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**DEVELOPMENT AND STRENGTHENING
OF HUMAN RESOURCES MANAGEMENT IN THE HEALTH SECTOR**

The issue of human resources and specifically, human resources management, has been absent from health sector reform agendas and is reflected in the persistence of serious problems related to distribution, migration, low wages, inequities, and the lack of consistency between human resources development programs and the needs of the health services system, among others. The institutional capacity of health systems in human resources management is inadequate not only for dealing with staffing problems in the health services but for ensuring the institutional conditions that will help human resources to perform effectively with quality and productivity to meet health service and sectoral reform objectives.

There is a need: (a) to promote significant changes in human resources management at the conceptual, policy, and operational levels; (b) to develop and strengthen human resources policy as an expression of the health authority's intervention; and (c) to develop strategies and activities to improve institutional capacity in the health services for human resources management. That is, to ensure that human resources management is adopted as an essential public health function and can contribute to an improvement in health system performance. This document summarizes the human resources management situation in the Region, its determinants, and the prospects for its development. To promote improvements in the human resources management function as part of the sectoral changes under way at the national and regional level, PAHO is proposing a series of strategies, actions, and operational tools through an initiative known as the Observatory of Human Resources in Health Sector Reform.

The Executive Committee adopted Resolution CE128.R3 for consideration by the Directing Council.

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1. Introduction

The issue of human resources and specifically, human resources management, has been absent from the health sector reform agendas in the majority of countries of the Region. Although it is common to hear that human resources are the essential element in health systems and a key factor in sectoral reform, it is difficult to find human resources issues, especially those related to management, addressed in the changes taking place in the health systems in almost all the countries of the Region.

In any health services system, health workers—professionals, technicians, and auxiliaries, interacting on a technical and social level with the citizens who use their services—are the ones who in the final analysis determine what services will be offered; when, where, and to what extent they will be utilized; and as a result, what impact these services will have on the health status of individuals. The success of health activities depends to a great extent on effectiveness and quality in the management of health workers' performance. Human resources management involves the theory, decisions, and interventions relevant to inherent processes in how human resources perform when delivering health care to the population through a specialized institution (health services), which is where they exercise their professions and fulfill the terms of their work contract.

The reality is that public health institutions are not adequately addressing the complex problems of staff performance in the health services (considered the most complex of social organizations). These institutions, which lack resources and are subject to rapid change, generally give low priority to this area and manage their human resources in a disjointed manner with little technical know-how. Moreover, they usually relegate this activity to a personnel office.

That is why, in this document, human resources management in health is understood as an essential public health function and not simply as “what personnel offices do.” For the same reason, the human resources management function corresponds to the entity that oversees a health services system, health care network, or health institution, in order to guarantee the proper conditions to apply human talent, for the utilization of the knowledge and technology necessary to meet the health needs of a population.

Sectoral reform processes currently have a considerable and varied impact on the development of the health sector's human resources in all the countries. At the same time, problems can be observed in the performance of the health systems due to a lack of policies and technical definitions in the field of human resources, which limits the possibility of meeting reform objectives. The viability of certain institutional changes (such as the introduction of new health care models) is also a problem, given the lack of

participation and support by health workers and/or the institutions responsible for their education. In other words, human resources are not only part of the problem, but an essential part of the solution.

The challenge faced by the Member States in attaining equitable, efficient, effective, and sustainable health systems geared to meeting the health needs of their populations makes integral human resources development essential for strengthening their institutional capacities.¹ Thus, institutional development for human resources management is one of the main variables for measuring adequate performance in health systems. It is therefore imperative to strengthen this line of work at PAHO .

2. Current Status of Human Resources Management in the Health Services

Given the serious challenges to the health systems posed by sectoral reforms, it can be stated that the current concept of human resources management and the existing institutional capacity are inadequate for solving the problems that arise and for helping to improve care—a situation that constitutes an obstacle to change and progress in the health system.

2.1 *Determinants of Human Resources Management in the Health Services*

Sectoral reforms are affecting staff performance in the health services, as well as the working conditions and labor relationships that influence that performance. Nonetheless, the additional impact of the State reforms cannot be ignored, nor can the corresponding changes in public administration in many countries resulting from cutbacks in staffing and regulatory changes that, among other things, are opening up new, flexible modes of public employment.

