# COMPETENCIAS DE LOS NIVELES DE GOBIERNO EN LA ATENCION PRIMARIA DE SALUD RENOVADA

## Algunas reflexiones regionales

**I CONGRESO COMISIONES DE SALUD**
**DE LOS PARLAMENTOS DE LAS AMERICAS**

2 - 5 de Junio de 2015

Paracas / Perú

José Francisco García Gutiérrez
Asesor Subregional (America del Sur)
Recursos Humanos de Salud
HSS/HR OPS/OMS

# Una mirada de “gran angular"

LAS

# GRANDES

PALABRAS

# Heterogeneidad/Diversidad
# (Des)Regulación
# Brechas (+++)APS
# Nuevos perfiles

## Competencias
## “Skill mix”
## “Fit for purpose”
## Multiculturalidad

RHUS basados en necesidades
Brecha rural - urbano
Zonas alejadas & desantendidas

Acceso & Cobertura Universal de Salud

Déficit
(Mala)distribución
Migración

… pero también muchos otros temas…

Poder & Gobernanza

Gobernabilidad & Regulación

Bienes Públicos

Independencia Universitaria

Modelos de atención

Estados frágiles

Sistemas de salud resilientes

etc

# VARIABILIDAD

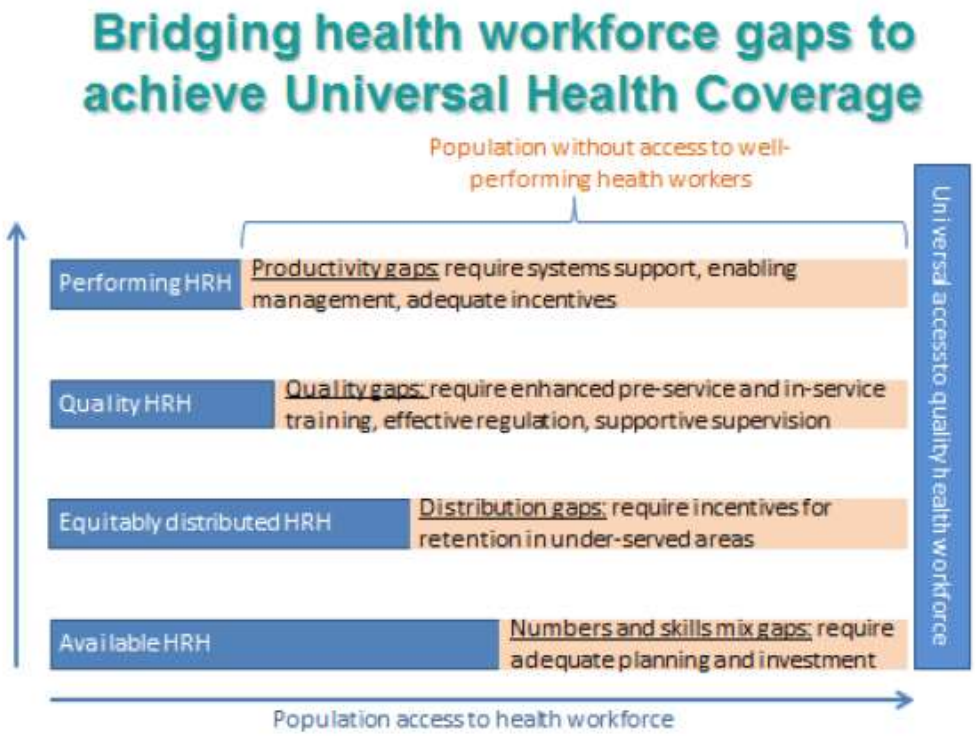
## Entre países


## Dentro de los países

## Competencias niveles de gobierno

Compromiso político
Financiamiento sostenible
Infraestructuras
**Recursos humanos**

# Acceso Universal de Salud (AUS)
# Cobertura Universal de Salud (CUS)




**Disponibilidad / Distribución / Calidad / Desempeño**

Source: GHWA (2013). Human resources for health: critical for effective UHC

# RHUS

Disponibilidad
Distribución
Calidad
Desempeño

# LOS
# GRANDES
# NUMEROS

The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

GLOBAL HEALTH

# Global Supply of Health Professionals

Nigel Crisp, M.A., and Lincoln Chen, M.D.

From the House of Lords, London (N.C.); and the China Medical Board, Cambridge MA (L.C.). Address reprint requests to Lord Crisp at the House of Lords, Parliament Sq., London SW1A 0PW, United Kingdom.

N Engl J Med 2014;370:950-7.
DOI: 10.1056/NEJMra1111610

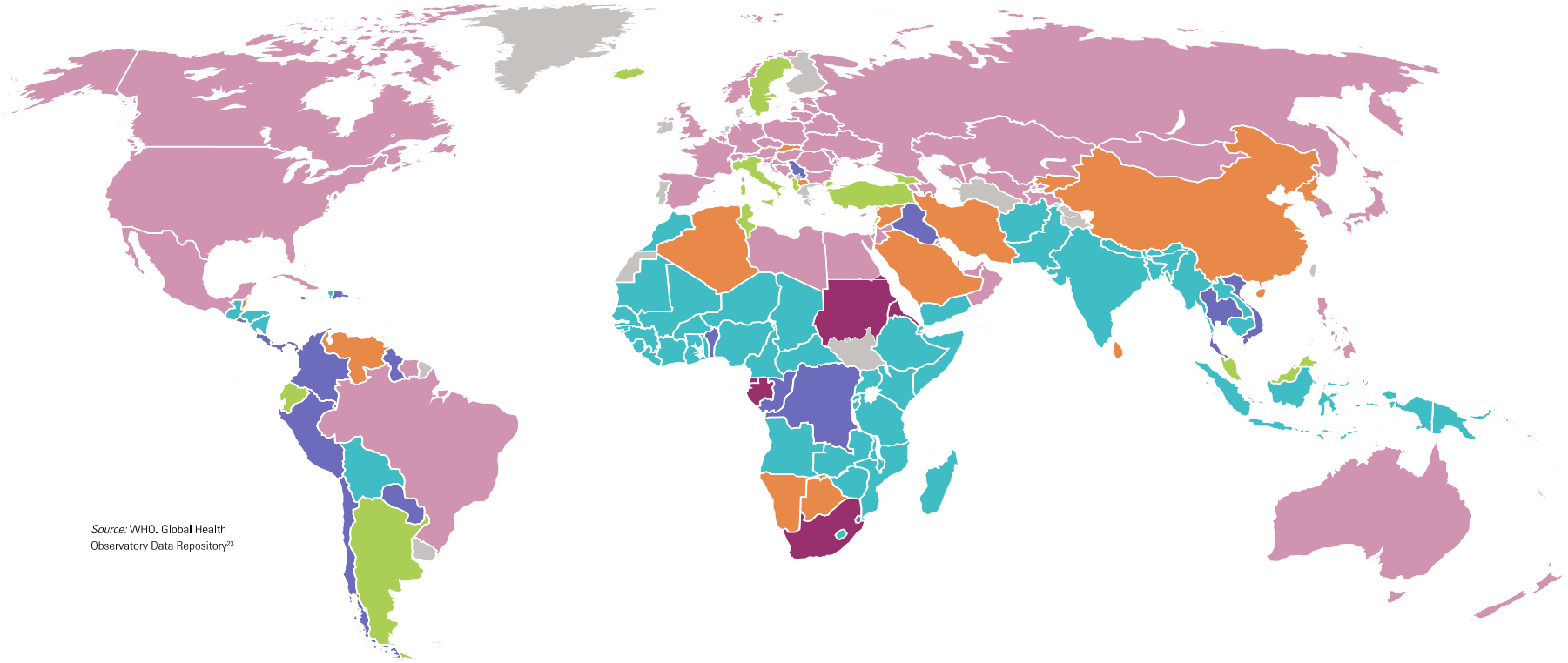

THERE IS A GLOBAL CRISIS OF SEVERE SHORTAGES AND MARKED MALDISTRIBUTION of health professionals that is exacerbated by three great global transitions — demographic changes, epidemiologic shifts, and redistribution of the disability burden. Each of these transitions exerts a powerful force for change in health care systems, the roles of health professionals, and the design of health professional education.[1-5] Every country will have to respond to these global pressures for change.

There are many other reasons that it is important to think globally about the education and role of health professionals.[6] The knowledge base of the profession is global in scope, and there is increasing cross-national transfer of technology, expertise, and services. Health professionals are migrating in what is now effectively a global market for their talent, while patients are also traveling for treatment.

