

## **Fourth report of Committee A**

**(Draft)**

Committee A held its eighth and ninth meetings on 20 May 2011 under the chairmanship of Dr Walid Ammar, Lebanon.

It was decided to recommend to the Sixty-fourth World Health Assembly the adoption of the attached resolutions relating to the following agenda items:

13. Technical and health matters

13.4 Health system strengthening

One resolution as amended entitled: Health workforce strengthening

One resolution as amended entitled: Strengthening nursing and midwifery

One resolution as amended entitled: Strengthening national policy dialogue to build more robust health policies, strategies and plans

One resolution as amended entitled: Sustainable health financing structures and universal coverage

One resolution as amended entitled: Strengthening national health emergency and disaster management capacities and resilience of health systems

## Agenda item 13.4

### Health workforce strengthening

The Sixty-fourth World Health Assembly,

Having considered the reports on health system strengthening;<sup>1</sup>

Recalling resolution WHA57.19 on challenges posed by the international migration of health personnel, which, inter alia, urged Member States to develop strategies to mitigate the adverse effects of migration of health personnel and minimize its negative impact on health systems, and to frame and implement policies that could enhance effective retention of health personnel;

Recalling also resolution WHA59.23 on rapid scaling up of health workforce production, which, inter alia, recognized that shortages of health workers are interfering with efforts to achieve the internationally agreed health-related development goals, including those contained in the Millennium Declaration, and those of WHO's priority programmes;

Taking note of the WHO Global Code of Practice on the International Recruitment of Health Personnel,<sup>2</sup> which, inter alia, recognized that an adequate and accessible health workforce is fundamental to an integrated and effective health system and for the provision of health services, and that Member States should take measures to meet their own health personnel needs, i.e. take measures to educate, retain and sustain a health workforce that is appropriate for the specific conditions of each country;

Acknowledging the ongoing development of the WHO policy guidelines on transformative scale-up of health professional education, which is related to the increase in quantity, quality and relevance of the skill-mix of the health workforce in an equitable and efficient manner;

Recognizing that, for the transformative scaling up of teachers in health professional training institutions, quantity, quality and relevance are prerequisites for sustainable transformative scaling up of health professionals;

Recognizing that recruiters and employers are key stakeholders who may contribute to success in the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel;

Noting with approval recent international calls to action regarding the importance of ensuring scale-up and an equitable distribution of the health workforce globally, regionally and within countries;<sup>3</sup>

---

<sup>1</sup> Documents A64/12 and A64/13.

<sup>2</sup> Adopted in resolution WHA63.16.

<sup>3</sup> Including, but not limited to, the *Kampala Declaration and Agenda for Global Action of March 2008*, the G8 Communiqué of July 2008; *Closing the gap in a generation: health equity through action on the social determinants of health: Final Report of the Commission on Social Determinants of Health*. Geneva, World Health Organization, 2008; the High-level Taskforce on Innovative International Financing for Health Systems, 2009; and the *Venice concluding statement on maximizing positive synergies between health systems and global health initiatives*, 2009.

Recognizing the centrality of human resources for health for the effective operation of health systems as highlighted in *The world health report 2006*,<sup>1</sup> and that the health workforce shortages and inefficiencies are also seriously hampering effective implementation of primary health care, as stated in *The world health report 2008*,<sup>2</sup> and expansion of health service coverage, as described in *The world health report 2010*,<sup>3</sup>

Deeply concerned that shortages and inadequate distribution of appropriately trained and motivated health workers, and inefficiencies in the ways in which the health workforce is managed and utilized, remain major impediments to the effective functioning of health systems and constitute one of the main bottlenecks to achieving the health-related Millennium Development Goals;

Realizing that increased production and improved retention of health workers, in particular in rural areas, is reliant on various factors including a sufficient and sustainable health financing system, which is to some extent determined by decisions made outside the confines of the health sector, including in international organizations;

Observing that insufficient evidence of the effectiveness of health workforce policies and a lack of comprehensive, reliable and up-to-date data, including analytical tools, constitute significant challenges for Member States trying to achieve or maintain a sufficient, sustainable and effective health workforce;

Concerned that many Member States, particularly those with critical shortages or imbalances of health workers, also lack the governance, technical and managerial capacity to design and implement efficient and effective policy interventions related to scaling up and retaining the health workforce;

