulted.
Formally recognized, transparent entities subject to an accountability process are responsible for the accreditation of health professions programs and the corresponding degrees, certificates, and diplomas from public or private universities and institutes.			Level II	A list of formally recognized, transparent entities subject to an accountability process that are responsible for the accreditation of health professions programs and the corresponding degrees, certificates, and diplomas from public or private universities and institutes. Provide URLs where they can be consulted.
There is a planned process for the accreditation of unaccredited degree programs.			Level II	The administration responsible for recognizing and accrediting undergraduate and graduate-level health sciences degree programs provides plans/ standards that govern the process for accrediting health professions programs.

Country progress and level of achievement

The country's progress in the implementation process is assessed on the basis of achieving the attributes of this indicator. In the following table, the column "requirements" shows the weights assigned to these attributes, which are used to determine the level of achievement.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	Achieves the Level I attribute
Advanced	Achieves Basic + the Level II attribute
Consolidated	Achieves all attributes

Methodological clarifications

Accreditation: Accreditation is public certification by an external agency of the quality of the education offered by the university or academic institution. There are different forms of accreditation:

- Institutional (from an accredited university)
- Undergraduate (accredited degree programs)
- Graduate (accredited master's degree, medical specialty, and doctoral degree programs)

The amount of time for which the results are valid needs to be specified in the report. The accrediting agency publishes standards and procedures for its accreditation processes. Normally, the process is voluntary and usually includes at least three different components: internal evaluation, external evaluation, and accreditation.

3.2.2 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

Associated 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

Associated objective 3.2

Have systems for evaluating and accrediting health professions programs that include standards that consider the scientific, technical, and social competencies of graduates.

INDICATOR 3.2.2

Definition

This indicator complements indicator 3.2.1, since it is designed to measure the number of countries with an accreditation system for health professions programs that includes social accountability standards, teacher training, interprofessional education, and graduates' competencies.

Rationale

The rationale for this indicator is the need to strengthen the transformation of health professions programs, centering them on the principles of social accountability of academic institutions in the health sciences. This requires educating human resources for health in a way that is comprehensive, committed to the health of the most vulnerable communities, and with a strong focus on services at the first level of care and in underserved areas. It is also necessary to ensure the development of the competencies needed to analyze health problems and take an interdisciplinary approach to work across different health fields. This will have an impact on the health of individuals, families, and communities, and will contribute to the development of new knowledge in health.

Country indicator

Definition

Countries will contribute to the accreditation standards for health professions programs and include standards for:

- Professional practice competencies for graduates
- Transformation of health professions training, with a focus on the principles of the social accountability of academic health sciences institutions
- Interprofessional education in health sciences programs
- The development of faculty competencies

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Yes	No	Level of achievement	Documentation
Accreditation evaluation systems include standards for professional practice competencies in graduates.			Level I	Documentation from the different accrediting entities, regarding their accreditation evaluation standards and levels of requirement, in order to confirm that the educational process focuses on the development of professional practice competencies in graduates

Attributes	Yes	No	Level of achievement	Documentation
Accreditation evaluation systems include standards that reflect the principles of social accountability in academic institutions in the health sciences.			Level II	Documentation from the different accrediting entities, regarding their accreditation evaluation standards and levels of requirement, in order to confirm that the educational process considers social accountability in academic institutions in the health sciences (comprehensive vision, committed to the health of the most vulnerable communities, and with a strong focus on services at the first level of care and in underserved areas)
Accreditation evaluation systems include standards for interprofessional education.			Level II	Documentation from the different accrediting entities, regarding their accreditation evaluation standards and levels of requirement, in order to confirm that there are standards for interprofessional education
Accreditation evaluation systems include standards on the development of the teaching competencies of the faculty.			Level III	Documentation from the different accrediting entities, regarding their accreditation evaluation standards and levels of requirement, in order to confirm that there are standards for the development of the teaching competencies of the faculty

Country progress and level of achievement

Evidence to demonstrate achievement of the Level I attribute is considered indispensable for recognizing achievement of this indicator.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	Achieves the Level I attribute
Advanced	Achieves Basic + at least one Level II attribute
Consolidated	Achieves all attributes

Methodological clarifications

Accreditation of quality of degree programs: Corresponds to degree programs that meet the standards previously established by an accreditation body or agency.

