

HEALTH SYSTEMS IN SEARCH OF EXCELLENCE: A FOCUS ON HUMAN RESOURCES

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Strategic orientations in health depend on policies and actions that prioritize efforts aimed at guaranteeing greater equity in people's health and living conditions, as well as in access to basic care services.

The health sector tends to exert little influence in the formulation of economic growth promotion policies or in decision making aimed at more equitable income distribution. But, on the other hand, when we think of equity or means to achieve it, health appears as a good with significant potential to promote respect for equal rights.

If well structured, the health sector can minimize inequalities, establish social well-being programs, promote better living conditions for the unattended majority and transform basic care systems with an emphasis on health promotion, risk prevention and civil participation. In the last decade of the 20th century, the following strategies were listed to reduce the main problems in this sector: - reorganization of the health sector; focus on actions oriented towards high-risk groups; health promotion; exploration of health communication; integration of women in health and development; knowledge management; mobilization of resources and cooperation among countries⁽¹⁾.

Although health systems in the Americas promoted significant structural transformations during this period, various problems remain, mostly related to human resources. Based on this observation, the Pan-American Health Organization, Health Canada and the Ministry of Health and Long Term Care of the Province of Ontario promoted a Regional Meeting of the Observatories of Human Resources in Health, held in Toronto last October, with a view to uniting countries in the Americas around one common commitment: to promote human resources in health. This meeting resulted in the so-called **Toronto Call to Action** towards a Decade of Human Resources in Health (2006-2015).

This initiative aims to involve actors from different social sectors, whose mobilization can contribute to a joint long-term effort for the valuation, development and strengthening of human resources in health in the Americas. These are seen as protagonists for the functioning and evolution of the health system, working towards its increasing and permanent qualification. For this initiative to produce a political and social impact in the region, one of the points of consensus is that the broad dissemination of its goals needs to be stimulated ⁽²⁻⁴⁾.

Beyond a plan for the next decade, the call to action forecasts that sustained efforts will result in the development, training and valuation of Human Resources in Health.

The idea is that, by 2015, each country should have made significant progress in the achievement of its health targets, based on the development of its work force, which constitutes the foundation of the health system.

Nursing human resources actually participate in the power dynamics in health, acting so as to facilitate and potentialize national and regional health objectives, and contributing in different ways to achieve the goal of Health for All⁽⁵⁾. There is a lack of nurses and midwives in basic health care; professionals are migrating to other countries; conditions for working and integrating these professionals into services are inadequate. The combination of these factors leads to severe consequences for the quality and range of health care. Without a sufficient contingent of nursing professionals, health systems will fail and the Millennium Development Goals will not be achieved⁽⁶⁻⁷⁾.

Due to the inductive role played by the Ministry of Health, in cooperation with the Ministry of Education, Brazil is advancing in the implementation of programs that guide and sustain the change process to operationalize the Single Health System (SUS) through its human resources. In the set of actions and programs that invest in people, the "Pró-Saúde" program deserves special attention. This program aims to redirect the training process, establish mechanisms of integration and cooperation between SUS managers and higher education institutions (until now, particularly nursing, medicine and dentistry courses) and extend the duration of educational practice in the public basic health service network⁽⁸⁾. By favoring and promoting effective interaction between Human Resource training institutions and health services, converging teaching with the reality of health work, the involved agents exercise and incorporate the principles of equity, universal access and comprehensive actions.

The course and reflexes of the above mentioned program are one among many possibilities to invest, value and develop human resources in health in general and in nursing in particular.

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