World Health Organization

SIXTY-NINTH WORLD HEALTH ASSEMBLY

A69/B/PSR/4
29 July 2016

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

Palais des Nations, Geneva
Friday, 27 May 2016, scheduled at 10:00

Chairman: Dr M. KIFLE (Ethiopia)

CONTENTS

FOURTH MEETING

Friday, 27 May 2016, at 10:20

Chairman: Dr M. KIFLE (Ethiopia)

1. SECOND REPORT OF COMMITTEE B (document A69/71)

The RAPPORTEUR read out the draft second report of Committee B.

The report was adopted.

2. HEALTH SYSTEMS: Item 16 of the agenda (continued) [transferred from Committee A][1]

Health workforce and services: Item 16.1 of the agenda (documents A69/36, A69/37 and A69/37 Add. 1) (continued from the third meeting, section 4)

- **Draft global strategy on human resources for health: workforce 2030** (document A69/38) (continued from the third meeting, section 4)

- **Framework on integrated, people-centred health services** (documents A69/39 and EB138/2016/REC/1, resolution EB138.R2) (continued from the third meeting, section 4)

The CHAIRMAN drew attention to a revised draft resolution on strengthening integrated, people-centred health services, proposed by the delegations of India, Liberia, Zimbabwe and the Member States of the European Union, which read:

> The Sixty-ninth World Health Assembly,
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> **PP1** Acknowledging Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) including target 3.8, which addresses achieving universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all;
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> **PP2** Recalling resolution WHA64.9 (2011) on sustainable health financing structures and universal coverage, which urged Member States to continue investing in and strengthening 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;
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> **PP3** Reaffirming resolution WHA62.12 (2009) on primary health care, including health system strengthening, which requested the Director-General to prepare implementation plans for four broad policy directions, including putting people at the centre of service delivery **and also reaffirming the need to continue to prioritize progress on the implementation plans on the other three broad policy directions included in resolution WHA62.12 (2009): (1) dealing**

[1] See summary record of the General Committee, first meeting, section 2.

with inequalities by moving towards universal coverage; (2) multisectoral action and health in all policies; and (3) inclusive leadership and effective governors for health;

PP4 Recalling resolution WHA63.16 (2010) on the WHO Global Code of Practice on the International Recruitment of Health Personnel and its recognition that an adequate and accessible health workforce is fundamental to an integrated and effective health system and for the provision of health services;

PP5 Recalling also resolution WHA64.7 (2011) on strengthening nursing and midwifery which emphasize the implementation of strategies for enhancement of interprofessional education and collaborative practice as part of people-centred care, and WHA66.23 (2013) on transforming health workforce education in support of universal health coverage;

PP6 Reaffirming resolution WHA60.27 (2007) on strengthening health information systems, which acknowledged that sound information is critical in framing evidence-based health policy and making decisions, and fundamental for monitoring progress towards internationally agreed health-related development goals;

PP7 Recalling resolutions WHA67.20 (2014) on regulatory system strengthening for medical products, WHA67.21 (2014) on access to biotherapeutic products, including similar biotherapeutic products, and ensuring their quality, safety and efficacy, WHA67.22 (2014) on access to essential medicines**,** ~~and~~ WHA67.23 (2014) on health intervention and technology assessment in support of universal health coverage **and WHA67.18 (2014) on traditional medicine,**

(OP1) ADOPTS the framework on integrated, people-centred health services;

(OP2) URGES Member States:

(**1) to implement, as appropriate, the framework on integrated, people-centred health services at regional and country level, in accordance with national contexts and priorities;**

~~(1)~~**(2)** to implement proposed policy options and interventions for Member States in the framework on integrated, people-centred health services in accordance with nationally set priorities towards achieving and sustaining universal health coverage, **including with regard to primary health care as part of health system strengthening;**

~~(2)~~**(3)** to make health care systems more responsive to people's needs, while recognizing their rights and responsibilities with regard to their own health, and engage stakeholders in policy development and implementation;

~~(3)~~**(4)** to promote coordination of health services within the health sector and intersectoral collaboration in order to address the broader social determinants of health and to ensure a holistic approach to services, including health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services;

(5) to integrate where appropriate traditional and complementary medicine and modern health systems, based on national context and knowledge-based policies, while assuring the safety, quality and effectiveness of health services and taking into account a holistic approach to health;

(OP3) INVITES international, regional and national partners to take note of the framework on integrated, people-centred health services;

(OP4) REQUESTS the Director-General:

(1) to provide technical support and guidance to Member States for the implementation, national adaptation and operationalization of the framework on

integrated, people-centred health services**, paying special attention to primary health services as part of health system strengthening**;

(2) to ensure that all relevant parts of the Organization, at headquarters, regional and country levels, are aligned, actively engaged and coordinated in promoting and implementing the framework on integrated, people-centred health services;

(3) to perform research and development on indicators to trace global progress on integrated people-centred health services;

(4) to report on progress **on the implementation of** ~~made in implementing~~ the framework on integrated people-centred health services to the Seventy-first and Seventy-third World Health Assemblies and at regular intervals thereafter.