Realizing that a sufficient, efficient and sustainable health workforce is at the heart of robust health systems and a prerequisite for sustainable health improvement;

Recognizing the division of health responsibilities between national and subnational levels of government that is unique to federated states,

1. URGES Member States:<sup>4</sup>

(1) to implement the voluntary WHO Global Code of Practice on the International Recruitment of Health Personnel in order that both source and destination countries may derive benefits from the international migration of health personnel and in order to mitigate the negative effects of health worker migration on health systems, particularly in countries with critical health worker shortages;

(2) to prioritize, in the context of global economic conditions, public sector spending on health, as appropriate, to ensure that sufficient financial resources are available for the implementation of policies and strategies to scale-up and retain the health workforce,

---

<sup>1</sup> *The world health report 2006 – working together for health*. Geneva, World Health Organization, 2006.

<sup>2</sup> *The world health report 2008. Primary health care: now more than ever*. Geneva, World Health Organization, 2008.

<sup>3</sup> *The world health report 2010. Health systems financing: the path to universal coverage*. Geneva, World Health Organization, 2010.

<sup>4</sup> And, where applicable, regional economic integration organizations.

particularly in developing countries, and to recognize it as an investment in the health of the population that contributes to social and economic development;

(3) to consider developing or maintaining a national health workforce plan as an integral part of a validated national health plan, in accordance with national and subnational responsibilities with increased efforts towards effective implementation and monitoring, as appropriate in the national context;

(4) to use and implement evidence-based findings and strategies, including those from the Global Health Workforce Alliance Taskforce on Scaling Up Education and Training, for the successful scaling up of health worker education and training;

(5) to participate actively in the ongoing work on the WHO policy guidelines on transformative scale-up of health professional education in order to increase the workforce numbers and relevant skill-mix in response to country health needs and health systems context;

(6) to expand, strengthen and orient health professional training institutions, in terms of quantity, quality and skill-mix, to be relevant to the implementation of the transformative scaling up of health professionals;

(7) to develop strategies and policies to increase the availability of motivated and skilled health workers in remote and rural areas, with reference to WHO global policy recommendations on increasing access to health workers in remote and rural areas through improved retention of the health workforce;

(8) to implement the relevant recommendations for increased retention of health workers in rural areas, including: improved living conditions; safe and supportive working environments; outreach support; career development and advancement programmes; supporting professional networks; and social recognition of dedicated health personnel;

(9) to develop or strengthen in-country capacity for health workforce information systems in order to guide, accelerate and improve country action including the collection, processing and dissemination of information on their health workforce, covering, but not limited to, stock, education and training capacity, distribution, migration and expenditures;

(10) to work with other sectors to generate evidence and introduce effective policy interventions in order to address other factors that affect the availability of health workers in rural or remote areas, such as socioeconomic deprivation, geographical barriers and distance, transport and the acceptability of services;

2. URGES nongovernmental organizations, international organizations, international donor agencies, financial and development institutions and other relevant organizations working in developing countries:

(1) to align and harmonize, in line with the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, their education, training, recruitment and employment practices with those of the countries in which they are based, in particular national health plans, where available, in order to create coherence and coordination and support Member States' efforts in building a sustainable health workforce, strengthening health systems and improving health outcomes;

(2) to support national long-term strategies and interventions to build and sustain a sufficient and efficient health workforce, including investment in the future health workforce;

3. REQUESTS the Director-General:

(1) to continue the implementation of the Global Code of Practice on the International Recruitment of Health Personnel, including, upon request, provision of technical support to Member States in implementing the Global Code;

(2) to provide leadership at global and regional levels by generating evidence and recommending effective interventions to address factors that hinder access to health workers; to work closely with partner agencies in the multilateral system on appropriate measures to support Member States' efforts to maintain or achieve a sufficient, sustainable and effective workforce; and to advocate for this topic to be placed high on global development and research agendas;

(3) to provide technical support to Member States, upon request, for their efforts to scale-up education and training and improve the retention of the health workforce; including identifying efficient and effective health workforce policies and developing and implementing national health workforce plans;

(4) to support Member States, upon request, in strengthening their capacity for coordination on health workforce issues between ministries of health, other ministries and other relevant stakeholders;

