

COBERTURA UNIVERSAL DE SALUD & RECURSOS HUMANOS EN SALUD

Desafíos y Oportunidades



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Una mirada de “gran angular”



REVIEW ARTICLE

GLOBAL HEALTH

Global Supply of Health Professionals

Nigel Crisp, M.A., and Lincoln Chen, M.D.

From the House of Lords, London (N.C.); and the China Medical Board, Cambridge MA (L.C.). Address reprint requests to Lord Crisp at the House of Lords, Parliament Sq., London SW1A 0PW, United Kingdom.

N Engl J Med 2014;370:950-7.

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THERE IS A GLOBAL CRISIS OF SEVERE SHORTAGES AND MARKED MALDISTRIBUTION of health professionals that is exacerbated by three great global transitions — demographic changes, epidemiologic shifts, and redistribution of the disability burden. Each of these transitions exerts a powerful force for change in health care systems, the roles of health professionals, and the design of health professional education.¹⁻⁵ Every country will have to respond to these global pressures for change.

There are many other reasons that it is important to think globally about the education and role of health professionals.⁶ The knowledge base of the profession is global in scope, and there is increasing cross-national transfer of technology, expertise, and services. Health professionals are migrating in what is now effectively a global market for their talent, while patients are also traveling for treatment.

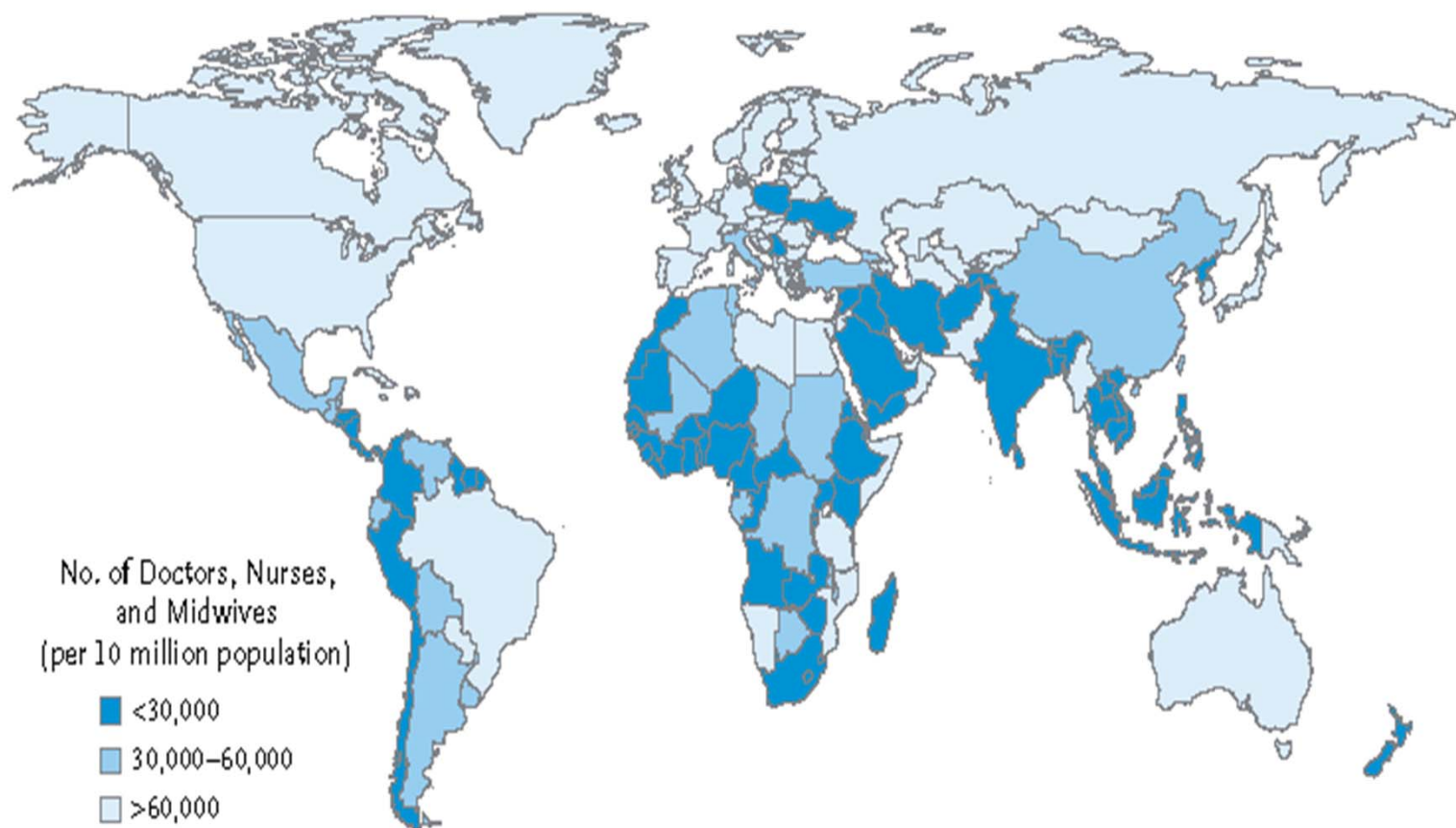


Figure 1. Doctors, Nurses, and Midwives per 10 Million Population, 2011.

Year 2011 data were not available for some countries; in those cases, the most recent available data are shown. Data are from the World Health Organization (WHO) Global Health Workforce Statistics.⁹

LAS PALABRAS IMPORTAN

Universal Health Care

Atención Universal en Salud



Universal Health Coverage

Cobertura Universal en Salud

Génesis de un mantra

WHO Resolution WHA 58.33 (2005)

WHO World Health Report 2008

WHO World Health Report 2010

WHO Resolution WHA 64.9 (2011)

Rio+20 Declaration Social Determinants (2011)

WHO Bangkok Statement on UHC (2012)

WHO Mexico International Forum on UHC (2012)

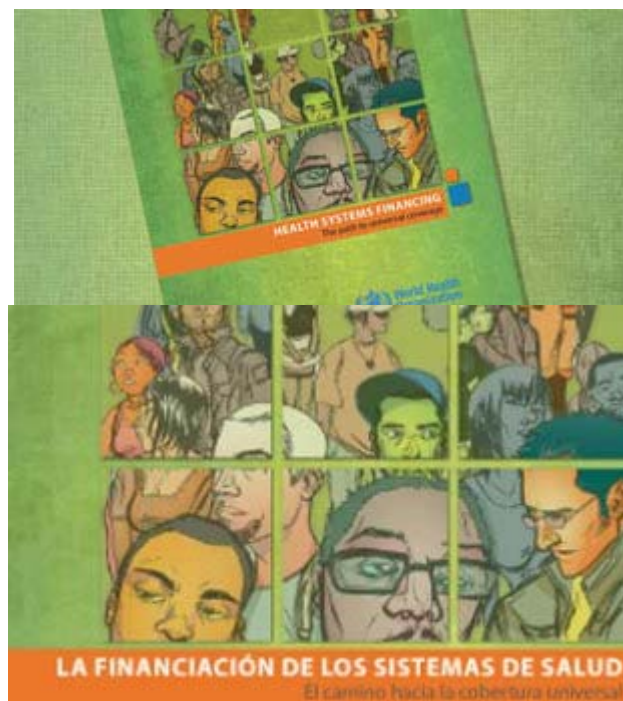
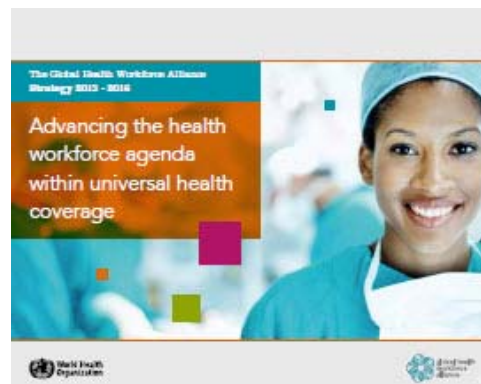
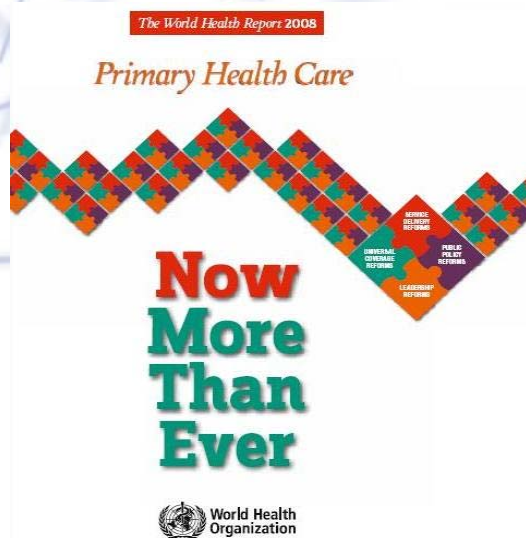
Lancet series: Universal Health Coverage (2012)

