

# Novos perfis profissionais/atributos de técnicos de saúde para o trabalho de PHC na pandemia".



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# HEALTH AND CARE WORKERS ARE AN INVESTMENT NOT A COST

Add your voice to those calling for more investments in health and care workers.

#SupportHealthCareWorkers



## PROTECT our health and care workers

- Health and care workers have protected the world during COVID-19: We have a moral obligation to protect them.
- Health workers delivering new COVID-19 health care innovations and vaccines should have the requisite support and enabling work environment. Vaccinating health and care workers first is the right thing to do and the smart thing to do.



## INVEST in the people who invest in us

- The world is facing a global shortage of health workers. We must invest in education, jobs and decent work to protect the world from disease and achieve universal health coverage.
- Globally, 70% of the health and social workforce are women. Nurses and midwives represent a large portion of this. We need to invest in gender equity.



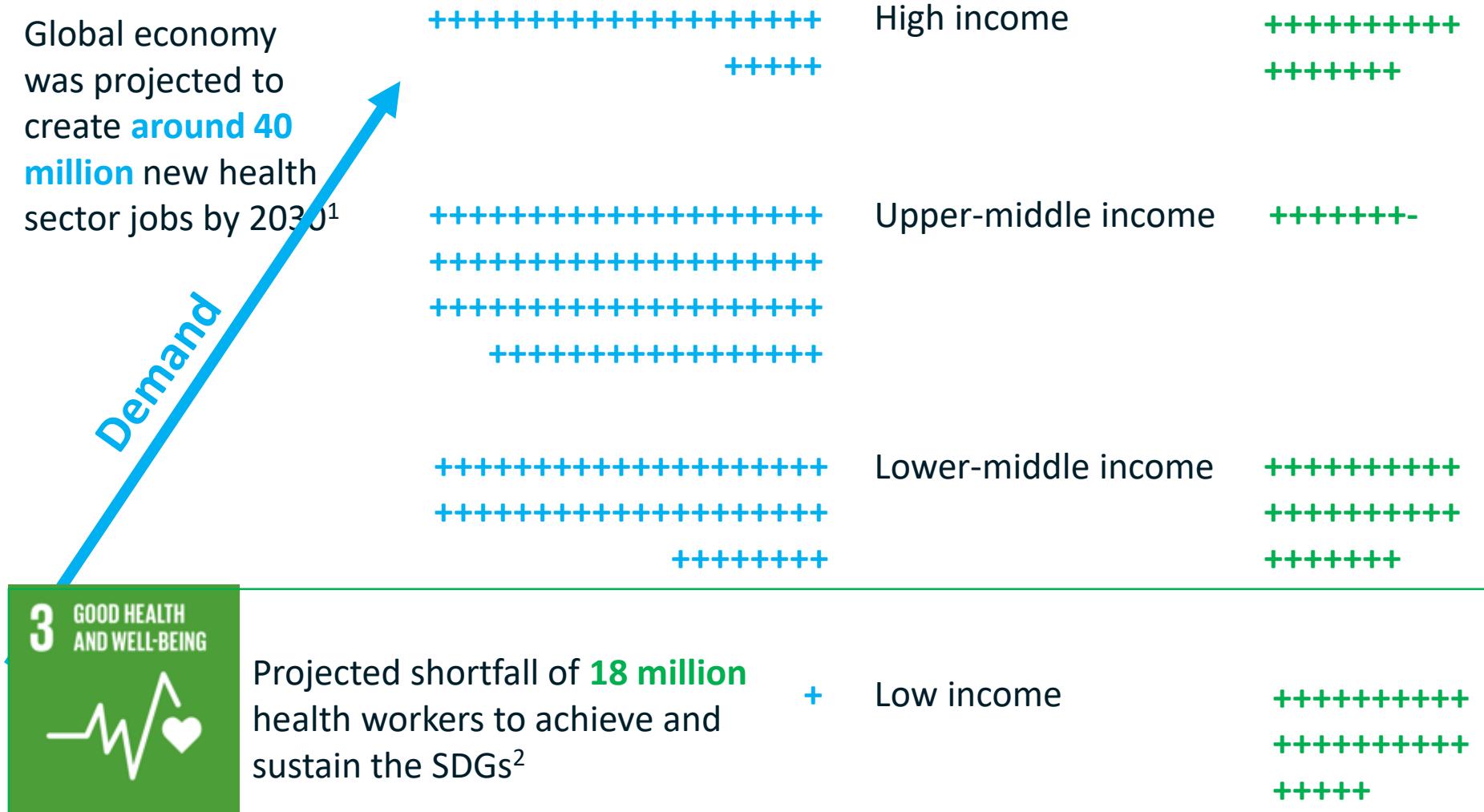
## TOGETHER, we can make it happen

- We all have a role to play to ensure that our health and care workforces are supported, protected, motivated and equipped to deliver safe health care at all times, not only during COVID-19.

<https://www.who.int/campaigns/annual-theme/year-of-health-and-care-workers-2021>

# Setting the scene: pre-pandemic

## DEMAND VS NEED: PROJECTIONS TO 2030



# Protect health and care workers

The Steering Committee for the **2021 International Year of Health and Care Workers** issued a **Joint Statement** calling for immediate and concrete action to protect health and care workers to:

- Strengthen data collection and reporting on infections, ill-health and deaths among health and care workers due to COVID-19
- Protect health and care workers during and beyond the current global COVID-19 pandemic