On the other hand, it is impossible to assess the employment situation and trends in the health sector without considering the general employment situation and labor reforms in the countries. The economic adjustment processes in the countries of the Region and the efforts to open their economies have had a serious impact on the working population in general and health workers in particular—an impact that has not been duly documented or evaluated. The informal sector of the economy has been growing in virtually all the Latin American countries, along with the concentration of labor in the service sectors. This has been accompanied by greater demand for more highly qualified workers.

¹ PAHO. Progress of Activities in Health Sector Reform. CD39/13. 39th Directing Council, Washington, D.C. September 1996.

In addition, changes in the regulations governing the opening of schools and educational programs, the reforms in higher education, and the new relationship between the State and the public university (aimed at redefining the financing and functions of that institution in society and the economy) have led to major changes in institutional policy and management that are affecting professional and technical education.

Some reform processes have substantive implications on the work content, working conditions, and labor relations of human resources in the health services (Table 1).

Table 1. Impact of the Reforms on Human Resources Management in Health

Substantive processes in the reforms	Implications for human resources management in health
<ul style="list-style-type: none"> • Decentralization • Changes in the ministries: functions and structures • Changes in financing and payment modalities • New management modalities: outsourcing or procurement of services, autonomy of services • Changes in health care models at the basic and complex levels • Expansion of coverage 	<ul style="list-style-type: none"> • Greater problem-solving capacity • Changes in functions and new competencies • New hiring modalities • Demand for quality and productivity • Changes in the organization of the work and the formation of teams • Emphasis on performance and its evaluation • Changes in incentive systems • New profiles and greater regulation of human resources development processes

Some determinants of the sectoral change processes have a positive or negative impact on human resources in health and, in practice, define the social and institutional dynamic for staff performance, thereby affecting human resources management.

- Decentralization of the health services. In virtually all the countries, decentralization of the health services implies the transfer of functions, decision-making, and resources to the intermediate and local levels, which can affect all processes linked with human performance. Decentralization poses the most urgent and significant change and development challenges for human resources management.

- The relative weakness or lack of human resource policies in the health sector. The absence of human resources issues in reform policy agendas is manifested in the persistence of a number of longstanding problems, such as: the concentration of personnel in major cities, the scarcity of personnel in certain critical job categories (nurses, health technicians, some specialists) and the relative oversupply in others, the absence of a gender approach in decision-making and interventions (for a largely female workforce), and problems in obtaining an adequate skill mix for the delivery of integrated care, as well as the inability of the health services and educational institutions to adopt and employ common criteria for staff development.
- In some countries, moreover, other problems are very important—for example, the persistence (or recurrence) of uncontrolled internal and international migration, public service career paths with few incentives, low and uncompetitive salaries, and the relatively low social status accorded certain professional categories. These conditions have a negative impact not only on staff development, but on equity and quality in health care.
- In many countries the labor and education markets are not regulated by the State. Nevertheless, there is no evidence of adequate self-regulation as a substitute for the lack of State regulation, generating distortions and disequilibrium in the supply and distribution of human resources.
- Flexibility in labor relations. In a generic situation of stagnation or cutbacks in public employment in the sector, there is an observed trend towards flexibility in certain work situations, with a clear growing tendency toward short-term contracts and other atypical modalities. This flexibility in some cases results in a lack of job security for workers under these types of hiring modalities.
- Lack of resources. Many countries lack the financial resources to raise wages, meet new staffing needs, and improve performance in the health services. For this reason, while expenditures on wages may account for as much as 70% of the budget in the public health services, wages are far from satisfactory or competitive.
- Improvements in quality, efficiency, and productivity. There is a growing demand throughout the Region to improve the quality, efficiency, and productivity of the health services provided by the various social actors involved in the delivery of care. These actors reflect new social forces in health care and pose one of the greatest challenges for human resources management.