UN General Assembly (2012)

Health in the Post-2015 Agenda - Global Consultation on Health (April 2013)

Third Global Forum – Global Health Workforce Alliance (November 2013)





HEALTH IN THE POST-2015 AGENDA

Report of the Global Thematic
Consultation on Health
April 2013



First Global Forum on
Human Resources for Health
2-7 March 2008,
Kampala, Uganda

Action on the Health Workforce
THE TIME IS NOW



First Global Forum on
Human Resources for Health
2-7 March 2008,
Kampala, Uganda

Action on the Health Workforce
THE TIME IS NOW



Rising to the grand challenge
of human resources for health

3rd GLOBAL
FORUM ON HRH
10 – 13 November 2013
Recife, Brazil



Prince Mahidol Award Conference 2012
Moving Towards Universal Health Coverage: Health Financing Matters
Centara Grand Hotel, Bangkok, Thailand
January 24-28, 2012

Bangkok Statement on Universal Health Coverage



RIO+20
United Nations Conference
on Sustainable Development



**THE
WORLD
WE WANT**



Harvard University
Program in Ethics & Health

SAVE THE DATE!

ANNUAL CONFERENCE

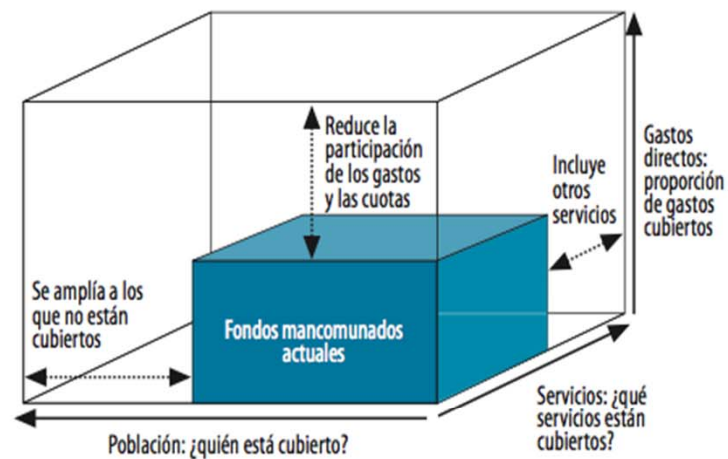
Universal Health Coverage in
Low-Income Countries: Ethical Issues

April 18-19, 2013

Harvard Medical School • The New Research Building • 77 Avenue Louis Pasteur • Boston, MA 02115