# A universal truth….

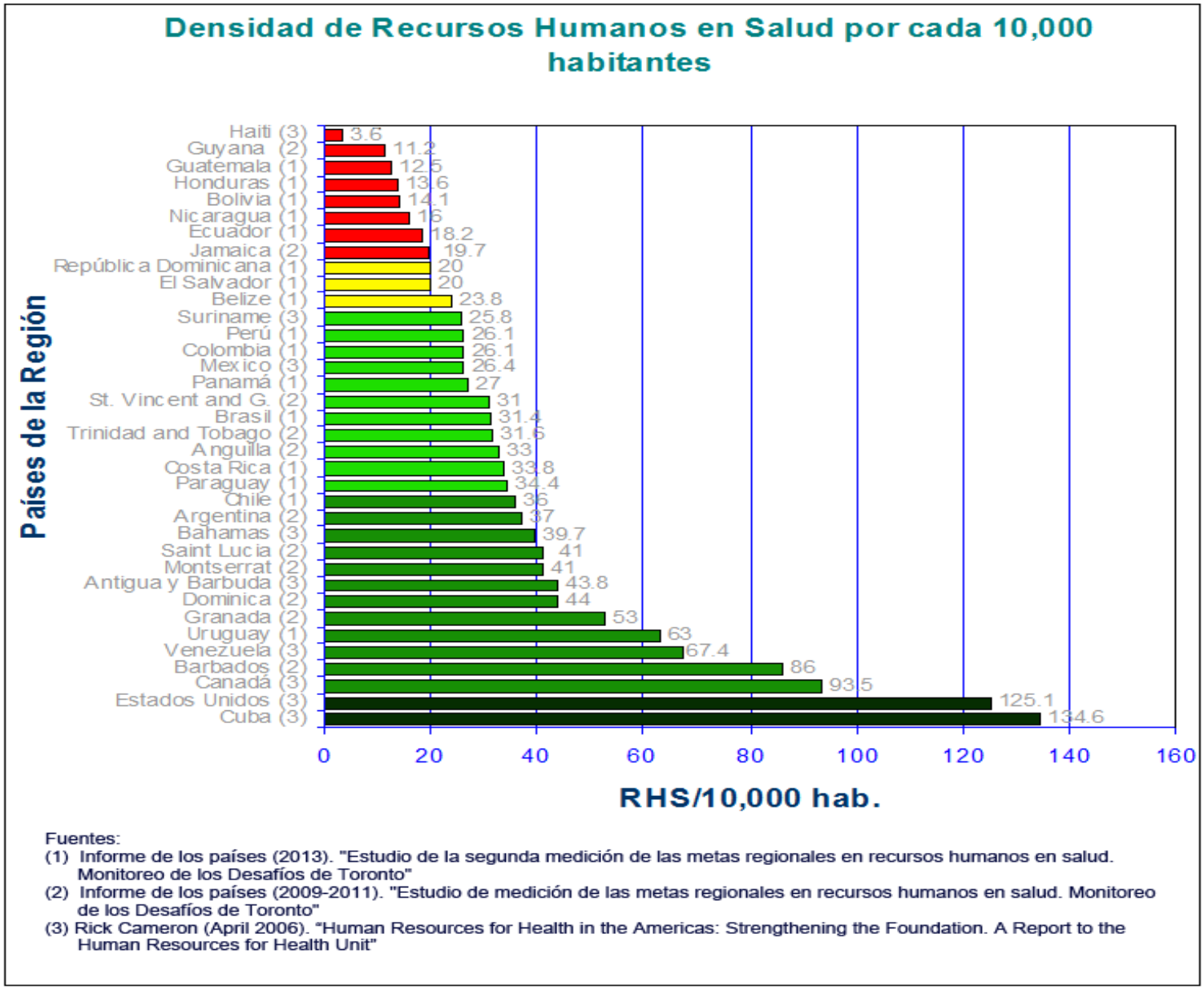
**FIGURE 4** Workforce to population ratios for 186 countries

- **Group 1:** density of skilled workforce lower than 22.8/10 000 population and a coverage of births attended by SBA less than 80%
- **Group 2:** density of skilled workforce lower than 22.8 /10 000 population and coverage of births attended by SBA greater than 80%
- **Group 3:** density of skilled workforce lower than 22.8/10 000 population but no recent data on coverage of births attended by SBA
- **Group 4:** density is equal or greater than 22.8/10 000 and smaller than 34.5/10 000
- **Group 5:** density is equal or greater than 34.5/10 000 and smaller than 59.4/10 000
- **Group 6:** density is equal or greater than 59.4/10 000



*Source:* WHO. Global Health Observatory Data Repository[23]

Source: Campbell J, Dussault G, Buchan J, Pozo-Martin F, Guerra Arias M, Leone C, Siyam A, Cometto G. *A universal truth: no health without a workforce*. Global Health Workforce Alliance and World Health Organization, 2013.



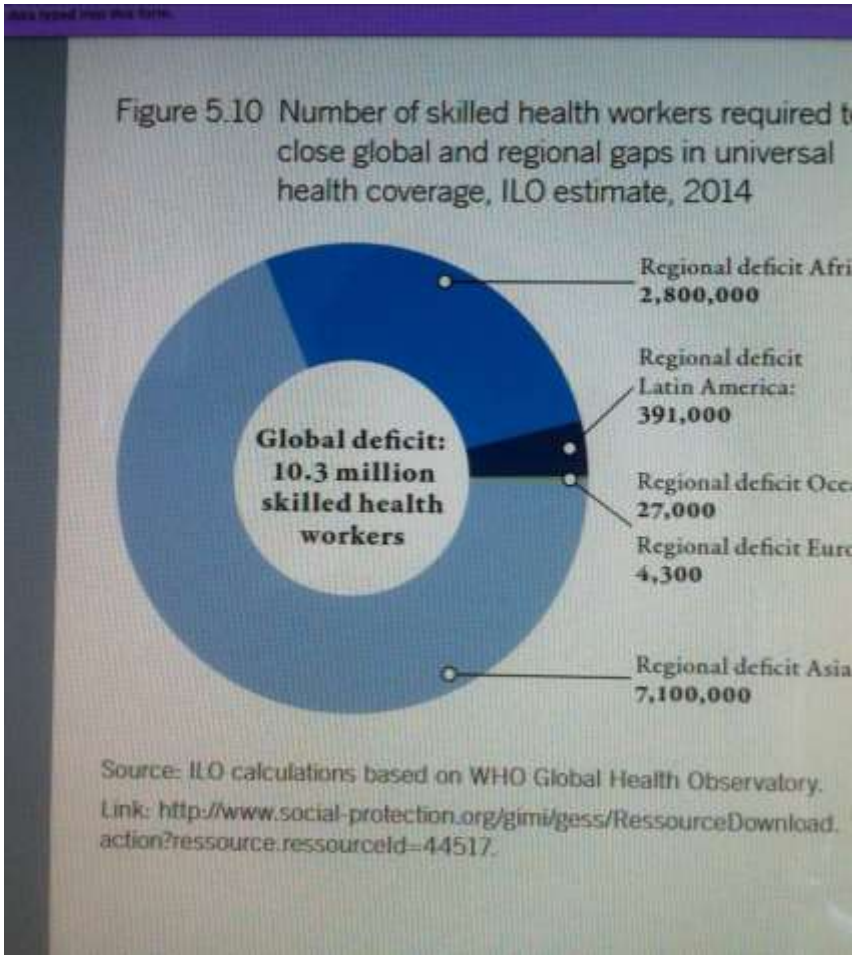

**HRH Density in the Americas (per 10,000 people)**

# shortages and deficits….(cont)

**ILO – World Social Protection Report (2014)**

The ILO estimates that at least 41.1 health workers per 10,000 population are necessary to provide services to all in need. The figure is based on calculations of median values of the density of health workers in countries where socio-economic conditions and health financing characteristics are conducive to universal coverage.

http://www.ilo.org/global/research/global-reports/world-social-security-report/2014/lang--en/index.htm



# OPS / OMS

## Estrategias

## &

## Documentos

# MARCO OPS/OMS RHUS 2006 -2015

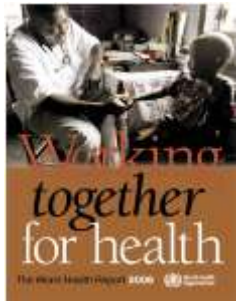
WHA 64.6: Health workforce strengthening

WHA 64.7: Strengthening nursing and midwifery

WHA 59.23: Rapid scaling up of health workforce production

WHA 64.9: Sustainable health financing structures and universal coverage

WHA 66.23: Transforming health workforce education in support of universal health coverage





WHA 65.8: prevention and control of noncommunicable Diseases (UN political declaration)

Un resolution on Global Health and Foreign Policy

**2006** **2011** **2012** **2013**

WHA 59.23: eHealth

WHA63.25 Improvement of health through safe and environmentally sound waste management