Accreditation standards: Criteria or benchmarks that the training program uses to improve quality.

Social accountability in academic institutions in the health sciences:[8] The obligation of schools in the health sciences to focus their teaching, research, and services on the priority health needs of the community, region, or nation that they have the mandate to serve. Priority health needs must be jointly identified by governments, health care organizations, health professionals, and the public.

Interprofessional education:[9] Interprofessional health education is an educational strategy for the development of professional skills for effective interprofessional teamwork.

[8] World Health Organization. Defining and measuring the social accountability of medical schools., Geneva: WHO; 1995. Available from: http://apps.who.int/iris/handle/10665/59441

[9] Regional Network for Interprofessional Education in the Americas. Available from https://www.educacioninterprofesional.org/en

3.3.1 Number of countries with a plan for training specialists in the various professions, agreed upon with training institutions

Associated 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

Associated objective 3.3

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.

INDICATOR 3.3.1

Definition

The goal of this indicator is to identify countries that have a training plan for specialists in various professions, agreed upon with training institutions.

Rationale

Training programs for specialists should be structured through discussions between ministries of health and the institutions that manage residency programs, the service entities that oversee the implementation of residency programs, and the specialized societies that are part of the agreements with ministries and universities. Aspects that should be agreed upon include: curriculum development, teacher training, pedagogical support, support for scientific research, evaluation of educational processes and programs, and certification of specialists, among others.

The active participation of all stakeholders will have a positive impact on the formulation of the programs of study and on curriculum development. This will make the educational process more dynamic and reflexive, providing educators with innovative strategies and tools for teaching and learning.

The participation of universities as active partners in residency programs would help to create spaces for coordination and substantive debate about undergraduate training programs, especially with regard to the profile of the physicians trained, their general competencies, and key content that often overlaps with specialist training programs.

Country indicator

Definition

This country-level indicator is based on the prioritization of specialties in the health sciences. This process is carried out jointly by the Ministry of Health and training institutions in order to develop training plans and establish the number of specialists to be trained each year.

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Yes	No	Level of achievement	Documentation
The Ministry of Health and the training institutions prioritize specialties in the health sciences in order to develop training plans and establish the number of specialists to be trained each year.			Level I	Annual document that prioritizes specialties in the health sciences, indicating the stakeholders that have participated in defining these priorities
Training programs for specialties in the health sciences are developed by committees with the participation of the Ministry of Health, training institutions, and other stakeholders.			Level II	The training programs that have been developed

Country progress and level of achievement

To achieve this indicator, it is necessary to provide evidence of achieving the Level I attribute. Attainment of the remaining attributes will determine the level of achievement.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	Achieves the Level I attribute
Advanced	Achieves Basic + has training programs for prioritized specialties in the health sciences
Consolidated	Has training programs for all specialties in the health sciences

Methodological clarifications

The specialties in each professional group referred to in the indicator should be listed.

Specialty training plan: Official document that compiles the information below and is based on active learning, with increasing responsibilities for the specialist-in-training, under direct staff supervision.

Each specialty-specific training program will include at least the following topics:

- Official name of the specialty
- Length of the training program
- Degree granted by the program
- Definition of the specialty and its competencies
- Objectives of the training
- Specific contents
- Rotations
- Specific operational objectives/activities for each year of residency
- Level/degree of abilities, responsibility, and skills

3.3.2 Number of countries where at least 30% of the total health residencies offered are in family and community health

Associated 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

Associated objective 3.3

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.

INDICATOR 3.3.2

Definition

The goal of this indicator is to monitor the proportion of health residencies in family and community health.

