



## **Community health workers delivering primary health care: opportunities and challenges**

**Draft resolution proposed by the delegations of Algeria, Botswana, Brazil, Canada, Ecuador, Ethiopia, Georgia, Kenya, Liberia, Luxembourg, Netherlands, Panama, South Africa, Switzerland, United States of America, Zambia and Zimbabwe**

The Executive Board,

Having considered the report on community health workers delivering primary health care: opportunities and challenges,<sup>1</sup> and the associated WHO guideline on health policy and system support to optimize community health worker programmes:<sup>2</sup>

RECOMMENDS to the Seventy-second World Health Assembly the adoption of the following resolution:

The Seventy-second World Health Assembly,

(PP1) Inspired by the ambition of the 2030 Agenda for Sustainable Development, with its vision to leave no one behind, its 17 indivisible goals and its 169 targets;

(PP2) Recognizing that universal health coverage is central to the Sustainable Development Goals, and that a strong primary health care sector is one of the cornerstones of a sustainable health system;

(PP3) Emphasizing that health workers are integral to building strong resilient and safe health systems that contribute to the achievement of the Sustainable Development Goals and targets related to nutrition, education, health, gender, employment and the reduction of inequalities;

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<sup>1</sup> Document EB144/13.

<sup>2</sup> WHO guideline on health policy and system support to optimize community health worker programmes. Geneva: World Health Organization; 2018. Available at <http://www.who.int/hrh/community/guideline-health-support-optimize-hw-programmes/en/> (accessed 24 January 2019).

(PP4) Noting in particular that Sustainable Development Goal 3 (“Ensure healthy lives and promote well-being for all at all ages”) and its targets will be advanced through substantive and strategic investments in the global health workforce, as well as a substantial shift in health workforce-related planning, education, deployment, retention, management and remuneration, supported by strong systems that enable and empower the health workforce to deliver safe and high-quality care for all;

(PP5) Recognizing the need for more coherent and inclusive approaches to safeguard and expand primary health care as a pillar of universal health coverage in emergencies, ensuring the continuum and provision of essential health services and public health functions, in line with humanitarian principles;

(PP6) Concerned by the threats against humanitarian personnel and health workers, hospitals and ambulances, which severely restrict the provision of life-saving assistance and hinder the protection of populations at risk;

(PP7) Expressing deep concern at the significant security risks faced by humanitarian and health personnel, United Nations and associated personnel, as they operate in increasingly high-risk environments;

(PP8) Noting further the importance of health workers to the realization of the three interconnected strategic priorities in WHO’s Thirteenth General Programme of Work, 2019–2023, namely: achieving universal health coverage, addressing health emergencies and promoting healthier populations;

(PP9) Reaffirming resolution WHA69.19 (2016) on the global strategy on human resources for health: workforce 2030, in which the Health Assembly adopted WHO’s Global Strategy on Human Resources for Health: Workforce 2030, with the Global Strategy identifying the opportunity to optimize the performance, quality and impact of community health workers for the achievement of universal health coverage and the Sustainable Development Goals;

(PP10) Reaffirming also resolution WHA70.6 (2017) on human resources for health and implementation of the outcomes of the United Nations’ High-Level Commission on Health Employment and Economic Growth, including its call to “stimulate investments in creating decent health and social jobs with the right skills, in the right numbers and in the right places, particularly in countries facing the greatest challenges in attaining universal health coverage” and to strengthen the progressive development and implementation of national health workforce accounts;

(PP11) Recalling the Declaration of Alma-Ata and the Declaration of Astana from the Global Conference on Primary Health Care (Astana, Kazakhstan, 25 and 26 October 2018) through which participating governments reaffirmed people-centred health care services, recognized human resources for health as a key component of successful primary health care, and committed to “create decent work and appropriate compensation for health professionals and other health personnel working at the primary health care level to respond effectively to people’s health needs in a multidisciplinary context”;

(PP12) Emphasizing further that investment in universal health coverage, including investments in the education, employment and retention of the health workforce, is a major driver of economic growth;

(PP13) Acknowledging that human resource and community health workforce gaps within health systems have to be addressed, notably through a multisectoral and community-centred approach, in order to assure that universal health coverage and comprehensive health services reach difficult-to-access areas and vulnerable populations;

(PP14) Recognizing that globally 7 out of every 10 jobs in the health and social sectors are held by women and that accelerating investments in job creation and decent work in primary health care will positively impact women and youth, which thus supports achievement of Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls) and Goal 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all);

(PP15) Noting the launch in 2018 of the World Bank Group's Human Capital Project, which calls for more and better investment in the education, health and skills of people to accelerate progress on the Sustainable Development Goals, and its potential to leverage new investments in the health workers who provide primary health care services;

(PP16) Recognizing the published evidence and existing WHO guidelines, as consolidated in the WHO guideline on health policy and system support to optimize community health worker programmes, on the role, effectiveness and cost-effectiveness of community health workers;