The financial and administrative implications for the Secretariat of adoption of the resolution, unchanged since the adoption of resolution EB138.R2, were as follows:

Resolution: Strengthening integrated, people-centred health services	
A.	**Link to the general programme of work and the programme budget**
1.	**Please indicate to which impact and outcome in the Twelfth General Programme of Work, 2014–2019 and which output in the Programme budget 2016–2017 this draft resolution will contribute if adopted.** Twelfth General Programme of Work, 2014–2019: Through its mapping of strategies for more integrated and effective services, expansion of services to underserved populations and support for the systems underpinning health security at the country level, the resolution will contribute to the following impacts: reducing under-5 child mortality; reducing maternal mortality; reducing premature mortality from noncommunicable diseases; preventing death, illness and disability arising from emergencies; and reducing rural-urban difference in under-5 mortality. Programme budget 2016–2017: Output 4.2.1 Equitable integrated, people-centred service delivery systems in place in countries and public health approaches strengthened; Output 4.2.2 Health workforce strategies oriented towards universal health coverage implemented in countries; and Output 4.2.3 Countries enabled to improve patient safety and quality of services, and patient empowerment within the context of universal health coverage.
2.	**If there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017, please provide a justification for giving consideration to the draft resolution.** Not applicable.
3.	**What is the proposed timeline for implementation of this resolution?** The resolution will support the implementation of the Framework on integrated people-centred health services, 2016–2026. *If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.*

B. Budgetary implications of implementation of the resolution

1. Current biennium: estimated budgetary requirements, in US$

Level	Staff	Activities	Total
Country offices	0	5 000 000	5 000 000
Regional offices	550 000	400 000	950 000
Headquarters	550 000	1 015 000	1 565 000
Total	1 100 000	6 415 000	7 515 000

1(a) Is the estimated budget requirement in respect of implementation of the resolution fully included within the current programme budget? (Yes/No)

Yes.

1(b) Financing implications for the budget in the current biennium:

– How much is financed in the current biennium?

US$ 0.94 million

– What are the gaps?

US$ 6.575 million

– What action is proposed to close these gaps?

The funding gap will be tackled as part of the Organization-wide coordinated resource mobilization plan for dealing with funding shortfalls in the Programme budget 2016–2017.

2. Next biennium: estimated budgetary requirements, in US$

Level	Staff	Activities	Total
Country offices	0	4 200 000	4 200 000
Regional offices	550 000	400 000	950 000
Headquarters	550 000	1 015 000	1 565 000
Total	1 100 000	5 615 000	6 715 000

2(a) Financing implications for the budget in the next biennium:

– How much is currently financed in the next biennium?

0

– What are the financing gaps?

US$ 6.715 million

– What action is proposed to close these gaps?

The funding gap will be tackled as part of the Organization-wide coordinated resource mobilization plan for dealing with funding shortfalls in the Programme budget 2018–2019.

The representative of FRANCE, acknowledging WHO's central role in strengthening the global health workforce, said that her country would be increasing its financial support for WHO's human resources department to US$ 1.2 million in 2016. Not only did health-sector jobs improve people's health, they also stimulated inclusive economic growth and the creation of decent work. She thanked the Director-General for attending the first meeting of the High-Level Commission on Health Employment and Economic Growth (Lyon, France, 23 March 2016), whose work, it was to be hoped,

would be widely taken up by other actors. Her Government would also provide support during an upcoming meeting of the francophone countries of OECD on related work. She supported adoption of the draft global strategy on human resources for health.

The representative of SLOVAKIA said that legislation in her country overlapped with the draft strategy. However, like the WHO Global Code of Practice on the International Recruitment of Health Personnel and other policies, the focus in the draft strategy was on aspects that could be detrimental to source countries like Slovakia. It was important to cooperate to decide how to manage the health workforce in an international context, how changing mobility trends would be accounted for, and what quality data were available for planning. Member States' policies must be aimed at ensuring self-sufficiency and all cooperation should be mutually beneficial. WHO's technical support was essential in implementing the draft strategy. The Slovak Ministry of Health supported the framework on integrated, people-centred health services contained in document A69/39 and had launched several projects in that area, which included establishing "integrated care centres" in regions with insufficient access to care.

