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A. PLAN OF ACTION ON HUMAN RESOURCES FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE 2018-2023: PROGRESS REPORT

Background

1. Human resources for health are considered an essential element in ensuring the health of the population and advancing toward universal health. The lines of action were established for the *Strategy on Human Resources for Universal Access to Health and Universal Health Coverage* (Document CSP29/10), adopted by the 29th Pan American Sanitary Conference in 2017 (Resolution CSP29.R15) *(1, 2);* and objectives and indicators were established for the *Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023* (Document CD56/10, Rev. 1), adopted one year later by the 56th Directing Council of the Pan American Health Organization (PAHO) (Resolution CD56.R5) *(3, 4)*. During the COVID-19 pandemic, it was evident that countries with solid systems for management of human resources for health were able to provide a more timely and adequate response, reaffirming the importance of strengthening and improving the management of these resources.

2. This document presents a progress report on the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023, as stipulated in the plan of action. This progress report also serves as a final report on two other resolutions related to this plan of action: Resolution CD45.R9, *Observatory of Human Resources in Health (5)*, whose platform made it possible to monitor the plan of action, and Resolution CD52.R13, *Increasing Access to Qualified Health Workers in Primary Health Care-based Health Systems (6)*, whose three fundamental areas, established in document CD52/6, are in accordance with the strategic lines of action in the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage, which form the basis for this progress report.

Analysis of Progress Achieved

3. This document presents the progress made by the countries that have reported, to date, on the implementation of the plan of action. During the period under evaluation, significant advances have been observed in terms of positioning the issue and strengthening governance; national policies on human resources for health have been developed and implemented; planning processes have been accelerated; and budgets to increase the labor supply have grown. Coordination mechanisms among the various sectors that interact in relation to human resources for health have also expanded. Furthermore, the response to the COVID-19 pandemic highlighted the need to strengthen certain structural aspects in this area, such as improving labor conditions, planning, and information systems, as well as training health workers and improving their distribution. It has also become clear that human resources for health—committed, trained, and in sufficient numbers—make it possible to maintain and strengthen essential health services and response capacity at the first level of care in order to protect the health of the population.

4. In the period 2018-2020, technical cooperation was provided to the Member States in order to establish the methodology and virtual platform for monitoring the plan of action. Adjustments had to be made in light of the demands of the pandemic in order to ensure that information was available on the progress of implementation of the plan of action. In 2018, a total of 24 countries participated, positioning themselves at baseline or target for each indicator; of these, only 20 countries reported on their progress, given that the COVID-19 pandemic limited their active participation in the monitoring process. However, it is important to note that three additional countries joined in reporting their progress in the implementation of the plan of action. Finally, although the health emergency underlined the importance of human resources for health and was instrumental in advancing toward some of the objectives, it negatively impacted the achievement of others. This led some countries to review and adjust their expectations in terms of achieving the indicators. These factors explain certain variances observed in the tables below. The degree of advancement is being perceived as low, even though the empirical evidence collected and presented in the narrative of this report highlights important achievements by countries during the reporting period.

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

5. For this strategic line of action, several countries achieved the indicators before the established deadline and other countries were added as targets for 2023. Progress was observed in terms of public investment in human resources for health, both with regard to increases in the proportion of the public budget allocated to this area and the increased number of jobs at the first level of care. There were also advances in the development and implementation of national policies on human resources for health, in the establishment of high-level intersectoral decision-making bodies, and in needs projections for human resources for health. Furthermore, the need to respond to COVID-19 led countries with limitations in terms of planning to strengthen their capacities, project their needs for human

resources to face the crisis, and increase their budgets to hire personnel and provide economic incentives for front-line workers.

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, baseline, and target	**Status**
1.1.1 Number of countries that have formalized and have initiated implementation of a national policy on human resources for health Baseline (2018): 8 Target (2023): 22	Seven countries report that they have a policy on human resources that is formalized and in the process of implementation. An additional 15 countries have this as a target for 2023.
1.1.2 Number of countries with an active high-level institutional decision-making body in human resources for health Baseline (2018): 7 Target (2023): 23	Seven countries report having a high-level intersectoral decision-making body. An additional 15 countries have this as a target for 2023.
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, baseline, and target	**Status**
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 Baseline (2018): 10 Target (2023): 23	Nine countries report having a multidisciplinary institutional team with planning capacity in human resources for health. An additional 13 countries expect to achieve this by 2023.
1.2.2 Number of countries that have needs projections in human resources for health, and action strategies based on their model of care Baseline (2018): 8 Target (2023): 21	Seven countries report having needs projections in human resources for health, as well as action strategies. An additional 13 countries expect to achieve this by 2023.
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 Baseline (2018): 7 Target (2023): 22	Seven countries report that they have an operating national information system for human resources. An additional 14 countries expect to have one by 2023.

