CARIBBEAN ROADMAP ON HUMAN RESOURCES FOR UNIVERSAL HEALTH, 2018-2022

Pan American Health Organization

World Health Organization

REGIONAL OFFICE FOR THE **Americas**

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1. BACKGROUND

In response to a number of Member State consultations, World Health Assembly and PAHO Directing Council Resolutions and collaboration on health with CARICOM Secretariat, continuing progress is needed to address the situation on human resources for health in the Caribbean. The countries in the region of the Americas also have recommitted themselves to support universal access (UA) and universal health coverage (UHC) and through CARICOM to the Country Cooperation Strategy in Health IV.   A collaborative Subregional approach is needed that embraces the concept of two strategic priority areas and outcomes in CCH IV, (areas 1 and 3) namely, 'Health Systems for Universal Health Coverage' and 'Health and well-being of Caribbean people throughout life course'. The approval of the CARICOM Human Resources Development (HRD) Strategy 2030 also underlines the importance of creating better synergies between the Health and Education Sectors.

Based on PAHO consultations with Member States in August 2015 on human resources for health in Buenos Aires, that included 22 persons from the Caribbean region and recognizing
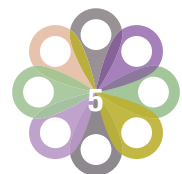
the need to update the earlier Caribbean HRH Roadmap, 2012 to 2017, which involved substantive consultations and more critically the need to align all of this with the Strategic lines in the PAHO Regional Strategy on Human Resources for Universal Health, a Subregional workshop of 15 CARICOM Member States was held in January, 2017. This workshop identified the current, ongoing issues and priorities with regards to the health workforce, as the basis for developing a new Caribbean Roadmap for Human Resources for Universal Health, 2018 to 2022.

The new Roadmap is organized around the seven sub-regional HRH priorities that were identified (summarized below) by the 15 Member States represented by senior and mid-level officials of ministries of health. It sets out collaborative strategies to help move the sub-regional HRH agenda forward over the next four years. The areas identified were: Governance and Leadership, Education and Training, Access with Quality and Equity, Finance, HR Information Systems, Research, and Gender Responsiveness - and sets out collaborative strategies to help move the sub-regional HRH agenda forward over the next four years. The Roadmap explores each of the priority areas with respect to challenges, objectives, best practice examples, milestones and financial resources to guide the process.

The overarching objective of the plan is to enable the subregion to have timely and quality access to an optimal and stable health workforce. A collaborative sub-regional approach is intended to help enlist the appropriate, technical, fiscal, administrative and political support necessary for its successful implementation.

The broad aim underlying each of the identified sub-regional HRH priorities is the strengthening of the quality, availability, accessibility and acceptability of HRH across the Caribbean in support of the achievement of universal access (UA) and universal health coverage (UHC).

2. PURPOSE

The purpose of this document is:

- To provide a summary of the draft Caribbean Roadmap for Human Resources for Universal Health, 2018-2022.
- To provide the context and background summary of HRH issues, challenges, initiatives and lessons learned over the past decade; and,
- To provide a rationale for continuing to move the HRH agenda forward on collaborative sub-regional basis.

3. PRIORITIES FOR THE CARIBBEAN

3.1 Governance and Leadership

` **Challenges**

Governance has been identified as a major concern in the health systems of the Caribbean, particularly as it relates to professional regulation and quality assurance in both the public and private sectors. Ministries of Health have insufficient capacity for workforce strategic planning, management and monitoring and evaluation, and managers often have insufficient capacity or authority to make evidence-based policy decisions. In some countries health workforce planning and management is directed by the central Civil Service Ministry, not the Ministry of Health. Poor staff performance reflects low morale, incentives and accountability.

And although half or more of the health workforce is often employed at least part-time in the private sector, few governments have a comprehensive picture of the situation. Offering better hours, wages and benefits, the private sector provides direct and significant competition for the public sector with respect to attracting and retaining health care workers. It is critical too for
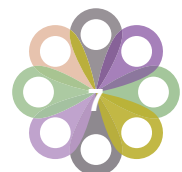
governments to establish a viable partnership with the private sector if the costs of achieving UHC are to be manageable and the quality of service delivery is to remain high.

Objectives

In light of the challenges identified, a first objective will be to conduct national HRH Situational Analyses throughout the sub-region and to develop appropriate HRH policies and actions plans to address the issues and priorities identified. This capacity is predicated on; commissioning such plans, having some human resources for health functions available in the absence of a full unit or having fully staffed and functioning HRH Units, with appropriate, quality data to facilitate strategic planning and the development of an HRH monitoring and evaluation framework. In most instances in the Caribbean it has been in the recent past a mixture of the first two options.