- Organizational changes. Nearly all the countries are promoting organizational changes to deliver integrated quality care to the population and to overcome the management rigidities that alter the conditions affecting the staff performance. Several countries in the Region have introduced significant changes in their models of care, with participatory management modalities in the services, commitments between management and staff, self-managed services, the adoption of managed care modalities, the outsourcing of services to provider cooperatives or third parties, and the expansion of private financing institutions (prepaid plans). Given this gamut of changes, a number of questions must be asked: What impact do these changes have on individual performance and on care to the population? What do they imply for human resources management? Do they foster improvements in quality and productivity? How do they affect working conditions? And, do they incorporate the experiences of other service providers?

2.2 *Principal Problems in Human Resources Management*

It can be stated that, in the long term, two problems in human resources management overlap: an “old” problem, corresponding to a regulatory model characterized by stable, protected labor relations based on career positions of indefinite duration; and a “new” one, corresponding to a new regulatory model characterized by flexibility in labor relations. The old problem involves issues, situations, and problems that personnel administration could not or did not know how to solve and that persist to the present day. The new one involves new problematic situations and issues arising out of the changes wrought by the reforms (Table 2).

There is no longer room in the health services to continue solely with management that is limited to a personnel administration function devoted to recording and monitoring the regulatory aspects of the administrative cycle and the career path of the services’ stable in-house staff. The changes in public services implied by the reforms have transformed institutional management conditions, producing a dramatic shift in the orientation, objectives, and content of human resources management.

Table 2. Dual Problem of Human Resources Management in the Health Services

Persistent problems	Emerging problems
<ul style="list-style-type: none"> • Disequilibrium in the availability, composition, and distribution of the workforce • Inadequate management and performance evaluation • Ineffective management of the compensation and incentives systems • Fragmentation of work processes • Repetitive, centralized training with a dubious impact • Lack of motivation, coupled with absenteeism and low participation • Outdated and rigid regulations • Limited technical capacity • Low visibility and lack of political priority 	<ul style="list-style-type: none"> • Human resources management in the public sector: has ceased to be solely the administration of in-house staff • Decentralized management • Management of quality and productivity • Improvement of recruitment and retention • Rising trend toward flexible employment management • Complex management: coexistence of diverse types of labor contracts for similar occupational categories • Development of ongoing in-service training to improve and maintain professional competence • Trend toward cutbacks in public employment • Competition for financial resources and personnel • Need to adapt, modernize, and simplify personnel administration

2.3 *Lack of Information for Human Resources Management*

A common situation in many countries is the inadequacy of human resources information systems at all levels of the health services system. There is a scarcity of pertinent, timely, and quality information for decision-making in human resources management in a context of rapid change and more complex and dynamic relations between health workers, government agencies, unions, users' advocates, and other stakeholders. At the same time, it can be seen that there is limited technical capacity in the units responsible for this function at all levels, reflecting the low priority accorded to human resources issues and problems.

3. Actions Necessary for Institutional Strengthening in the Management of Human Resources in Health

What can be done about this situation? How can the challenges stemming from poor human resources management be met? Each health system must resolutely undertake a number of urgent tasks; other tasks can be accomplished through a cooperative effort between the countries and the institutions responsible for human resources management. Certain processes and activities are in place to strengthen the institutional capacity of health systems in three dimensions of human resources management: the conceptual dimension, the policy dimension, and the operational dimension.

3.1 *Conceptual Dimension*

It is necessary to promote the adoption of new concepts of human resources and human resources management in the health services. The vision of personnel as objects or inputs, a vision that is characteristic of a limited type of personnel administration and one that can still be found in many health services and not a few courses and master's degree programs in public health—is no longer tenable. It is necessary to move beyond this paradigm and develop a new type of human resources management based on the idea of proactive subjects from the complex social and institutional processes that constitute health care.

The performance of human resources depends on the application of knowledge and technology. Every health activity or intervention is based on knowledge, and its protagonists are human resources skilled in the application of that knowledge. Thus, human resources should be considered the intellectual capital of a health organization or health services system.

3.2 *Policy Dimension*

Human resources management in the health services is one of the interventions (together with regulation and planning) that requires execution of the policies governing human resources in health. Regulation mediates the rules of the game and interests among the institutions and actors working in education, professional practice, and the labor markets. Planning foresees and defines the criteria for the quantity and quality of human resources as a function of the services' needs. Human resources management ensures effectiveness and quality in staff performance to meet the objectives of the health system.