(5) to encourage and support Member States in developing and maintaining a framework for health workforce information systems, in order to accommodate the collection, processing and dissemination of information on their health workforce, including stock, migration, education and training capacity, skill mix, distribution, expenditures, positions and determinants of change;

(6) to encourage Member States to support the ongoing development of the WHO policy guidelines on transformative scale-up of health professional education in order to increase the quantity, quality and relevance of the health workforce, and towards addressing shortages in human resources for health in an equitable and efficient manner;

(7) to promote research relevant for both developing and developed countries on efficient and effective policies and interventions to improve scale-up and retention of the health workforce, with the aim of establishing and maintaining an accessible global evidence base for best practice, and efficient and effective health workforce policies and interventions, including supporting the strengthening of knowledge centres with the purpose of accommodating translation of evidence and best practice into context-specific policy solutions;

(8) to strengthen capacity within the Secretariat with the purpose of giving sufficient priority to relevant tasks related to the Organization's wider efforts in addressing the global health workforce crisis;

(9) to report on progress in implementing this resolution to the World Health Assembly through the Executive Board, in a manner integrated with the reporting on resolution WHA63.16 on the WHO Global Code of Practice on the International Recruitment of Health Personnel.

## Agenda item 13.4

### Strengthening nursing and midwifery

The Sixty-fourth World Health Assembly,

Having considered the reports on health system strengthening;<sup>1</sup>

Recognizing the need to build sustainable national health systems and to strengthen national capacities to achieve the goal of reduced health inequities;

Recognizing the crucial contribution of the nursing and midwifery professions to strengthening health systems, to increasing access to comprehensive health services for the people they serve, and to the efforts to achieve the internationally agreed health-related development goals, including the Millennium Development Goals and those of the World Health Organization's programmes;

Concerned at the continuing shortage and maldistribution of nurses and midwives in many countries and the impact of this on health care and more widely;

Acknowledging resolution WHA62.12 on primary health care, including health system strengthening, which called, inter alia, for the renewal and strengthening of primary health care, as well as urging Member States to train and retain adequate numbers of health workers, with appropriate skill mix, including primary care nurses and midwives, in order to redress current shortages of health workers to respond effectively to people's health needs;

Acknowledging the ongoing WHO initiatives on the scaling up of transformative health professional education and training in order to increase the workforce numbers and the relevant skill-mix in response to the country health needs and health systems context;

Recognizing the global policy recommendations by WHO on increasing access to health workers in remote and rural areas through improved retention<sup>2</sup> as an evidence platform for developing effective country policies for rural retention of nursing and midwifery personnel;

Taking note of the WHO Global Code of Practice on the International Recruitment of Health Personnel;<sup>3</sup>

Reaffirming the call for governments and civil society to strengthen capacity to address the urgent need for skilled health workers, particularly midwives, made in the WHO UNFPA UNICEF World Bank Joint Statement on Maternal and Newborn Health;

Noting the importance of multidisciplinary involvement, including that of nurses and midwives, in high-quality research that grounds health and health systems policy in the best scientific knowledge

---

<sup>1</sup> Documents A64/12 and A64/13.

<sup>2</sup> *Increasing access to health workers in remote and rural areas through improved retention: global policy recommendations*. Geneva, World Health Organization, 2010.

<sup>3</sup> Adopted in resolution WHA63.16.

and evidence, as elaborated in WHO's strategy on research for health, endorsed in resolution WHA63.21;

Noting that nurses and midwives form the majority of the workforce in many countries' health systems, and recognizing that the provision of knowledge-based and skilled health services maximizes the physical, psychological, emotional and social well-being of individuals, families and societies;

Recognizing the fragmentation of health systems, the shortage of human resources for health and the need to improve collaboration in education and practice, and primary health care services;

Having considered the reports on progress in the implementation of resolution WHA59.27 on strengthening nursing and midwifery;<sup>1</sup>

Mindful of previous resolutions to strengthen nursing and midwifery (WHA42.27, WHA45.5, WHA47.9, WHA48.8, WHA49.1, WHA54.12 and WHA59.27) and the new strategic directions for nursing and midwifery services in place for the period 2011–2015;<sup>2</sup>

