

Transforming health workforce education in support of universal health coverage

The Sixty-sixth World Health Assembly,

Recalling resolution WHA59.23 urging Member States to scale up health workforce production in response to the shortages of health workers that hamper the achievement of the internationally agreed health-related development goals, including those contained in the Millennium Declaration;

Recognizing that a functioning health system with an adequate number and equitable distribution of committed and competent health workers at the primary health care level is fundamental to equitable access to health services as an important objective of universal health coverage, and was highlighted in *The world health report 2006*;¹

Recognizing also the need to provide adequate and reliable financial and non-financial incentives and an enabling and safe working environment for the retention of health workers in areas where they are most needed, especially in remote, hard-to-reach areas and urban slums, as recommended by WHO global guidelines;²

Recalling resolution WHA64.9 on sustainable health financing structures and universal coverage, which, inter alia, urged Member States 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;

Concerned that in many countries, notably those in sub-Saharan Africa, there is inadequate capacity to train a sufficient number of health workers to provide the population with adequate service coverage;

Recognizing the specific challenges of some Member States that have limited economy of scale in local health workforce education, their special needs, and the potential partnerships and collaboration with other Member States;

Concerned also that the health workforce education challenge is global;

¹ *The world health report 2006: Working together for health*. Geneva, World Health Organization, 2006.

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

Concerned further that demographic projections highlight the supply and distribution of the health workforce as issues of concern in the coming decades, irrespective of countries' development status;

Recognizing also the need for intersectoral collaboration among the Ministry of Health, the Ministry of Education, public and private training institutions, and health professional organizations in strengthening the health workforce education system so as to produce competent health workforces that support universal health coverage;

Concerned also that many countries lack sufficient financial means, facilities and number of educators to train an adequate, competent health workforce; and that there is a need to improve the health workforce education and training system in response to countries' health needs;

Mindful of the need for Member States to develop comprehensive policies and plans on human resources for health, including health workforce education as one of the elements;

Recalling resolution WHA63.16 on the WHO Global Code of Practice on the International Recruitment of Health Personnel, in which Code, inter alia, Member States agreed to strive to create a sustainable health workforce and establish effective health workforce planning, education and training, as well as retention strategies;¹

Recognizing the Dhaka Declaration on strengthening the health workforce in the countries of the South-East Asia Region and resolution SEA/RC65/R7 adopted by the Regional Committee for South-East Asia on strengthening health workforce education and training in the Region, which urged Member States, inter alia, conduct comprehensive assessments of the current situation of health workforce education and training, based on an agreed regional common protocol, as a foundation for evidence-based policy formulation and implementation;

Recognizing also the recommendations contained in the Global Independent Commission report on health professionals for a new century: transforming education to strengthen health systems in an interdependent world;²

Appreciating the ongoing initiatives to strengthen health workforce education and training in various regions; including but not limited to the Medical and Nursing Education Partnership Initiative, in-service training of health workers in sub-Saharan Africa supported by Japan in line with the G8 Hokkaido Toyako Summit Leaders Declaration, and the Asia Pacific Network for Health Professional Education Reform,

1. URGES Member States:³

- (1) to further strengthen policies, strategies and plans as appropriate, through intersectoral policy dialogue among the relevant ministries that may include ministries of education, health and finance, in order to ensure that health workforce education and training contribute to achieving universal health coverage;

¹ Article 3 – Guiding principles, paragraph 3.6.

² Education of health professionals for the 21st century: a Global Independent Commission. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world, The Lancet, Harvard University Press, Cambridge MA, 2010.

³ And, where applicable, regional economic integration organizations.

(2) to consider conducting comprehensive assessments of the current situation of health workforce education with the application of, as appropriate, standard protocols and tools, once developed by WHO;

(3) to consider formulating and implementing evidence-based policies and strategies, taking into account the findings from the assessment in the previous paragraph, to strengthen and transform the health workforce education and training, including but not limited to the promotion of inter-professional, community-based and health systems-based education, linkages of pre-service education to continuous professional development, and an accreditation system to ensure quality of training institutes and competency of health workforces; with a view to better responding to the health needs of people, taking into account the special needs of some Member States that have limited economy of scale in local training;

(4) to provide adequate resources and political support for the implementation of policies and strategies as appropriate for the strengthening and transformation of health workforce education;

(5) to share best practices and experiences on health workforce education;

2. REQUESTS the Director-General:

(1) to develop a standard protocol and tool for assessment, which may be adapted to country context;

(2) to support Member States as appropriate in using the protocol to conduct comprehensive assessments of the current situation of health workforce education;

(3) to provide technical support to Member States in formulating and implementing evidence-based policies and strategies in order to strengthen and transform their health workforce education;

(4) to consult regionally in order to review the country assessment findings and submit a report providing clear conclusions and recommendations, through the Executive Board, to the Sixty-ninth World Health Assembly;

(5) to develop, based on the report, global and regional approaches, which may include strategies to transform health workforce education, submitting these, through the Executive Board, for consideration by the Seventieth World Health Assembly.

Ninth plenary meeting, 27 May 2013
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