

VIII Regional Meeting of the Observatories for Human Resources in Health

**Implementing the
“Toronto Call to Action”:
Plans for a Decade of Human
Resources for Health**

2006-2015

Towards
a decade of
Human Resources
for Health
in the Americas

TORONTO CALL TO ACTION

Regional Meeting of the Observatory of Human Resources for Health
4-7 October, 2005



Significance of the Lima Meeting

- **The Toronto Meeting was a political moment to call for action**
- **The Lima Meeting will respond to that call with:**
 - **A specific demonstration of long term action plans**
 - **Identification of coordinated immediate actions (which we will call “interventions”)**

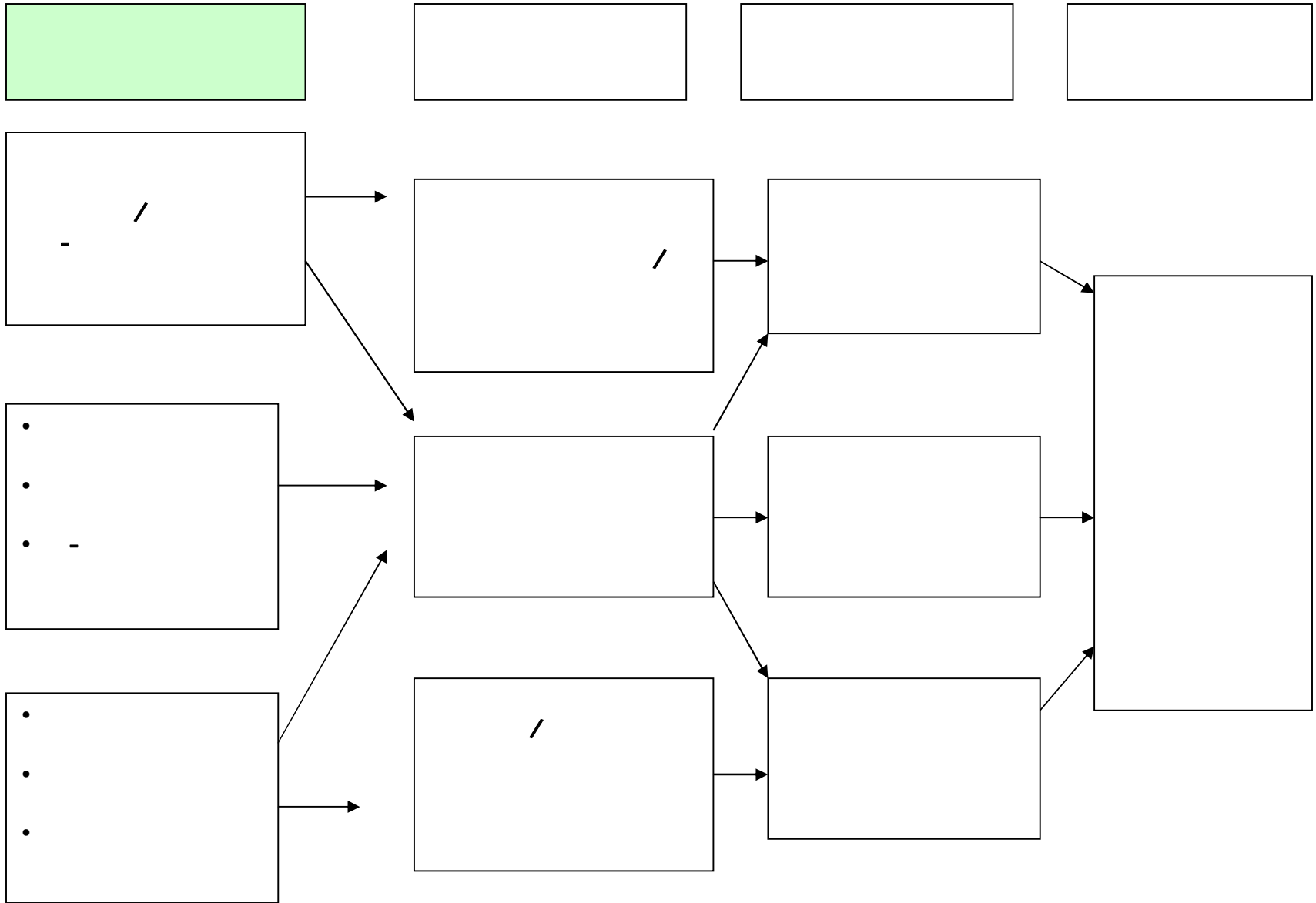
Request to the Countries

- To prepare a first draft/ informal “Plan of Action” which will serve as the basis of discussions for this meeting.
- This plan should reflect the expected results that you would like to achieve through these actions.
- This proposed plan would not only reflect the opinions of one person but would be a consensus of core stakeholders and decision makers in the country’s health human resources policies.
- The person responsible for preparing this Plan of Action would be able to attend the Lima Meeting (and preferably would be someone familiar with the process of the Observatories and the “Toronto Call to Action”).

Characteristics of the Country Plans of Action

- The plans identify specific actions that will be undertaken during the next two years (“initiatives”)
- These initiatives are integrated into a longer term plan that is part of an ideal vision of what the country would like to achieve for the health human resources by 2015, and a specific goal of what the country aims to achieve in the HRH situation by 2010.
- The initiatives are intended to improve the health human resources situation in specific ways, which are clearly described as “expected results”
- The initiatives are aligned with each of the “five critical challenges” that were identified and described in the “Toronto Call to Action.”
- The expected results for each initiative define also indicators of change that will be used to measure the success of each initiative in achieving the expected result (These indicators will be called “Marks of Progress”)

Initiatives in Health Human Resources and Changes in the Situation



Examples of “Marks of Progress” (1)

- Regarding the health situation and the delivery of services
 - **Percentage of Births attended by qualified health providers**
 - **Gaps between regions in the number of professionals available for every 10,000 inhabitants.**
