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**PLAN OF ACTION ON HUMAN RESOURCES FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE 2018–2023: FINAL REPORT****Background**

1. A decade ago, with the adoption of the Strategy for Universal Access to Health and Universal Health Coverage (Document CD53/5, Rev. 2) (1), the countries of the Region of the Americas reaffirmed their commitment to these goals, recognizing that, despite progress on economic and social development and strengthening health systems, inequities and exclusion persisted in terms of access to comprehensive, adequate, timely, and quality services, particularly in the case of vulnerable population groups. Against this background, as evidenced during the COVID-19 pandemic, human resources for health (HRH) are an essential element to achieving resilient and well-prepared health systems capable of ensuring the continued health and well-being of the population and advancing toward universal health. In recent decades, the development of adequate, available, and qualified HRH has been a central aspect of global, regional, and national agendas (2, 3).
2. In 2017, the 29th Pan American Sanitary Conference adopted the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage (Document CSP29/10) (4), with 3 strategic lines of action that were concretized in the 10 objectives and 21 indicators of the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018–2023 (Document CD56/10, Rev. 1) (5), adopted in 2018 by the 56th Directing Council of the Pan American Health Organization (PAHO). In 2021, PAHO presented a progress report on the plan of action to the 59th Directing Council (6) emphasizing, as did other published analyses (7), the need to review and seek solutions to recurring HRH issues—particularly regarding the persistent intersectoral link between health, education, and other sectors—in order to identify and address gaps in staff numbers, profiles, distribution, and skills to achieve universal health access and coverage. In 2023, the 60th PAHO Directing Council adopted the Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems (Document CD60/6) (8), which underlined the main challenges posed by the plan of action and reflected the key lessons learned during the COVID-19 pandemic with regard to HRH.
3. The purpose of this document is to inform the PAHO Governing Bodies regarding the progress made in implementing the plan of action. This report also constitutes an important input for follow-up to the Policy on the Health Workforce 2030 (8).

## **Analysis of Progress Achieved**

4. It is important to consider the impact of the COVID-19 pandemic on implementation of the plan of action. The priority of all Member States was to respond to the health emergency, and HRH were an essential factor in this response, affecting the achievement of objectives and indicators, especially the more structural ones referring to long-term challenges. However, while the pandemic made it difficult to meet targets, lessons were learned from the rules, regulations, and actions promoted by different countries, according to their specific needs and situations, to step up their capacities to respond to the crisis. The analysis of these experiences showed that a country's response capacity was closely related to the strengths of its health system in areas such as leadership skills, investments in staff, and HRH information systems, with the end result that countries showing greater progress in the implementation of the plan of action had better tools to face the pandemic in terms of human resources.

5. Although the targets were not met for most of the indicators, most of them showed progress compared to the baseline. Especially noteworthy advances included the design of HRH policies, strengthening of information systems, dialogues and agreements on health worker migration, implementation of continuing education plans, and development of systems for the evaluation and accreditation of health education.

6. In 2018, 25 countries participated in the preliminary assessment of the indicators for the plan of action. Of these countries, 20 conducted their final assessment in 2023, in addition to five countries that were not part of the first assessment. The evaluation of these indicators followed the criteria for rating the Region-wide indicators for outcomes and outputs presented in Annex B of Addendum I to the Report of the End-of-biennium Assessment of the PAHO Program and Budget 2018-2019/Final Report on the Implementation of the PAHO Strategic Plan 2014-2019 (Document CD58/5, Add. (I) (9)).

### ***Strategic Line of Action 1: Strengthen and consolidate governance and leadership in human resources for health***

7. The indicators of this strategic line of action showed the least progress. Especially noteworthy here is the need to make progress on creating high-level intersectoral decision-making bodies and on planning future HRH needs. Moreover, in the context of the COVID-19 pandemic, although progress was observed regarding public investment in HRH, both in terms of increasing the proportion of the public budget allocated to this area and the number of jobs at the first level of care, this investment was not sustained over time and in most countries these jobs were not permanent. However, progress was made in the development and implementation of national human resources policies and in strengthening HRH information systems, which will facilitate planning and forecasting.

