PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

# 50th DIRECTING COUNCIL
## 62nd SESSION OF THE REGIONAL COMMITTEE

*Washington, D.C., USA, 27 September – 1 October 2010*

*Provisional Agenda Item 4.7*

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## STRATEGY FOR HEALTH PERSONNEL COMPETENCY DEVELOPMENT IN PRIMARY CARE-BASED HEALTH SYSTEMS

### Introduction

1.      The Regional Declaration on the New Orientations for Primary Health Care was adopted by the 46th Directing Council of the Pan American Health Organization (PAHO) in September 2005 (see document CD46/13). The Declaration had been prepared at a regional advisory meeting in Montevideo that same year. In 2007, the Organization published the position paper *Renewing Primary Health Care in the Americas*, which addresses the principal challenges for the development of primary health care (PHC) and considers investment in human resources an essential area requiring attention *(1)*. In 2009, the 49th PAHO Directing Council adopted Resolution CD49.R13, which urges Member States to invest in the development of the necessary human resources to sustain the outreach and expansion of multidisciplinary services. On that same occasion, it adopted Resolution CD49.R22, urging Member States to promote human resources education and management compatible with the creation of integrated health services delivery networks.

2.      The Health Agenda for the Americas 2008-2017 *(2),* signed in June 2007 by the ministers of health of the Americas in Panama City, establishes an area of action on strengthening the management and development of health workers. In the analysis section, the ministers state that: "Human resource education continues through traditional modalities that frequently do not encourage the development of leadership and creativity."

3.      The 27th Pan American Sanitary Conference adopted Resolution CSP27.R7, which urges Member States to commit themselves to the achievement of the proposed regional goals for human resources for health 2007-2015 and intensify technical and

financial cooperation between countries towards this end. The 20 regional goals that were agreed upon are broken down under the five critical challenges mentioned in the Health Agenda for the Americas and the Toronto Call to Action: *Towards a Decade of Human Resources in Health for the Americas (3)*. Furthermore, the goals are aimed at developing primary care-based health systems and strengthening public health infrastructure. Goals 3, 8, and 15 refer to the development of competencies for primary health care.

**Background**

4.     During the last decade, the role of the State in social policy-making aimed at reducing poverty and inequities gained greater appreciation, and the importance of the public sector in the implementation of these policies was recognized. In the area of health, this translated into affirmation of the national health authority's stewardship of the health sector as a whole; strengthening of the public sector for insurance and health services delivery; and placing the right to health and social protection in health on countries' political agendas.

5.     The operational manifestation of these trends has been the development of coverage expansion programs, adoption of the renewed primary care strategy, the implementation of mechanisms to integrate service delivery networks, and the development of plans and strategies to reduce health system segmentation.

6.     Models of care are undergoing a transformation with the introduction of a family and community health focus at all levels of the system, using a preventive, intercultural, comprehensive approach.

7.     These policy orientations and the changes they are producing have profound implications for the development of human resources for health. After the so-called "lost decade" of the 1990s, the issue of human resources has been gaining a greater presence and visibility in country health policies. The countries have strengthened human resources units in the ministries with greater leadership capacity and have given them strategic functions that complement their traditional personnel management responsibilities. Some countries have adopted policy frameworks and human resources plans to make the renewal of primary care viable.

8.     Health systems' shift in the direction of PHC requires a series of new human resource profiles and competencies for the transformation to take place. One of the fundamental problems is the disconnect between the interests and pace of the higher education sector and the interests and urgent needs of the health sector. Even assuming that educational institutions do produce the required profiles, the number of personnel that need to develop the new competencies dictated by the primary care strategy far exceeds the training capacity of the educational sector.

9.      With a view to developing the desired competencies in health workers, this document proposes a networked learning (eLearning) strategy based on the permanent education approach. To this end, it should employ the following criteria: economies of scale (number of personnel reached), quality in educational processes (changes in health practices), a sense of urgency since there is an immediate need for appropriate personnel, and cost-effectiveness as an efficacious, though partial, response to the need to expand service coverage and renew primary care.

10.     The strategy for health worker competency development proposed in this document, is based on the policy framework outlined in the Toronto Call to Action: *Towards a Decade of Human Resources in Health for the Americas* and in the strategic orientations of the human resources for health policy (Document CSP27/10 [2007], *Regional Goals for Human Resources for Health 2007-2015*).