3rd Global Forum Recife Declaration

Rio +20 Political Declaration

WHA62.12 Primary health care, including health system strengthening

UN platform Health in post 2015 development agenda

WHA65.8 Outcome of the World Conference on Social Determinants of Health

WHA63.16 WHO Global Code of Practice on the International Recruitment of Health Personnel

# Global Health Workforce Alliance and WHO:

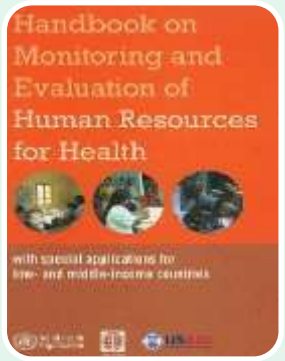
# Task Force Reports


Training


Task shifting


CHWs


Retention




Monitoring and Evaluation

# HRH


| Category of intervention | Examples |
|---|---|
| A. Education | A1 Students from rural backgrounds |
| | A2 Health professional schools outside of major cities |
| | A3 Clinical rotations in rural areas during studies |
| | A4 Curricula that reflect rural health issues |
| | A5 Continuous professional development for rural health workers |
| B. Regulatory | B1 Enhanced scope of practice |
| | B2 Different types of health workers |
| | B3 Compulsory service |
| | B4 Subsidized education for return of service |
| C. Financial incentives | C1 Appropriate financial incentives |
| D. Professional and personal support | D1 Better living conditions |
| | D2 Safe and supportive working environment |
| | D3 Outreach support |
| | D4 Career development programmes |
| | D5 Professional networks |
| | D6 Public recognition measures |

# Key policy issues and recommendations

Governance and planning

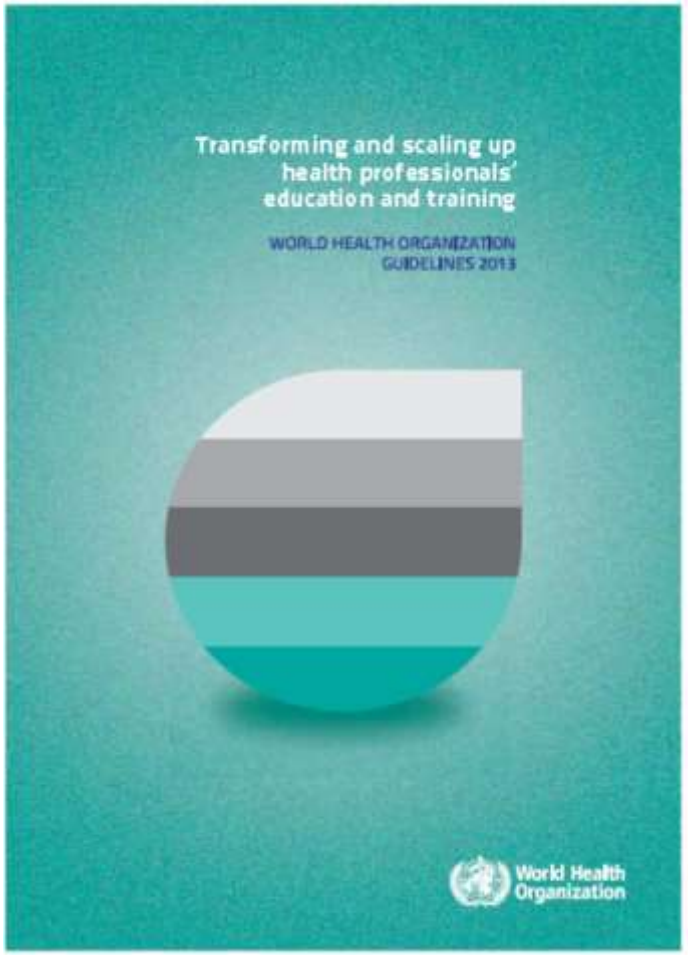
Regulatory frameworks

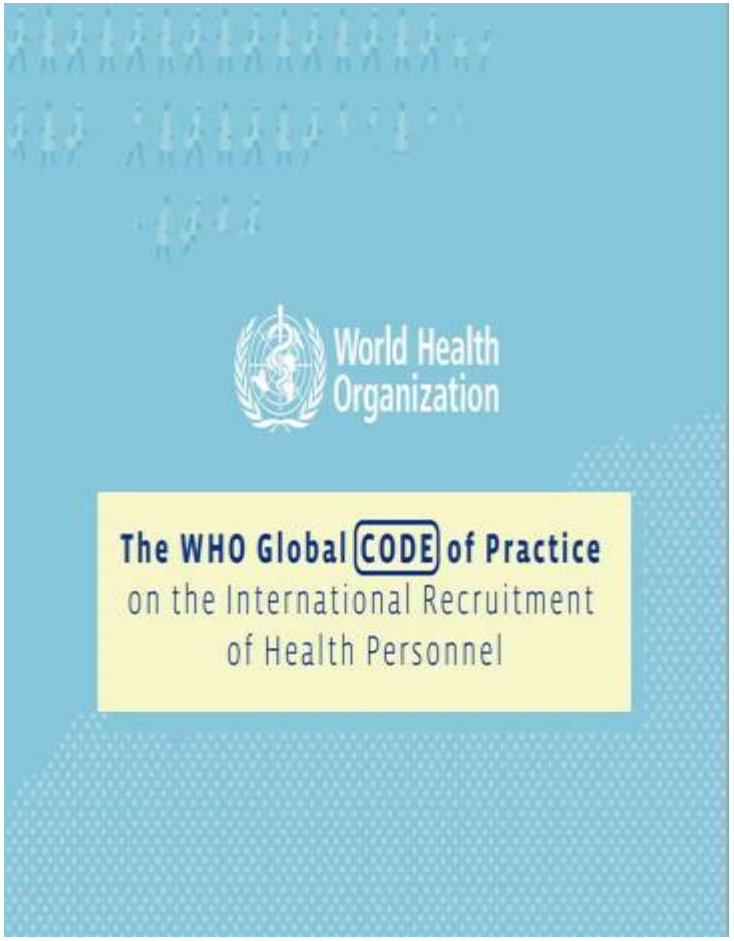
Education and training institutions

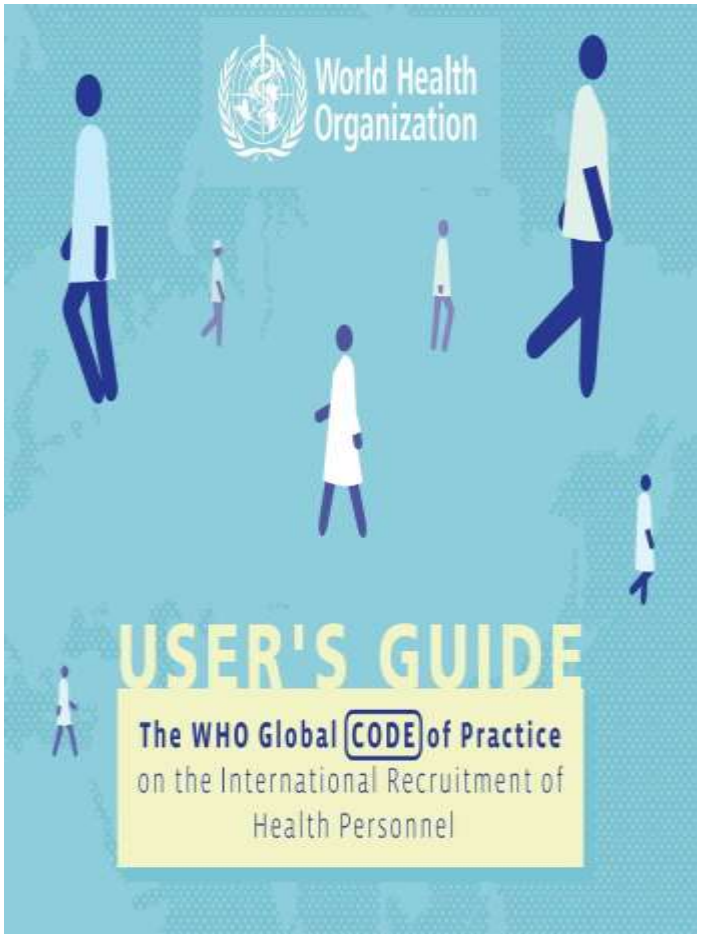
Financing and sustainability

Planning, implementation and evaluation

WHO, 2013


World Health Organization
The WHO Global CODE of Practice
on the International Recruitment
of Health Personnel


World Health Organization
USER'S GUIDE
The WHO Global CODE of Practice
on the International Recruitment of
Health Personnel

3rd Global Forum on Human Resources for Health

**The Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage**

… all people, everywhere should have access to a skilled, motivated health worker, within a robust health system

… governments should have a leading role and primary responsibility in HRH, in particular as stewards and regulators of the HRH education system and of the health labour market

# A universal truth….


Campbell J, Dussault G, Buchan J, Pozo-Martin F, Guerra Arias M, Leone C, Siyam A, Cometto G. *A universal truth: no health without a workforce*. Global Health Workforce Alliance and World Health Organization, 2013.