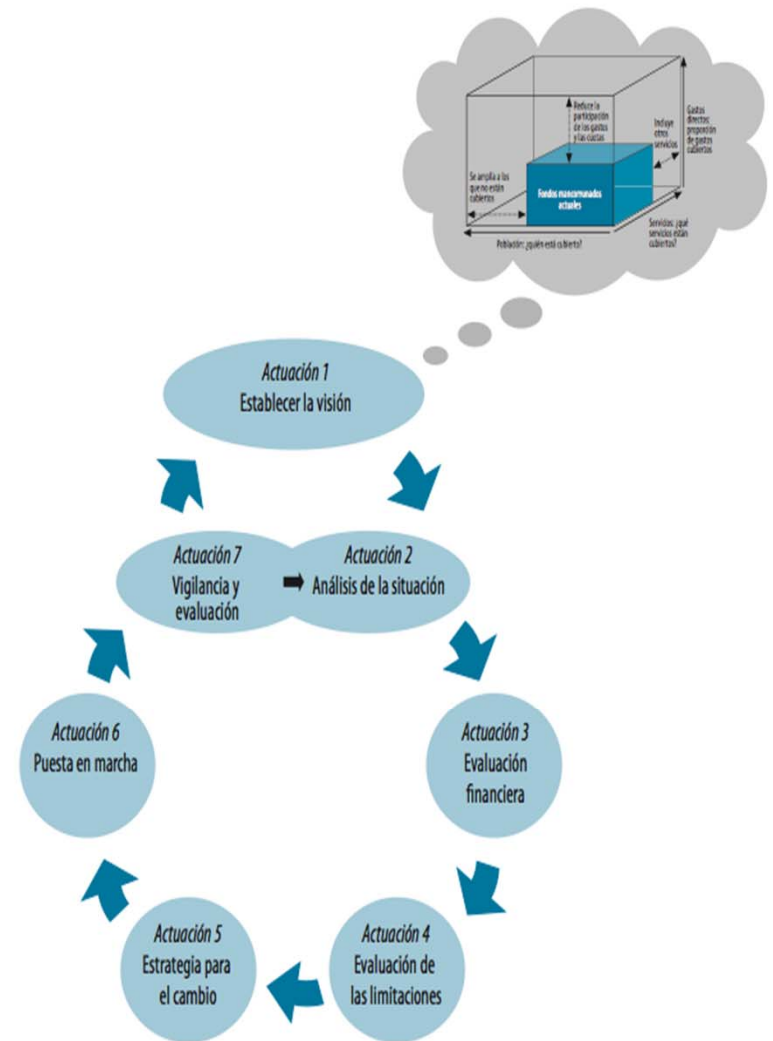


Figura 1. Tres dimensiones a tener en cuenta en el avance hacia la cobertura universal



Ese famoso cubo !!!

Figura 2. El proceso de toma de decisiones en la financiación sanitaria





Take Five ... essential questions!

In particular for the Americas

1. What do we mean when we talk about Universal Health Care (UHC)?
2. How do we define a UHC System, and which countries have such a system?
3. Why do some countries have UHC or while others do not?
4. What are, if any, the social, economic, and political preconditions for UHC to be a realistic political goal?
5. How have countries in the past achieved UHC, and does their experience offer lessons that apply to low- and middle-income countries today?

Let us start working on scenarios immediately, please!

Source: Stuckler et al. First Global Symposium on Health Services Research, 2010

Luces y sombras

Beacons or false lights ?

La danza de la prevalencia

Métodos de financiación

Marcos de reforma

Políticas de RHS

CALIDAD & EQUIDAD +++

.....

No hay una respuesta uniforme para todos los países de la región

Cada país necesita una respuesta adecuada a su contexto (social, político y económico) ... que se deberá definir individualizadamente

