

Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage

Report by the Secretariat

1. The Executive Board at its 134th session noted the attached document EB134/55;¹ the Board also adopted resolution EB134.R15.²

ACTION BY THE HEALTH ASSEMBLY

2. The Health Assembly is invited to note the report and adopt the resolution recommended by the Executive Board in resolution EB134.R15.

¹ See the summary records of the Executive Board at its 134th session, twelfth meeting, section 2 (document EB134/2014/REC/2).

² See document EB134/2014/REC/1 for the resolution, and for the financial and administrative implications for the Secretariat of the adoption of the resolution.



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1. Countries at all levels of socioeconomic development are facing the challenge of matching health workforce supply and demand under existing constraints of affordability and sustainability; in some cases, critical health workforce gaps are hindering efforts to attain health development goals. In recognition of this challenge, the Global Health Workforce Alliance was launched in 2006 and since then a number of related resolutions have been adopted by the Health Assembly.¹

2. Against that backdrop, the present report describes the process and outcomes of the Third Global Forum on Human Resources for Health, which was jointly convened by the Government of Brazil, WHO, PAHO and the Global Health Workforce Alliance in Recife, Brazil, from 10 to 13 November 2013. The event, organized on the theme “Human resources for health: foundation for universal health coverage and the post-2015 development agenda”, provided an opportunity to bolster political commitment to a health workforce agenda that supports WHO’s relevant work in this area and is instrumental to achieving the objective of universal health coverage. The Third Global Forum had a dual nature, being at the same time a technical event to share new evidence, best practices and lessons learnt among experts and planners in the area of human resources for health, and a political event to galvanize political support for human resources for health. The event fully achieved both its objectives.

HUMAN RESOURCES FOR UNIVERSAL HEALTH COVERAGE

3. Recognizing that adequate human resources for health are required in order to accelerate progress and sustain achievements in the context of the Millennium Development Goals, WHO in 2006 called for a “decade of action” on human resources for health.² The launch of the Global Health Workforce Alliance that year, the convening of two global forums in 2008 and 2011, and the adoption by the World

¹ See, for instance, resolutions WHA63.16, WHA64.6, WHA64.7 and WHA64.9.

² The world health report 2006. Working together for health. Geneva: World Health Organization; 2006.

Health Assembly of the WHO Global Code of Practice on the International Recruitment of Health Personnel in 2010¹ are among the key milestones of this period. At the Sixty-fourth World Health Assembly in May 2011, the Health Assembly, in resolution WHA64.6 on health workforce strengthening, expressed its deep concern “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 used, 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”. The Sixty-fourth World Health Assembly also adopted resolution WHA64.7 on strengthening nursing and midwifery.

4. Universal health coverage is increasingly recognized as a framework to encapsulate various global health priorities. New evidence, policy options and advocacy in support of universal health coverage have been the focus of the *World health report 2010*,² of World Health Assembly resolution WHA64.9 and of numerous global health events and processes. In December 2012, the United Nations General Assembly adopted resolution A/RES/67/81, giving further political impetus to universal health coverage and recognizing the need for an “adequate, skilled, well-trained and motivated workforce”. As leaders worldwide embrace the broader goal of universal health coverage, and health systems progressively broaden their scope to cover noncommunicable diseases and other priorities, new demands will be made on existing health workers in support of more comprehensive and equitable access to services delivery. It is therefore critically important to outline a forward-looking agenda in the area of human resources for health – one that is tailored to achieving this objective and to which countries and other stakeholders can commit themselves.

THIRD GLOBAL FORUM ON HUMAN RESOURCES FOR HEALTH

5. The organization of the Third Global Forum, which represented an opportunity to reforge and strengthen the partnership between WHO and the Global Health Workforce Alliance, was a highly participatory process, benefitting from both the technical rigour and the normative functions of WHO as well as the capacity and contributions of the broader membership of the Alliance. This inclusive process directly shaped all aspects of the Forum: the overall strategic plan of the Forum and its conference programme were developed under the oversight of a Forum organizing committee together with a Forum working group convened by the Alliance with representation from governments, civil society, academia, the private sector, intergovernmental agencies, development partners and professional associations.