**Situation Analysis**

11.     In the Region, only Canada and the United States possess a public health competency framework that enables them to understand the competency gap to facilitate implementation of the primary health care strategy and health workers' performance of the essential public health functions. Moreover, few countries have competency frameworks that make it possible for them to document critical gaps. The first exercises to measure regional goals 3, 8, and 15,[1] conducted in the Andean countries using key informants and groups of experts, suggest a troubling situation with respect to the public health and intercultural competencies of primary health care teams, and the management competencies of service and program managers.

12.     Another way of estimating training needs is to calculate the number of health workers who should be trained based on a particular sector policy. An illustrative case is that of Brazil, which has a policy of full coverage of the population with family health teams. The Ministry of Health's 2008-2011 goals *(4)* include advanced training in family

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[1] Pan American Health Organization. "Regional Goals for Human Resources for Health 2007-2015" (Document CSP27/10). 27th Pan American Sanitary Conference, 59th Session of the Regional Committee of WHO for the Americas; 2007 Oct. 1-5; Washington (DC). Washington (DC): PAHO; 2007.
*Goal 3:* All countries will have developed primary health care teams with a broad range of competencies that will systematically include community health workers to improve access, reach out to vulnerable groups, and mobilize community networks.
*Goal 8:* Seventy percent of nurses, nursing auxiliaries, and health technicians, including community health workers, will have upgraded their skills and competencies appropriate to the complexities of their functions.
*Goal 15:* At least 60% of health services and program managers will fulfill specific requirements for public health and management competencies, including ethics.

health for over 52,000 physicians, nurses, and dentists, who comprise the basic team for the family health strategy.

13.     Countries have an abundance of training opportunities, responding to a supply-side rationale. These opportunities are often determined by the funding sources and their particular thematic interests. A study done in 2002 *(5)* shows an oversupply of educational services   in certain countries, financed by different international organizations, which have been contending for identical audiences and have caused a temporary emptying of the health services, with implications for their coverage and quality. Ministry of health training units are usually focused on responding to specific demands; training is aimed at developing technical competencies, rather than promoting changes in the organization and operation of the services.

**Proposed Strategy**

14.     The purpose of the strategy for developing health worker competencies is to strengthen the capacity for leadership, administration, management, and the delivery of services required for: the renewal of primary health care, the operation of integrated delivery networks, and appropriate performance of the essential public health functions. Intensive use of information and communication technology is proposed for implementing the strategy.

15.     The permanent education approach arose from critical thinking about classical trends in education and included input from the fields of organizational sociology, institutional analysis, and an adult education perspective, particularly in work situations. It involves using daily situations as a springboard to learning, analyzing problems in practice, and assessing the work process in the context in which it occurs. This approach is not limited to certain professional categories; instead, it is pertinent to the entire health team. The challenge is to change the organizations themselves in their real contexts. Accordingly, establishing or changing an institutional practice involves working to develop new skills and putting assumptions and the context on the discussion table. The permanent education approach is inseparable from the management process, which becomes a dynamic learning process.

16.     Networked learning (eLearning) is an educational modality in which teaching-learning processes—whether in person, virtual, or mixed—are strengthened through the active, intensive use of information and communication technologies (ICTs), without excluding the use of other traditional teaching media. ICTs facilitate the global dissemination and democratization of knowledge, great openness and flexibility in access to information, immediate and timely experience sharing, the development of virtual communities, and discussion, overcoming traditional barriers of time and distance. Knowledge and sharing flows circulate between formal and informal venues, in which

everyone contributes and everyone learns in an orderly, but non-hierarchical manner. The fundamental challenge consists of using ICTs intensively for "distanceless" education.

17.	The concepts of learning networks and resources and open learning platforms make it possible to develop, share, adapt to specific contexts, and continuously update learning opportunities at the local, national, regional, and global level at limited cost.[2] When health workers acquire the ability to use ICTs, it enables them to actively participate in learning processes and communities, in addition to permitting dynamic communication with entities of the service network and access to telemedicine services.

18.	Implementation of the proposed strategy, integrating eLearning and a permanent education approach with the use of ICTs, involves a significant investment of resources and the progressive overcoming of problems with institutional culture and connectivity (internet), among other things, in remote areas or where the population is scattered. However, considering global trends for internet access and the current culture of communication, mainly among the younger generation, the way of the future seems clear.

19.	The proposed strategy calls on the ministers of health to develop a learning policy that includes the use of e-learning methods aimed at all entities in the health system and at developing opportunities for collaboration with institutions of higher education and seeking greater alignment between strategic training needs and existing capabilities. The learning policy should establish the objectives, norms, standards, principles, technologies, and procedures for competency development.