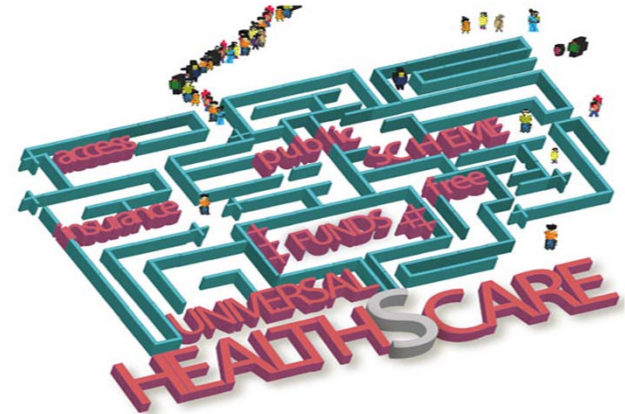
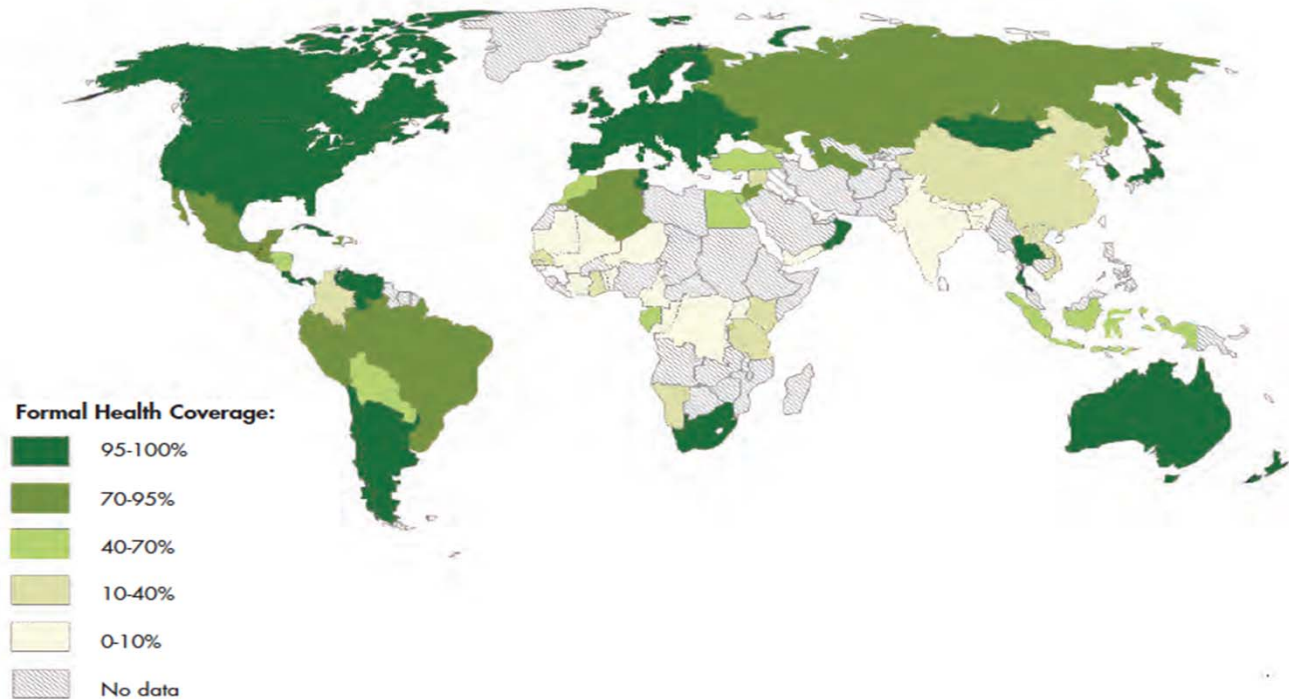


Illustration: Karan Guhathakurta

La danza de la prevalencia

Figure 3: Global Formal Health Coverage



Note: International Labour Organization defined coverage as the population formally covered by social health protection (e.g., under legislation, without reference being made to effective access to health services, quality of services or other dimensions of coverage), explaining the depiction of the USA and South Africa

Source: Data compiled by the International Labour Organization, 2008, from multiple sources; mapping by the Results for Development Institute (R4D)

Source: Catalyzing change. Rockefeller Foundation 2010

FINANCING MECHANISMS FOR UHC

Figure 4: Health Financing Revenue Collection Mechanisms

Type of Collection	Description	Example
GENERAL TAXATION/ OTHER GOVERNMENT REVENUES	■ Funding comes from the national budget, which consists of revenues mainly from general taxation	■ National Health Services (NHS)
PAYROLL-TAX	■ Contributions are made usually in the form of payroll taxes, which make the formal workforce eligible for health services	■ Social security organizations
RISK-RATED AND FLAT PREMIUMS	■ Contributions are paid according to individual health risks and usually rise with age	■ Voluntary or mandatory health insurance systems
PERSONAL SAVINGS (E.G., OUT-OF-POCKET)	■ Payments from own savings made at the point of service, alternatively personal savings are mandated to be eligible for coverage	■ Individual health provision, personal medical savings program