Professional regulation must be strengthened in the public and private sectors and mechanisms to monitor the quality of both HRH management and service delivery are required. Inter-sectoral collaboration in the development of governance mechanisms (education, working conditions, competency profiles, scopes of practice, etc.) are to be promoted.

Best Practices

Implementing and aligning inter-sectoral processes across Ministries of Health, Education, Labour and Finance and the Public Services Commission or equivalent, provide for the development of more comprehensive, relevant, integrated, accountable and sustainable HRH policies, plans and governance mechanisms. It also enables the Ministry of Health to provide more focused stewardship with respect reforming all aspects of the health workforce, including training, regulation, deployment, labour relations and personnel management, towards achieving UA and UHC.

Clearer estimates of the health needs of the population need to be determined, translated into service requirements, and then into the number, mix and distribution of health workers required to most efficiently and effectively meet the health needs identified. Competency driven, team-based health care models, that include more innovative approaches to staff mix, deployment, distribution and payment, need to be developed to improve workforce productivity and better support community-based expansion of public health and PHC services.

3.2 Education and Training

Challenges

Quality education is the foundation for developing competent health workers who are equipped with the knowledge, attitudes and skills necessary to deliver quality care. However, as the health system shifts its emphasis towards the delivery of community-based primary care, in many instances the health workforce is ill-equipped to support the transition.

As such, educational institutions, which are traditionally slow to change, need to better align the programs with the needs of the health care system. Furthermore, the inconsistent accreditation of training programs, both within countries and across the sub-region, has raised concerns about the quality of training and its overall impact on the quality of professional practice.

Objectives

Producing more health professionals is not enough; they have to have the right competencies to respond to changing health care needs. Nurses, who in some countries represent half the total health workforce, must be at the forefront of these changes. Professional councils must ensure that regulatory measures are flexible enough to support health reform. They must also monitor and enforce continuous professional development to ensure public protection

and the provision of quality care. The accreditation standards for professional training programs will need to be revised and standardized to enhance program quality and ensure accountability to - and alignment with - community needs.

Best Practices

Countries with training programs that emphasize - flexible curricula, interprofessional training, enhanced leadership skills, including PHC components in all health professional training programs, strengthening faculty teaching capacity and achieving international accreditation standards - have had the greatest success in promoting public health, addressing non-communicable diseases and expanding PHC delivery.

Collaboration with and integration with activities on a Centre of Excellence by CARICOM as part of the Human Resources Development (HRD) Strategy 2030 aims to develop regional education and skills and system capacity as one of the key transformational initiatives. This COE is intended to create new learning spaces for schools in which the curriculum will consider daily routine health practices. There will be a virtual platform for all stakeholders/international partners to collaborate and identify their contributions (technical cooperation, ideas or research).

3.3 Access and Quality
Challenges

Inequities persist in the availability, distribution and quality of the health workforce. Poor retention rates in underserviced areas, high mobility and migration, precarious working conditions and low productivity, all hinder progress in the expansion of quality health services, particularly the delivery of PHC at the community level. The situation is further compounded by a health workforce – planners, managers and clinicians – that is often deployed inappropriately or lacks the kinds of skills needed to support health system reform.

Change is further impeded by a health educational system that is not optimally aligned with the needs of the health care system.

Objectives

A key objective is to improve the performance and productivity of the health workforce through the expansion of PHC services. Inter-professional PHC teams aim to enhance overall health care delivery through task sharing, competency-based deployment and collaborative patient management at the community level, and improve population health through greater efforts in health promotion and disease prevention.

Best Practices

Health equity data provide an evidence base for equity-oriented interventions, and are a key in mapping progress towards achieving universal health coverage. The most effective HRH strategies are those developed with broad stakeholder input and responsive to identified community needs. Health care access and quality is improved when health systems are easy to navigate and continuity of care is provided by interprofessional teams within integrated health service networks.

3.4 Finance
Challenges

The health sector has had limited success in securing a greater share of total government expenditure in many countries. As overall budgets are generally not increasing within economically tight global markets, increased spending on health means decreased spending in other sectors, including education and social services, which also contribute to the social determinants of health. If no new monies are available for health, resources to support health system reform (expansion of public health, PHC etc.) generally comes from donors, through eliminating programs or from reducing the budgets of other health sectors (e.g. tertiary care).

The situation is further complicated by the fact that while expanding community-based PHC services may reduce the demand for more expensive tertiary services in the long-term, they often represent add-on costs in the short-term. Furthermore, the traditional instability and lack of accountability of the health workforce often discourages governments from further investment in the health sector. Health Ministries will need to garner greater political support to increase domestic spending on health, however, if UA and UHC are to remain achievable goals in the near future.