Global Health Workforce Alliance
About the Alliance
Members & partners
Country responses
Knowledge centre
Media centre
Global Forums

# Public consultation to inform the Global Strategy on Human Resources for Health

At the Sixty-seventh World Health Assembly in May 2014, the World Health Organization was requested to develop a Global Strategy on Human Resources for health, to be presented to the Executive Board in January 2016 and finally to the Sixty-ninth World Health Assembly in May 2016.

## Development of the strategy

Since early 2014, the Global Health Workforce Alliance (GHWA) has been coordinating a broad-based global consultation, through the development of 8 thematic papers to collate evidence in support of the global strategy on HRH. The preliminary drafts of the papers were discussed at the GHWA Board meeting in July 2014, and presented at the 3rd Global Symposium on Health Systems Research in Cape Town (October).

Share Print


Information flyer

# HEALTH WORKFORCE 2030



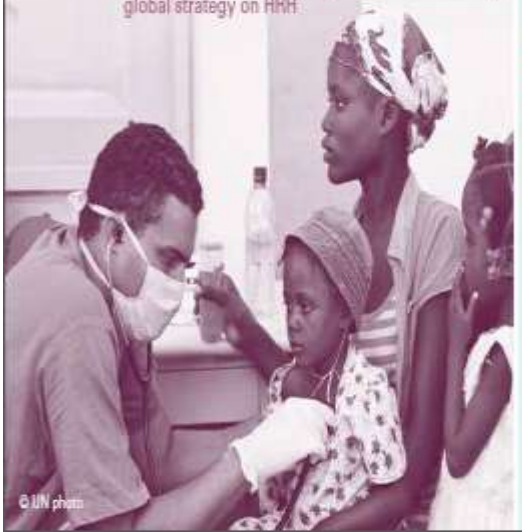
## A global strategy on human resources for health.

# GLOBAL HRH STRATEGY: KEY TIMELINES

## 2013

GHWA Board working group on HRH strategy established

16th GHWA Board meeting decides to trigger process to develop a global strategy on HRH




## 2014

Consultation at PMAC 2014: 8 thematic working groups established

World Health Assembly requests WHO DG to develop global strategy on HRH

8 thematic working groups develop collate evidence for papers with inputs from stakeholders

Production of second drafts of 8 thematic papers

UNGA debates post-2015 development agenda and goals

17th GHWA Board meeting reviews drafts of 8 thematic papers and gives feed-back to the working groups

Third (final draft) of 8 thematic papers reflecting inputs of public consultation and outcome of UNGA 2014

Public consultation on the 8 thematic papers (launch at Cape Town health system research symposium)

Development of synthesis paper with overarching recommendations

## 2015

18th GHWA Board meeting reviews synthesis paper with recommendation on global HRH strategy

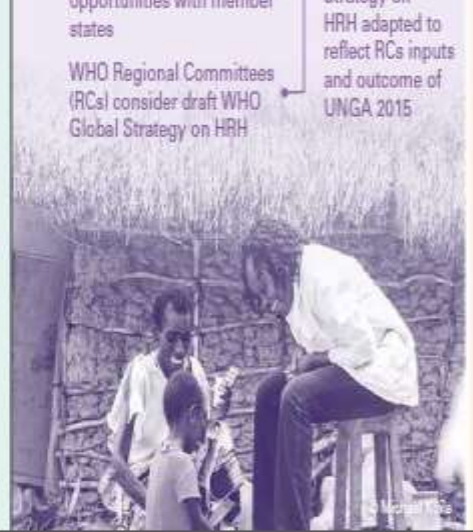
Development of 0 draft WHO global strategy on HRH

UNGA 2015 defines post-2015 development agenda, goals and targets

Collation of evidence and external consultation opportunities with member states

WHO Regional Committees (RCs) consider draft WHO Global Strategy on HRH

Contents of WHO Global Strategy on HRH adapted to reflect RCs inputs and outcome of UNGA 2015





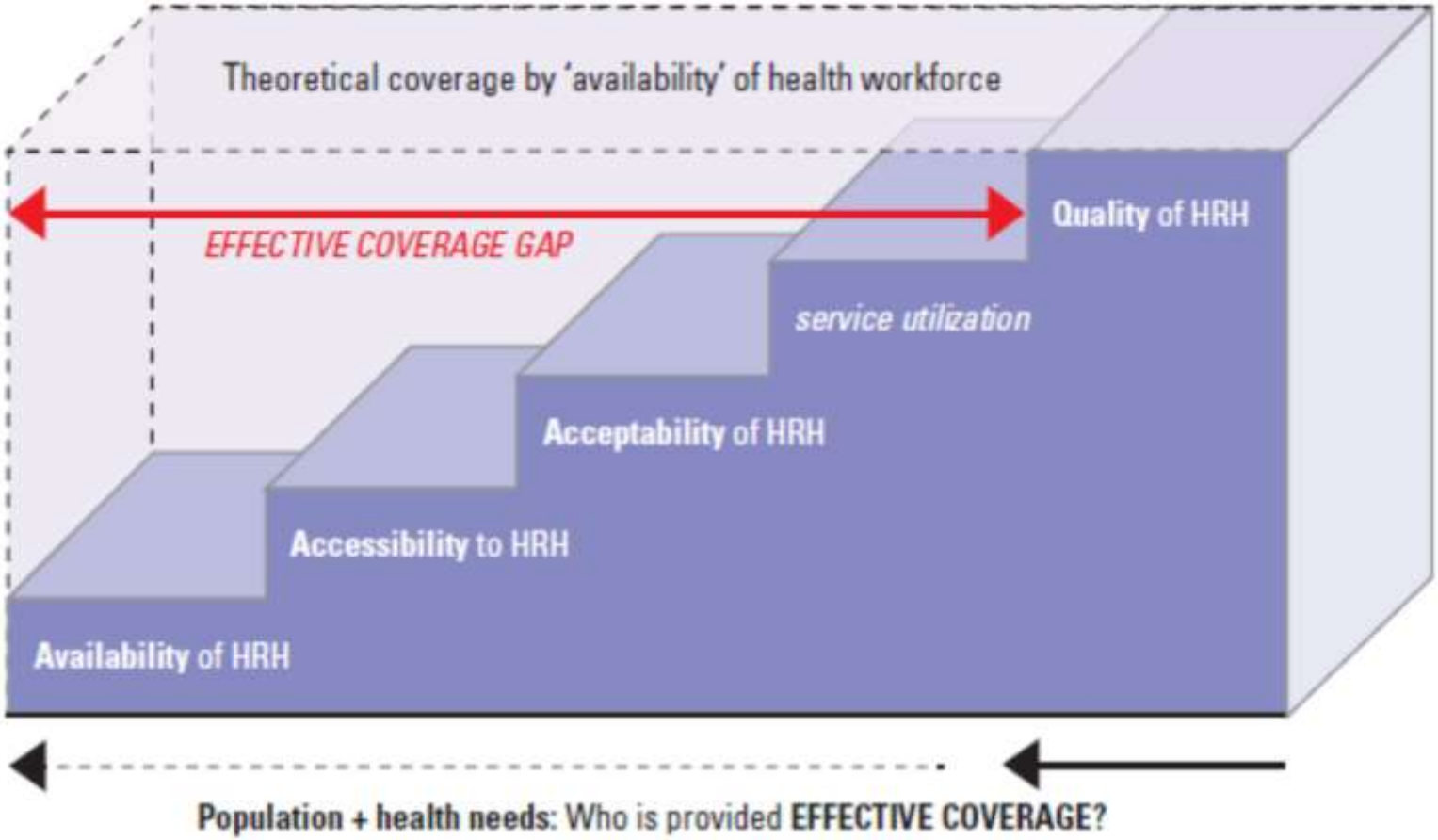
69th WHA considers WHO Global Strategy on HRH

WHO EB considers WHO Global Strategy on HRH

## 2016

# LA REGION DE LAS AMERICAS

# The quality implications…. (effective coverage).




Source: Campbell et al, 2013

# Universal health coverage

**September 2014**

*Health coverage is defined as the capacity of the health system to serve the needs of the population, including the availability of infrastructure, human resources, health technologies (including medicines) and financing. Universal health coverage implies that the organizational mechanisms and financing are sufficient to cover the entire population. Universal coverage is not in itself sufficient to ensure health, well-being, and equity in health, but it lays the necessary groundwork.*

*Source: PAHO/WHO, 2014*

© WHO

Universal access to health and universal health coverage imply that all people and communities have access, without any kind of discrimination, to comprehensive, appropriate and timely, quality health services determined at the national level according to needs, as well as access to safe, effective, and affordable quality medicines, while ensuring that the use of such services does not expose users to financial difficulties, especially groups in conditions of vulnerability. Universal access to health and universal health coverage require determining and implementing policies and actions with a multisectoral approach to address the social determinants of health and promote a society-wide commitment to fostering health and well being. The right to health is the core value of universal health coverage, to be promoted and protected without distinction of age, ethnic group, race, sex, gender, sexual orientation, language, religion, political or other opinions, national or social origin, economic position, birth, or any other status.