(PP17) Highlighting the role of community health workers in advancing equitable access to safe, comprehensive health services in urban and rural areas and the reduction of inequities, including with respect to residence, gender, education and socioeconomic position, as well as their role in gaining the trust and engagement of the communities served;

(PP18) Noting with concern the uneven integration of community health workers into health systems, as well the limited use of evidence-informed policies, international labour standards and best practices to inform the education, deployment, retention, management and remuneration of community health workers, and noting the impact this may have on access to services, quality of health services and patient safety;

(PP19) Reaffirming the WHO Global Code of Practice on the International Recruitment of Health Personnel, which calls upon Member States to provide equal rights, terms of employment, and conditions of work for domestic and migrant health workers;

(PP20) Noting that community health workers are an integral part of all phases of an emergency health response (prevention, detection and response) in their own communities and are indispensable to contribute to ongoing primary health care services during emergencies,

OP1. TAKES NOTE OF the WHO guideline on health policy and system support to optimize community health worker programmes;

OP2. URGES all Member States,<sup>1</sup> as appropriate to local and national contexts and with the objective of the success of primary health care and the achievement of universal health coverage<sup>2</sup>:

(1) to align the design, implementation, performance and evaluation of community health worker programmes, including through greater use of digital technology, with the consolidated evidence presented in the WHO guideline on health policy and system support to optimize community health worker programmes, with specific emphasis on implementing these programmes to enable community health workers to deliver safe and high-quality care;

(2) to adapt as appropriate and support implementation of the WHO guideline on health policy and system support to optimize community health worker programmes at national level as part of national health workforce and broader health sector, employment and economic development strategies, in line with national priorities, resources, and specificities;

(3) to strengthen the relevance, effectiveness and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, including cooperation with health ministries, civil service commissions, and employers to deliver fair terms for health workers and a positive practice environment to enable their effective deployment, retention and adequate motivation to deliver high-quality care and build a positive relationship with patients;

(4) to allocate, as part of broader health workforce strategies and financing, adequate resources from domestic budgets and from a variety of sources, as appropriate, to the capital and recurrent costs required for the successful implementation of community health worker programmes and integration of community health workers into the health workforce in the context of investments in primary health care, health systems and job creation strategies, as appropriate;

(5) to improve and maintain the quality of health services provided by community health workers in line with the consolidated evidence presented in the WHO guideline on health policy and system support to optimize community health worker programmes, including appropriate pre-service selection and training, competency-based certification, and supportive supervision;

(6) to strengthen voluntary collection and sharing of data, based on national legislation, on community health workers and community health worker programmes, through the use of national health workforce accounts, as appropriate, thus enabling national reporting on Sustainable Development Goal indicator 3.c.1 on the density and distribution of their health workforce;

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

<sup>2</sup> Taking into account the context of federated States where health is a shared responsibility between national and subnational authorities.

(7) to ensure the respect and protection of all medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities;

OP3. INVITES international, regional, national and local partners to support implementation of the WHO guideline on health policy and system support to optimize community health worker programmes, taking into account national context, and to contribute to monitoring and evaluation of implementation;

OP4. ALSO INVITES global health initiatives, bilateral and multilateral financing agencies and development banks to support the national community health worker programmes in line with the approach of the WHO guideline on health policy and system support to optimize community health worker programmes with programme development and financing decisions to support human capital and health workforce development, as appropriate to national context and national resources;

OP5. REQUESTS the Director General:

(1) to continue to collect and evaluate data on community health worker performance and impacts, to ensure a strong evidence base for their promotion, especially in the low- and middle-income country context;

(2) to integrate and monitor the implementation of the WHO guideline on health policy and system support to optimize community health worker programmes in its normative and technical cooperation activities in support of universal health coverage, primary health care, health systems, and disease and population health priorities, including patient safety, as relevant to the Thirteenth General Programme of Work, 2019–2023;

(3) to provide support to Member States, upon request, with respect to implementation of the WHO guideline on health policy and system support to optimize community health worker programmes in alignment with national health labour markets and health care priorities;

(4) to support both information exchange and technical cooperation and implementation research between Member States and relevant stakeholders – including South-South cooperation – in respect of community health workers, primary health care teams and supportive supervision, including supervision performed by, inter alia, senior community health workers and other health professionals (e.g. clinical officers, midwives, nurses, pharmacists and physicians);

(5) to recognize the role of community health workers in an emergency, and support Member States on how to integrate them within emergency response, as appropriate to local and national context and national resources;

(6) to strengthen WHO's capacity and leadership on human resources for health at all levels of the Organization through engagement with all relevant stakeholders and provision of high-quality and timely technical assistance from global, regional and country levels to accelerate implementation of resolutions WHA69.19 (2016) on the global strategy on human resources for health, WHA70.6 (2017) on "Working for Health": the ILO,

OECD, WHO five-year action plan for health employment and inclusive economic growth (2017–2021) and future work on community health worker programmes; and

(7) to submit a report every three years to the Health Assembly on progress made in implementing this resolution, integrated with the regular progress reporting on resolution WHA69.19 (2016) on the global strategy on human resources for health: workforce 2030.

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