It is important for governments to note that any investment that improves the health of the population also has the added benefit of improving the overall health of the economy.

Objectives

Countries need to develop clear health policy agendas, identify the health workforce requirements to support them and then determine the funds required to make it happen. Health reform strategies will need to be developed to begin to address the gap between the current health budget and the estimated costs of implementing UA and UHC.

National planning and resource mobilization mechanisms will need to be established to support HRH Units in planning the transition. Recognizing that health is a labour-intensive industry, national spending on HRH should be targeted at more than 40 percent of total government expenditure on health. A funding strategy – including domestic, private, regional, international donors – will need to be developed to begin to effectively close the fiscal gap between health workforce plans and the current capacity to achieve them.

Best Practices

A detailed analysis of government spending on health would help identify any 'fiscal space' (funding flexibility or reserve) that would allow it to devote more resources to achieving UHC, thereby reducing total public out-of-pocket expenditure on health and ensuring better access to care. A clearer understanding of the overall fiscal context is essential for determining the viability of various health and health workforce reform options.

Developing a health financing policy with respect to UHC must focus on choices around revenue raising, pooling, purchasing and benefit entitlements. The impact of new policy or reform must be assessed in terms of its effect on the entire population and the entire health system.

3.5 HRH Information Systems
Challenges

Weak information systems are an impediment for effective decision making with respect to HRH planning and development. In most countries of the sub-region there is an absence of available HRH data that is accurate, timely, consistent and comparable, particularly with regards to the private sector.

In addition, there is a paucity of data to better plan HRH to meet population health needs and a lack of capacity to collect it. There is also a need for better integrated systems that link HRH data to other planning information, including health services delivery and health outcomes data. Data fragmentation has greatly limited HRH policy development.
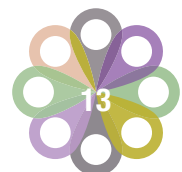
Objectives

To strengthen strategic planning and improve decision-making overall, it is imperative to develop a comprehensive HRH information system at the national level, that is linked to the overall health information system and a core health professional registration database at the sub-regional level.

Best Practices

Better HRH data and evidence serves as a critical enabler to enhance advocacy, planning, policy-making, governance and accountability at national and sub-regional levels. Those ministries/sectors/institutions with basic data on educational and workforce attrition, emigration, labour participation rates and full-time equivalencies, for example, are able to determine their net supply of health workers and thus develop more effective health workforce plans and policies.

Similarly, those countries with sufficient HRH data to permit new program monitoring and evaluation, are able to develop contingency plans early, as required, to ensure that programs are on target and remain sustainable over the longer term. Data for planning and evaluation is particularly important as professional scopes of practice are being expanded, competency-based staff deployment options are being explored and new health support worker categories are being created, in efforts to deliver more efficient and effective community-based health programs.

3.6 Research
Challenges

Government's commitment to the implementation of UHC has significant research implications for the health system, especially as it pertains to developing new models of funding health care and their impact on the health workforce. In particular, more research

is required to inform policy and funding decisions with respect to HRH recruitment and retention, mobility and migration, professional mix and deployment and personnel management to better support health workforce innovation and reform.

The lack of quality HRH data has meant that health workforce issues have not been adequately represented on health research agendas. Relationships between researchers and decision-makers have been insufficiently developed with respect to jointly identifying HRH research priorities and in utilizing their results.

Objectives

Three criteria underpin the WHO approach to health research; quality, impact and inclusiveness. The global strategy on research, which is being used to guide regional and national strategies, taking into account the local context, public health needs and research priorities, has five strategic goals: i) to reinforce research culture; ii) to address the most important health problems; iii) to strengthen national health research systems; iv) to promote quality practice and standards in research; and, v) linking policy and practice to the products of research.

Best Practices

HRH research services need to be expanded and strengthened – including enhanced skills development - to support the long-term implementation of sub-regional HRH strategic plans over the next decade. HRH research – including exploration of 'best practices' in other jurisdictions – has the potential to provide insight and innovation into new HRH training and management systems that may be worthy of adoption across the Subregion.

New mechanisms of knowledge transfer and exchange (KTE) need to be established to enhance the power and relevance of current HRH research. New research partnerships need to be identified
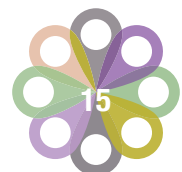
and developed to improve the quality and strengthen the local resource base for HRH research.

