

G. REGIONAL GOALS FOR HUMAN RESOURCES FOR HEALTH 2007–2015

Introduction

1. In September 2007, the 27th Pan American Sanitary Conference (PASC) ratified Resolution CSP27.R7, Regional Goals for Human Resources for Health 2007–2015 (1). Its goal is to support the development of national action plans for human resources for health (HRH) aimed at strengthening primary health care (PHC). A series of 20 Regional Goals for Human Resources for Health 2007 was organized under the five principal challenges identified in the *Toronto Call to Action 2006–2015: Towards a Decade of Human Resources in Health for the Americas* (2) and later on in the *Health Agenda for the Americas 2008–2017*.

2. This progress report provides information on key findings from the baseline measurements taken in 23 countries for the 20 Regional Goals.¹ It identifies areas in need of renewed attention and offers recommendations to ensure the achievement of these goals by 2015.

Update on the Current Situation

3. Following the adoption of the above-mentioned Resolution CSP27.R7 (2007), a set of indicators and a methodology were developed to establish a baseline assessment and to enable further monitoring. Training and technical support were provided to the ministries of health in the countries that showed interest. The process was first completed in selected countries of the Andean Region, followed by the Southern Cone, the English-speaking Caribbean and—more recently—Central America and the Spanish-speaking Caribbean.

4. The most relevant findings, as presented under the five challenges,² were as follows:

Challenge 1: Build long-range human resources policies and plans

5. For Challenge 1, three goals (numbers 1, 2, and 5)³ showed severe problems in achieving both a minimum density of health workers and proper composition of the

¹ Detailed information on the baseline for measuring the 20 Regional Goals for Human Resources 2007–2015 can be found at the following website: <http://www.paho.org/baseline20goalsshr>

² A report on the baseline assessment of the 20 Regional Goals will be published in 2012.

³ Goal 1: All countries of the Region will have achieved a human resources density ratio level of 25 per 10,000.

Goal 2: The regional and sub-regional proportions of primary health care physicians will exceed 40% of the total medical workforce.

medical workforce. Limited national capacity to manage human resources in health (HRH) remains an issue.

6. With regard to Goal 1, only 12 out of the 23 countries where baseline measurements were taken have achieved the minimum WHO-recommended density ratio of 25 health professionals (doctors/nurses/midwives) per 10,000 inhabitants. With respect to Goal 2, only 6 countries reported that over 40% of the total medical workforce is considered to be primary health care physicians. For Goal 5, only 3 countries scored 100%, meaning that they have established an HRH unit with comprehensive capacities for strategic planning, management, monitoring, and evaluation.

Challenge 2: Put the right people in the right places

7. The four goals outlined in Challenge 2 focus on expanding national access to primary health care. Many of the countries had insufficient data to adequately evaluate these goals. However, whenever information was available on these specific points, Goal 7⁴ revealed that access to primary care has not been developed adequately and that immediate attention is needed to ensure universal access.

8. *Goal 7:* This requires that at least 70% of primary health care workers have demonstrable public health skills and intercultural competencies. Nine countries scored under 50% on this indicator, while two countries had no data. Barbados, Dominica, Jamaica, and St. Lucia scored 100%—thus having fully achieved Goal 7.

Challenge 3: Ensure an adequate level of staffing for health personnel, according to country needs

9. The countries of the Region have not attained self-sufficiency in filling their HRH gaps and meeting their national needs. Most countries have made strides towards managing migration through bilateral and multilateral agreements aimed at recognizing licenses and at cooperative reporting. However, Goal 10⁵ shows that few countries have made a commitment to adhering to any ethical code of practice on the international migration of health workers and the protection of source countries from aggressive recruitment practices by other countries.

Goal 5: All countries of the Region will have established a unit of human resources for health responsible for the development of human resources policies and plans, the definition of strategic directions and the negotiation with other sectors, levels of government, and stakeholders.

⁴ Goal 7: At least 70% of the primary health care workers will have demonstrable public health and intercultural competencies.

⁵ Goal 10: All countries of the Region will have adopted a global code of practice or developed ethical norms on the international recruitment of health care workers.