**PAHO/WHO PROGRAM:** Universal health coverage **WHO Health Topic:** Universal health coverage


**Strategy for Universal Access to Health and Universal Health Coverage**

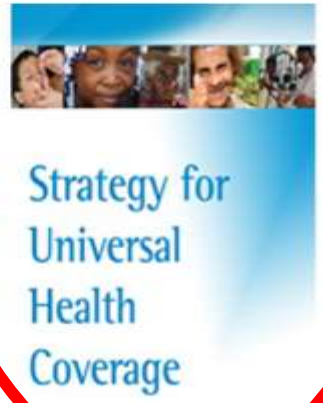
CD53/5. Rev. 2 English

CD53.R14 English

CD53/5. Rev. 2 Spanish

CD53.R14 English

**Universal Health Coverage**



THE LANCET

October 16, 2014



# Universal Health Coverage in Latin America

Published October 16, 2014

## Executive summary

*The Lancet*'s new Series on Universal Health Coverage (UHC) in Latin America charts the complex political, economic, and social forces that shape health policy making. An accompanying Health Policy paper examines the association between the financing structure of health systems and UHC. In the past few decades, important policies and strategic initiatives in health and development have been embraced by Latin America, with the active participation and support of the Pan American Health Organization, WHO, and other partners. Latin America is a laboratory to study the mechanics of implementing UHC.

## Comment



## Related content published in *The Lancet* journals

*Distribución y composición*

LAS PERSONAS ADECUADAS EN LOS

*Competencias apropiadas*

VINCULOS ENTRE ESCUELAS, NECESIDADES Y SERVICIOS DE SALUD

*Alta calidad de desempeño*

CONDICIONES DE TRABAJO, DIGNAS COMPROMISO Y FORMACIÓN EN GESTION

*Producción - Retención*

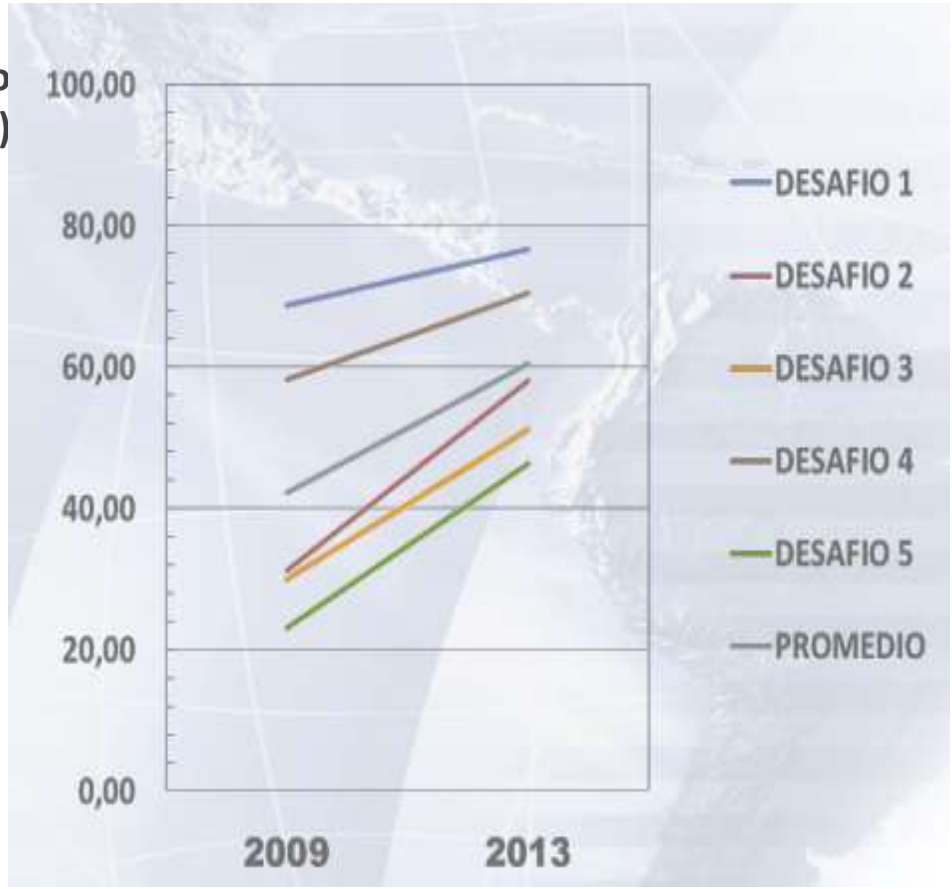
ADMINISTRACIÓN DE MIGRACIONES

*Cantidad adecuada*

POLÍTICAS Y PLANES

# Metas Regionales de Recursos Humanos en las Américas

*Resultados promedio por desafío*




Políticas y planes de largo plazo

Personas adecuadas en los lugares adecuados

Gestión de la migración

Relaciones laborales y compromiso institucional

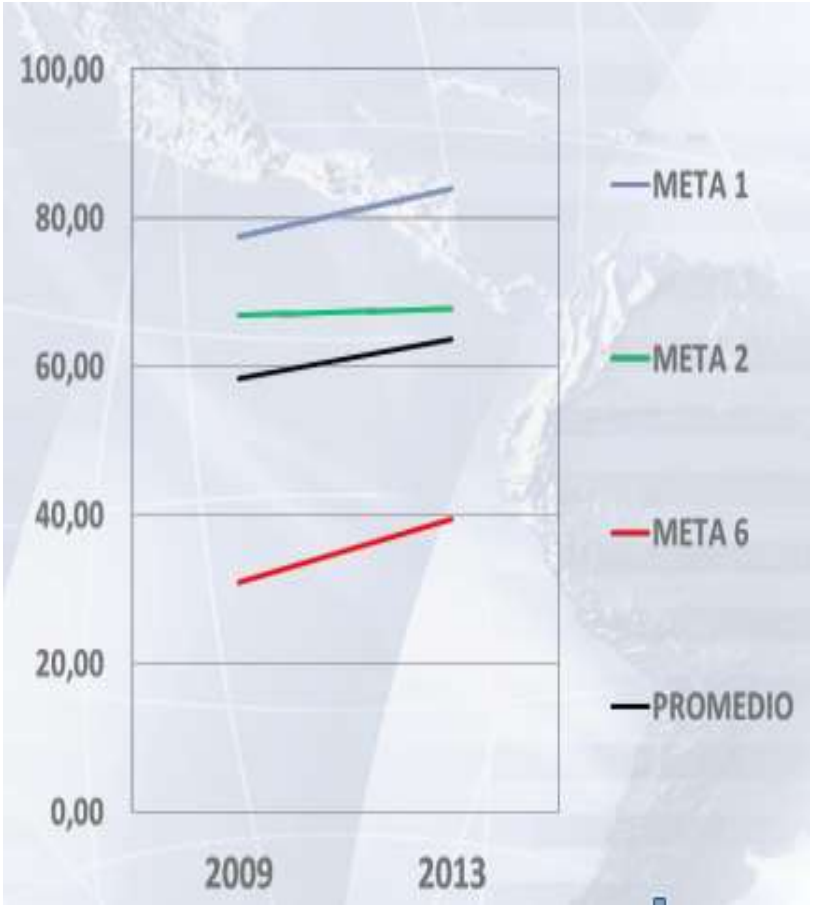
Educación acorde a necesidades de población