Recognizing the need to improve the education of nurses and midwives,

1. URGES Member States to translate into action their commitment to strengthening nursing and midwifery by:

(1) developing targets and action plans for the development of nursing and midwifery, as an integral part of national or subnational health plans, that are reviewed regularly in order to respond to population-health needs and health system priorities as appropriate;

(2) forging strong, interdisciplinary health teams to address health and health system priorities, recognizing the distinct contribution of nursing and midwifery knowledge and expertise;

(3) participating in the ongoing work of WHO's initiatives on scaling up transformative education and training in nursing and midwifery in order to increase the workforce numbers and the mix of skills that respond to the country's health needs and are appropriate to the health system context;

(4) collaborating within their regions and with the nursing and midwifery professions in the strengthening of national or subnational legislation and regulatory processes that govern those professions, including the development of competencies for the educational and technical preparation of nurses and midwives, and systems for sustaining those competencies; and giving consideration to the development of the continuum of education that is necessary for attaining the required level of expertise of nurse and midwifery researchers, educators and administrators;

(5) strengthening the dataset on nurses and midwives as an integral part of the national and subnational health workforce information systems, and maximizing use of this information for evidence-based policy decisions;

---

<sup>1</sup> See documents A61/17 and A63/27.

<sup>2</sup> Document WHO/HRH/HPN/10.1.

- (6) harnessing the knowledge and expertise of nursing and midwifery researchers in order to contribute evidence for health system innovation and effectiveness;
- (7) engaging actively the expertise of nurses and midwives in the planning, development, implementation and evaluation of health and health system policy and programming;
- (8) implementing strategies for enhancement of interprofessional education and collaborative practice including community health nursing services as part of people-centred care;
- (9) including nurses and midwives in the development and planning of human resource programmes that support incentives for recruitment, retention and strategies for improving workforce issues, such as remuneration, conditions of employment, career development and advancement, and development of positive work environments;
- (10) promoting the establishment of national and subnational mechanisms in order to develop and support the effective interventions proposed in the global policy recommendations on increasing access to health workers in remote and rural areas through improved retention;<sup>1</sup>
- (11) implementing the WHO Global Code of Practice on the International Recruitment of Health Personnel, given the national impact of the loss of trained nursing staff, as appropriate at national and local level;

2. REQUESTS the Director-General:

- (1) to strengthen WHO's capacity for development and implementation of effective nursing and midwifery policies and programmes through continued investment and appointment of professional nurses and midwives to specialist posts in the Secretariat both at headquarters and in regions;
- (2) to engage actively the knowledge and expertise of the Global Advisory Group on Nursing and Midwifery in key policies and programmes that pertain to health systems, the social determinants of health, human resources for health and the Millennium Development Goals;
- (3) to provide technical support and evidence for the development and implementation of policies, strategies and programmes on interprofessional education and collaborative practice, and on community health nursing services;
- (4) to provide support to Member States in optimizing the contributions of nursing and midwifery to implementing national health policies and achieving the internationally agreed health-related development goals, including those contained in the Millennium Declaration;
- (5) to encourage the involvement of nurses and midwives in the integrated planning of human resources for health, particularly with respect to strategies for maintaining adequate numbers of competent nurses and midwives;

---

<sup>1</sup> *Increasing access to health workers in remote and rural areas through improved retention: global policy recommendations.* Geneva, World Health Organization, 2010.



(6) to report on progress in implementing this resolution to the World Health Assembly through the Executive Board, in a manner integrated with the reporting on resolution WHA63.16 on the WHO Global Code of Practice on the International Recruitment of Health Personnel.

## Agenda item 13.4

### **Strengthening national policy dialogue to build more robust health policies, strategies and plans**

The Sixty-fourth World Health Assembly,

Having considered the report on health system strengthening: improving support to policy dialogue around national health policies, strategies and plans;<sup>1</sup>

Having considered the importance of policy directions suggested by the world health reports for 2008 and 2010;<sup>2</sup> resolution WHA62.12 on primary health care, including health system strengthening; resolutions EUR/RC60/R5 on addressing key public health and health policy challenges in Europe: moving forwards in the quest for better health in the WHO European Region; WPR/RC61.R2 on the Western Pacific Regional Strategy for health systems based on the values of primary health care; AFR/RC60/R1 on a strategy for addressing key determinants of health in the African Region and documents AFR/RC60/7 on health systems strengthening: improving district health service delivery, and community ownership and participation and SEA/RC63/9 on the development of national health plans and strategies;