<b>Objective 1.1:</b> 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
<p><b>1.1.1</b> Number of countries that have formalized and have initiated implementation of a national policy on human resources for health</p> <p>Baseline (2018): 8 Target (2023): 22</p>	<p><b>Partially achieved.</b> Thirteen countries report that they have formalized a HRH policy that is currently being implemented. Although significant progress has been made against the baseline, the target has not been achieved.</p>
<p><b>1.1.2</b> Number of countries with an active high-level institutional decision-making body in human resources for health</p> <p>Baseline (2018): 7 Target (2023): 23</p>	<p><b>Partially achieved.</b> Ten countries report that they have a high-level intersectoral decision-making body. This shows limited progress compared to the baseline and is far from the established target.</p>
<b>Objective 1.2:</b> 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
<p><b>1.2.1</b> 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</p> <p>Baseline (2018): 10 Target (2023): 23</p>	<p><b>Partially achieved.</b> Sixteen countries report having a multidisciplinary institutional team with HRH planning capacities. This shows progress from the baseline, but is far from the target.</p>
<p><b>1.2.2</b> Number of countries that have needs projections in human resources for health, and action strategies based on their model of care</p> <p>Baseline (2018): 8 Target (2023): 21</p>	<p><b>Partially achieved.</b> Nine countries report that they have HRH needs projections and action strategies, reflecting a stagnation of the indicator with respect to the baseline.</p>
<p><b>1.2.3</b> 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</p> <p>Baseline (2018): 7 Target (2023): 22</p>	<p><b>Partially achieved.</b> Thirteen countries report that they have implemented a national HRH information system. This reflects progress on the indicator, despite not meeting the target.</p>

<b>Objective 1.3:</b> Increase public investment in human resources for health, increasing employment opportunities and improving working conditions, especially at the first level of care	
<b>Indicator, baseline, and target</b>	<b>Status</b>
<p><b>1.3.1</b> Number of countries that have increased the proportion of the public budget allocated to human resources for health</p> <p>Baseline (2018): 8 Target (2023): 20</p>	<p><b>Partially achieved.</b> Twelve countries report that they have increased the proportion of the public budget allocated to HRH. This shows progress from the baseline, but without reaching the established target.</p>
<p><b>1.3.2</b> Number of countries that have increased the public budget, reflected in jobs at the first level of care in relation to total health workers</p> <p>Baseline (2018): 8 Target (2023): 19</p>	<p><b>Partially achieved.</b> Eleven countries report that they have increased the public budget allocated to first-level jobs. This shows a slight improvement from the baseline, although far from the established target.</p>

***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***

8. While there has been an increase in the number of countries that have established policies and strategies to promote the attraction, recruitment, and retention of HRH in underserved areas, further progress is needed to reduce gaps in the density of health professionals. It is important to highlight that some countries, by prioritizing the first level of care for the early detection and follow-up of COVID-19 cases, consolidated their interprofessional teams and in some cases expanded the delegation of tasks among health professionals. Moreover, progress was made on bringing countries into dialogues and agreements on health worker migration. In the absence of agreements for the recognition of academic degrees, some countries issued decrees that exceptionally authorized health professionals with foreign degrees to practice, especially in underserved areas. Others initiated or reactivated bilateral agreements between governments to have HRH support for pandemic control. A number of countries established economic and non-economic incentives for frontline HRH. All these measures made it possible to expand the care of patients with COVID-19 and ensure the continuity of essential health services.