**Fuente:** Observatorio Regional de Recursos Humanos, OPS

**Nota:** Corresponde a las cifras correspondientes a países que han participado en ambas mediciones

# Metas en RHUS vinculadas directamente a la cobertura Universal

*Obstáculos críticos para alcanzar la CUS*




25 profesionales (médicos, enfermeras y obstetras) por 10,000 habitantes

Los Médicos en Atención Primaria mayor al 40% de la fuerza laboral médica total

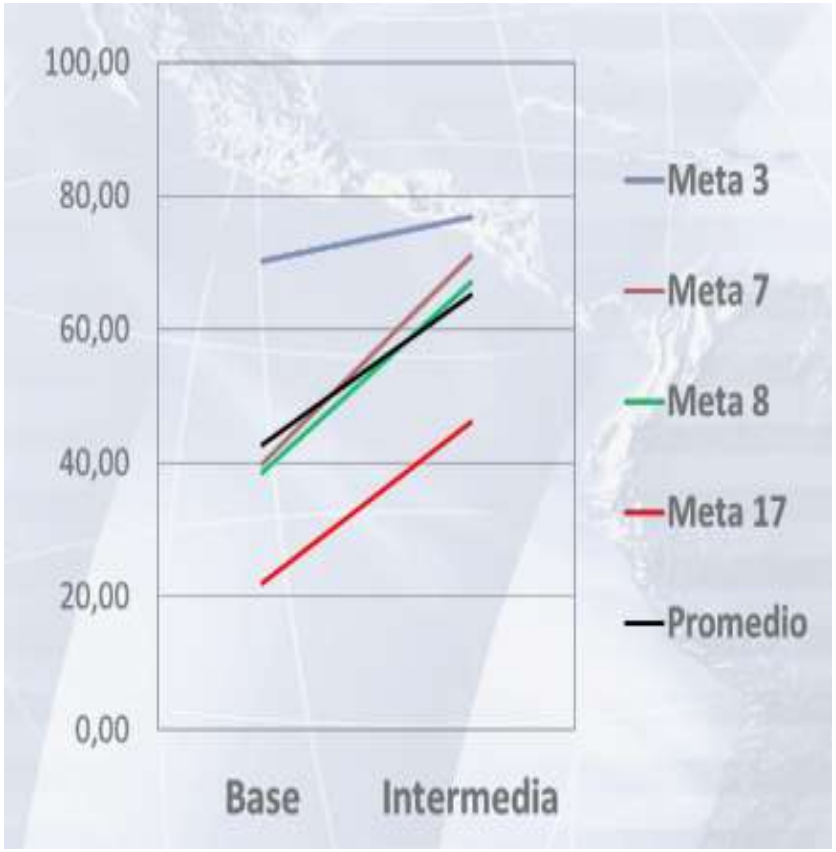
La brecha en la distribución de personal de salud entre zonas urbanas y rurales se habrá reducido a la mitad en el 2015.

**Fuente:** Observatorio Regional de Recursos Humanos, OPS

**Nota:** Corresponde a las **c**ifras de países que han participado en ambas mediciones

# Metas en RHUS vinculadas directamente a la Atención Primaria

*Elementos críticos para una atención integral*




Equipos APS con ACS

Equipos APS con competencias en SP e IC

70% E, TS, AE y ACS han mejorado competencias

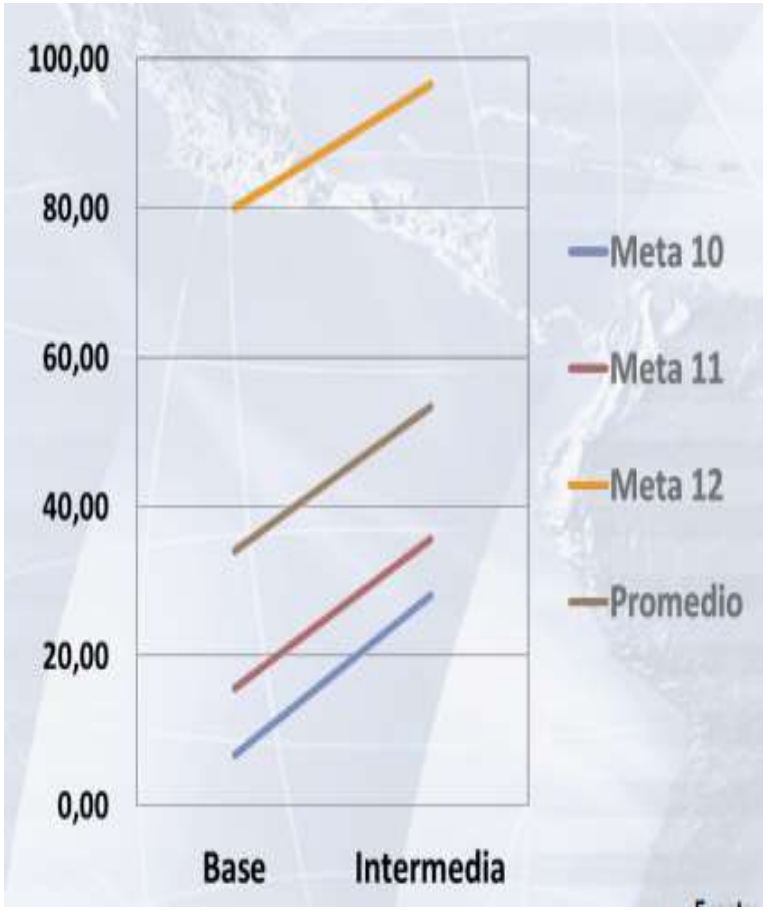
80% de Escuelas reorientadas hacia APS

**Fuente:** Observatorio Regional de Recursos Humanos, OPS

**Nota:** Corresponde a las **c**ifras de países que han participado en ambas mediciones

# Metas en RHUS vinculadas a la Migración de Profesionales

*Avance desigual*




Código Internacional adoptado

Política de autosuficiencia

Acuerdos-mecanismos reconocimiento

**Fuente:** Observatorio Regional de Recursos Humanos, OPS

**Nota:** Corresponde a las **c**ifras de países que han participado en ambas mediciones

# EL FILO DE LA NAVAJA

## Una epidemia de reformas de salud

**Varias plagas de brechas**

**S.O.S. Urgencias RHUS (marque su opción)**

**Homologaciones (competencias + experiencia)**

**(pero sin perder visión y rumbo)**

**Formación “express"**

**(si se dejan las universidades)**

**Atracción / retención de profesionales (ufff!!!)**

# El tenaz principio de realidad

**APS & MF**

**Atrapados en Alma Ata +37**

Está en el discurso,
ocasionalmente en la acción

**Afortunadamente, algunos países de AL se están moviendo con claridad y decisión**

# La tozuda evidencia

**Los países con mejores indicadores de salud son los que apoyan su estrategia de AP en especialistas de MFyC con una formación reglada**

**Los países “ricos” tienen sistemas de salud con médicos especialistas en MFyC con alta capacidad de resolución en el primer nivel de atención**

# Carrera Profesional

*Mucho cuidado en no poner la carreta delante de los bueyes !*

# “Filling the gap” iniciativas

## América del Sur como laboratorio de RHUS

PROFAM & SERUMS (Perú)

APS & MedTradicional (Bolivia)

ELAM (Cuba & Venezuela)

MAIS MEDICOS (Brasil)

Ecuador Saludable, Vuelvo por tí (Ecuador)

Foro Facultades Públicas de Medicina (Argentina)

# PERU´S PROFAM & SERUM RURAL INITIATIVES

Ministerio de Salud

Observatorio
Recursos Humanos en Salud del Perú

PERÚ PROGRESO PARA TODOS

Dirección General de Gestión del Desarrollo de Recursos Humanos

## PROFAM inicia diplomatura de atención integral en el marco de la atención primaria en salud en DISA V Lima Ciudad

*La implementación de la reforma sanitaria está impulsando el fortalecimiento del Primer Nivel de Atención de Salud a través de las aplicaciones del Modelo de Atención Integral de Salud basado en la Familia y Comunidad. En ese sentido se realizó el 27 de febrero en la DGGDRH, una reunión de coordinación entre los directivos de la Dirección General y los representantes de la DISA V-LIMA CIUDAD.*

INSTITUCIONAL | INFORMACION RHUS | SISTEMA DE INFORMACION | SALA DE REUNIONES

# BRAZIL


**MAIS MEDICOS**

**11,OOO cuban doctors serving remote rural areas**

# ELAM CUBA

## Escuela Latinoamericana de Medicina

*"Forjando un ejército de batas blancas"*



### Nuestra Universidad

- Historia de la ELAM
- Rector Fundador
- Misión
- Identidad
- Ubicación
- Principales reconocimientos otorgados
- Objetivos de trabajo y criterios de medidas 2014.

### Estudios en Cuba

- Primeros años de estudio e ingreso en la ELAM
- Síntesis del Plan de Estudio de la Carrera de Medicina
- Información Servicios académicos para pregrado. Curso 2014-2015
- Requisitos de ingreso

No tardó nuestro país un minuto en dar respuesta a los organismos internacionales ante la solicitud de apoyo para la lucha contra la brutal epidemia desatada en África Occidental.

Es lo que siempre ha hecho nuestro país sin excluir a nadie. Ya el Gobierno había impartido las instrucciones pertinentes para movilizar con urgencia y reforzar al personal médico que prestaba sus servicios en esa región del continente africano. A la demanda de Naciones Unidas se dio igualmente respuesta rápida, como se ha hecho siempre ante una solicitud de cooperación.

Cualquier persona consciente sabe que las decisiones políticas que entrañan riesgos para el personal, altamente calificado, implican un alto nivel de responsabilidad por parte de quienes los exhortan a cumplir una peligrosa tarea. Es incluso más duro todavía que la de enviar soldados a combatir e incluso morir por una causa política justa, quienes también lo hicieron siempre como un deber.

