

Health workforce strengthening

The Executive Board,

Having considered the reports on health system strengthening,¹

RECOMMENDS to the Sixty-fourth World Health Assembly the adoption of the following resolution:

The Sixty-fourth World Health Assembly,

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,² 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;

¹ Documents EB128/8 and EB128/37.

² Adopted in resolution WHA63.16.

Recognizing that recruiters and employers are key stakeholders who may contribute to success in the implementation of the WHO Global Code on 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;¹

Recognizing the centrality of human resources for health for the effective operation of health systems as highlighted in *The world health report 2006*,² 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*,³ and expansion of health service coverage, as described in *The world health report 2010*;⁴

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 on 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 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 maximising positive synergies between health systems and Global Health Initiatives*, 2009.

² *The world health report 2006 – working together for health*; Geneva, World Health Organization, 2006.

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

⁴ *The world health report 2010. Health systems financing: the path to universal coverage*. Geneva, World Health Organization, 2010.

1. URGES Member States:¹

- (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, particularly in developing countries, and to recognize it as investment in the health of the population which 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 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 of 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 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;
- (7) to implement the relevant recommendations for increased retention of health workers in rural areas, including: improved living conditions, safe and supportive working environment; outreach support; career development and advancement programmes; supporting professional networks; and social recognition of the dedicated health personnel;
- (8) to develop or strengthen in-country capacity for health workforce information systems including the collection, processing and disseminating of information on their health workforce, including, but not limited to, stock, education and training capacity, distribution, migration and expenditures; in order to guide, accelerate and improve country action;
- (9) 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

¹ And regional economic integration organizations as appropriate.

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 synergies and support Member States' efforts at building a sustainable health workforce, strengthen 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 investing 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 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, to strengthen 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.

Tenth meeting, 21 January 2011
EB128/SR/10

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