<b>Objective 2.1:</b> Promote equitable staffing 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	
<b>Indicator, baseline, and target</b>	<b>Status</b>
<p><b>2.1.1</b> 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</p> <p>Baseline (2018): 5 Target (2023): 20</p>	<p><b>Partially achieved.</b> Twelve countries report that they have a policy promoting equitable distribution, reflecting significant progress from the baseline, but not reaching the target.</p>

<b>Objective 2.1:</b> Promote equitable staffing 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
<p><b>2.1.2</b> 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</p> <p>Baseline (2018): 3 Target (2023): 18</p>	<p><b>Partially achieved.</b> Nine countries report that they have an incentive policy for the retention of staff in underserved areas. While this shows progress from the baseline, it is far from the established target.</p>
<p><b>2.1.3</b> 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</p> <p>Baseline (2018): 7 Target (2023): 16</p>	<p><b>Partially achieved.</b> Ten countries report that they have narrowed the gap in the density of health professionals in underserved areas. This shows progress from the baseline, but without reaching the established target.</p>
<b>Objective 2.2:</b> Create 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
<p><b>2.2.1</b> Number of countries that have an interprofessional health team at the first level of care, consistent with their model of care</p> <p>Baseline (2018): 12 Target (2023): 21</p>	<p><b>Partially achieved.</b> Sixteen countries report that they have an interprofessional health team at the first level of care. This shows progress with respect to the baseline, but without reaching the established target.</p>
<b>Objective 2.3:</b> 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
<p><b>2.3.1</b> Number of countries with a formal regulatory framework that defines the attributions of the health sciences and related professions, based on the needs of their model of care</p> <p>Baseline (2018): 11 Target (2023): 19</p>	<p><b>Partially achieved.</b> Thirteen countries report that they have a regulatory framework for health professions. This represents a slight advance from the baseline, without reaching the established target.</p>

<b>Objective 2.3:</b> 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
<b>2.3.2</b> 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	<b>Partially achieved.</b> Twelve countries report that they have a regulatory framework promoting the delegation and redistribution of the tasks of health teams. This shows significant progress with respect to the baseline, but without reaching the established target.
<b>Objective 2.4:</b> 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
<b>2.4.1</b> Number of countries that have participated in multilateral or bilateral dialogue or arrangements on health workers migration, including the WHO Global Code of Practice on the International Recruitment of Health Personnel  Baseline (2018): 6 Target (2023): 16	<b>Exceeded.</b> Seventeen countries report that they have participated in multilateral or bilateral dialogue or arrangements on health worker migration. In addition to representing significant progress with respect to the baseline, this exceeds the established target.

***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***

9. This reflects countries' significant progress in the implementation of a continuing education plan for health professionals. In order to address the pandemic, special training plans were established to strengthen the knowledge of health teams, in coordination with academic institutions and using online training modalities such as the PAHO Virtual Campus for Public Health. This background of intersectoral coordination and collaboration strengthens future training and operation mechanisms, but more progress is needed in the development of agreements and mechanisms for permanent formal coordination between the education and health sectors. The pandemic made it necessary for some countries to establish dialogues and agreements between the health and education sectors for the early graduation or incorporation of students in the final year of health programs, but these processes must become permanent and more institutionalized.

10. Major progress has also been made in the development of evaluation and accreditation systems for health education, but it is necessary to strengthen the incorporation of standards that take into account the scientific, technical, and social competencies of graduates. Progress is necessary in family and community health training, reflected in the number of jobs at the first level of care.