6. Key technical products, developed specially by WHO and the Global Health Workforce Alliance, were launched at the Forum. These included the following: a report taking stock of progress in human resources for health development efforts in the past decade and outlining a forward-looking agenda; new guidelines on the transformative scale-up of health professional education; a series of scientific papers and articles identifying the health workforce requirements and implications of universal health coverage; a global systematic review of the effectiveness of mid-level health workers; and policy papers reflecting a consensus on the role of community health workers in health systems.

7. With some 1800 participants from 93 Member States, including nearly 40 ministers or deputy ministers, the Third Global Forum on Human Resources for Health was the largest ever human resources for health event. High-level plenaries, technical side sessions and satellite meetings with exhibition areas,

¹ Resolution WHA63.16.

² The world health report 2010. Health systems financing: the path to universal coverage. Geneva: World Health Organization; 2010.

poster presentations, photo exhibits, awards for excellence and other activities informed and inspired participants to advance the agenda for human resources for health and provided opportunities for professional development and networking. Representatives of Member States attending the Forum adopted the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage (see Annex).

8. At the technical level, the Forum represented an opportunity to take stock of the current situation: a joint Global Health Workforce Alliance/WHO report¹ shows that all countries are facing the challenges of how to accelerate progress towards or to attain or sustain universal health coverage. Furthermore, demographic trends, the growing burden of noncommunicable diseases and long-term care, macroeconomic and fiscal restraints imposed in response to a difficult economic climate, and the need to adopt a systemic and long-term approach to understanding health labour markets will make the challenges of human resources for health in high-, middle- and low-income countries even more acute, rendering it a shared global priority. At the same time, the report also highlights the fact that many advances have been made in the past decade. For instance, among the countries affected by severe shortages of skilled health professionals, the situation has improved in most of those for whom data are available. The report illustrates how progress can be made and highlights proven approaches and promising new ones, providing the inspiration to initiate a decade of innovation on health workforce development, following the decade of action called for by the World health report 2006.

9. At the political level, the needs for human resources for health that stem from the objective of universal health coverage demand renewed attention, strategic intelligence and action: it is necessary to go beyond mere numbers by addressing gaps in distribution, competencies, quality, motivation and performance. Fundamental changes will have to be made in how health workers are educated, managed, regulated and supported, and in the role of the public sector in shaping labour market forces. New competencies will be required as part of a deeper transformation of professional education, aimed not only at equipping trainees with clinical skills but also at contributing more broadly to building institutional capacities. To meet the need for innovation in education, the Secretariat has issued policy and technical guidance² in the area of pre-service education, particularly to countries experiencing shortages of doctors, nurses, midwives and other health professionals, and on how to integrate continuing professional education into measures to scale up health professional education in order to ensure excellence of care, responsive health service delivery and sustainable health systems.

10. The Global Health Workforce Alliance also launched a global systematic review,³ complemented by country case studies, which examines the effectiveness of mid-level health workers in providing essential health services and sheds new light on their role and potential.

11. Finally, a collection of articles in a special theme issue of the Bulletin of the World Health Organization, dedicated to human resources for universal health coverage,⁴ provides concrete examples,

¹ A universal truth: no health without a workforce. Executive summary. Geneva: World Health Organization; 2013 (<http://www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/>, accessed 19 December 2013).

² See Transformative Education for Health Professionals [website]. Geneva: World Health Organization; 2013 (<http://whoeducationguidelines.org/>, accessed 19 December 2013).

³ Global Health Workforce Alliance. Mid-level health workers for delivery of essential health services. A global systematic review and country experiences. Geneva: World Health Organization; 2013. (<http://www.who.int/workforcealliance/knowledge/resources/mlp2013/en/index.html>, accessed 19 December 2013).

⁴ Bulletin of the World Health Organization 2013;91:797-896. doi: 10.2471/BLT.13.001113.

success stories and lessons learnt of how some countries have structured their efforts in this area, and offers analytical tools and new evidence about successful or promising innovative approaches.