20.	On a technical plane, the strategy invites ministers to rethink the role and characteristics of the entities in charge of educating and training service delivery personnel. In particular, the strategy suggests a reorientation of efforts toward: (a) the adoption of competency frameworks in public health and primary health care to guide interventions; (b) the development of a strategic learning plan aligned with the policies and priority needs of the sector; (c) the creation of learning networks that call for the participation of the country's educational institutions and the creation of venues for coordination; (d) the design of an incentives system and a system for certification of the learning experiences, linked, when appropriate, to professional courses of study; and

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[2] There are numerous examples of the effectiveness of using open learning resources and platforms in education in general and in the field of health in particular. Visit the website of the Open Courseware Consortium (http://ocwconsortium.org) to see some examples of the use of these resources in different countries. See also *Information Technologies and International Development Journal (http://itidjournal.org/itid)* and the *Journal of the European Association of Health Information and Libraries (EAHIL), Theme Issue: Open Access Today and Tomorrow,* Vol. 4, No. 4, November 2008, as well as the following articles: Smith, MS *Opening education.* Science 323(5910): 89-93, Jan. 2, 2009; y Matthew Smith, Nathan J Engler, Gideon Christian, Kathleen Diga, Ahmed Rashid and Kathleen Flynn-Dapaah. *Open ICT4D* ( Working draft 11/18/08), International Develoment Research Centre.

(e) the production and sharing of open eductional resources,[3] which shall be global public goods, among countries inside and outside the Region.

21.    This document basically refers to the development of health worker competencies. Ideally, pre-service education and in-service training should be addressed in an integrated manner, from a life-long learning perspective. Professional recertification processes illustrate this concept from a discipline-specific approach aimed at refreshing technical knowledge. The idea of an integrated approach is further supported by considering the concept of the social responsibility of the schools of health sciences, with their mandate to meet the population's needs and help reduce health inequities. On another plane, current trends and innovations in PHC-oriented training programs are geared to processes of interdisciplinary professional education to prepare for teamwork and to the decentralization of education, taking it to health services and communities.

22.    The explicit challenge in the real contexts in the countries, with few exceptions, is expressed in the Regional Goals for Human Resources for Health 2007-2015 *(6)*, in proposing the development of mechanisms for coordination between the health authority and the higher education sector to diversify and reorient the profiles of future health professionals. Assessing the human capital available in the health sector and developing the eLearning strategy with the participation of academic institutions are the first steps to be taken.

**Technical Cooperation Priorities and Strategies**

23.    In the 1980s and 1990s, PAHO actively contributed to the development of the concept of permanent education, its promotion in the countries of the Region, its inclusion in the design of educational interventions, and the evaluation of permanent education and training processes in health. In the year 2000, the *Public Health in the Americas Initiative and the exercise to measure performance of the essential public health functions* revealed deficiencies in human resources development and training in public health. This evidence led to an intensification of the search for a cooperation strategy for developing public health competencies of personnel in the services. This was the context for the emergence of the Virtual Public Health Campus (VPHC) initiative, which progressively integrated the concepts of permanent education and eLearning. Today, the VPHC represents the Organization's principal line of action in encouraging and supporting the countries of the Region in the development of learning policies and plans, systems design for permanent education and learning networks, and the production and sharing of open educational resources, from the standpoint of promoting convergence. The Campus facilitates the development of opportunities for cooperation

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[3]  Open educational resources (OER) are resources for teaching, learning, and research that are located on a website in the public domain or that have been published under a copyright that permits other people to use them freely or for purposes other than those the author originally intended.

between the health authority and academic institutions for implementation of the learning plan. The VPHC makes intensive use of ICTs and the concept of distanceless education.

24.     The VPHC as both a strategy and a technical cooperation tool offers an environment with a variety of resources for networked sharing and collaborative learning, helping health workers in the Region bring about changes in public health and primary care practices. To cite a few examples, the courses Leadership in Human Resources for Health and on Capacity Building for the Renewal of PHC, as well as the Diploma in Local Health and Development—all offered through the VPHC—have contributed to the creation of communities of practice whose members share resources and successful experiences, which in turn contribute to the improvement of practices at the local, state, and national level.  Similarly, the Edmund Grand Ugalde Leaders in International Public Health Program has led to the creation of communities of practice in different areas of international public health, including access to medicines, the training of human resources with a PHC orientation, and the eradication of malnutrition.

