Pan American Health Organization

Regional Office of the World Health Organization

**Validated Document in the Andean Subregion**

# REGIONAL GOALS FOR HUMAN RESOURCES FOR HEALTH INDICATORS 2007-2015

## DATA COLLECTION GUIDE TO BUILD THE REGIONAL GOALS FOR HUMAN RESOURCES FOR HEALTH INDICATORS 2007-2015

This document is the result of a work and validation process carried out under the coordination of Dr. Mónica Padilla. The technical design, systematization and documented edition was developed by Margarita Velasco and Alexandra Escobar[1]; with the participation of Andean country members and PAHO consultants from HSS, as well as Human Resources (Miriam Gamboa, Hugo Rivera; Luis Carlos Ortiz, Hernando Cubides, Gerardo Alfaro; Verónica Bustos, Jaques Girard; Eduardo Puente, Jorge Alban, Cristina Merino; Betsy Moscoso, Giovanni Escalante and Marco Ramírez, with the support of Dr. Félix Rigoli and Allison Foster from the PAHO/WHO Regional Office.

[1] Consultants from Fundación Observatorio Social from Ecuador – entity with a wide experience on the formulation, follow-up and production of social indicators- in Ecuador, one of their main developments has been the Children's Rights Observatory – with the creation of indices and indicators to develop citizen oversight over their fulfillment.

# GENERAL INDICATIONS

The Regional HRH goals are inspired on the 5 Toronto challenges, which were transformed into 20 measurable goals: some quantitative, others qualitative. The objective of this operation was to monitor the agreements achieved in Toronto by the countries in the Region.

PAHO-WHO elaborated a “Handbook for Baseline studies” of the 20 goals, where the Toronto Challenges are described, the sense or rationale for the goals and key terms are defined to create uniform concepts used for data collection. Additionally, the indicator, formula and definition are included where certain concept elements are described, and finally, the sources where data may be obtained.

### First step

We recommend beginning the data collection process by analyzing the previously mentioned Manual, given that this tool will allow you to comprehend the magnitude of the task related to building baseline indicators for a country.

### Second step

The second step is dealing with the sources of information in each country and defining which and what type (administrative records, specific studies, censuses), periodicity of information, their geographical, gender or professional categories, and if these will allow you to calculate the proposed indicators. This guide precisely addresses these sources of information.

### Third step

The third step is calculating the indicators, an activity that will be carried out in a workshop with the support of the team in Ecuador, since they have already defined their baseline indicators. It is their experience with managing data sources that has allowed us to develop some advice on each of the indicators and the reach of their elements, as well as where they can be found.

## SOURCES OF DATA

After analyzing the 20 goals converted into social indicators, we may classify them in the following manner according to the source of information:

| Goal number and indicator | Administrative records | Surveys | Interviews to key informants |
|---|---|---|---|
| **Goal 1**<br>Human Resources density ratio per 10,000 inhabitants | X<br>Statistics Institutes | | |

| Goal number and indicator | Administrative records | Surveys | Interviews to key informants |
|---|---|---|---|
| **Goal 2**<br>Number of primary health care physicians as a percent of the total medical work force | X<br>Statistics Institutes | | |
| **Goal 3**<br>Degree of development of primary health care teams | X | | X |
| **Goal 4**<br>Ratio of doctors with regards to nurses | X<br>Statistics Institutes | | |
| **Goal 5**<br>Level of development of the Human Resources for Health Unit | | | X |
| **Goal 6**<br>Density of Human Resources (total number of physicians, nurses and midwives per 10,000 population) in the rural areas of the country.<br>Density of Human Resources (total number of physicians, nurses and midwives per 10,000 population) for urban areas in the country | Statistics Institutes | X<br>Household surveys or specific studies | |
| **Goal 7**<br>Percentage of primary health workers that have public health and intercultural competencies | MoH<br>HRH Units | X | X |
| **Goal 8**<br>Percentage of training programs for the designated professional groups (nurses, nurse auxiliaries, health technicians and community health workers) that match or surpass the stated requirements for their current positions. | MoH<br>HRH Units | | X |
| **Goal 9**<br>Percentage of health workers whose current primary health care practice setting is the same geographic location as their own community. | MoH<br>HRH Units | X specific studies or specific records | X |
| **Goal 10**<br>Adoption of the global code of practice | MoH. International Affairs Office, Ministry of Foreign Affairs. | | X |
| **Goal 11**<br>*Country*<br>Existence of a self-sufficiency policy in human resources for health. Yes or No. | HRH Unit<br>MoH | | X |