12. Only systemic action can address the deep-seated challenges in the area of human resources for health by combining related and complementary actions to strengthen the health workforce towards universal health coverage; only sustained political commitment, in turn, can provide a basis for such actions. Evidence emerging from the joint Global Health Workforce Alliance/WHO report and the WHO Bulletin theme issue points to a recurrent feature among countries that are making progress: only high-level political commitment can guarantee the alignment and coordination of different sectors and constituencies in support of a long-term agenda for development of human resources for health, overcoming piecemeal and short-term approaches.

13. In support of the objective of focusing political attention and generating political momentum, the Forum made two critical contributions: eliciting country- or institution-specific commitments in support of the agenda for human resources for health, and developing a political declaration reflecting global commitments to address global and transnational challenges.

14. In the lead-up to the conference, the Global Health Workforce Alliance, WHO, PAHO and the Government of Brazil invited countries and all other relevant stakeholders to identify areas requiring action and make corresponding commitments at the conference. The Alliance and WHO worked together on developing a framework to assess and organize those commitments in a systemic manner, following pathways of interconnected and evidence-based actions on human resources for health. In response to this call, 56 Member States, as well as 27 member organizations of the Alliance or other entities, submitted their commitments; they were announced at a dedicated session in Recife, Brazil, and will form the basis for future collaboration, follow-up and accountability efforts.

15. The Recife Political Declaration on Human Resources for Health represents the outcome of the Third Global Forum and marks the beginning of a new era in the field of human resources for health. Its development took place in four stages, during which the contents of the Declaration were progressively strengthened and political ownership of the document was broadened: (1) a preliminary draft was developed by the Alliance and the Secretariat in consultation with selected experts in the field; (2) a public consultation process harnessed the experience and expertise of the member organizations of the Alliance; (3) extensive negotiation among the focal points of Member States' Permanent Missions to the United Nations in Geneva shaped the contents and form of the document; (4) final revisions were made by the heads of delegations of Member States attending the Forum, who adopted the Recife Declaration on 13 November 2013.

16. The Declaration recognizes the centrality of human resources for health in the drive towards universal health coverage. It is rooted in the approach of the right to health and reaffirms the vision that all people everywhere shall have access to a skilled, motivated and facilitated health worker within a robust health system, which was adopted at the First Global Forum on Human Resources for Health in 2008. It commits governments to creating the conditions for the inclusive development of a shared vision with other stakeholders and reaffirms the role of the WHO Global Code of Practice on the International Recruitment of Health Personnel as a guide for action to strengthen the health workforce and health systems. Furthermore, it identifies a range of actions that involve, among other things, improving planning, education, management, governance, information systems and the adoption of innovative approaches, to be implemented in accordance with countries' contexts and needs. It advocates for international collaboration inspired by the principles of global solidarity, including in technical and financial support, capacity-building, sharing of technology, data and best practices, and cooperation in implementing the WHO Global Code. It calls for the priorities of development of human resources for

health and universal health coverage to be given due consideration in the context of the discussions on the post-2015 development agenda.

ACTION BY THE EXECUTIVE BOARD

17. The Board is invited to note the report.

ANNEX

Third Global Forum on Human Resources for Health

**The Recife Political Declaration on Human Resources for Health:
renewed commitments towards universal health coverage**

1. We, the representatives of governments who gathered in Recife, Brazil, from 10 to 13 November 2013, met with a diverse group of multilateral, bilateral and academic institutions, civil society, the private sector and health workers' professional associations and unions at the Third Global Forum on Human Resources for Health (HRH) to take stock of progress made since the Second Global Forum in 2011, to identify continuing challenges and to renew our shared vision and resolve regarding human resources for health, and adopted this Declaration.

2. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief or economic or social condition. Poor health is one of the root causes of vulnerability and poverty, while in turn poverty, inequality and social exclusion further contribute to ill health. Healthy populations and well-performing national health systems are fundamental for equitable, inclusive, sustainable development. The attainment of health objectives requires coordinated action and solidarity at international, regional, national and local levels. HRH play an indispensable role in attaining health goals such as the Millennium Development Goals.