25.     The Virtual Campus facilitates the implementation of educational processes using different modalities and formats, including learning resources, self-guided courses, educational materials, and programmed and tutorial interactive courses; in addition to the interaction between groups and people from different contexts, regardless of distance. Thus, it facilitates the sharing of experiences and of tacit knowledge, access to sources of knowledge and to navigation through links, the use of a diverse communication and learning resources, and the development of virtual communities of practice for research and the updating of knowledge.

26.     The VPHC is integrated with the PAHO website and linked to the Virtual Health Library. It is also working with BIREME on the design of a network of open educational resources (OER).[4] The Virtual Campus falls under Strategic Objective 13 of the Strategic Plan 2008-2012 (Human Resources for Health), and contributes to the attainment of Regionwide Expected Result (RER) 13.4: "Member States supported through technical cooperation to strengthen education systems and strategies at the national level, with a view to develop and maintain health workers' competencies, centered on Primary Health Care."

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[4]  The VPHC uses the Creative Commons, or CC 3.0, licences, adhering to copyright (intellectual property) norms, under which it is permissible to copy, distribute, and reuse educational resources published under the following conditions: recognition of credits in the manner specified by the author or licensor;  use of the resources for noncommercial purposes; and when reusing or distributing the resources, the terms of the copyright must be indicated.

**Action by the Directing Council**

27.     The Directing Council is requested to examine the information provided in this document and study the possibility of adopting the resolution recommended by the 146th Session of the Executive Committee (Annex B).

**References**

1.     Pan American Health Organization. Renewing Primary Health Care in the Americas. Washington D.C.: PAHO; 2007.
http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=1546&Itemid=1724&lang=en.
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http://new.paho.org/hq/index.php?option=com_content&task=view&id=1976&Itemid=1724.
3.     Pan American Health Organization, Health Canada, Ministry of Health and Long-term Care of Ontario. Toronto Call to Action: Towards a Decade of Human Resources in Health for the Americas. Toronto: PAHO, 2005.
4.     Campos, F: Los recursos humanos en salud para el sistema único de salud de Brasil. Presentación en reunión de educación medica. 21 July, Belo Horizonte, Brazil, 2008.
5.     Davini MC. Nervi L. Roschke MA. Capacitación del personal de los servicios de salud Proyectos relacionados con los procesos de reforma sectorial. Quito: OPS; 2002.
6.     Pan American Health Organization. Regional Goals for Human Resources for Health 2007-2015 (CSP27/10). Washington, D.C.: PAHO; 2007.
7.     Open Courseware Consortium http://ocwconsortium.org/

Annexes

| **ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES** |
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| **1. Agenda item:** 4.7: Health Worker Competency Development in Primary Care Based-Health Systems |
| **2. Responsible unit:** Health Systems and Services (HSS) <br><br> **3. Preparing officer:** Charles Godue (the document is a collaboration of the Working Group of the PAHO/WHO Human Resources for Health Project) |
| **4. List of collaborating centers and national institutions linked to this Agenda item:** <br><br> Over 80 public health training institutions that make up the eight country nodes of the Virtual Public Health Campus. |
| **5. Link between Agenda item and Health Agenda for the Americas 2008-2017:** <br><br> The agenda item is linked to the principles, values, and areas of action described in the Health Agenda for the Americas. <br><br> <u>Principles and values</u>: human rights, universality, access, and inclusion; Pan American solidarity; and equity in health. <br><br> <u>Areas of action</u>: strengthening the national health authority; tackling health determinants; increasing social protection and access to quality health services; strengthening the management and development of health workers; and harnessing knowledge, science, and technology. |
| **6. Link between Agenda item and Strategic Plan 2008-2012:** <br><br> The plan of action is directly linked to **Strategic Objective 13**: "To ensure an available, competent, responsive, and productive health workforce to improve health outcomes." More specifically, this strategy will contribute to **Regionwide Expected Result (RER) 13.1: "**Member States supported through technical cooperation to develop plans, policies, and regulations of human resources at the national, subregional, and regional levels to improve the performance of health systems based on primary health care and the achievement of the Millennium Development Goals;" and to **RER 13.4:** "Member States supported through technical cooperation to strengthen education systems and strategies at the national level, with a view to develop and maintain health workers' competencies, centered on Primary Health Care." |
| **7. Best practices in this area and examples from countries within the Region of the Americas:** <br><br> (a) Skills Enhancement Program in Public Health, Agency of Public Health of Canada (APHC), Canada. <br> (b) INFOMED, Cuba <br> (c) Program for Family Health Development, Brazil |

**8. Financial implications of this Agenda item:**

During the period 2010-2015, an estimated US$ 8 million will be spent on activities and personnel. Approximately 50% of this amount will be allocated to activities in the Member States. However, full implementation at the national level will require funds from other sources, including national resources and resources from donors such as the Global Fund.