<b>Objective 3.1:</b> 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	
<b>Indicator, baseline, and target</b>	<b>Status</b>
<p><b>3.1.1</b> 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</p> <p>Baseline (2018): 12 Target (2023): 22</p>	<p><b>Partially achieved.</b> Fourteen countries report that they have mechanisms for permanent formal coordination between the education and health sectors based on social accountability principles and interprofessional education. This shows slight progress with respect to the baseline, without reaching the established target.</p>
<p><b>3.1.2</b> Number of countries that have implemented a continuing education plan for health professionals</p> <p>Baseline (2018): 7 Target (2023): 23</p>	<p><b>Partially achieved.</b> Sixteen countries report that they have implemented a continuing education plan for health professionals. This represents significant progress from the baseline, but without reaching the target.</p>
<b>Objective 3.2:</b> Have systems for evaluating and accrediting health professions programs that include standards that consider the scientific, technical, and social competencies of graduates	
<b>Indicator, baseline, and target</b>	<b>Status</b>
<p><b>3.2.1</b> Number of countries with at least 50% of health professions programs accredited</p> <p>Baseline (2018): 7 Target (2023): 18</p>	<p><b>Partially achieved.</b> Fourteen countries report that they have at least 50% of their health degrees accredited. This shows significant progress with respect to the baseline, but without reaching the established target.</p>
<p><b>3.2.2</b> 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</p> <p>Baseline (2018): 8 Target (2023): 19</p>	<p><b>Partially achieved.</b> Twelve countries report that they have an accreditation system with social accountability standards, teacher training, interprofessional education, and graduates' competencies. This shows progress with respect to the baseline, without reaching the established target.</p>
<b>Objective 3.3:</b> 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	
<b>Indicator, baseline, and target</b>	<b>Status</b>
<p><b>3.3.1</b> Number of countries with a plan for training specialists in the various professions, agreed upon with training institutions</p> <p>Baseline (2018): 8 Target (2023): 21</p>	<p><b>Partially achieved.</b> Thirteen countries report that they have a plan to train specialists. This shows progress with respect to the baseline, but without reaching the established target.</p>

<b>Objective 3.3:</b> 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	
<b>Indicator, baseline, and target</b>	<b>Status</b>
<p><b>3.3.2</b> Number of countries where at least 30% of total health care residencies offered are in family and community health</p> <p>Baseline (2018): 4 Target (2023): 15</p>	<p><b>Partially achieved.</b> Ten countries report that at least 30% of their health care residencies are in family and community health. This represents an advance with respect to the baseline, but falls far short of the established target.</p>
<p><b>3.3.3</b> Number of countries where at least 30% of specialist positions available are in family and community health</p> <p>Baseline (2018): 3 Target (2023): 14</p>	<p><b>Partially achieved.</b> Eight countries report that at least 30% of their job offers for specialists are in family and community health. This is an improvement over the baseline (more than double the previous number of countries), but far from the established target.</p>

### Lessons Learned

11. Human resources are of vital importance in health systems, and maintaining an available, qualified, and sufficient workforce is one of the essential elements to better respond to public health emergencies, without neglecting essential health services, control of noncommunicable diseases, and elimination of communicable diseases. In this regard, the COVID-19 pandemic underscored the need to make progress toward achieving the objectives of the plan of action, as it became clear that the existence of planning policies and regulations, which contribute to determining needs and provide a framework for interventions supported by quality HRH information systems, is a key factor for timely and effective response at the country level. The pandemic made it more difficult to monitor and meet some indicators and also posed new challenges for the development of HRH, highlighting the need for a multisectoral approach to the different stakeholders involved in decision-making, and for consensus and agreement among them.

12. Adequate distribution and availability of HRH, including in remote and underserved areas has been a critical factor that requires appropriate policies, plans, and investments to achieve universal health.

### Action Needed to Improve the Situation

13. The following measures are presented for the consideration of the Member States:
- a) Bearing in mind that the Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems emphasizes the main challenges posed by the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023, and reflects the key lessons learned from the COVID-19 pandemic in this area, efforts to meet the challenges ahead must continue, taking into account the strategic lines of action in the Policy on the Health Workforce 2030.

- b) Because the pandemic conditioned the achievement of many targets and indicators in the plan of action, and given the need to achieve resilient health systems, it is important to further advance the process within this framework to continue making progress toward closing the identified gaps and strengthening HRH, as well as consolidating this as a priority task for health systems, with the involvement of the education sector.
- c) It is important to strengthen dialogue and coordination between the health and education sectors in order to adapt the profile of health professionals to the needs of health systems, requiring political commitment from governments.
- d) It is necessary to strengthen countries' political commitment to advancing national agreements on the implementation of HRH policies, with special attention to the challenges identified in the plan of action and included in the Policy on the Health Workforce 2030.

### **Action by the Executive Committee**

14. The Executive Committee is invited to take note of this present report and to make any comments it deems pertinent.

### **References**

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