3. Some encouraging progress has been made in health workforce development, both in countries and globally. The past decade saw increased recognition of the crucial importance of HRH, as reflected in numerous resolutions of intergovernmental bodies and global action plans endorsed by the United Nations. These provide the mandate, political framework and evidence-based guidance for action on HRH and for according high priority and recognizing the centrality of investment in HRH.

4. We reaffirm the importance of the Kampala Declaration and the Agenda for Global Action, as well as the WHO Global Code of Practice on the International Recruitment of Health Personnel, and recognize the need to revise these commitments in light of new developments, with a view to progressing towards universal health coverage.

5. We take note in particular of the relevant United Nations General Assembly, United Nations Economic and Social Council, World Health Assembly and International Labour Conference resolutions; the United Nations Global Strategy for Women's and Children's Health; and noncommunicable diseases and HIV/AIDS global action plans. These instruments and technical guidance represent solid foundations on which to build.

6. But challenges persist: investment in HRH remains low; fundamental discrepancies exist between health worker supply and demand; HRH planning is often weakened by uncoordinated interventions on single issues, focusing on an individual cadre or illness and not on prevention; and the adoption and implementation of effective policies remains uneven. As a consequence, severe HRH shortages, deficiencies in distribution and performance, gender imbalances and poor working environments for health workers remain matters of major concern.

7. In addition to addressing current challenges, we recognize that future health workforce needs will also be affected by an evolving disease burden, characterized by a greater need for prevention, treatment and care of noncommunicable diseases; demographic trends, including population ageing; technological advances; and broader development and macro-economic factors, which could potentially constrain public sector budgets but, at the same time, create new opportunities for investment in health.

8. The HRH agenda transcends national borders: geographical maldistribution and international migration affect low-, middle- and high-income countries, in some cases hindering the provision of even essential health services and the attainment of universal health coverage. Given the central role of health services in the relationships between citizens and governments, addressing these problems effectively will reinforce the cohesion of societies and accelerate social and economic development.

9. In particular, international migration of health personnel has reached unprecedented levels in the past few decades. Addressing this issue in accordance with the WHO Global Code of Practice on the International Recruitment of Health Personnel in an effective and ethical manner is truly a shared global priority.

10. In embracing the broader goal of universal health coverage, our collective challenge is to address existing gaps while anticipating the transformative actions that will be required in the future. This will entail planning and investing in HRH in accordance with evolving population and epidemiological dynamics and harnessing the potential of emerging and innovative strategies and technologies in health workforce education and management. Progressing towards universal health coverage must be linked with the involvement of health care providers in health services provision at all levels. Full involvement of these providers will demand the requisite training, updated policies and regulations governing their practice, and inclusion in programme planning and expansion of service delivery.

CALL TO ACTION

11. We as leaders are committed to attaining universal health coverage and recognize that we need an improved health workforce to achieve it.

12. We therefore commit ourselves to an ambitious agenda for health workforce development at all levels, in particular at country level,¹ and urge all stakeholders and the international community to provide support and foster the required collaboration at all levels, working together towards the shared vision that *“all people, everywhere have access to a skilled, motivated health worker, within a robust health system.”*²

¹ In accordance with sub-national and national responsibilities

² This is the vision adopted by member organizations of the Global Health Workforce Alliance at the First Global Forum on Human Resources for Health through the Kampala Declaration and Agenda for Global Action. Global Health Workforce Alliance. The Kampala Declaration and Agenda for Global Action. Geneva: World Health Organization; 2008. http://www.who.int/workforcealliance/knowledge/resources/kampala_declaration/en/.

At country level¹

13. Recognizing the on-going need to respond to the challenges of HRH and acknowledging the leading role and primary responsibility of governments, in particular as stewards and regulators of the HRH education system and of the health labour market, as well as the need to engage and cooperate with relevant stakeholders and sectors beyond health, including education, finance, labour, civil service and home affairs, in HRH coordination and planning, we commit to:

- (i) foster an inclusive environment conducive to a shared vision with other stakeholders, including the private sector, civil society, academia, labour unions, professional associations and health worker representatives, and
- (ii) use the WHO Global Code of Practice on the International Recruitment of Health Personnel as a guide to strengthen investment in the health of our peoples through stronger health systems and human resources.