Human resources management must be evaluated and practiced as an important part of the overall management of the health services, as an essential public health

function.² Human resources management should be based on the decisions of the management team and not just those of the personnel office or training unit. This is even more urgent considering the importance of human resources for the viability, feasibility, and sustainability of the changes in the management of services and models of care introduced by the sectoral reforms. A precondition for ensuring the adoption of human resources management as an essential function is that the health authority integrate the various dimensions and interventions of human resources management into a single strategic vision.

3.3 *Operational Dimension*

It is essential to redefine the areas of competence in human resources management to adapt them to a different concept of human resources with a modern vision of performance management in institutions—one that is up to the demands of the changing reality of health systems and services, particularly those of decentralization. Annex A contains a table of proposed competencies for human resources management in the health services.

4. Cooperation Strategy

Technical cooperation to develop and strengthen human resources management in the health services is part of both the cooperation to improve the performance of health services systems and the support provided to the health sector reform processes. Thus, the aim is to help the countries strengthen the steering role of the health authority³ and build national capacity to exercise the essential public health functions to the fullest.

Human resources management is key to improving the quality of care and reorienting health services based on health promotion criteria. A new generation of health sector reforms centered around the health of the people should propose human resources management as a condition to enable a greater contribution to the achievement of that objective.

Technical cooperation to develop and strengthen human resources management focuses on building institutional capacity and the individual capacity of managers in the health services. The goal is to improve the quality of decision-making and increase the effectiveness of interventions in order to address and solve staff development problems.

² PAHO. Essential Public Health Functions. CD42/15. 42nd Directing Council of PAHO. Washington, D.C. September 2000.

³ PAHO. Steering Role of the Ministers of Health in the Health Sector Reform Processes. CD40/13. 40th Directing Council of PAHO. Washington, D.C. September 1997.

Initially, many of the cooperation efforts will be geared to developing a critical mass of sector managers with a new vision of human resources and generating adequate performance levels in the responsible units. This strategy involves related, mutually supportive actions at the country level and between countries through a regional initiative for joint capacity-building known as the Observatory of Human Resources in Health Sector Reform.

4.1 *Strategies at the Country Level*

- Articulation of human resources management with health services management by promoting new practices and management styles, and the integration of objectives and strategies.
- Actions aimed at decentralized development and institutional strengthening: creation of human resources management units (essentially, ongoing in-service training of health service managers and in-service and distance training for management teams).
- Development and transfer of instruments of proven effectiveness (some of which are listed in Annex B).
- Updating and simplification of regulations.
- Development of information systems: design of appropriate systems and improvement in the capacity for data analysis.
- Dissemination of relevant information on good practices to support and improve daily performance in the human resources management units.

4.2 *Regional Strategy: Observatory of Human Resources in Health Sector Reform*

The inadequacy of the information systems on management and human resources development led PAHO to design and implement the Observatory of Human Resources in Health Sector Reform. This is a cooperative organization of national, interinstitutional, and intersectoral groups, promoted and coordinated by the ministries of health and the PAHO/WHO Representative Offices, to study the situation and trends with respect to human resources in health and to generate relevant information for policy-making, planning, regulation, and human resources management. The Observatory proposes and provides technical support for the production of a set of core data on human resources in each country; designs and supports comparative studies of general interest and training actions; mobilizes the exchange of experts between countries; and disseminates relevant information on existing problems.

Its purpose is to assist in the development of human resources policies and in the evaluation and monitoring of human resources development in the sectoral reform processes, in fulfillment of the mandate received by PAHO at the Summit of the Americas in Miami in 1994. This initiative was launched in June 1999, and 13 countries of the Region are currently participating: Argentina, Bolivia, Brazil, Chile, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Jamaica, Mexico, Panama, and Peru.

The country Observatories target the processes related to human resources in health for study and intervention. They generate knowledge and information on processes (labor, professional and technical education, and in-service training for personnel), policies, regulations, and specific management interventions. However, it must be said that, owing to the sectoral realities it faces, this initiative is generating greater information on performance problems due to the changes introduced by the reforms—problems that are generating serious concern among leaders in the sector.

4.3 *Other Available Instruments for Capacity-building in Human Resources Management*

In recent years PAHO and WHO have also worked on developing concepts, models, and instruments for strengthening the contribution of human resources in the health systems and improving working conditions (Annex B).