3.7 Workforce Feminisation and Gender Responsiveness
Challenges

Although women make up over seventy-five percent of the health workforce, they tend to be concentrated in the lower-status health occupations and to be a minority among more highly trained professionals. Women are also over-represented in the caring, informal, part-time, unskilled and unpaid work, elements of work that are routinely not measured. The omission of sex-disaggregated data often hides the presence of women or misrepresents their work.

As a result, the specific needs of female health workers are often not addressed, whether it is the provision of childcare or protection from physical violence from patients or psychological abuse from supervisors.

Objectives

There is a need to raise awareness of gender, gender issues and gender sensitivity in health among all cadres of the health workforce. Sex-disaggregated health data needs to be created and analysed to enable gender responsiveness in workforce planning and policy development within the health and education sectors. The ultimate goal is to achieve overall gender equality.

Best Practices

Gender mainstreaming in HRH policy and planning entails developing appropriate methodologies for data collection, monitoring and evaluation with the aim of identifying inequities in working conditions in the health sector, inequities between women's and men's access to health care services and inequities in health outcomes.

Removing gender biases will require participatory gender training, policy and program reforms, transformative work redistribution and other focused affirmative action measures.

4. ROADMAP IMPLEMENTATION – Milestones and Costs

The Caribbean Roadmap for Human Resources for Universal Health 2018-2022 aims to set out a comprehensive, four-year approach to address the issues and priorities, through a program of costed plans, strategies, technical cooperation and collaborative support.

The total administrative budget for implementation of the proposed strategies in the Roadmap is estimated to be about US$538,000 over the timeline for the plan. First-year costs total almost US$124,000, about two-thirds of which are in support of governance measures.

A breakdown of the key milestones to be completed within the first year (2018-2019) of the plan, and summary of the related administrative costs, are set out below.
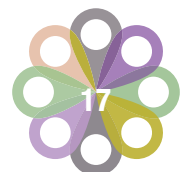
"Key Milestones for accomplishment of HRH for Universal Health"

| 2018 - 2019 | 2019 - 2020 | 2020 - 2021 | 2021 - 2022 |

Country Actions/ Technical Cooperation/ Joint work Year 1

Governance and Leadership (US$64,261)

- HR functions or Unit Setup
- Health Policy
- Roadmap Distribution
- Health Workforce Action Plan
- Data Submission to CARPHA
- National HRH Account Setup
- HRH Situational Analysis
- Workforce Action Plan Implementation
- National HRH Account Data Submission

Education and Training

- Quality Management & Accreditation
- Competency-based Curriculum development
    - Framework (Joint Work)
    - Reorientation (Joint Work)
- WHO Emergency Risk Communication
- Preparation for Introducing Socially Accountable curricula based on interprofessional education (joint work)
- Strengthening faculty competencies (joint work)

Access with Quality and Equity (US$3,420)

- Medical Ethics/Professionalism (Self-Train)
- Health Ethics Committee
- Implementation of Chronic Care Model

Country Actions/ Technical Cooperation/ Joint work Year 1

Finance (US$14,115)
- Assess National Fiscal Context
- Health Financing for UHC (eLearning)
- Multi-Sectoral Coordinating Council for
- Health Financing Country Diagnostic
- HRH Planning & Resource Mobilization

HR Information Systems (No Cost for self-learning)
- iHRIS Software Suite (self-traininig)
- iHRIS Administrator eLearning)Access with Quality and Equity

Research (US$21,825)
- National Health Research Council
- Health Research Analyst
  & Health Research Ethics Committee
- Nursing Research & Professional
- Research Priority Workshop
- Collaborate with CARPHA on HRH Priorities
- Implementation of Nursing Policies
- CARPHA's Research Priorities (Joint Work)

Gender Responsiveness (US$20,000)
- WHO Gender and Health Awareness (Self-Train)
- Changes in government policies
- Research on inequities in remuneration