| Goal number and indicator | Administrative records | Surveys | Interviews to key informants |
|---|---|---|---|
| **Goal 12**<br>*Country*<br>The country has a formal mechanism for the recognition of foreign trained professionals. Yes or No. | MoH. International Affairs Office, Ministry of Foreign Affairs. | | X |
| **Goal 13**<br>Percentage of precarious and/or without social protection health care positions in the country | STATISTICS INSTITUTES | X | |
| **Goal 14**<br>Total number of workers in the health sector covered by health and safety measures. | MoH<br>HRH | | X |
| **Goal 15.**<br>Number of managers with health Management training | MoH<br>HRH | | X |
| **Goal 16.**<br>**Current existence of legislation seeking to avoid the suspension of Essentials health services** | Ministry of Labor.<br>MoH: HRH Unit. | | X |
| **Goal 17.**<br>**Inclusion of PHC contents in the content and practical sections of the curriculum**<br>**Existence of inter-professional strategies in clinical health sciences schools.**<br>**Existence of financial support for inter-professional training** | Universities<br>CONESUP – Higher Education Council | | X |
| **Goal 18.**<br>**Existence of enrollment programs (selective candidate recruitment, affirmative action) in clinical health science schools to include students from underserved populations** | Universities<br>CONESUP – Higher Education Council | Specific studies | X |
| **Goal 19**<br>Percentage of medical and nursing students that abandon the career | Universities<br>CONESUP – Higher Education Council | X or specific studies | |
| **Goal 20**<br>Existence of an accrediting entity<br>Percentage of accredited Colleges and/or Schools of Clinical Health Sciences<br>Percentage of accredited Colleges and/or Schools of Public Health<br>Number of Colleges and/or Schools of Clinical Health Sciences and Public Health in the process of accreditation. | Universities<br>CONESUP – Higher Education Council | X | X |

# BASIC CONCEPTS

## Administrative records

Periodic collection of information in institutions offering social services. One of the advantages is the periodicity and updated nature of the information. Among the disadvantages is that information is dependent of the degree of uniform training of the personnel systematically collecting the data, since any change can alter the sequence of information. Another disadvantage is that it is circumscribed under the institutional coverage and may therefore not reflect the data of the entire universe of data.

## Surveys

Studies directed towards collecting data from a sample of the population we are interested in. It is designed to contain all of the possible variations in the universe of study.

### Advantages:

It is a good way to update information and due to their cost they are feasible to perform. They may be designed to capture the perception of the population which means they can be used for qualitative or quantitative studies.

### Disadvantages:

The information cannot be broken down to geographical areas. Its quality depends on the expertise of the person conducting the survey and the control on information taking. Its periodicity is dependant on financing. They need to be carefully replicated in order to achieve comparability from one year to the other.

## Censuses

It involves counting the characteristics of the universe or the study population. They are carried out every 10 years. The main advantage is high precision rates, achieving the lowest levels of disaggregation. Disadvantages are the high cost implicated with doing them.

## Specific studies

This refers to particular studies around a defined hypothesis or question. It allows us to gauge the magnitude of the problem to open new questions, therefore leading to other studies. Its disadvantage is that they are not carried out periodically and you may lose the sequence of information.