- Accelerate the vaccination of all health and care workers in all countries



**JOINT STATEMENT ON WHO'S ESTIMATES OF  
HEALTH AND CARE WORKER DEATHS DUE TO COVID-19**

We, the Steering Committee for the International Year of Health and Care Workers in 2021, call for immediate and concrete action to protect health and care workers from the impact of the global COVID-19 pandemic.

Health and care workers are the foundation of health systems and the driving force to achieving universal health coverage and global health security. Their commitment and professionalism throughout the pandemic are evident to all: extraordinary people, performing extraordinary work.

However, too many of them have become infected, ill or died as a result of COVID-19.

WHO estimates that between 80 000 and 180 000 health and care workers could have died from COVID-19 in the period between January 2020 to May 2021, converging to a medium scenario of 115 500 deaths<sup>1</sup>. These deaths are a tragic loss. They are also an irreplaceable gap in the world's pandemic response.

Encouragingly, the reported rate of infections and deaths among health and care workers has reduced over time, but the world cannot be complacent. More work is needed to minimize the risk of infection in the workplace. As at September 2021, available data from 119 countries suggest that two in five health and care workers were fully vaccinated on average, with considerable difference across regions and economic groupings. Less than 1 in 10 have been fully vaccinated in the African and Western Pacific regions, while 22 mostly high income countries reported that above 80% of their personnel are fully vaccinated.

We are deeply concerned about the probable number of deaths, the overall low rate of vaccinations and the vaccines inequities among health and care workers in low- and middle-income countries. This undermines the physical, mental, and social well-being of those individuals we depend upon to manage the pandemic.