The first-year milestones provide a strategic place to begin by laying the foundation for the development and implementation of a collaborative, Subregional HRH plan. This forms the basis of further consultation to map priorities within the context of the Caribbean Region's needs and to establish a formal, Subregional planning mechanism to refine and guide the process.
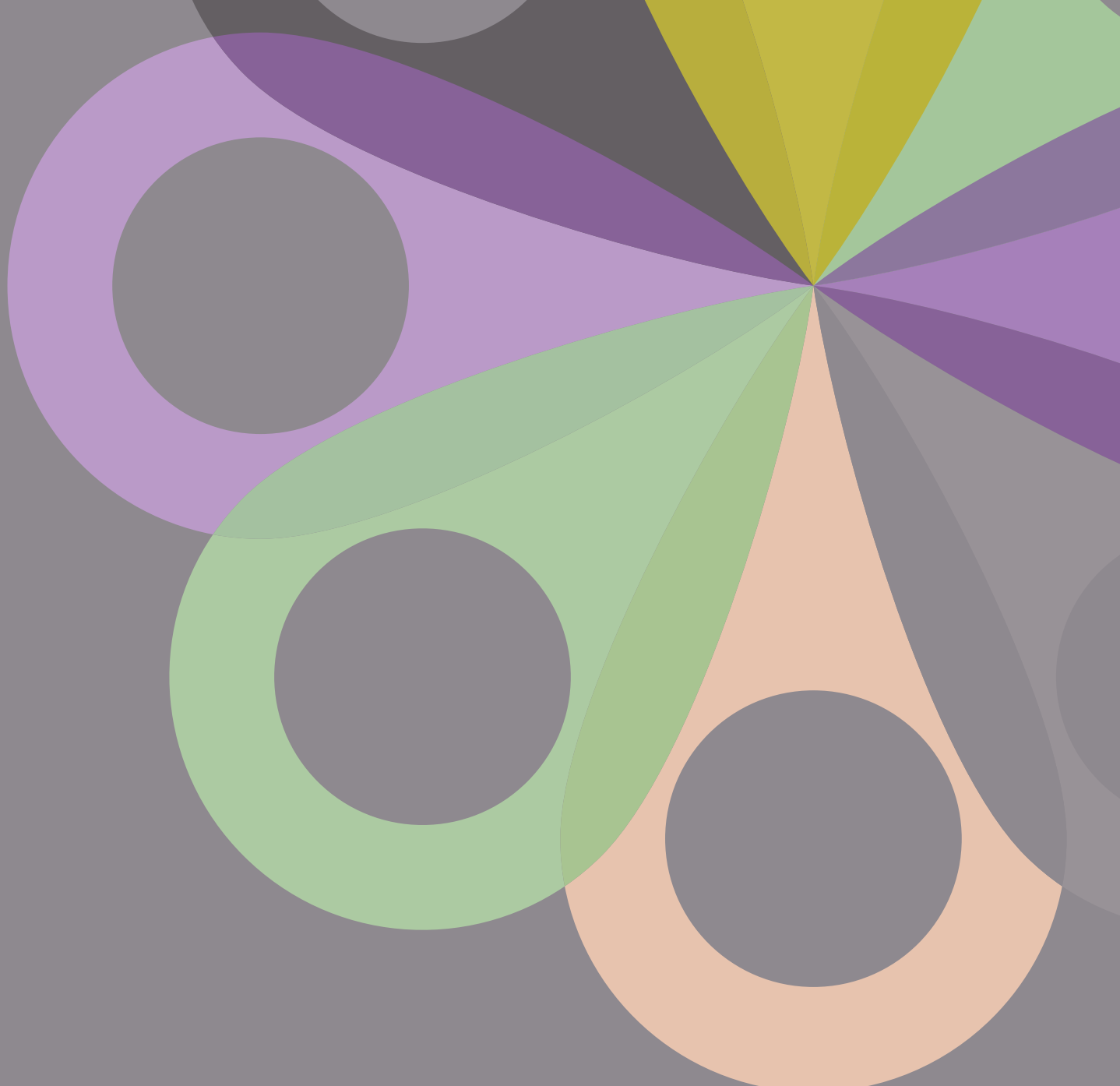
5. NEXT STEPS

The Caribbean Roadmap for Human Resources for Universal Health, 2018-2022, sets out a comprehensive approach to address these sub-regional concerns through a strategy of collaborative plans, technical cooperation and support. While it is recognized that it is ultimately the responsibility of individual country governments to implement their own policy agendas – within the limits of available resources – the Roadmap provides a coordinated approach at the sub-regional level that enables countries to:

- develop common, core standards and guidelines for HRH planning, program and policy development;
- avoid unnecessary duplication of effort across Caribbean institutional structures;
- benefit from 'economies of scale' and the 'best practice' experiences of others;
- cost-effectively adapt 'lessons learned' to their own specific country needs; and,
- strengthen the capacity of their respective health workforces to provide access to quality health services for all of their citizens.

This investment in interventions identified is estimated to be a relatively modest sum considering the potential gains as a result of engaging a wide range of key stakeholders in collaborative action; in promoting innovation in HRH policy, practice and research; and, the cost-savings achieved through improvements in overall health workforce stability, efficiency and effectiveness across the Caribbean.

CARIBBEAN ROADMAP

ON HUMAN RESOURCES

FOR UNIVERSAL HEALTH,

2018-2022

Pan American
Health
Organization

World Health
Organization

REGIONAL OFFICE FOR THE Americas