Source: WHO, World Bank, IMF, McKinsey

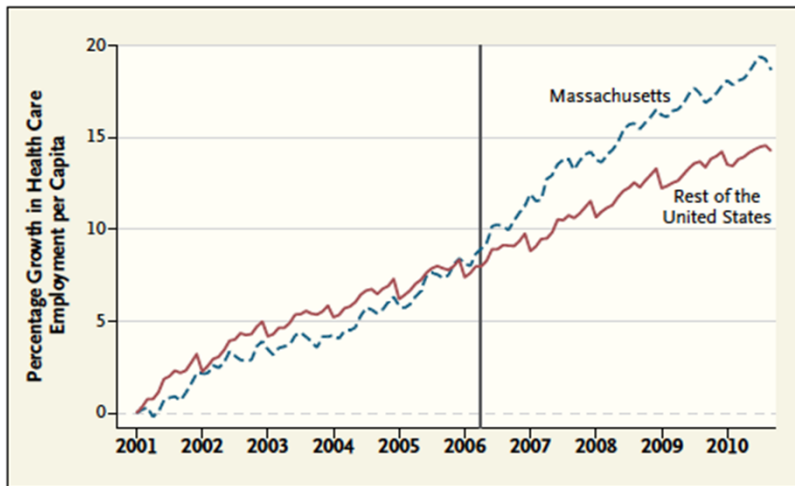
Source: Catalyzing change. Rockefeller Foundation 2010

AVISO PARA NAVEGANTES

Reformas, aumento de cobertura y RHS

Health Care Reform and the Health Care Workforce — The Massachusetts Experience

Douglas O. Staiger, Ph.D., David I. Auerbach, Ph.D., and Peter I. Buerhaus, Ph.D., R.N.



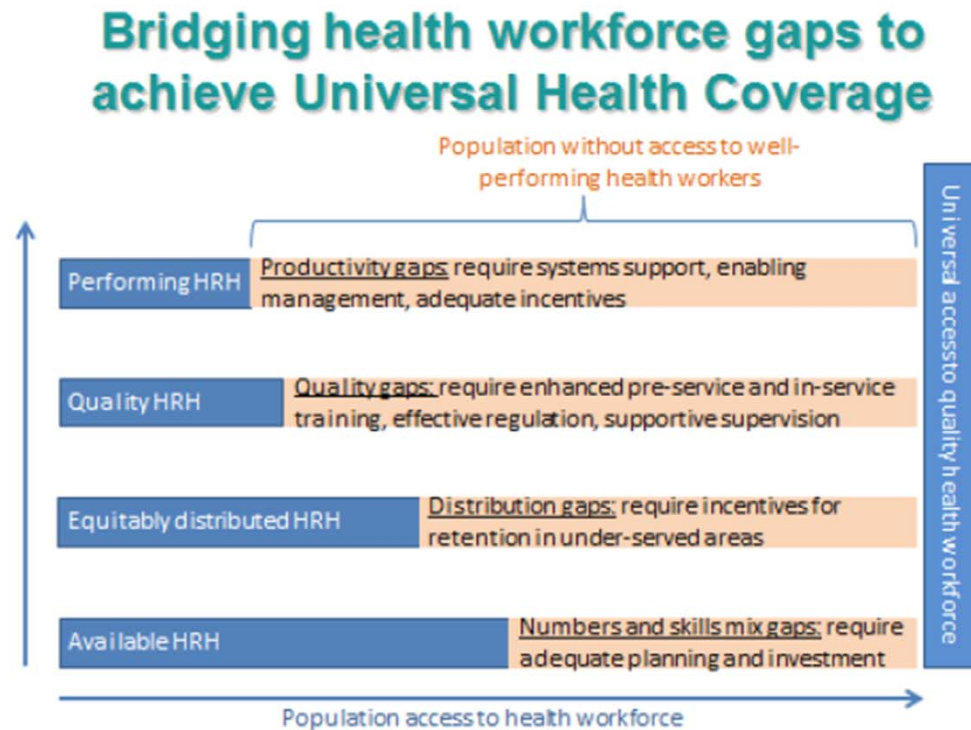
Growth in Health Care Employment per Capita since January 2001 in Massachusetts and in the Rest of the United States.

