

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

### Information Systems for Human Resources for Health Workshop Washington, DC 15 -17 October 2018





## Three strategic lines of action

- Strengthen and consolidate governance and leadership in human resources for health.
- 2. Develop conditions and capacities in human resources for health to expand access to health and health coverage, with equity and quality.
- 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.





## **Objectives Line of Action 1**

- Strengthen leadership through the development and implementation of a national policy on HRH that has high-level, intersectoral agreement and is aimed at transforming systems toward universal health
- 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
- 3. Increase public investment in human resources for health, increasing employment opportunities and improving working conditions, especially at the first level of care





## **Objectives Line of Action 2**

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





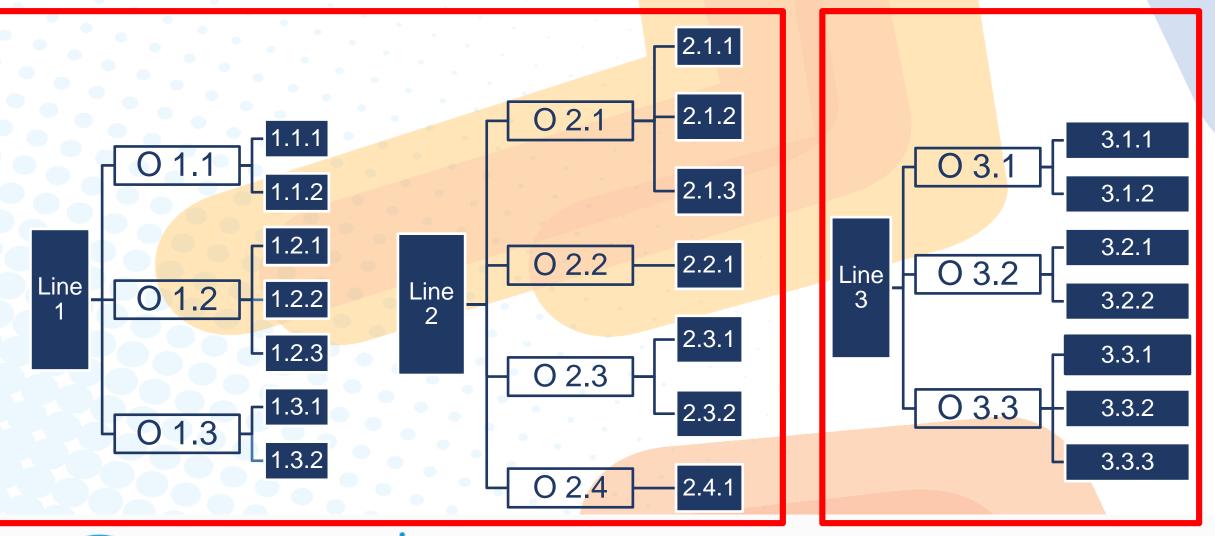
## **Objectives Line of Action 3**

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





### **Relationship between Lines of Action, Objectives & Indicators**







## Workshop for the Development of the Methodology for Followup to the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023 Trinidad and Tobago, July 2018

- <u>Objective</u>: To define the attributes and levels of development of the indicators proposed in the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage (2018-2023) to guarantee their viability and relevance for the countries of the Region of the Americas and facilitate their operationalization
- Participation: 12 countries (6 Latin America / 6 English and Dutch-speaking Caribbean)

• <u>Results</u>:

- Attributes of the indicators defined and agreed upon
- Prioritization of attributes in terms of importance and feasibility (by country)
- Preliminary identification of stages and necessary conditions for implementation of plan (2 language groups)





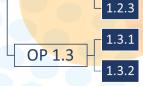
# **Definition of Attributes** Workshop Trinidad and Tobago, July 2018



OP 1.2

Fortalecer y consolidar la

acción 1:



1.2.2

L1. O1. 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.

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

1. What elements allow a country to determine if they have a national human resources policy for health that is formalized and for which implementation has been initiated?





