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## Human resources for universal health coverage: from evidence to policy and action

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The seminal role of human resources for health (HRH) in the attainment of health-related goals has long been recognized and was recently reaffirmed by the United Nations General Assembly, which identified the need for "an adequate, skilled, well-trained and motivated workforce" to accelerate progress towards universal health coverage (UHC). [1] Yet, under existing affordability and sustainability constraints, countries at all levels of socioeconomic development are confronted with challenges in trying to match health worker supply and demand. Against this backdrop, the Third Global Forum on Human Resources for Health, which will take place in Recife, Brazil, from 10 to 13 November 2013, seeks to set out a contemporary and forward-looking HRH agenda and to bolster political commitment to support its implementation.

Health workforce development is partly a technical process and, as such, it requires expertise in human resource planning, education and management. It is also, however, a political process requiring the will and the capacity to coordinate efforts on the part of different sectors and constituencies in society and different levels of government. This theme issue on human resources for UHC covers both of these aspects by providing examples of how countries have aligned political will and sound technical strategies and by presenting new analytical tools and evidence surrounding successful or promising innovative approaches.

Several success stories – from Brazil to Sudan,<sup>[2]</sup> from Cameroon<sup>[3]</sup> to Thailand,<sup>[4]</sup> from Ghana to Mexico<sup>[5]</sup> and Indonesia<sup>[6]</sup> – have sprung from efforts to improve the availability, accessibility, acceptability and quality of the health workforce, with corresponding improvements in health outcomes. The pathways chosen have varied in accordance with the needs, contextual factors and opportunities specific to each setting. But as Padilha et al. point out, without high-level political commitment we will not be able to progress beyond piecemeal and short-term approaches and ensure the alignment and coordination of different sectors and constituencies in support of long-term human resource development efforts.<sup>[6]</sup>

Other articles in this theme issue contribute to strengthening the policy frameworks and evidence base surrounding HRH by: (i) helping us to understand the market forces affecting HRH;  $^{[7],[8]}$  (ii) highlighting best practices and lessons learnt in relation to the retention of health workers in rural areas  $^{[9]}$  and the international migration of health workers;  $^{[10]}$ 



(iii) providing new evidence and recommendations on the effectiveness of mid-level<sup>[11]</sup> and community-based<sup>[12]</sup> health workers and on the system support they require; and (iv) identifying opportunities for innovation in HRH education and management support through the use of emerging technologies.<sup>[13]</sup>

As countries aspire to achieve uhc, new demands will be placed on health workers.<sup>[14]</sup> New competencies will be required of them as part of a deeper transformation of professional education,<sup>[15]</sup> which in future will have to contribute more broadly to building institutional capacities.<sup>[16]</sup> Equipping trainees with clinical skills will not suffice.

Implementing an HRH agenda conducive to the attainment of UHC will require both more resources and their more efficient use. Domestic spending on HRH is lower than is typically assumed<sup>[17]</sup> and in many countries larger investments are both necessary and possible. In settings where external support is still required, the impact of development assistance for HRH development can be maximized through more strategic targeting.<sup>[18]</sup>

Only systemic action can address deep-seated challenges in the area of hrh; only sustained political commitment can, in turn, provide a basis for such action. By linking the evidence to the policies and politics surrounding health workforce development, this theme issue provides a foundation for the Third Global Forum on Human Resources for Health and, more generally, for a health workforce discourse instrumental in the pursuit of UHC. [19]

We, the national and international partners convening the Third Global Forum on Human Resources for Health, encourage everyone to support an ambitious and transformative agenda that places citizens' right to health at the heart of development policies and that treats progress in the area of HRH as a key driver of broader health system development. We call upon national leaders to confirm their commitment to this agenda by creating a governance and policy environment that is conducive to the transformative development of HRH and by investing the necessary resources in health workforce development, deployment and management. We also call upon health workforce planners and managers to adopt and put in place effective, evidence-based policies. Finally, we call upon the international community to work together on the development of HRH as a shared global priority and to let all its actions be inspired by the principles of international solidarity, multilateral collaboration and mutual accountability.