El personal médico que marcha a cualquier punto para salvar vidas, aun a riesgo de perder la suya, es el mayor ejemplo de solidaridad que puede ofrecer el ser humano, sobre todo cuando no está movido por interés material alguno. Sus familiares más allegados también aportan a tal misión una parte de lo más querido y admirado por ellos. Un país curtido por largos años de heroica lucha puede comprender bien lo que aquí se expresa.

Todos comprendemos que al cumplir esta tarea con el máximo de preparación y eficiencia, se estará protegiendo a nuestro pueblo y a los pueblos hermanos del Caribe y América Latina, y

### Noticias de Salud Pública

- ¿Son suficientes 21 días como periodo de cuarentena para el ébola?
- Tic, un movimiento involuntario desde nuestro cerebro
- La circuncisión después de la etapa de neonato supone un riesgo para los niños
- Diseñan un film ocular bioadhesivo para el tratamiento del glaucoma
- Las posibles fracturas pediátricas se inmovilizan inadecuadamente en el 93 % de los casos
- Detectan sutiles señales cerebrales de consciencia en pacientes supuestamente en estado vegetativo

Gail Reed:

# Where to train the world's doctors? Cuba.

Watch later
Favorite
Download
Rate

**TEDMED 2014** · 17:08 · **Filmed** Sep 2014
Subtitles available in 5 languages

View interactive transcript



Big problems need big solutions, sparked by big ideas, imagination and

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Ministerio de Salud Pública > Programas y Servicios > Ecuador Saludable, Voy por ti

## Ecuador Saludable, Voy por ti

Búsqueda

Antecedentes | Base legal | Componentes | Beneficios | Comunicación | Compromisos

RETURNING

SPECIALISTS

# LIVIA : TRADITIONAL & INTERCULTURAL MEDICINE

Estado Plurinacional de Bolivia

## Ministerio de Salud

Inicio | Institucional | Transparencia | Prensa | Estadísticas | Viceministerios | Programas de Salud | Servicios

- RM-SAFCI
- SIPRUNPCD
- Redes de Servicios y Calidad
- Bono Juana Azurduy
- Coordinación Nacional de Laboratorios
- Medicina Tradicional e Interculturalidad
- Registro Nacional de Medicos y Parteras Trad. y Natu.
- Programa Multisectorial Desnutricion Cero
- Programa Nal. de Enfermedades no Transmisibles
- Programa Nacional de Salud Oral
- Programa Nacional de Control de Tuberculosis
- Programa Nacional de Salud Renal
- Unidad de Medicamentos
- Unidad de Epidemiologia
- Unidad de Servicios de Salud y Calidad
- Unidad de Seguros Publicos de Salud


### Mujeres y Niños de Ixiamas y San Buenaventura serán Beneficiadas con el Bono Juana Azurduy

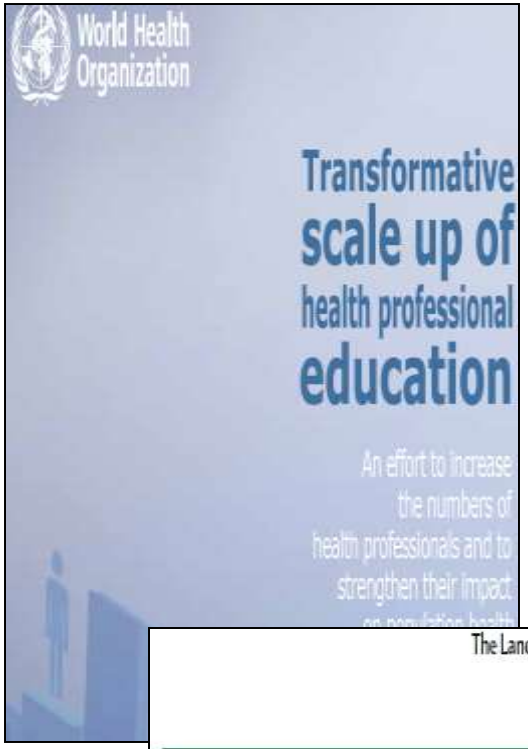
La Paz - 27 de Octubre de 2014 | Unidad de Comunicación

Con el objetivo de que toda la población elegible del Programa Bono Juana Azurduy, acceda al incentivo económico que otorga el Estado Plurinacional de Bolivia, a mujeres en estado de gestación y niños menores de dos años, el programa participa de la Brigada por la Integración de los Pueblos del Norte de La Paz recorrerá los municipios de Ixiamas y San Buenaventura, con la

Información EBOLA

# Compromiso social en educación en ciencias de la salud

## Una opción creciente


World Health Organization
Transformative
scale up of
health professional
education
An effort to increase
the numbers of
health professionals and to
strengthen their impact


Global Consensus for Social Accountability of Medical Schools
Global Consensus for Social Accountability
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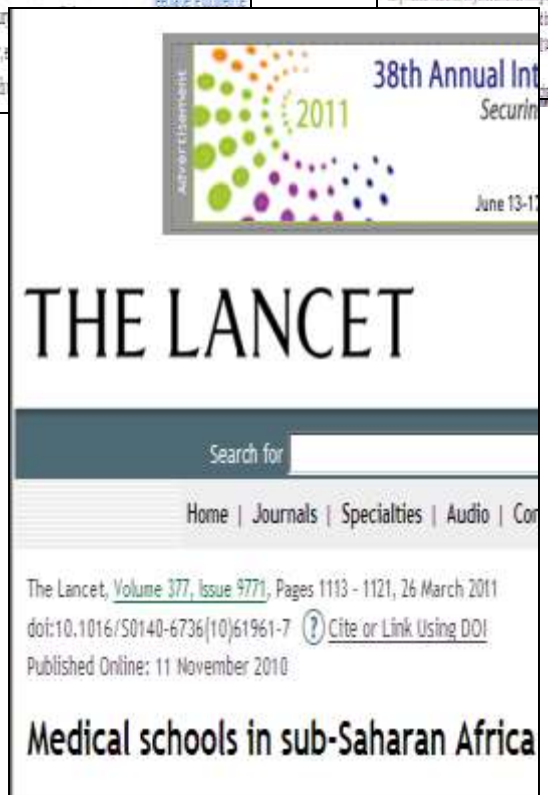
The Lancet Commissions
THE LANCET
Health professionals for a new century: transforming education to strengthen health systems in an interdependent world
Executive summary
Problem statement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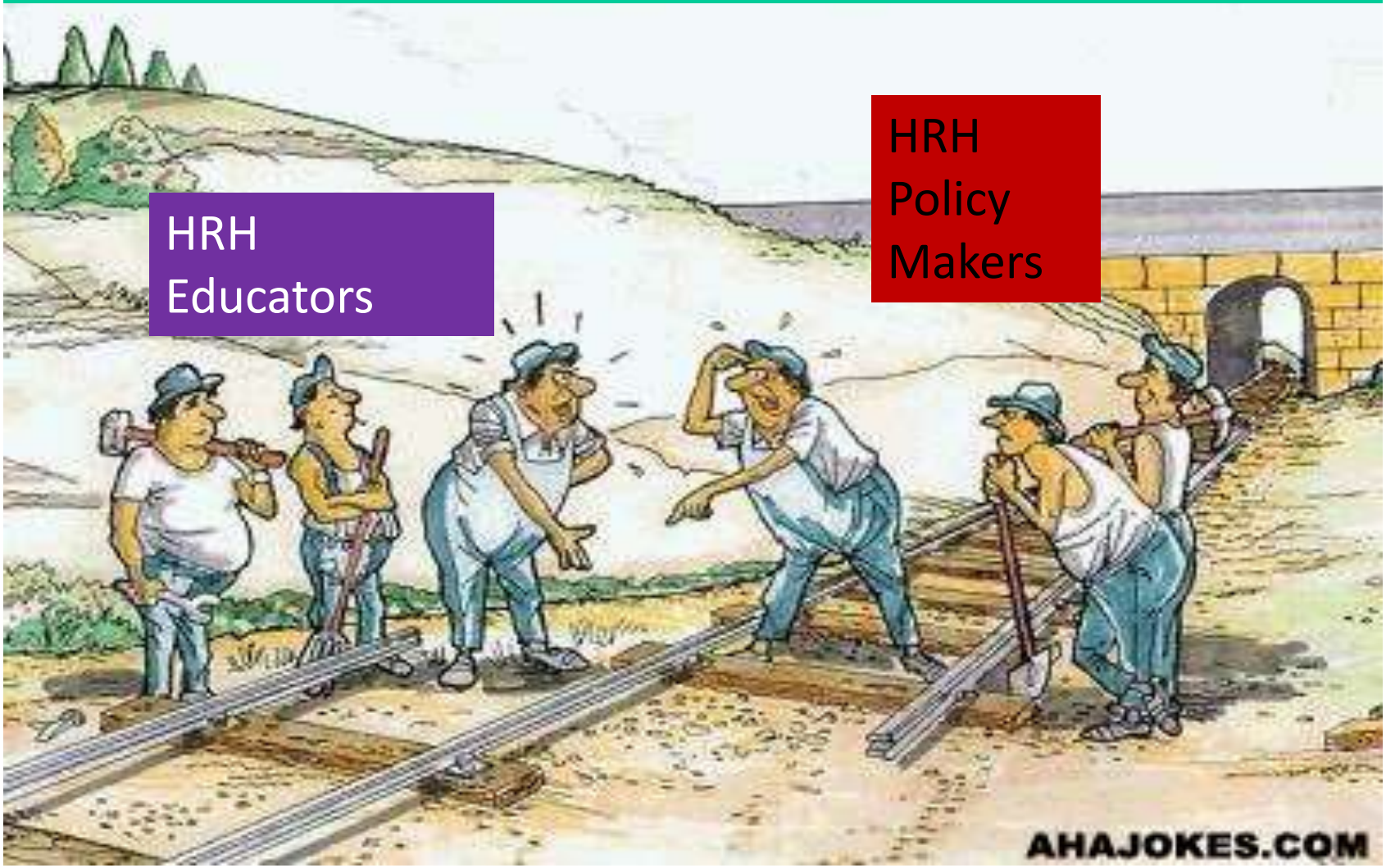
Medical schools in sub-Saharan Africa