5. Financial Implications

The Program on Human Resources Development has brought two new regional consultants on board for technical cooperation in human resources policy and management. The Secretariat allocated US\$ 59,000 in regional funds for technical cooperation for the biennium 2000-2001 and has programmed \$120,000 for cooperation in human resources management for the biennium 2002-2003.

Additional funds will be required to implement the proposed strategy; these should be mobilized from other sources as extrabudgetary funds. To ensure a significant regional impact, a major part of the activities in training, information systems development, and regulatory simplification should take place in the decentralized agencies, which are those that most require actions of this type.

6. Action by the Directing Council

Arguments have been made in favor of a regional initiative by the Organization to emphasize the importance of human resources in sectoral reform agendas and to adopt human resources management as an essential function in the overall management of the health systems. More specifically, the arguments call for working to increase human resources management capacity in health services networks and institutions.

Attention, orientation, support, and the decision of the Directing Council of the Pan American Health Organization are requested so that the Secretariat can proceed to:

- Engage the interest and will of political authorities in the sector to give higher priority to human resources policies and, specifically, to a greater development and strengthening of human resources management in the health services, involving health workers themselves in the significant changes under way in the sector.
- Give greater impetus to the development of regional initiatives such as the Observatory of Human Resources in Health Sector Reform and models, instruments, and methodologies that will help to build institutional capacity in the health systems through human resources management in the health services.

The Directing Council is invited to consider the annexed resolution recommended by the Executive Committee.

Annexes

Human Resources Management Competencies in the Health Services

Competencies	Areas of Competence and Activities
Analysis of the human resources situation, identification of human resources and programming needs	Includes: (a) data collection, analysis, and determination of the overall human resources situation (availability, composition, structure, and distribution of human resources; the supply of human resources produced by educational institutions); (b) comparison with a particular pattern or standard to identify gaps and needs (which can be determined using the best available methods, based on the characteristics of the health services system and the possibility of obtaining information); (c) Identification of problems and qualitative and quantitative human resource needs (in consultation with the authorities and relevant actors in the health services system); and (d) preparation of a plan to procure the most suitable human resources to meet the needs identified.
Staffing	Guarantees that the health system obtains an adequate supply of human resources (in all the necessary occupational categories) to meet its objectives, as budgetary resources permit, pursuant to the provisions of the plans (indicated above). Includes personnel from the labor market, as well as personnel that is needed but not available in the labor market and who must be trained by educational institutions.
Performance management	Its objective is to optimize the productivity and quality of human resources' performance in the health services. It includes performance management interventions as such (ways of organizing the work, technology management, the creation of work teams, use of incentives systems) and ways to evaluate this performance.
Management of labor relations and personnel administration	Ensures proper management of work contracts, remuneration systems, conditions for the social protection of workers (which includes career appointments, incentives systems, employer-employee relations, unions, and collective bargaining), and the search for effective modalities for communication between administration and personnel, as well as ways to facilitate staff participation in key decisions that affect their performance, with the resulting benefit to the population.

Development and training of human resources	Ensures that all human resources in a health system are properly trained and motivated. Includes interventions that range from the ongoing identification of educational needs, the definition of work competencies, curriculum development, instructional design, education in the most effective and suitable methods for meeting the established objectives, and evaluation of the competencies acquired. It is a valuable strategy for improving performance and for changing the practices and attitudes of human resources.
Assurance of working conditions, safety, and the work environment	Ensures the proper environment, conditions, and modes of work organization to counteract the potentially negative impact of the nature of health work on the health of the staff themselves. Most risks can be minimized with proper precautions and preventive interventions that emphasize occupational safety and health promotion for employer and employee alike.