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, baseline, and target	**Status**
1.3.1 Number of countries that have increased the proportion of the public budget allocated to human resources for health Baseline (2018): 8 Target (2023): 20	Eight countries report that they have increased the proportion of the public budget allocated to human resources for health. An additional 10 countries expect to achieve this by 2023.
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 Baseline (2018): 8 Target (2023): 19	Nine countries report that they have increased the public budget, reflected in jobs at the first level of care. An additional eight countries expect to achieve this by 2023.

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

6. There was an increase in the number of countries that adopted strategies to promote the hiring and retention of human resources for health in underserved areas, with a gender perspective. This was accomplished through professional development, as well as policies on economic and non-economic incentives. Furthermore, new countries joined dialogues or agreements on health worker migration, and others made progress toward reducing density gaps with respect to health professionals, regulating professional practice, and delegating and redistributing tasks of the health team. It is also important to emphasize that some countries, when prioritizing the first level of care for the early detection and monitoring of COVID-19 cases, strengthened their interprofessional teams and, in some cases, expanded the delegation of tasks to other health professions. Also, in response to the pandemic and in the absence of agreements on the recognition of academic credentials, some countries issued decrees that exceptionally authorized foreign-qualified health professionals to practice, especially in underserved areas, while other countries initiated or reactivated bilateral agreements between governments in order to make available human resources for health to help control the pandemic. Several countries established economic and non-economic incentives for front-line human resources for health. All of this made it possible to expand care for COVID-19 patients and ensure the continuity of essential health services.

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, baseline, and target	**Status**
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 Baseline (2018): 5 Target (2023): 20	Six countries report having a policy that promotes equitable distribution. An additional 12 countries expect to have this policy in place by 2023.
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 Baseline (2018): 3 Target (2023): 18	Four countries report having a policy with incentives for retaining personnel in underserved areas. An additional 11 countries expect to have one by 2023.
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 Baseline (2018): 7 Target (2023): 16	Eight countries report having reduced the density gap with respect to health professionals in underserved areas. An additional eight countries expect to reduce the gap by 2023.
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, baseline, and target	**Status**
2.2.1 Number of countries that have an interprofessional health team at the first level of care, consistent with their model of care Baseline (2018): 12 Target (2023): 21	Nine countries report having an interprofessional health team at the first level of care. Another 12 countries expect to have such a team by 2023.

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, baseline, and target	**Status**
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 Baseline (2018): 11 Target (2023): 19	A total of 12 countries report having a regulatory framework for the health professions. Six additional countries expect to have one by 2023.
2.3.2 Number of countries with a regulatory framework that promotes the delegation and redistribution of the tasks of the health team Baseline (2018): 8 Target (2023): 17	Eight countries report having a regulatory framework that promotes the delegation and redistribution of the tasks of the health team. Eight additional countries expect to have such a framework by 2023.
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, baseline, and target	**Status**
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 Baseline (2018): 6 Target (2023): 16	Seven countries report having participated in multilateral or bilateral dialogues or agreements on health worker migration. An additional 11 countries expect to reach this target by 2023.

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

7. Several countries achieved the indicators, and other countries were included in the target for 2023. Work on this strategic line of action is reflected in the establishment of mechanisms for permanent coordination between the health and education sectors, accreditation of health careers, incorporation of standards on scientific, technical and social competencies, and advances in the development of regulations and training plans focused on family and community health. In addition, the pandemic required some countries to establish agreements between the health and education sectors in order to address the challenge of onboarding early graduates and students in their final year of health-related studies so as to increase the availability of human resources for health. Also, special

training plans were established in coordination with academic institutions, using virtual training modalities such as the Virtual Campus for Public Health, among others, in order to strengthen the knowledge of the health teams. This kind of coordination and collaboration between sectors will make it possible to strengthen operational and training mechanisms in the future.

