

Translating information into health policy

10 years of the Observatory of Human Resources for Health in the Americas

The political mandate of 'Health for All' has always been hampered by problems with human resources. Even in a well-financed health system, the availability of 'the right people, in the right places, with the right skills' is a crucial challenge. This is because having the right health workforce depends on sound, long-term policies, based on good information and people's political will to make it happen. The Observatory of Human Resources for Health is a tool that has transformed the way information and evidence is gathered and policy decisions made.

The Observatory of Human Resources for Health was created by the Pan American Health Organization (PAHO) and the World Health Organization (WHO) in the Americas (www.observarh.org/regional) in 1999. The observatories are sponsored by governments to collect health workforce information and evidence and hold policy dialogues with academic, professional and union stakeholders. The name (Observatory) must not be understood as a passive place for observation. It is used in the sense of gathering partners, stakeholders and the governments around a strong evidence base. The involvement of professional people in contributing information, experience and perspectives to the political process allows policy decisions to reflect their varied interests. In this way government policies can be continually refined and modified using data and stakeholders' inputs. The process also enables these same stakeholders to confront hard facts that may change their perceptions and demands, leading to increasing cooperation and improved health policies. Twenty-eight countries of the Americas participate in the Observatory of Human Resources

for Health, and the initiative is developing rapidly in Africa and the Eastern Mediterranean regions of WHO.

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There are common features to the way that countries organise their national observatories. They use a common basic data set that has been defined and refined over the years. Observatory researchers gather information about:

- Stocks and flows of the workforce;
- Regulatory framework and management practices, and
- The education system.

They use this information to assess and track the progress towards a workforce that meets the health needs of the entire population through primary health care approaches.

The information is organised to highlight the country's progress in addressing five challenges, as defined in the Toronto Call to

Action (2005) as the top priority issues challenging the health human resources development in the countries of the Americas:

1. Define policies and plans to meet changes in health systems and develop the workforce capacity for implementing and revising them periodically.
2. 'Place the right people in the right places' by deploying the appropriate personnel into the right areas of the countries, with the right skills so that they match the specific health needs of those populations.
3. Manage the migrations and displacements of health workers so as to ensure access to health care for all the population.
4. Promote healthy work environments and foster commitment to the institutional mission to guarantee quality health services for all the population.
5. Develop cooperation between training institutions and the health services institutions to adapt the education of health workers so as to meet the health needs of the entire population.



Representatives of the Andean Observatory meet in Lima to share research results Photo: WHO/PAHO

The products that come out of these observatory stakeholder groups (research, databases, tools) are all in the public domain and made accessible through the Internet.

Building on that common platform, the countries and sub-regions of the Americas also create their own interventions:

- In 1999, Brazil developed a national framework, where PAHO and the Ministry of Health work together defining topics and conditions to create a network of thematic 'workstations'. Workstations are devoted to capturing labour market signals, study the evolution of certain professions and monitor the evolution of the health workforce in a state or a municipality. The research is oriented by questions put forward by the Secretariat for Labour and Education in Health, at the Ministry of Health and is disseminated as public goods by the observatory electronic network (www.observarh.org.br).
- The Andean Region has used the Brazilian platform and expertise to create the Andean network "Edmundo Granda" (<http://www.observarh.org>) with nodes in each country. Larger countries like Colombia are developing regional nodes for the provinces as well. A joint experience in training Andean and Brazilian human resources leaders, called CIRHUS, was turned later into a progressive integration of both networks. The Andean network is currently working to monitor the evolution of indicators that show how health workers are contributing to the development of primary health care services.
- Several countries in the English-speaking Caribbean - mainly in Jamaica, Trinidad and Tobago, Barbados and Belize - are developing databases of health professionals. These databases will be used to track trends and monitor the goals of recruitment and retention in a part of the world severely hit by the out-migration of doctors and nurses.
- In El Salvador the Observatory initiative boosted the action of a non-governmental organisation, the Inter-Institutional Group on the Development of Human Resources, to join the efforts of the Ministry of Health and the main universities for better integration of training and services. This

NGO later transformed into a human resources policy think-tank designated to liaise between academia and health services.

The role of PAHO/WHO has been to disseminate the idea and create the first generation of core data sets. As stated by Campos and Hauck (www.ecdpm.org), the influence of PAHO has progressively synergised with many country initiatives to use the Observatory as a policy dialogue arena to inform the policies and activities of decision-makers. Solving labour conflicts, discussing hot issues in professional regulations and creating shared visions with academia, are some of the key moments where the Observatory stakeholders have used the power of information to find short-term solutions aligned with long-term objectives for improving the health system of the country. Ten years after being launched, the observatories are mostly operated by national agencies or research centres, and PAHO is responsible for the dynamics of the network.

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