# Un problema global



# Es posible, pero hay que intentarlo !

Canada

Brazil

Uruguay

Colombia

USA

Argentina

Chile

Ecuador

Nicaragua

Guatemala

……

Pan American Health Organization

**Reunión sobre la "misión social de la educación médica para alcanzar la equidad en salud"**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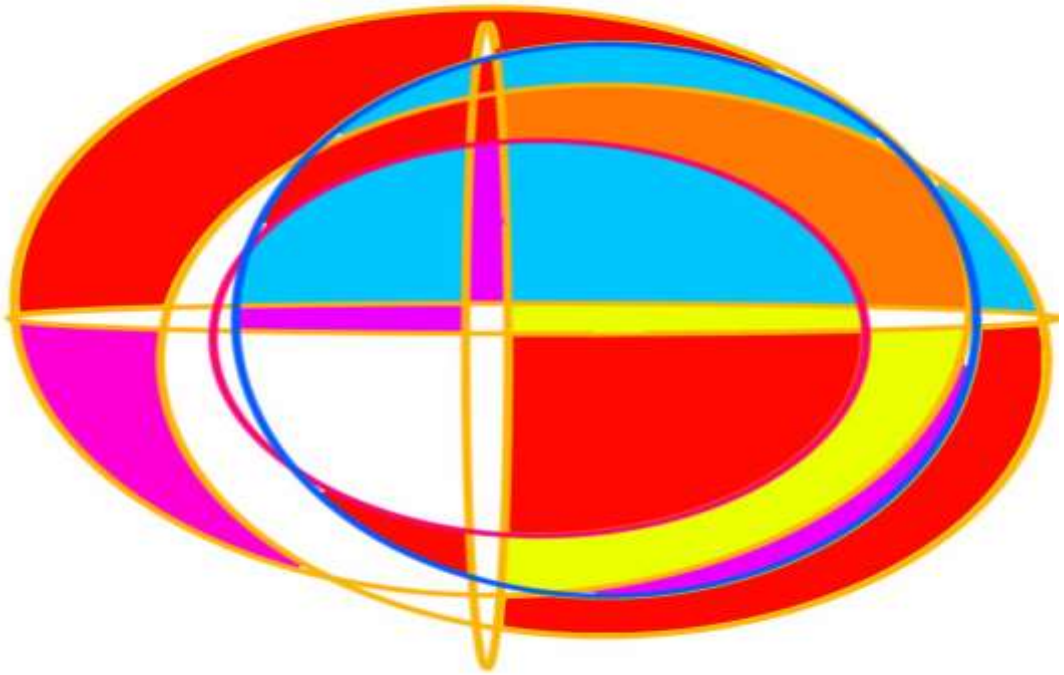
Beyond Flexner 2015

beyond FLEXNER
Social Mission in Medical Education

REGISTER NOW!!

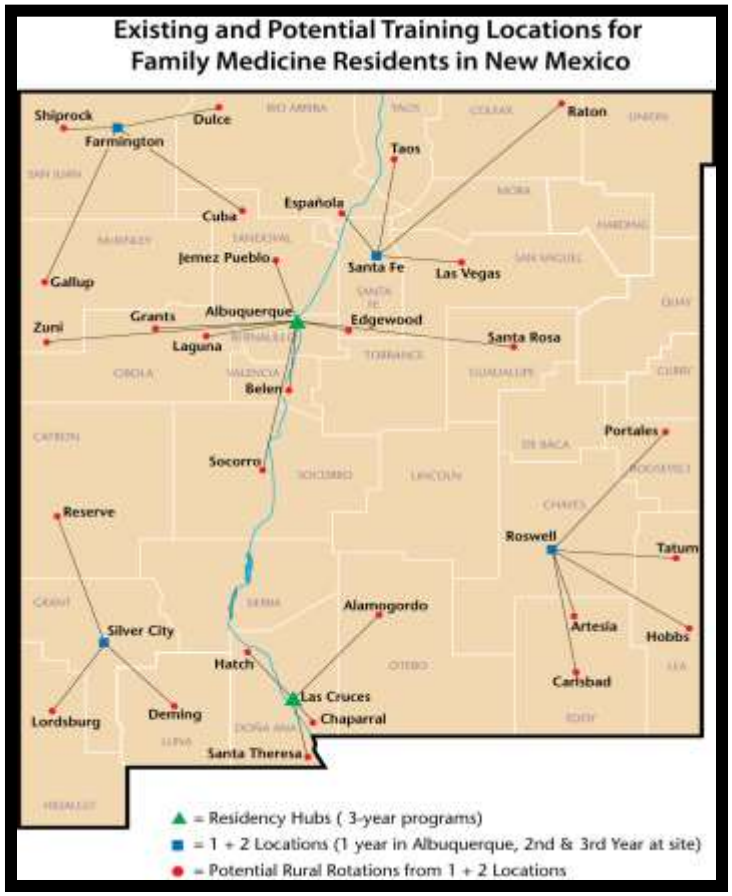
**April 13-15 ~ Albuquerque, New Mexico**



# THE CONSORTIUM (to be born)

**PAHO / WHO Collaborating Centers on Medical Education**
**Medical schools advancing on social mission in Latin America**

# University of New Mexico, USA
## School of Medicine




## Strategies for Overcoming Barriers

- Strong faculty development program (campus, community)
- Broaden ownership of innovation, including hospital-based specialists
- Build strong community partnerships, include different sectors of community
- Link innovations in education with innovations in service
- Learn from others' successes, failures (worldwide)

# Sherbrooke Faculty of Medicine and Health Sciences
## Canada

## Sherbrooke commitment to PHC

- Long term commitment
- Mission considering Social Responsibility
- Task-based educational approach derived from 100 clinical locations
- Expected results re graduates:
  - Family Medicine : 50%
  - “Generalist specialties”: 25%
- International collaboration


ILLINOIS RMED

# The Rural Medical Education Program

The Rural Medical Education (RMED) program seeks to recruit, admit and prepare medical students from the state of Illinois, who will, upon completion of residency training, locate and practice in rural Illinois as primary care physicians.

RMED, a core program of the National Center for Rural Health Professions, offers a community-based rural medical curriculum, extensive clinical experience, a 16-week rural preceptorship, a community-oriented primary care project and interdisciplinary medical training. Since 1993, more than 200 students have participated in the RMED program, 80 percent of whom have chosen primary care residencies. More than 70 percent of program graduates are practicing rural primary care medicine in Illinois.

For more information about the RMED program, please contact the RMED recruitment office at 815.395.5782. *For a detailed brochure on the program, please click* ***here****.*

Departments

Programs

› MD Program

› Curriculum

› James Scholar Program

Rural Medical Education Program

RMED Collaborating Hospitals

National Center for Rural Health Professions

› Research Opportunities for Students

› Clinical Clerkships

› Medical Biotechnology

› Family Medicine Residencies

› National Center for Rural Health Professions

# ROCKFORD – ILLINOIS - USA

THE NATIONAL CENTER FOR
**RURAL HEALTH** PROFESSIONS

*... Healthy People, Healthy Rural Communities*

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# Forum of 13 Public Medical Schools
## Argentina (June 2012)


www.observatoriorh.org


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# Gracias por su atención
# Thanks for your attention


Max Ernst
Juego de Ajedrez
Game of Chess