Rationale

This indicator is one of the three indicators associated with objective 3.3, "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." The purpose is to move forward with planning and regulatory processes related to the training of specialists and define the priority specialties and the number of specialists required by national health systems. To achieve the objectives of the 2030 Agenda for Sustainable Development and the *Strategy for Universal Access to Health and Universal Health Coverage*[10] in the Region, it is necessary to substantially expand training in family and community health and promote interprofessional teams within integrated health services networks.

[10] Pan American Health Organization. Strategy for Universal Access to Health and Universal Health Coverage. 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas; 29 September to 3 October 2014. Washington, D.C.: PAHO: 2014 (Document CD53/5, Rev. 2). Available at: https://www.paho.org/hq/dmdocuments/2014/CD53-5-e.pdf

Country indicator

Definition

For the calculation of this country-level indicator, the numerator will be residencies in family and community health. These may be financed by ministries of health or social security institutes, or they may be in private institutions with the same characteristics, leading to the granting of a certificate of specialization with the full competencies needed for professional practice in family and community health (name of the specialty may vary, depending on the country). The denominator will be the total number of health residencies reported in the country.

Reporting method

The country will provide data on this indicator for residencies in family and community health.

$$\text{\% of residencies in family and community health} = \frac{\text{Number of residencies in family and community health}}{\text{Number of health residencies}}$$

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attribute	Yes	No	Documentation
Measurement of the number of residencies in family and community health.			Provide URL for public records of all training entities, indicating the annual number of residencies broken down by specialty.

Country progress and level of achievement

In the following table, the column "requirements" shows the weights assigned to these attributes, which are used to determine the level of achievement.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	% of residencies in family and community health ≥ 30% for 1 year
Advanced	% of residencies in family and community health ≥ 30% for 2 consecutive years
Consolidated	% of residencies in family and community health ≥ 30% for 3 consecutive years or more

Methodological clarifications

Each country will specify the professions within family and community health (FCH) that have residency programs and are included in the aggregated indicator.

3.3.3 Number of countries where at least 30% of specialist positions available are in family and community health

Associated 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

Associated objective 3.3

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.

INDICATOR 3.3.3

Definition

The goal of this indicator is to identify countries where at least 30% of new public sector specialist positions are in family and community health (FCH).

Rationale

This is the last indicator associated with objective 3.3, "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."

This indicator seeks to reduce inequity in the availability, distribution, and quality of health workers by strengthening the distribution of physicians specialized in family and community health in primary care settings to improve the health of the communities they serve.

Country indicator

Definition

The definition of this country-level indicator clarifies that it represents positions for family and community health specialists in proportion to the total number of positions for specialists. The indicator can be measured in aggregate form at the country level or disaggregated at the territorial level:

$$\text{\% of positions for specialists in family and community health (FCH)} = \frac{\text{Number of positions for specialists in FCH}}{\text{Number of positions for specialists}} \times 100 \geq 30\%$$

Reporting method

Countries will complete the following table to monitor the indicator. Achievement of the proposed attributes will determine the level of achievement.

Countries should mark 'NO' if they feel that there has been no achievement or only partial achievement; in case of the latter, they should note the progress made in the comments section on the monitoring system platform.

If the country marks 'YES', they should include evidence that permits verification of the progress made and should indicate the information sources that document this progress.

Attributes	Yes	No	Level of achievement	Documentation
Specialist positions in family and community health (FCH) at the country level ≥ 30%.			Level I	Positions available for specialists in family and community health and other specialties. These data should be facilitated by the different health service providers, especially primary care facilities.
Specialist positions in FCH at the geographical area/health district level (zone, region, state/ provincial) ≥ 30%, by profession. Each country will indicate the geographical area/ health district level for the measurement of the indicator.			Level II	Positions available for specialists in family and community health and other specialties, by geographical area/health district (zone, region, state). These data should be facilitated by the different health service providers, especially primary care facilities.

Country progress and level of achievement

Achievement of this indicator will be attained when the value of the indicator at the country level is greater than or equal to 30%.

