



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
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Human resources for health development

Report by the Secretariat

1. Resolution WHA57.19 requested the Director-General to undertake a number of activities in order to address the challenges to human resources for health arising from the migration of health personnel from developing countries. These activities have formed the core of the Secretariat's work in this area throughout the past biennium, and are briefly described below.
2. Migration of health workers is part of a global trend of increased migration, within which high-level professionals now form the largest cohort. It is unlikely that this trend will change, as travel becomes easier, faster and cheaper, and communication makes it simple to find the best paid employment. Recent reports by the Global Commission on International Migration¹ and the World Bank² have highlighted the economic and social benefits of migration if it can be managed within an effective policy framework.
3. Reflecting the urgency and importance of this issue, a number of meetings have been held with key policy-makers and other international organizations which identified actions that could be taken at international, regional and national levels to address rapidly the needs of the health workforce. For example, the High-Level Forum on the Health MDGs has consistently included human resources for health on its agenda.³

ADVOCACY FOR HUMAN RESOURCES FOR HEALTH

4. *The world health report 2006* will focus on the health workforce. The Report will be based on sound evidence, with a strong technical background. As it aims to mobilize a broad constituency, its elaboration has followed an expansive, inclusive and participatory approach that involves collaboration with, and commissioning of, contributions from diverse sources including nongovernmental organizations, academia, the private sector, and women's groups. An outline of the

¹ *Migration in an interconnected world: New directions for action*. Geneva, The Global Commission on International Migration, 2005. Accessible at <http://www.gcim.org>.

² Özden, C. and Schiff, M. (eds) *International migration, remittances, and the brain drain*. Washington, DC and New York, The World Bank and Palgrave Macmillan, 2006.

³ See also document EB117/12.

Report was posted on the WHO web site early in 2005 in order to broaden its availability for comment.

5. It is expected that the Report will be launched on World Health Day – 7 April 2006 – as both will have as their themes human resources for health. The slogan for World Health Day 2006 is “Working together for health”, emphasizing the value inherent in being a health worker. The launch of the Report will be accompanied by distribution of briefing material designed to guide decision-makers on the policy frameworks needed to strengthen the health workforce. A range of tools and other supportive materials will also be made available to Member States.

6. When the Report and World Health Day were being planned, it was considered that a decade of human resources for health might be declared to highlight in a sustained way the importance of the workforce in achieving health goals. It was expected to be a component of the international advocacy programme for the coming years. Widespread consultations were held on the advisability of declaring such a decade; the conclusion was reached that efforts to establish a decade should not be taken further in 2005 in order to maintain a focus on the Millennium Development Goals as a whole and the lead up to the 2005 World Summit. Nevertheless, it is recognized that concerted action between all partners is essential during the next 10 years if the crisis in the health workforce is to be tackled adequately. An informal programme of work will be drawn up.

7. Advocacy programmes will continue beyond World Health Day 2006. To this end a transitional working group of interested partners has been formed with three objectives, namely, to promote interim actions to address critical gaps and encourage coordinated action on human resources for health by all interested parties; to consult on and elaborate the objectives, functions, structures and financing options for a global alliance that would act in a coordinated manner to strengthen the health workforce everywhere; and to pursue advocacy, communication and leadership for launching and implementing the global alliance.

MIGRATION OF HEALTH WORKERS

8. Monitoring international migration of health workers is an integral part of efforts to improve information on human resources for health. A minimum data set for migration is being compiled with other international organizations, including ILO and the International Organization for Migration (IOM). Joint mechanisms are being set up for the biennium 2006-2007 to monitor the migration of health workers.

9. Progress has been made in establishing and running an observatory in Africa that will collect and share information relating to the health workforce. This will include information on migration, although recent surveys suggest that such data are difficult to obtain and are of limited reliability.

10. The role of trade agreements and codes of practice in regulating migration of health workers has been analysed and findings will be issued shortly. There is no evidence at present that either codes of practice or trade agreements have an impact on migration of health workers. A draft protocol has been drawn up that underscores the roles and responsibilities of both receiving and source countries, and of the individual migrant health worker. It will be the subject of a high-level policy consultation early in 2006. Although in itself a protocol is unlikely to have a deep impact on the movement of health workers, it serves as a reminder of responsible behaviour and a standard against which current practices can be benchmarked.

11. The Seminar on Health and Migration (Geneva, June 2004), organized by IOM and cosponsored by WHO and the United States Centers for Disease Control and Prevention, included a session on the impact of migration of health-care workers, and the effects of bilateral agreements.¹ Links with IOM are being fostered through a protocol for joint work that will promote coherent approaches and collaborative efforts. Information is regularly exchanged between ILO, IOM and WHO. Preparatory work has been initiated for a joint conference on migration and health in 2006, where one theme will be issues surrounding the movement of health workers.

12. WHO and OECD are building up a closer working relationship, especially in the area of migration. An initial joint meeting has already taken place, and a meeting of high-level policy-makers is planned for the first quarter of 2006 in order to explore issues relating to all aspects of management of migration.

BROADER WORKFORCE ISSUES

13. The Secretariat is working with Member States to develop evidence-based approaches to strengthening mechanisms for producing, planning and managing human resources for health, including analysis and development of modalities for recruitment and retention of personnel. Possible employment of mid-level health workers as an urgent response to the shortage of human resources is also being explored. *The world health report 2006* will cover these aspects in detail. It will also reflect efforts that have been made during the past year to streamline approaches to strengthening of the health workforce, with a chapter devoted to different modes of workforce organization across various priority programmes.

ACTION BY THE EXECUTIVE BOARD

14. The Board is invited to note the above report.

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¹ See International Organization for Migration, Health and migration seminar. Report of the meeting. Conference Room Paper 14, 88th Session of the Council.