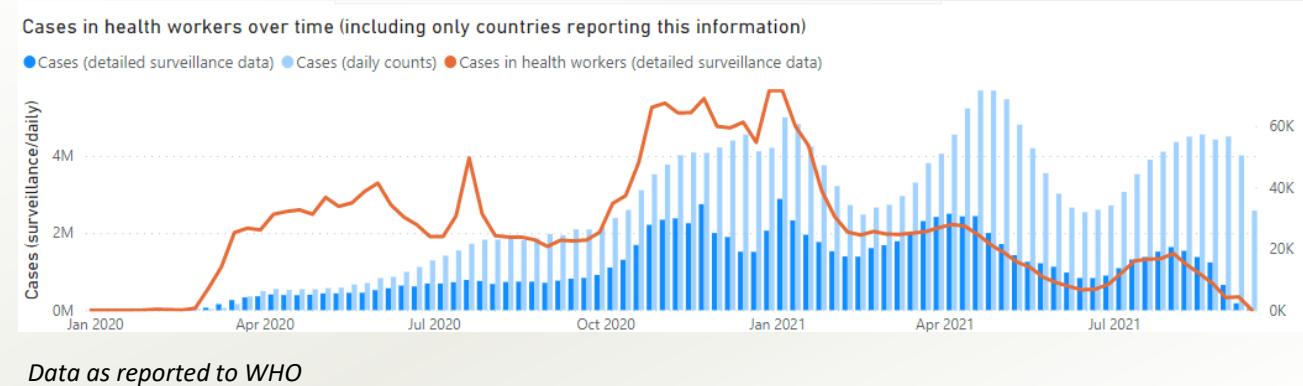
<sup>1</sup> The impact of COVID-19 on health and care workers: a closer look at deaths. Health Workforce Department – Working Paper 1. Geneva: World Health Organization; September 2021 (WHO/HHR/WorkingPaper/2021.1), license CC BY-NC-SA 3.0 IGO.

[https://cdn.who.int/media/docs/default-source/2021-dha-docs/iyhcw\\_sc\\_joint\\_statement.pdf?sfvrsn=5fe331d2\\_5](https://cdn.who.int/media/docs/default-source/2021-dha-docs/iyhcw_sc_joint_statement.pdf?sfvrsn=5fe331d2_5)

# Many health workers have died during the pandemic

However, SARS-CoV-2 infections in health workers have reduced over time

- 115 500 health workers globally, a conservative estimate, are believed to have died during the pandemic\*
- Better access to personal protective equipment (PPE) and COVID-19 vaccination have decreased SARS-CoV-2 infections in health workers over the course of the pandemic, yet their occupational service continues to put them at greater risk



\*<https://apps.who.int/iris/bitstream/handle/10665/345300/WHO-HWF-WorkingPaper-2021.1-eng.pdf>

# Health workforce lessons learned in COVID-19



Ensure adequate quantities and type of health workers.



Enact rapid mobilization and redeployment policies and mechanisms



International solidarity to allow HRH investments



Agile work with partners to gather data, synthesize learning, innovate



Guarantee decent working conditions



Equip health workers with additional required skills and competencies



Protect from infection (refresh/monitor IPC practices and ensure adequate PPE)



Optimize roles



**Competencias niveles de gobierno**



**Compromiso político**



**Financiamiento sostenible**



**Infraestructuras**



**Recursos humanos**

# **El eterno discurso Atención Primaria de Salud (APS)**

**3 años después de la  
Declaración de Astana**

**40 + 3 años después de la  
Declaración de Alma Ata**

**.... En tiempos de la  
Pandemia de COVID-19**

# APS en crisis permanente

Poco desarrollada en muchos países, poco financiada en otros

Dificultades para atraer y retener suficientes RHS

La mitad de la población mundial sin acceso a los servicios esenciales de salud

80%-90% de las necesidades de salud durante el curso de vida pueden cubrirse a través de APS resolutiva.

Envejecimiento y multimorbilidad: APS más necesaria que nunca

# Cuatro Plataformas APS



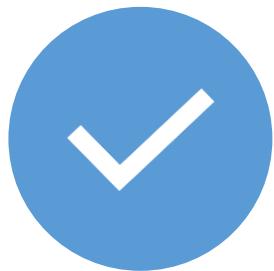
SISTEMAS Y SERVICIOS DE  
SALUD BASADOS EN LA  
PERSONA, LAS FAMILIAS Y LAS  
COMUNIDADES)



CENTROS DE SALUD DE APS



HOSPITALES DE PRIMER NIVEL



INTERVENCIONES  
COMUNITARIAS

# APS más necesaria que nunca

Reclutamiento: Atracción & Retención

Apoyo intitucional: infraestructuras &  
tecnologías

Equipos interprofesionales de salud

Nuevos roles, nuevos perfiles, nuevos  
“curriculums”