The levels of achievement are differentiated as "basic", "advanced", and "consolidated" according to the following scale:

Level of achievement	Requirements
Basic	Achieves Level I attributes
Advanced	Achieves Basic + achieves the indicator in some of the defined geographical areas
Consolidated	Achieves the indicator in all the defined geographical areas

Methodological clarifications

Specialist: Health professional who is trained and authorized to practice in a particular area of their profession. Each country should provide information on the specialties it formally recognizes.

Positions offered: In some countries, public positions are concentrated in health service provider institutions. In other countries, positions are more decentralized, sometimes at the municipal level. This indicator should include this information for each county and/or defined geographical area.

GENERAL GLOSSARY

Attribute. An element that qualifies an indicator and is related to a specific characteristic of the indicator. The set of attributes assigned to an indicator is intended to include the substantive elements involved in its formulation and related objective, facilitating assessment of its degree of achievement.

Data. Characteristics or information (often numeric) compiled through observation. Includes information represented physically in a way that can be processed, analyzed, interpreted, and communicated.

Evaluation. Systematic, objective assessment of the design, implementation, and results of an initiative that is in progress or complete. Its purpose is to determine relevance and achievement of objectives, efficiency, effectiveness, impact, and sustainability. The preparation of an evaluation framework takes various issues into account, including identification of the types of data on which it will be based.

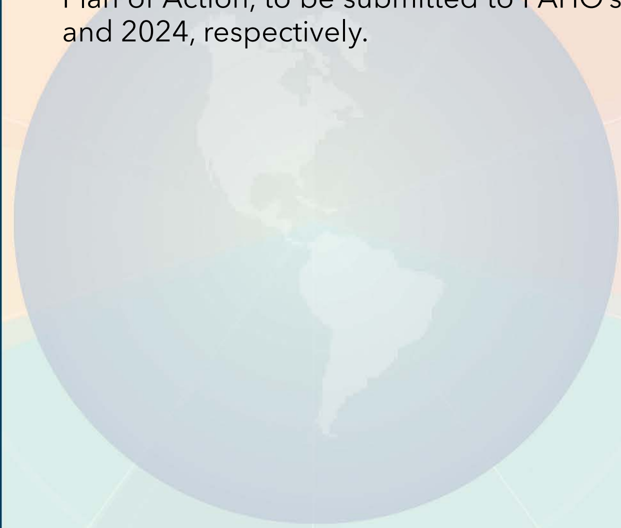
Indicator. Parameter that indicates a given state and provides information about or describes that state. It is usually represented by data corresponding to a time, place, or other given characteristics, and is valuable as a tool for assessing performance.

Monitoring. Continuous process of collecting and using standardized information to determine progress toward objectives, use of resources, and achievement of results and impact. Monitoring usually involves the comparison of data with established indicators and performance targets. In addition to evaluation-related information, an effective monitoring and notification process should provide decision-making entities and stakeholders with the knowledge they need to determine whether the application and results of a project, program, or policy initiative are proceeding as expected and provide ongoing management of these tasks.

Source: World Health Organization, World Bank, United States Agency for International Development. Handbook on monitoring and evaluation of human resources for health with special applications for low- and middle-income countries. Geneva: WHO: 2009. Available at: http://apps.who.int/iris/bitstream/handle/10665/44097/9789241547703_eng.pdf;jsessionid=C76EACC9E938A5590E6249882BC61FB5?sequence=1

This handbook presents the methodology for monitoring the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023 of the Pan American Health Organization (PAHO). Developed by PAHO in collaboration with the Andalusian School of Public Health (Spain), it defines and explains the objectives, indicators, and attributes of the three lines of action contained in the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage and in the Plan of Action. It is intended for the ministerial teams responsible for human resources for health in the countries of the Region of the Americas and for the PAHO advisers who accompany them in this process.

The methodology will serve as a technical cooperation tool to help the countries of the Region measure and evaluate their progress toward fulfilling the Plan of Action. It will also help them identify the main challenges in their specific context, with a view to making the necessary decisions. The information obtained through this process will also serve as input for the progress report and final report on the Plan of Action, to be submitted to PAHO's Governing Bodies in 2021 and 2024, respectively.



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