14. Recognizing the need for much greater progress in the HRH field, we agree that the following measures should be implemented, according to national circumstances and needs, while acknowledging the importance of promoting technical cooperation and capacity-building:

- (i) adopt a systemic approach to developing, implementing and monitoring adequately budgeted and funded strategies and plans for a sustainable health workforce;
- (ii) enhance HRH information systems to facilitate labour market analysis in HRH forecasting and link needs-based planning and projections to innovative practices;
- (iii) enhance competencies and skills of health personnel through transformative education approaches and continuous professional development opportunities;
- (iv) prioritize the development of the health workforce at the primary health care level to enhance equity in access;
- (v) promote equal opportunities in education, development, management and career advancement for all health workers, with no form of discrimination based on gender, race, ethnicity or any other basis;
- (vi) strengthen HRH governance based on clear accountability and transparent processes, including through decentralization, as appropriate;
- (vii) enhance HRH performance through, *inter alia*, innovative, effective, targeted management approaches and incentives;
- (viii) improve health workforce distribution and retention;

¹ This is the vision adopted by member organizations of the Global Health Workforce Alliance at the First Global Forum on Human Resources for Health through the Kampala Declaration and Agenda for Global Action. Global Health Workforce Alliance. The Kampala Declaration and Agenda for Global Action. Geneva: World Health Organization; 2008. http://www.who.int/workforcealliance/knowledge/resources/kampala_declaration/en/.

- (ix) advance research and evidence-based practice to inform and maximize the return on HRH investment, including by enhancing data collection and strengthening information systems; and
- (x) harness the potential of innovative approaches, including the promotion and use of technology, a more efficient balance of different cadres of health workers, including task-sharing, and innovative models for care delivery.

At the international level

15. National commitment and action are the foundations of any effective response; however, some HRH challenges and issues are transnational and require a global approach underpinned by global commitments, in particular the WHO Global Code of Practice on the International Recruitment of Health Personnel. In this regard, we will collectively strive to adequately finance WHO, in accordance with the General Programme of Work and the Programme Budget 2014–2015, to facilitate effective implementation of the Code.

16. While recognizing that governments have a responsibility for the health of their peoples, which can be fulfilled only by the provision of adequate health and social measures, we, as members of the international community, inspired by global solidarity, commit to support the promotion of universal health coverage and the realization of the right to the enjoyment of the highest attainable standard of health, through adequate investment at institutional, organizational and individual levels, where resource constraints genuinely affect countries' capacity to invest sufficiently in the development and deployment of their health workforce.

17. We invite international partners to focus their support and development assistance on capacity-building, including in the development of appropriate regulatory frameworks, access to specialized training, technology and skills transfer, strengthening educational institutions as well as continuous monitoring of the health labour market.

18. We commit to addressing transnational issues and work towards strengthening health systems, including global HRH governance and mechanisms, by: (i) disseminating good practices and evidence; (ii) strengthening data collection from all countries; (iii) promoting multi-disciplinary, multi-country research and knowledge exchange; (iv) providing or mobilizing technical assistance where needed; (v) strengthening accountability to identify existing gaps, such as where more public sector interventions and financing are needed; and (vi) promoting and supporting implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel as well as the commitments to HRH and universal health coverage made by countries and their partners.

19. We commit to working together, through bilateral, sub-regional and regional arrangements and other approaches and use the Global Code of Practice on the International Recruitment of Health Personnel as a reference to better manage migration of health personnel for the benefit of both source and destination countries.

20. We call upon the United Nations Member States to ensure that HRH development priorities and universal health coverage are given due consideration in discussions of the post-2015 development agenda.

21. We urge all stakeholders to collaborate towards realization of the HRH commitments made at Recife.

22. We recognize the leadership role of the WHO, including for HRH, recall the mandate given in this regard by resolution WHA63.16 and invite WHO to take this Declaration into consideration in its future work, in particular during the Sixty-seventh World Health Assembly.

23. We express our gratitude to the Government of Brazil for hosting the Third Global Forum on Human Resources for Health, and we recommend that the content of this Declaration be discussed at the World Health Assembly and the WHO Executive Board.

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