## References

- 1 Resolution A/RES.63/33. Global health and foreign policy. In: United Nations [Internet]. Sixty-third General Assembly of the United Nations, New York, 16 September 2008 to 14 September 2009. Resolutions. New York: United Nations; 2013. Available from: http://www.un.org/en/ga/63/resolutions.shtml [accessed 3 October 2013].
- 2 Badr E, Nazar MA, Afzal MM, Bile KM. Strengthening human resources for health through information, coordination and accountability mechanisms: the case of the Sudan. *Bull World Health Organ* 2013;91:868–73.
- 3 Kingue S, Rosskam E, Bela AC, Adjidja A, Codjia L. Strengthening human resources for health through multisectoral approaches and leadership: the case of Cameroon. *Bull World Health Organ* 2013;91:864–7.



- 4 Tangcharoensathien V, Limwattananon S, Suphanchaimat R, Patcharanarumol W, Sawaengdeea K, Putthasria W. Health workforce contributions to health system development: a platform for universal health coverage. Bull World Health Organ 2013;91:874–80.
- 5 Campbell J, Buchan J, Cometto G, David B, Dussault G, Fogstad H et al. Human resources for health and universal health coverage: fostering equity and effective coverage. *Bull World Health Organ* 2013;91:853–63.
- 6 Padilha A, Kasonde J, Mukti G, Crisp N, Takemi K, Buch E. Human resources for universal health coverage: leadership needed. *Bull World Health Organ* 
  - 2013;91:800-0A.
- 7 Sousa A, Scheffler RM, Nyoni J, Boerma T. A comprehensive health labour market framework for universal health coverage. *Bull World Health Organ* 2013;91:892–4.
- 8 McPake B, Maeda A, Araujo EC, Lemiere C, El Maghraby A, Cometto G. Why do health labour market forces matter? *Bull World Health Organ* 2013;91:841–6.
- 9 Buchan J, Couper ID, Tangcharoensathien V, Thepannya K, Jaskiewicz W, Perfilieva G et al. Early implementation of wно recommendations for the retention of health workers in remote and rural areas. *Bull World Health Organ* 2013;91:834–40.
- 10 Siyam A, Zurn P, Rø OC, Gedik G, Ronquillo K, Co CJ et al. Monitoring the implementation of the wно Global Code of Practice on the International Recruitment of Health Personnel. *Bull World Health Organ* 2013;91:816–23
- 11 Lassi ZS, Cometto G, Huicho L, Bhutta ZA. Quality of care provided by mid-level health workers: systematic review and meta-analysis. *Bull World Health Organ* 
  - 2013;91:824-33I.
- 12 Tulenko K, Møgedal S, Afzal MM, Frymus D, Oshin A, Pate M et al. Community health workers for universal health-care coverage: from fragmentation to synergy. *Bull World Health Organ* 2013;91:847–52.
- 13 Bollinger R, Chang L, Jafari R, O'Callaghan T, Ngatia P, Settle D et al. Leveraging information technology to bridge the health workforce gap. *Bull World Health Organ* 
  - 2013;91:890-91.
- 14 Nishtar S, Ralston J. Can human resources for health in the context of noncommunicable disease control be a lever for health system changes? *Bull World Health Organ* 2013;91:895–6.
- 15 Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet* 2010;376:1923–58. doi: http://dx.doi.org/10.1016/S0140-6736(10)61854-5 PMID:21112623



- 16 Tangcharoensathien V, Evans DB. Beyond clinical skills: key capacities needed for universal health coverage. *Bull World Health Organ* 2013;91:801–1A.
- 17 Hernandez-Peña P, Poullier JP, Van Mosseveld сум, Van de Maele N, Cherilova V, Indikadahena C et al. Health worker remuneration in who Member States. *Bull World Health Organ* 2013;91:808 –15.
- 18 Zhao F, Squires N, Weakliam D, Van Lerberghe W, Soucat A, Toure K et al. Investing in human resources for health: the need for a paradigm shift. *Bull World Health Organ* 2013;91:799–9A.
- 19 Cometto G, Witter S. Tackling health workforce challenges to universal health coverage: setting targets and measuring progress. *Bull World Health Organ*

2013;91:881-5.