Recognizing that robust and realistic national health policies, strategies and plans are essential for strengthening health systems based on primary health care;

Underlining the importance of coherent and balanced policies, strategies and plans under ministries of health with respect to efforts to achieve the Millennium Development Goals;

Acknowledging that many Member States have made efforts to ensure that their national health policies, strategies and plans respond better to growing expectations for improved health and better services;

Noting that an inclusive policy dialogue with a comprehensive range of stakeholders, within and beyond government, including civil society organizations, the private sector, and health professionals and academics, within the health and other sectors, is critical to increasing the likelihood that national policies, strategies and plans will be appropriately designed and implemented and will yield the expected results,

1. URGES Member States:<sup>3</sup>

(1) to show effective leadership and ownership of the process of establishing robust national or subnational health policies and strategies, basing that process on broad and continuous consultation and engagement of all relevant stakeholders;

---

<sup>1</sup> Document A64/12.

<sup>2</sup> *The world health report 2008. Primary health care (now more than ever)*. Geneva, World Health Organization, 2008. *The world health report 2010. Health systems financing: the path to universal coverage*. Geneva, World Health Organization, 2010.

<sup>3</sup> And, where applicable, regional economic integration organizations.

(2) to base their national or subnational health policies, strategies and plans on the overarching goals of universal coverage, people-centred primary care and health in all policies, as well as on a comprehensive, balanced and evidence-based assessment of the country's health and its health system challenges;

(3) to ensure that national or subnational health policies, strategies and plans are ambitious but realistic with respect to available resources and the capacities of staff and institutions, and that they address the entire health sector, public as well as private, and the social determinants of health;

(4) to ensure that national health policies, strategies and plans are integrated with subnational operational plans, disease or life-cycle programmes, and are linked to the country's overall development and political agenda;

(5) to regularly monitor, review and adjust their national or subnational health policies, strategies and plans with a view to developing evidence-based responses to evolving challenges and opportunities, and to involve all relevant stakeholders;

(6) to strengthen their institutional capacity, as appropriate, in harmonizing and aligning donor programmes with the national policies, strategies, priorities and plans;

(7) to promote the engagement and empowerment of all stakeholders, including civil society and communities, the private sector, health professionals and academics, to participate actively and efficiently in policy dialogue concerning the performance of national policies, strategies and plans;

2. CALLS upon development agencies and other partners to strengthen adherence to the principles of the Paris Declaration on Aid Effectiveness, of ownership, harmonization, alignment, managing for results, and mutual accountability, encouraging efforts through mechanisms such as the International Health Partnership;

3. REQUESTS the Director-General:

(1) to renew the Organization's role at country level as a facilitator of inclusive policy dialogue around national health policies, strategies and plans, to reflect this across the Organization's workplans and operations, and to provide technical inputs for conducting the planning process, as appropriate;

(2) to promote the principles of the Paris Declaration on Aid Effectiveness, of ownership, harmonization, alignment, results, and mutual accountability, based on priorities set out in the national health policies, strategies and plans;

(3) to support Member States in their efforts to ensure the ownership, quality and coordination of the technical support they receive, and to foster cross-country and regional learning and cooperation;

(4) to strengthen the Organization's capacity at all levels for enhanced and integrated support to national policy dialogue around national health policies, strategies and plans;

(5) to report to the Sixty-fifth World Health Assembly, through the Executive Board, on progress made, obstacles faced and results obtained in enhancing support provided to Member States for national policy dialogue around national health policies, strategies and plans.