Growth in Health Care Employment per Capita between 2005–2006 and 2008–2009 for Selected Occupations in Massachusetts and in the Rest of the United States.*

Occupation	Percentage Growth in Health Care Employment per Capita between 2005–2006 and 2008–2009		
	Massachusetts	Rest of the United States	P Value
Administration	18.4	8.0	0.015
Not administration	9.3	8.6	0.796
Health care professionals	2.8	5.9	0.458
Patient care support	18.2	11.4	0.196
All other occupations	7.6	9.5	0.788

Source: NEJM 2011 (10.1056/NEJMp1106616): Massachusetts Experience

Cobertura Universal de Salud (CUS) & Recursos Humanos (RHS)



Disponibilidad / Distribución / Calidad / Desempeño

Source: GHWA (2013). Human resources for health: critical for effective UHC

Just, do not forget !

UHC is dependent on the provision of “an adequate, equitably distributed, appropriately skilled and motivated health workforce”.

Health workers are a key part of the solution and all governments should take action to train, deploy, equip, support and incentivise a strong health workforce.



Policy Brief
2012

**Why health workers count for
universal health coverage**

Igual pero diferente

Planificación (+++ inversión)

Control oferta y demanda
(como proceso político)

Regulación



Valores

Competencias

Nuevos perfiles: Front-line

Nueva formación

Atención rural

Interculturalidad

Migraciones

RECURSOS HUMANOS DE SALUD (RHS)

¡MÁS NECESARIOS QUE NUNCA!



Avisos para navegantes





El tenaz principio de realidad

APS & MF

Atrapados en Alma Ata +36

Está en el discurso,
ocasionalmente en la acción

Afortunadamente, algunos
países de AL se están
moviendo con claridad y
decisión





La tozuda evidencia *Los países con mejores indicadores de salud son los que apoyan su estrategia de AP en especialistas de MFyC con una formación reglada*

Los países “ricos” tienen sistemas de salud con médicos especialistas en MFyC con alta capacidad de resolución en el primer nivel de atención

EL FILO DE LA NAVAJA

Una epidemia de
reformas de salud

Varias plagas de brechas

S.O.S. Urgencias RHUS

(marque su opción)

Homologaciones

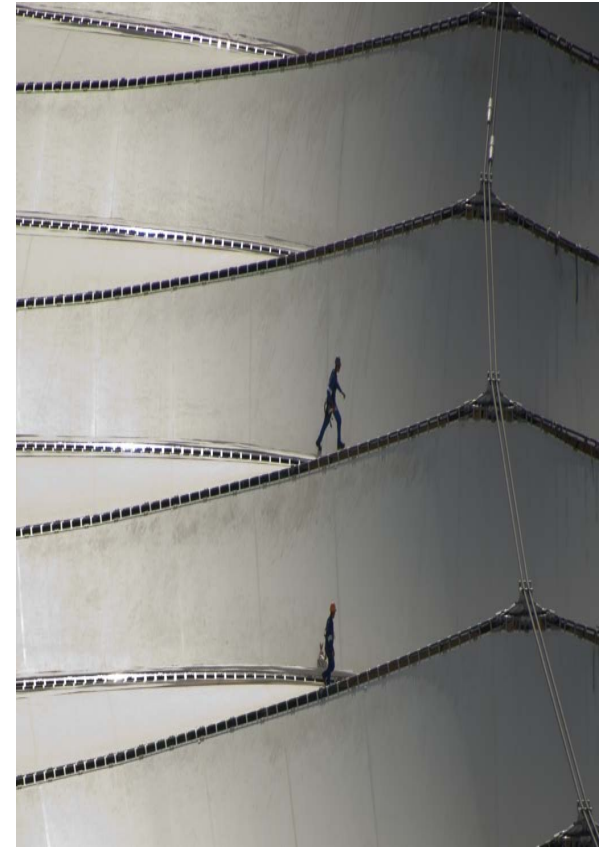
(pero sin perder visión y rumbo)

Formación “express”

(si se dejan las universidades)

Atracción/retención de profesionales

(ufff!!!)



Gracias por su atención
Thanks for your attention



Max Ernst
Juego de Ajedrez
Game of Chess