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## 50th DIRECTING COUNCIL
**62nd SESSION OF THE REGIONAL COMMITTEE**

*Washington, D.C., USA, 27 September-1 October 2010*

## *PROPOSED RESOLUTION*

### STRATEGY FOR HEALTH PERSONNEL COMPETENCY DEVELOPMENT IN PRIMARY HEALTH CARE-BASED HEALTH SYSTEMS

*THE 50th DIRECTING COUNCIL,*

Having reviewed the report of the Director, *Strategy for Health Personnel Competency Development in Primary Health Care-based Health Systems* (Document CD50/11), based on the PAHO Strategic Plan 2008-2012,

### *RESOLVES:*

1.     To urge Member States to:

(a)     reiterate their commitment to achieving the Regional Goals for Human Resources for Health 2007-2015 and developing national human resource plans in concert with the relevant social sectors and actors;

(b)     establish mechanisms and modalities for coordination and cooperation with national education authorities, academic institutions, and other relevant stakeholders to promote greater convergence between the profiles and competencies of future professionals and the orientations and needs of the health sector;

(c)     formulate a learning policy that includes virtual learning aimed at all levels and entities in the health system and develop competency frameworks for family and community health teams, with special emphasis on the intercultural approach;

(d)     adopt the networked learning strategy (*eLearning*) with a permanent education approach, making use of information and communication technologies geared to the transformation of current health practices and institutional behavior;

(e)     promote the production and sharing of open sources of learning and experiences among countries and territories of the Region.

2.      To request the Director to:

(a)     develop the Organization's technical cooperation with the Member States for the formulation of learning and *eLearning* policies and plans targeting health workers in the services;

(b)     assist the countries of the Region and subregional initiatives in developing strategies and mechanisms for coordination and cooperation between the national health authority and educational institutions, within the framework of a shared commitment and social responsibility for renewing primary health care;

(c)     promote the creation of learning networks linked at the regional level and the production of learning resources to strengthen the leadership and management capabilities of the health sector in priority issues for the Region;

(d)     help strengthen, through the Virtual Public Health Campus, the countries' capacity to develop the competencies of their health personnel and utilize information and communication technologies.

CD50/11  (Eng.)
Annex C

# Report on the Financial and Administrative Implications for the Secretariat of the Proposed Resolution

**1. Agenda item:** 4.7: Health Worker Competency Development in Primary Care-based Health Systems.

**2. Linkage to Program Budget 2010-2011:**

(a) **Area of work:** Health Systems and Services (HSS).

(b) **Expected result:**

**Region-wide Expected Result (RER) 13.1: "**Member States supported through technical cooperation to develop plans, policies, and regulations of human resources at the national, subregional, and regional levels to improve the performance of health systems based on primary health care and the achievement of the Millennium Development Goals."

**RER 13.4:** "Member States supported through technical cooperation to strengthen education systems and strategies at the national level, with a view to develop and maintain health workers' competencies, centered on Primary Health Care."

**3. Financial implications**

(a) **Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US$ 10,000, including staff and activities):** There will be an estimated expenditure of US$ 3.6 million for the period 2010-2013. Approximately 30% of this sum will be allocated to activities in the Member States.

(b) **Estimated cost for the biennium 2010-2011 (estimated to the nearest US$ 10,000, including staff and activities):** US$ 1.8 million (60% for activities and 40% for salaries).

(c) **Of the estimated cost noted in (*b*), what can be subsumed under existing programmed activities?:** Around 50% of what is needed for the biennium is already programmed with Canadian (CIDA) and Spanish (AECI) cooperation funds. Additional funds are being sought for implementation during the rest of the biennium.

**4. Administrative implications**

(a) **Indicate the levels of the Organization at which the work will be undertaken:** Regional, subregional, and national, with emphasis on the latter two.

(b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):** Implementing the line of action requires a technical team in the countries (systems engineer, computer engineer, communicator, graphic designer, among others) to support the activities of national and subregional learning networks, as well as a network of experts in the countries for technical cooperation on permanent education, the design and evaluation of on-line programs, and management of the technology platforms.

(c) **Time frames (indicate broad time frames for the implementation and evaluation):** The proposed time frame for capacity development will be until 2013. A model for an impact assessment is currently being developed, and the final evaluation will be done after the end of the Regional Initiative in 2013.

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