10. *Goal 10:* Regarding the international recruitment of health care workers, only 2 out of the 23 countries (less than 10%) reported having adopted an international code of practice or having developed ethical norms related to such recruitment. Those countries are Barbados and Jamaica.

Challenge 4: Promote healthy work environments and foster commitment to the institutional mission to guarantee quality health services for all the population

11. Studies have shown that supportive workplaces lead to higher productivity, better quality of care, and reduced emigration. Under Challenge 4, Goals 13⁶ and 16⁷ were the most striking, revealing that many countries do indeed have mechanisms for managing labor conflicts. However, they have not regularized the practice of written contracts, nor have they created guidelines for normalizing posts—even though such standard practices alleviate the causes of labor disputes.

12. *Goal 13:* Most countries have a high proportion of unprotected and precarious employment contracts for health workers. Five countries scored 0% or ‘not applicable,’ with no strategy in place to normalize contracts offering social protection to workers. Seven other countries scored less than 50%. Only four countries scored 100%, meaning that they have defined strategies for protecting contractual workers and normalizing precarious posts.

13. *Goal 16:* Sixteen countries scored 100%, meaning that more than two-thirds of the countries have put into place mechanisms for resolving conflicts and ensure continuity of care during labor disputes, and four of the seven remaining countries are half way towards achieving this goal.

Challenge 5: Develop cooperation between institutions that offer training and those that deliver health services

14. Because most ministries of health in the participating countries do not have authority over educational institutions in the health sciences, problems emerged in attempts to assess related goals—thus providing evidence of a lack of coordination.

⁶ Goal 13: The proportion of precarious, unprotected employment for health service providers will have been reduced by half in all countries.

⁷ Goal 16: 100% of the countries of the Region will have in place effective negotiation mechanisms and legislations to prevent, mitigate or resolve labor conflicts and ensure essential services if they happen.

15. *Goal 17*: Only one country (Jamaica) reached Goal 17,⁸ which requires that education be aimed at primary health care in 80% of the country's health science schools and also that interdisciplinary training strategies be adopted. Most of the countries scored quite low on this indicator, with 15 countries—more than half of those measured—scoring 50% or below.

16. Approaches aimed at addressing specific national priorities differed among countries; however, there was a consensus on the need to (a) improve monitoring and evaluation capacity within the ministries; and (b) refine and adjust the Regional Goals based on country-specific needs.

17. Based on key findings from the baseline assessment of the 20 Regional Goals, Member States are invited to consider the following lines of action:

- (a) Intensify both their efforts and investments in planning and scaling-up appropriate HRH, as an essential requirement to achieve universal access to quality health care services and implement the primary health care strategy.
- (b) Increase efforts aimed at equitable distribution of health personnel, particularly in terms of their recruitment and retention in underserved, rural, and indigenous areas.
- (c) Put into place systems to deliver continued education and programs for in-service training for HRH managers and health workers; and partner with academic institutions.
- (d) Strengthen their Observatory of Human Resources in Health as a strategy to involve relevant sectors and social stakeholders, as well as to ensure quality information on HRH for both decision- and policy-making.
- (e) Make a commitment to a conducting a second assessment of the 20 Regional Goals for HRH in 2013.

18. The Organization reiterates its commitment to working with the ministries of health and Regional entities as well as to supporting their efforts to achieve the Regional Goals for strengthening HRH capacity in the Region.

References

1. Pan American Health Organization. Regional Goals for Human Resources for Health 2007-2015 [Internet]. 27th Pan American Sanitary Conference of PAHO, 59th Session of the Regional Committee of WHO for the Americas; 2007 Oct 1-5;

⁸ Goal 17: 80% of schools of clinical health sciences will have reoriented their education towards primary health care and community health needs and adopted inter professional training strategies.

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2. Pan American Health Organization/World Health Organization, Health Canada, Ontario Ministry of Health and Long-Term Care [Internet]. Seventh Regional Meeting of the Observatories of Human Resources in Health; 2005 Oct 4-7; Toronto (Ontario), Canada. Toronto; 2005 [cited 2012 Mar 20]. Available from:
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