Zonas rurales, remotas & subatendidas

# ¿Qué queremos para los sistemas de salud del futuro?

## Sistemas de salud **resilientes**:

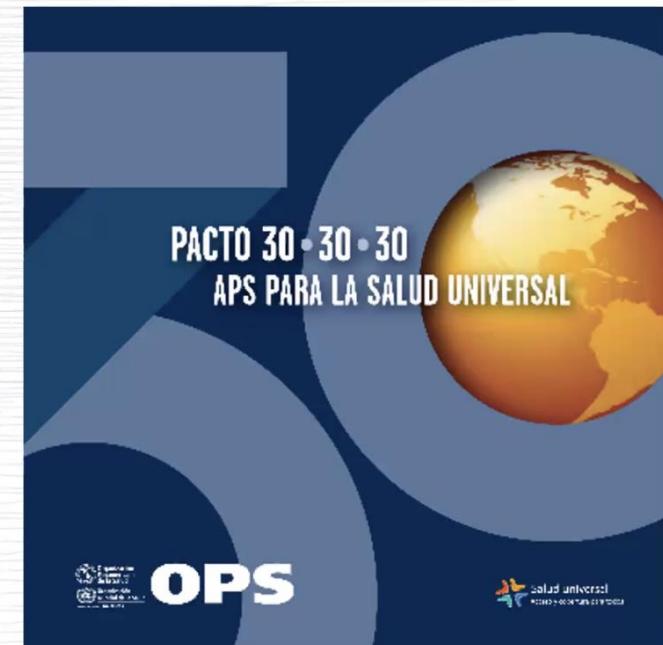
- La recuperación de los logros perdidos de la salud pública, abordando las inequidades del impacto de la pandemia.
- Expansión del acceso a la salud, y la cobertura de salud, con equidad.
- Preparación y capacidad de respuesta mejor ante de las emergencias de salud pública.

LIDERAZGO, RECTORÍA Y GOBERNANZA PARA LA TRANSFORMACIÓN DE LOS SISTEMAS DE SALUD



# 1. Transformación basada en la atención primaria de la salud hacia la salud universal

- Acelerar la recuperación en el corto plazo, abordar brechas estructurales en el mediano plazo.
- Promover la equidad en el acceso, abordar las necesidades de las poblaciones más vulnerables, con participación social.
- Constituye una inversión en la salud y bienestar de las personas y comunidades, y la preparación/respuesta ante las emergencias de salud.
- Renovar el compromiso ante el *Pacto para la APS: 30:30:30*



## 2. Fortalecer las capacidades de salud pública a través de las funciones esenciales de salud pública

- Salud pública como eje estratégico para los sistemas de salud
- Mejorar las capacidades de salud pública, diseñar y fortalecer estructuras institucionales que puedan coordinar diferentes intervenciones y programas de salud pública
- Fortalecer las 4 áreas prioritarias de las funciones esenciales de salud pública:
  - Evaluación
  - Políticas de promoción y protección de la salud
  - Marcos legislativos y regulatorios
  - Acceso



### 3. Fortalecer las capacidades de las redes integradas de los servicios de salud

- Organización e integración de los servicios de salud individuales y de base poblacional.
- Capacidad de resolución de la Red: primer nivel de atención y servicios especializados.
- Enfoque estratégico sobre el fortalecimiento del primer nivel de atención.
- Políticas públicas para los recursos de salud: recursos humanos, sistemas de información, medicamentos y tecnologías, y financiamiento.



## 4. Aumentar el financiamiento público para salud y protección social

- Financiamiento público aumentado y sostenido en salud para apoyar la transformación de los sistemas de salud
- Inversión en las funciones esenciales de salud pública y la aplicación del Reglamento Sanitario Internacional -RSI
- Priorizar la inversión en el primer nivel de atención
- Mejorar la eficiencia en el gasto
- Acción intersectorial para mejorar la protección social



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Américas





# THANKS