## Agenda item 13.4

### Sustainable health financing structures and universal coverage

The Sixty-fourth World Health Assembly,

Having considered the reports on health system strengthening;<sup>1</sup>

Having considered *The world health report 2010*,<sup>2</sup> which received strong support from the Ministerial Conference on Health Systems Financing – Key to Universal Coverage (Berlin, November 2010);

Recalling resolution WHA58.33 on sustainable health financing, universal coverage and social health insurance;

Recalling Article 25.1 of the Universal Declaration of Human Rights, which states that everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control;

Recognizing that effective health systems delivering comprehensive health services, including preventive services, are of utmost importance for health, economic development and well-being and that these systems need to be based on equitable and sustainable financing as mentioned in the Tallinn Charter: Health Systems for Health and Wealth (2008);

Underlining the valuable contribution made by fair and sustainable financing structures towards achieving health-related Millennium Development Goal 4 (Reduce child mortality); Goal 5 (Improve maternal health); and Goal 6 (Combat HIV/AIDS, malaria and other diseases); as well as Goal 1 (Eradicate extreme poverty and hunger);

Having considered *The world health report 2008*<sup>3</sup> and resolution WHA62.12, that highlighted universal coverage as one of the four key pillars of primary health care and services through patient-centred care, inclusive leadership and health in all policies;

Noting that health-financing structures in many countries need to be further developed and supported in order to expand access to necessary health care and services for all while preventing and providing protection against disastrous financial risks;

Accepting that, irrespective of the source of financing for the health system selected, equitable prepayment and pooling at population level, and the avoidance, at the point of delivery, of direct payments that result in financial catastrophe and impoverishment, are basic principles for achieving universal health coverage;

---

<sup>1</sup> Documents A64/12 and A64/13.

<sup>2</sup> *The world health report 2010. Health systems financing: the path to universal coverage*. Geneva, World Health Organization, 2010.

<sup>3</sup> *The world health report 2008. Primary health care: now more than ever*. Geneva, World Health Organization, 2008.

Considering that the choice of a health-financing system should be made within the particular context of each country, and that it is important to regulate and maintain the core functions of risk pooling, purchasing, and delivery of basic services;

Acknowledging that a number of Member States are pursuing health-financing reforms that may involve a mix of public and private approaches, and a financing mix of contribution-based and tax-financed inputs;

Recognizing the important role of State legislative and executive bodies, with the support of civil society, in further reform of health-financing systems with a view to achieving universal coverage,

1. URGES Member States:<sup>1</sup>

(1) to ensure that health-financing systems evolve so as to avoid significant direct payments at the point of delivery and include a method for prepayment of financial contributions for health care and services as well as a mechanism to pool risks among the population in order to avoiding catastrophic health-care expenditure and impoverishment of individuals as a result of seeking the care needed;

(2) to aim for affordable universal coverage and access for all citizens on the basis of equity and solidarity, so as to provide an adequate scope of health care and services and level of costs covered, as well as comprehensive and affordable preventive services through strengthening of equitable and sustainable financial resource budgeting;

(3) to continue, as appropriate, to invest in and strengthen the health-delivery systems, in particular primary health care and services, and adequate human resources for health and health information systems, in order to ensure that all citizens have equitable access to health care and services;

(4) to ensure that external funds for specific health interventions do not distort the attention given to health priorities in the country, that they increasingly implement the principles of aid effectiveness, and that they contribute in a predictable way to the sustainability of financing;

(5) to plan the transition of their health systems to universal coverage, while continuing to safeguard the quality of services and to meet the needs of the population in order to reduce poverty and to attain internationally agreed development goals, including the Millennium Development Goals;

(6) to recognize that, when managing the transition of the health system to universal coverage, each option will need to be developed within the particular epidemiological, macroeconomic, sociocultural and political context of each country;

(7) to take advantage, where appropriate, of opportunities that exist for collaboration between public and private providers and health-financing organizations, under strong overall government-inclusive stewardship;

---

<sup>1</sup> And, where applicable, regional economic integration organizations.

(8) to promote the efficiency, transparency and accountability of health-financing governing systems;

(9) to ensure that overall resource allocation strikes an appropriate balance between health promotion, disease prevention, rehabilitation and health-care provision;

(10) to share experiences and important lessons learnt at the international level for encouraging country efforts, supporting decision-makers, and boosting reform processes;

(11) to establish and strengthen institutional capacity in order to generate country-level evidence and effective, evidence-based policy decision-making on the design of universal health coverage systems, including tracking the flows of health expenditures through the application of standard accounting frameworks;

2. REQUESTS the Director-General:

(1) to convey to the United Nations Secretary-General the importance of universal health coverage for discussion by a forthcoming session of the United Nations General Assembly;