# **Online survey**

- LimeSurvey designed in both Spanish and English to enable countries to provide information regarding their position vis-à-vis attainment of the proposed indicators
- Response sought from the designated person responsible for HRH in the country (invitation sent through PAHO/WHO Country Offices)
- Countries asked to indicate their country's position with respect to each of the 21 indicators, keeping in mind the set of attributes defined previously.
- Possible responses:
  - o Baseline 2018
  - o Target 2023
  - Not applicable
  - Not attainable by 2023
  - o Other
- Results used to inform the Plan of Action on Human Resources for Universal Access to
   Health and Universal Health Coverage 2018-2023 presented during Directing Council 2018





## **Survey Results**

### Responses received from 27 countries as of 27 September 2018

- 1. Antigua and Barbuda
- 2. Argentina
- 3. Bahamas
- 4. Belize
- 5. Estado Plurinacional de Bolivia
- 6. Brasil
- 7. Chile
- 8. Colombia
- 9. Costa Rica
- 10.Cuba
- 11. Ecuador
- 12. El Salvador
- 13. Guatemala
- 14. Guyana



15. Haití 16. Honduras 17. Turks and Caicos 18. Jamaica 19. México 20. Panamá 21. Paraguay 22. Perú 23. República Dominicana 24. Suriname 25. Trinidad and Tobago 26. Uruguay 27. República Bolivariana de Venezuela





#### Percentage of indicators according to current and foreseen level of attainment

	Ν	%
Baseline 2018	164	29%
Target 2023	288	51%
Not attainable by 2023	68	12%
Not applicable	13	2%
Other*	34	6%

\*Other responses include: indicator already attained (GTM, TTO); proposed attainment of indicators prior to 2023 (HTI, SUR, TTO); proposed attainment of indicators in 2025 (TCA); pending verification of info (BOL, TTO); additional info provided (COL, TTO)





## **Survey results**

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

Objective	Indicator	Baseline	Target	Not Attain	N/A	Other
1.1 Strengthen leadership through the development and implementation of a national	1.1.1. # countries that have formalized and initiated implementation of a national policy on HRH	9	16	1		1
policy on HRH that has high- level, intersectoral agreement and is aimed at transforming systems toward universal health	1.1.2 # countries with an active high-level institutional decision-making body in HRH	8	18			1
1.2 Strengthen strategic planning capacity in human resources for health, through	1.2.1. # countries that have multi-disciplinary institutional team with planning capacity in HRH or equivalent function in MOH	10	15	1		1
the development of national human resources information systems that include the analysis of professional mobility	1.2.2 # countries that have needs projections in HRH, and action strategies based on their model of care	8	15	1		3
and forecasting of medium- and long-term needs	1.2.3 # countries that have a functioning HRH national information system that responds to planning needs, monitors professional mobility, & supports decision- making	7	16	1		3
1.3 Increase public investment in HRH, increasing employment	1.3.1 # countries that have increased proportion of public budget allocated to HRH	8	14	3	2	
opportunities and improving working conditions, especially at the first level of care	1.3.2 # countries that have increased public budget, reflected in jobs at the first level of care in relation to total health workers	8	13	5	1	

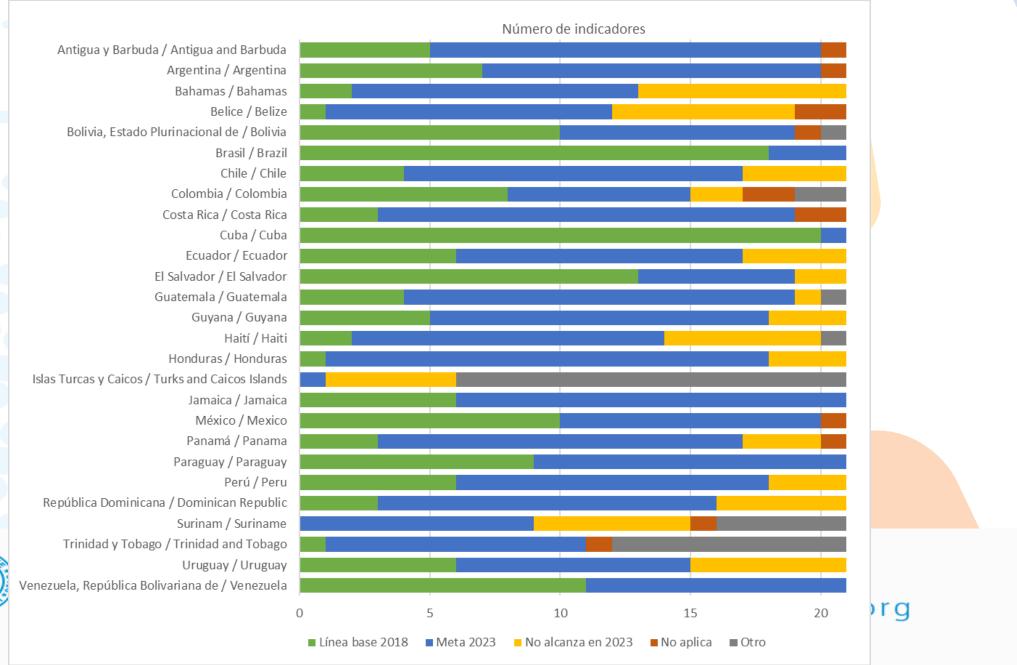
Strategic line 2: Develop conditions and capacities in human resources for health to expand access to health and health coverage, with equity and quality