 - **Gaps in the availability of health professionals every 10,000 inhabitants comparing the public and private sectors**
 - **Percentage of professionals in rural areas as compared to urban areas.**
 - **Proportion of personnel working in hospitals in comparison with the numbers of health personnel working in primary care**
 - **Percentage of remuneration budget devoted to the functions of Public Health .**

Examples of “Marks of Progress”(2)

- Regarding the composition and utilization of the workforce
 - Reduction of Migration Flows
 - Reduction in absenteeism and in personnel replacement (improved retention)
 - Reduction in the interruptions of the services from labor problems
 - Reduction in job-related accidents in the health services sector
 - Changes in the balance between doctors and nurses
 - Changes in the balance between generalists and specialists

Examples of “Marks of Progress” (3)

- Regarding the processes for developing effective policies and plans
 - Databases with current information on the existence and distribution of health human resources each year
 - Existence of a permanent inter-sectorial group to evaluate policies and propose regulations.
 - Existence of laws or regulation guidelines for health workers to develop professionally (HRH laws for career paths)
 - A unit of human resources exists within the Ministry that has influence on decisions regarding health policies and strategies.

Summary of the Draft / Informal “Plan of Action”

1. A vision of what would be ideal situation in Health Human Resources 2015
 - Description of the ideal status with regard to human resources for the health (to see Annex I)
 - It is complemented with an intermediate vision (year 2010) with a more realistic and specific goals to obtain for medium-term transformations.
1. Specific initiatives planned for the next two years
2. Description of each initiative
3. Clarification of how the initiatives lead toward the long term goal
4. The Changes that are expected to result from each initiative (Expected Results)
 - Changes in the Health Situation. (IE: To augment the number of births that are attended by skilled personnel).
 - Changes to the Structure of Health Services (IE: Decrease the gap between regions with regard to the number of health personnel available in each region).
 - Changes in the Processes of Developing Policies and Plans (IE: Develop a database of that provides current information on the number and location of health personnel working each year)
5. “Marks of Progress” to measure each expected result
6. Clarification of where/how each expected result fits into the “Toronto Call to Action”