(2) to provide a report on measures taken and progress made in the implementation of resolution WHA58.33, especially in regard to equitable and sustainable health financing and social protection of health in Member States;

(3) to work closely with other United Nations organizations, international development partners, foundations, academia and civil society organizations, in fostering efforts towards achieving universal coverage;

(4) to prepare a plan of action for WHO to support Member States in realizing universal coverage as envisaged by resolution WHA62.12 and *The world health report 2010*;<sup>1</sup>

(5) to prepare an estimate of the number of people covered by a basic health insurance that provides access to basic health care and services, that estimate being broken down by country and WHO region;

(6) to provide, in response to requests from Member States, technical support for strengthening capacities and expertise in the development of health-financing systems, particularly equitable prepayment schemes, with a view to achieving universal coverage by providing comprehensive health care and services for all, including strengthening capacity in tracking resource flows through the application of standard accounting frameworks;

(7) to facilitate within existing forums the continuous sharing of experiences and lessons learnt on social health protection and universal coverage;

(8) to report to the Sixty-fifth World Health Assembly and thereafter every three years, through the Executive Board, on the implementation of this resolution, including on outstanding issues raised by Member States during the Sixty-fourth World Health Assembly.

---

<sup>1</sup> *The world health report 2010. Health systems financing: the path to universal coverage*, Geneva, World Health Organization, 2010.

## **Agenda item 13.4**

### **Strengthening national health emergency and disaster management capacities and resilience of health systems**

The Sixty-fourth World Health Assembly,

Recalling resolutions WHA58.1 on health action in relation to crises and disasters, and WHA59.22 on emergency preparedness and response, resolution WHA61.19 on climate change and health, and other World Health Assembly and Regional Committee resolutions and action plans, inter alia, on health security and the International Health Regulations (2005), as well as on pandemic preparedness, safe hospitals and other matters related to emergencies and disasters at local, subnational and national levels;

Recalling United Nations' General Assembly resolution 60/195, which endorsed the Hyogo Declaration and the Hyogo Framework for Action 2005–2015: Building the Resilience of Nations and Communities to Disasters, as well as resolutions 61/198, 62/192, 63/216, 64/200 and 64/251, which, inter alia, called upon Member States to increase efforts to implement the Hyogo Framework, to strengthen risk-reduction and emergency preparedness measures at all levels, and to encourage the international community and relevant United Nations' entities to support national efforts aimed at strengthening capacity to prepare for and respond to disasters;

Reaffirming that countries should ensure the protection of the health, safety and welfare of their people and should ensure the resilience and self-reliance of the health system, which is critical for minimizing health hazards and vulnerabilities and delivering effective response and recovery in emergencies and disasters;

Regretting the tragic and enormous loss of life, injuries, disease and disabilities resulting from emergencies, disasters and crises of all descriptions;

Mindful that emergencies and disasters also result in damage and destruction of hospitals and other health infrastructure, weakened ability of health systems to deliver health services; and setbacks for health development and the achievement of the Millennium Development Goals;

Expressing deep concern that continuing poverty, increasing urbanization and climate change are expected to increase the health risks and impacts of emergencies and disasters on many countries and communities;

Acknowledging that most actions to manage the risks to health from natural, biological, technological and societal hazards, including the immediate emergency response, are provided by local- and country-level actors across all health disciplines, including mass casualty management, mental health and noncommunicable diseases, communicable diseases, environmental health, maternal and newborn health, reproductive health, and nutrition and other cross-cutting health issues;

Recognizing the contribution of other sectors and disciplines to the health and well-being of people at risk from emergencies and disasters, including local government, planners, architects, engineers, emergency services and civil protection, and academia;



Concerned that country and community capacities to manage major emergencies and disasters are often overwhelmed, and that coordination, communications and logistics are often revealed as the weakest aspects of health emergency management;

Appreciating that some countries, including those with low-income or emerging country development status, have reduced mortality and morbidity in disaster situations through their investment in emergency and disaster risk-reduction measures, with the support of local, regional and global partners;