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, baseline, and target	**Status**
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 Baseline (2018): 12 Target (2023): 22	Nine countries report having mechanisms for permanent formal coordination between the education and health sectors, based on social accountability principles and interprofessional education. An additional 12 countries expect to have them by 2023.
3.1.2 Number of countries that have implemented a continuing education plan for health professionals Baseline (2018): 7 Target (2023): 23	Seven countries report having implemented a continuing education plan for health professionals. An additional 14 countries expect to have one by 2023.
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, baseline, and target	**Status**
3.2.1 Number of countries with at least 50% of health professions programs accredited Baseline (2018): 7 Target (2023): 18	Nine countries report having at least 50% of health professions programs accredited. Seven additional countries expect to achieve this by 2023.
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 Baseline (2018): 8 Target (2023): 19	A total of 10 countries report having an accreditation system that includes social accountability standards, teacher training, interprofessional education, and graduates' competencies. Seven additional countries expect to have such an accreditation system by 2023.

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, baseline, and target	**Status**
3.3.1 Number of countries with a plan for training specialists in the various professions, agreed upon with training institutions Baseline (2018): 8 Target (2023): 21	Nine countries report having a plan for training specialists. An additional 13 countries expect to have a plan by 2023.
3.3.2 Number of countries where at least 30% of total health care residencies offered are in family and community health Baseline (2018): 4 Target (2023): 15	Six countries report that at least 30% of health care residencies offered are in family and community health. An additional 12 countries expect to achieve this by 2023.
3.3.3 Number of countries where at least 30% of specialist positions available are in family and community health Baseline (2018): 3 Target (2023): 14	Seven countries report that at least 30% of specialist positions available are in family and community health. Another nine countries expect to achieve this by 2023.

Lessons Learned

8. The following are lessons learned and good practices at the different levels of operationalization:

a) Although human resources are considered of vital importance in health systems, the COVID-19 pandemic underlined the need to strengthen the processes that make it possible to move forward with the implementation of the regional strategy and plan of action for human resources for health.

b) A key factor in the timely and efficient response of countries has been to have policies for planning human resources for health that help establish needs projections, supported by up-to-date and unified information systems that provide data on the availability, distribution, training, and work status (active or non-active) of human resources.

c) The health crisis revealed the great complexity of the issue and the need for a multisectoral approach with various actors for making decisions, which raises the need to achieve consensus and agreements.

d) The adequate distribution of human resources, which takes into consideration availability in underserved areas, has been a critical factor requiring adequate policies, plans, and investments to achieve universal health.

e) As was indicated for each strategic line of action, COVID-19 demonstrated the relevance and importance of moving forward with the objectives of the *Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023*.

Action Necessary to Improve the Situation

9. Considering the achievements and difficulties described in this report, it is recommended to continue work in the following areas:

a) Strengthen strategies for responding to health emergencies such as the COVID-19 pandemic, considering the health and safety of health workers, including their mental health, and guaranteeing the availability, distribution, and necessary competencies of human resources for health at the different levels of care. These considerations should include other workers, such as administrative workers, cleaners, drivers, suppliers, etc., who enable health services to function.

b) Make the political commitment to move forward with national agreements and accelerate the strengthening and implementation of the regional strategy and plan of action on human resources for health as a key element in health systems strengthening in order to respond to health needs, both on a regular basis and during health emergencies.

c) Strengthen agreements and mechanisms for intersectoral coordination and planning (health, education, finance, and labor) in order to achieve consensus and progress on human resources policies in support of the development of primary health care-based health systems.

d) Step up the development of strategies that promote equitable distribution, hiring, and retention of human resources for health, especially at the first level of care and in underserved areas, with a view to closing gaps and advancing toward universal health.

e) Promote regulatory frameworks that define the functions of the professions, promote delegation and distribution of tasks, and stimulate the creation of interprofessional teams in order to increase the response capacity of health services, especially at the first level of care, and improve the health of the population with an intercultural approach that takes into account the determinants of health.

f) Expand and improve working conditions and available employment focused on family, community, and social health, by increasing the public budget and expanding the availability of attractive employment at the first level of care.

Action by the Directing Council

10. The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

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