Ob	jective	Indicator	Baseline	Target	Not Attain	N/A	Other
and throu profe	Promote equitable distribution retention of health workers ugh the development of a essional and economic	2.1.1. # countries that have institutional professional development policy that promotes equitable distribution of personnel in accordance with model of care and considers the gender perspective	5	18	3		1
geno with com	entives policy that considers the der perspective and is consistent the specific needs of each imunity, especially in erserved areas	2.1.2 # countries with a policy that has economic & non- economic incentives for hiring and retaining personnel that considers the gender perspective, with emphasis on underserved areas	3	17	4	2	1
	<ul> <li>Promote equitable distribution retention of health workers ugh the development of a assional and economic ntives policy that considers the ler perspective and is consistent the specific needs of each munity, especially in arserved areas</li> <li>2.1.2 # countries with a p economic incentives for hit ta considers the gender personnel in accordance as 2.1.2 # countries that have be an intercultural &amp; social as a personnel regulations for the professionals, and include opriate coordination and ervision mechanisms, to improve rage and quality of care</li></ul>	2.1.3 #f countries that have reduced density gap with respect to physicians, nurses, and midwives, achieving at least 25 per 10,000 pop. in underserved areas, keeping in mind the global target of 44.5 by 2030.	7	10	7	1	2
at th bine sive	Develop interprofessional teams ne first level of care with com- ed competencies in comprehen- care & an intercultural & social erminants approach to health	2.2.1. # countries that have an inter-professional health team at the first level of care, consistent with their model of care	13	11	1		2
profe optir	Draft & implement regulations for essional practice that allow for mal utilization of competencies of	2.3.1 # 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	11	10	4		2
appropriate co supervision me	Ith professionals, and include ropriate coordination and ervision mechanisms, to improve erage and quality of care	2.3.2 # countries with a regulatory framework that promotes delegation and redistribution of the tasks of the health team	8	11	6		2
ship later chal	Enhance dialogue & partner- os, including multilateral & bi- ral agreements, to address llenges of health worker migra- & health systems strengthening	2.4.1 # 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	6	12	4	3	2

Strategic line 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

Objective	Indicator	Baseline	Target	Not Attain	N/A	Other
3.1 Establish permanent coordination mechanisms and high-level agreements between the education and health sectors to align the	3.1.1. # countries that have agreements and mechanisms for permanent formal coordination between the education and health sectors, based on social accountability principles and interprofessional education	12	11	1		3
education and practice of HRH with current and future needs of the health systems	3.1.2 # countries that have implemented a continuing education plan for health professionals	7	18			2
3.2 Have systems for evaluating and accrediting	3.2.1. # countries with at least 50% of health professions programs accredited	8	12	5		2
health professions programs that include standards that consider the scientific, technical, and social competencies of graduates	3.2.2 # countries with a system for accreditation of health professions programs that includes social accountability standards, teacher training, interprofessional education, and graduates' competencies	9	12	4	1	1
3.3 Develop regulatory mechanisms and a training plan for priority specialties that	3.3.1 # countries with a plan for training specialists in the various professions, agreed upon with training institutions	8	16	1		2
stipulates the number of specialists required by the health system and increases training in family and	3.3.2 # countries where at least 30% of total health care residencies offered are in family and community health	5	12	6	3	1
community health	3.3.3 # countries where at least 30% of specialist positions available are in family and community health	4	11	10		2

## Number of indicators by country



## Level of attainment by country and by indicator

	ATG	ARG	BHS	BLZ	BOL	BRA	CHL	COL	CRI	CUB	ECU	SLV	GTM	GUY	HTI	HND	TCA	JAM	MEX	PAN	PRY	PER	DOM	SUR	ττο	URY	VEN
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Línea base 2018 Meta 2023 No alcanza en 2023 No aplica

Otro

# **Next Steps**

- Completion of online survey by pending countries
- Development of guidelines for implementation of the Plan of Action and monitoring of indicators, including definitions and glossary
- Sub-regional workshops