Recognizing that WHO plays an important role as a member of the International Strategy for Disaster Reduction system and as the health cluster lead in the framework of humanitarian reform, and works closely with other members of the international community, such as the United Nations Secretariat of the International Strategy for Disaster Reduction, UNDP, UNICEF, the United Nations Office for the Coordination of Humanitarian Affairs, the International Red Cross and Red Crescent Movement, and other nongovernmental organizations, on supporting country capacity development and developing institutional capacities for multisectoral emergency and disaster risk-management, which includes disaster risk-reduction;

Building on the International Strategy for Disaster Reduction, the 2008–2009 World Disaster Reduction Campaign on Hospitals Safe from Disasters, the 2010–2011 Campaign on Disaster Resilient Cities, World Health Day 2008 on Climate Change and Health, World Health Day 2009 on Hospitals Safe in Emergencies, and World Health Day 2010 on Urban Health Matters, which have resulted in local, subnational, national and global actions on reducing risks to health from emergencies and disasters;

Recognizing that improved health outcomes from emergencies and disasters require urgent additional action at country, regional and global levels to ensure that the local, subnational and national health risk-reduction and overall response in emergencies and disasters are timely and effective and that health services remain operational when they are most needed, in this respect bearing in mind that emergencies and disasters affect men and women differently,

1. URGES Member States:<sup>1</sup>

(1) to strengthen all-hazards health emergency and disaster risk-management programmes (including disaster risk-reduction, emergency preparedness and response)<sup>2</sup> as part of national and subnational health systems, supported by, and with effective enforcement of, legislation, regulations and other measures, to improve health outcomes, reduce mortality and morbidity, protect health infrastructure and strengthen the resilience of the health system and society at large, and mainstream a gender perspective into all phases of these programmes;

(2) to integrate all-hazards health emergency and disaster risk-management programmes (including disaster risk-reduction) into national or subnational health plans and institutionalize capacities for coordinated health and multisectoral action to assess risks, proactively reduce risks, and prepare for, respond to, and recover from, emergencies, disasters and other crises;

---

<sup>1</sup> And, where applicable, regional economic integration organizations.

<sup>2</sup> Health emergency and disaster risk-management includes all measures to assess risks, proactively reduce risks, prepare for, respond to, and recover from, emergencies, disasters and other crises.

(3) to facilitate access by concerned government and other related agencies to information on types and quantities of hazardous materials stored, used or transported, in order to support effective health emergency and disaster risk-management;

(4) to develop programmes on safe and prepared hospitals that ensure: that new hospitals and health facilities are located and built safely so as to withstand local hazards; that the safety of existing facilities is assessed and remedial action is taken; and that all health facilities are prepared to respond to internal and external emergencies;

(5) to establish, promote and foster regional and subregional collaboration, as well as interregional cooperation within WHO, including sharing of experience and expertise for capacity development, in risk-reduction, response and recovery;

(6) to strengthen the role of the local health workforce in the health emergency management system, to provide local leadership and health services, through enhanced planning, training for all health-care workers and access to other resources;

2. CALLS UPON Member States, donors and development cooperation partners to allocate sufficient resources for health emergency and disaster risk-management programmes and partners through international cooperation for development, humanitarian appeals, and support for WHO's role in health emergency and disaster risk-management matters;

3. REQUESTS the Director-General:

(1) to ensure that WHO at all levels has enhanced capacity and resources, and optimizes its expertise across all disciplines in the Organization, in order to provide the necessary technical guidance and support to Member States and partners for developing health emergency and disaster risk-management programmes at national, subnational and local levels;

(2) to strengthen collaboration with and ensure coherence and complementarity of actions with those of relevant entities, including those in the public, private, nongovernmental and academic sectors, in order to support country and community health emergency and disaster risk-management, which includes disaster risk-reduction, as well as ongoing efforts by Member States to implement the International Health Regulations (2005);

(3) to strengthen the evidence base for health emergency and disaster risk-management including operational research and economic assessments;

(4) to support national and subnational assessments of risks and capacities for health emergency and disaster risk-management, as a basis for catalysing action and strengthening national and subnational health emergency and disaster risk-management capacities, including disaster risk-reduction;

(5) to report to the Sixty-sixth World Health Assembly through the Executive Board at its 132nd session, on progress made in implementing this resolution;

(6) to consider, as appropriate, providing support to regional and subregional networks, as well as interregional cooperation with WHO, in order to strengthen their collaboration on health emergency and disaster risk management.

= = =