Instruments and Methodologies to Support Management of the Available Human Resources in the Health Services

Human resources management competencies in the health services	Available instruments and methodologies developed by PAHO/WHO	Remarks – Sources
1. Analysis of human resources situation, identification of human resource and programming needs	Set of core data on human resources.	Observatory of Human Resources in Health Sector Reform.
	Guide for optimizing utilization of the available information on employment in the health sector. Observatory of Human Resources in Health Sector Reform.	Labor relations in the health sector. Sources of information and analytical methods. Series: Observatory of Human Resources 2 PAHO, 2000.
	Tool Kit for preparing supply and demand projections for human resources in health.	Author: Thomas Hall, WHO, Geneva.
	Performance analysis manual for the health team.	PAHO. Fundação Getulio Vargas, Rio de Janeiro, Brazil, 2000.
	Management information system, programs in the <i>WINSIG</i> version.	PAHO. HSO/HSP. Program on Organization and Management of Health Systems and Services.
	Information and management system for human resources in health (SIGRHS).	Institute for Social Medicine, State University of Rio de Janeiro, Brazil
2. Staffing	Workload indicators of Staffing Need (WISN). A manual for implementation.	Author: Peter Shipp, WHO, Geneva, 1998
3. Performance management	Manual for performance analysis of the health team.	PAHO. HSP/HSR. Fundação Getulio Vargas, Rio de Janeiro, Brazil, 2000
	Guidelines for introducing human resources indicators to monitor health service performance.	Peter Hornby and P. Forte, WHO, Geneva, 2001
	Methodological guidelines for the analysis of remuneration and incentive systems for human resources in the health sector.	Labor relations in the health sector. Information sources and analytical methods. Series: Observatory of Human Resources 2. PAHO, 2000.
	Manual on competency-based human resources management.	PAHO. HSR/HSP, 2000 PALTEX (in press).

4. Management of labor relations and personnel administration	Methodological guidelines for the analysis of collective labor relations in the health sector.	Labor relations in the health sector. Information sources and analytical methods. Series: Observatory of Human Resources 2. PAHO, 2000.
5. Human resources development and training	Manual de gestión de la educación en servicios.	PAHO. HSR/HSP, 2000 Spanish only, in press.
	Manual on competency-based educational programming.	In development by PAHO and CINTERFOR/ILO.
	Training Program in Human Resources Development (CADRHU).	PAHO, Brazil.
	Training Manual on Management of Human Resources for Health.	WHO, Geneva.
	Decentralized management of human resources. Distance learning program.	Program developed by PAHO and a network of educational institutions and services, for the Internet.
6. Guaranteeing working conditions, safety, and the work environment	In preparation.	An interdivisional initiative between HSP and HEP is under way to develop a line of cooperation in this regard.



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

Annex C



128th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., 25-29 June 2001

RESOLUTION

CE128.R3

DEVELOPMENT AND STRENGTHENING OF HUMAN RESOURCES MANAGEMENT IN THE HEALTH SECTOR

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered document CE128/12, which argues in favor of according higher priority to human resources policies in the health sector and to promoting major conceptual, policy, and operational changes to develop and strengthen human resources management in health systems and services,

RESOLVES:

To recommend that the Directing Council adopt a resolution along the following lines:

THE 43rd DIRECTING COUNCIL,

Having considered document CD43/___ on the development and strengthening human resources management in the health sector;

Considering the need for health systems to accord higher priority to human resources policies and to the development and strengthening of human resources management within the framework of the current sectoral reforms; and

Bearing in mind that the Pan American Health Organization is promoting the initiative known as the Observatory of Human Resources in health sector reform in a large group of countries, with a view to increasing the availability and improving the quality of information and knowledge for decision-making in the area of human resources development,

RESOLVES:

1. To urge the Member States to:
 - (a) accord higher priority to human resources development policies in their sectoral reform processes in general and to human resources management in the health services in particular, mobilizing mechanisms to sensitize and commit sectoral leaders and other relevant actors to the achievement of this goal and integrating personnel management into the general management of the health services;
 - (b) actively participate in the Observatory of Human Resources initiative, facilitating the creation of intersectoral and interinstitutional groups in each country to analyze the situation, generate essential information, and formulate proposals on human resources policy, regulation, and management.
2. To request that the Director:
 - (a) engage the interest and will of political authorities in the sector to accord higher priority to human resources policies and, specifically, to the development and strengthening of human resources management in the health sector;
 - (b) advance the Observatory of Human Resources initiative, encourage the participation of all the Member States, further the development of methodologies and instruments for human resources management, and actively promote the training of public health leaders and the personnel responsible for this function to strengthen institutional capacity in this area;
 - (c) encourage the use of a broad mix of health professionals in order to promote broad public health goals.