

PERU

Development of the Intersectoral Coordination process to achieve Health Workforce Retention in areas under the programme of Universal Health Insurance

Critical Shortage in Human Resources for health to achieve the Millennium Development Goals and Universal Health Insurance



Human resources shortage in Peru (N° of doctors, nurses and midwives per 10000 inh.) makes "very unlikely to achieve a coverage of essential health interventions, as needed to achieve the Health related Millennium Development Goals (MDG)" (WHO - 2006)

Main HRH Challenges

Quantitative and qualitative shortage of HRH:

A study done by the MOH, 2007 showed that the shortage of physicians runs from 8,446 to 15,363 according to different standards, with a gap in HRH distribution between regions as well as urban-rural

Scarcity of specialists.

The MOH alone needs more than 6,000 specialists. There are no anesthetists, psychiatrists, cardiologists, gastroenterologists and others in many Regions.

Imbalance between supply and demand and quality issues:

The massive development of new educational institutions endangers the quality and proficiency of health personnel.

Mismatch between real workers competencies and those needed for the health care system

Biomedical approach in HRH training, no emphasis in PHC.

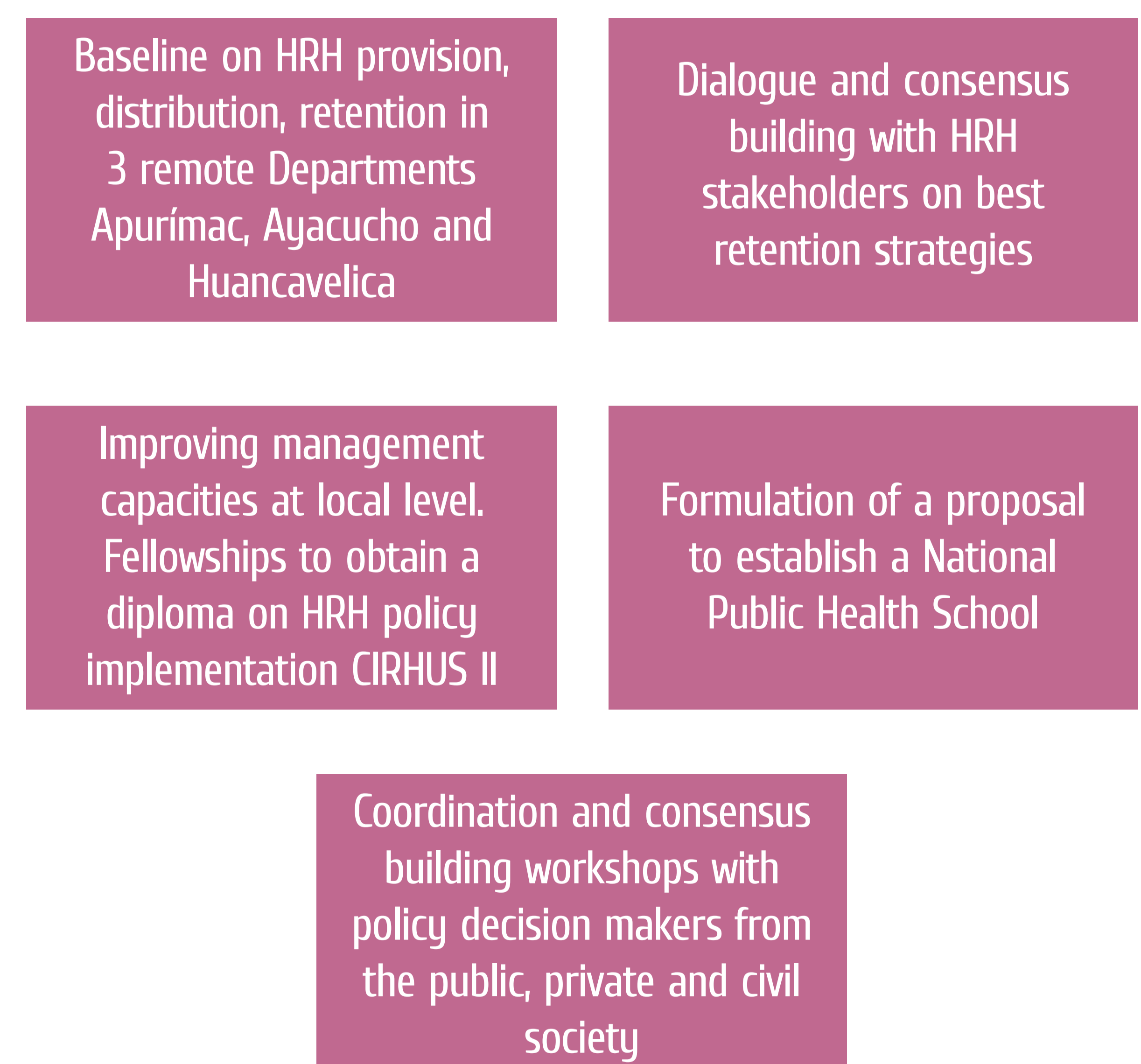
Improving the stewardship role of the government for HRH

Diverse stakeholders coordination, facilitation and regulation

Intersectoral coordination to retain HRH in remote areas, Peru



CCF activities - 2010



Relevant partners and stakeholders

Stakeholder Constituencies	HRH Retention Policy Partners
National Parliament (regions, political parties, citizens)	Health and Social Security Commission
Executive Branch	Executive Branch President of the Council of Ministers
Administrative resources, procedures, local authorities	Secretary of Decentralization
Public sector personnel	National Civil Service Authority (SERVIR)
Local authorities	Regional governments
Public authorities	Ministry of Finance and Economy
Education sector	Ministry of Education
NGOs across the country and in the selected regions	Civil Society
International Organizations	International Organizations GHWA, PAHO/WHO, UNASUR, Andean Agreement

Core Functions of HRH stakeholders

Health and Social Security Commission	Functions
Health and Social Security Commission	Legislative process, public debate
President of the Council of Ministers	Monitoring policy implementation
Secretary of Decentralization	Administrative procedures
National Civil Service Authority (SERVIR)	Contracting and working conditions
Regional governments	Ensuring implementation and sustainability
Ministry of Finance and Economy	Funding
Ministry of Education	Continuous Education
Civil Society	Social audit
International Organizations	Technical assistance

Lessons Learnt

- Robust data and evidence (baseline study) was a valuable starting point;
- HRH policy has to be linked with broad Health and Social Inclusion policies. (A specific programme 'PROSALUD' worked well as a link with the three selected Regions, allied with the national objective.);
- Having a long term HRH plan and initiatives involving all other stakeholders from the very beginning remained useful;
- Strengthening technical capacities of local HRH authorities is imperative;
- HRH are an investment not only in themselves, but they make possible the significant expansion of infrastructure resulting in economic and social welfare. This can further mobilize the financial support from the government;
- Sharing good practices from neighboring countries was beneficial.



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