The representative of NORWAY noted that attaining target 3.c of Sustainable Development Goal 3 would help achieve Goal 3's other targets and advance the broader sustainable development agenda. Member States and the Secretariat must collaborate in order to meet the goal of universal health coverage and the health-related Sustainable Development Goals. She noted with satisfaction that the draft strategy incorporated commitments from United Nations General Assembly resolution 69/132 on the protection of health workers. Partnerships, global initiatives and a multisectoral approach would be critical to implementing national policies. It was encouraging that reporting on the WHO Global Code had gained momentum.

The representative of THAILAND said that the Secretariat's update on the status of the global health workforce (document A69/36) failed to provide the clear conclusions and recommendations requested in resolution WHA66.23 (2013). Training for an adequate number of health workers and their equitable geographical distribution, with migration appropriately managed through the WHO Global Code, was of particular concern, along with the recognition of the important role played by front-line providers in achieving the Sustainable Development Goals. She urged the Secretariat to implement resolution WHA66.23 fully and to apply WHO's Global strategic directions on strengthening nursing and midwifery 2016–2020.[1] The Secretariat and Member States must translate the draft strategy from inspiration into real action.

The representative of PANAMA, acknowledging the importance of achieving universal health coverage and universal access to medicines, said that those medicines must be genuine and of good quality. To that end, primary health care must be strengthened by improving skills and addressing the social determinants of health. Communities must also be empowered to resolve their own health problems. It was essential to improve human resources development, particularly in remote areas. He called for improved regional cooperation for the provision of quality medicines in small countries that provided little incentive for the pharmaceutical industry because of their low sales volumes.

[1] WHO. Global strategic directions for strengthening nursing and midwifery 2016-2020. Geneva: World Health Organization, May 2016 (http://www.who.int/hrh/nursing_midwifery/global-strategy-midwifery-2016-2020/en/, accessed 18 July 2016).

The representative of the UNITED STATES OF AMERICA strongly endorsed the concept of national health workforce accounts, as data were needed to evaluate the strategy and other global policy developments.

The representative of CHINA supported the policies presented in the draft resolution on the draft global strategy. However, she suggested adding an additional paragraph to the draft resolution stating that continued development of the health workforce was a priority. She endorsed the framework on integrated, people-centred health services, although research and development should correspond more closely to the targets in order to give Member States more concrete guidance and follow-up. More technical guidance was needed to implement the draft strategy, and implementation of the framework should be adjusted according to countries' individual situations.

The representative of SENEGAL said that the new campaign for people-centred health services marked a return to the principles of primary health care, centred on the family and community. Her country had revised its existing patient charter, which defined the roles, responsibilities and rights of health-care providers. As for the WHO Global Code, her country struggled to attract and retain health professionals – particularly in remote areas – which proved a greater problem than training them. Best practices must therefore be established to ensure efficient recruitment and buy-in of health workers.

The representative of MALAYSIA expressed particular support for the four strategic objectives contained in the draft global strategy and for the voluntary implementation of the WHO Global Code. In Malaysia, a draft national master plan for human resources would be published by the end of 2016.

The representative of COSTA RICA supported the draft global strategy, agreeing with the need to improve planning, investment and the alignment of policies with the population's needs, with a view to reducing inequality in access to health-care services and improving patient security.

The representative of GUINEA, speaking on behalf of the Member States of the African Region, said that despite the significant progress made, there were imbalances across the Region and within countries. Work towards Sustainable Development Goal target 3.8 on universal health coverage required countries to adopt approaches that maximized efficiency and affordability. In that regard, a framework on integrated, people-centred health services was essential for meeting new challenges. Given that health systems were highly dependent on context, the framework adopted the correct approach by imposing not a single model, but five interdependent strategies. Time and political commitment would be needed to reach underserved and marginalized groups and to strengthen district-level health services. In the implementation of the framework, she called for a stronger focus on the essential role played by communities in providing primary health services. Efforts should be made to understand the possible effect of the framework on national health systems and the investments needed for its implementation, in particular regarding work to strengthen the health district as an operational unit.

The representative of MOROCCO supported the objectives of the draft global strategy. The critical shortage of health personnel was a barrier to health system reform in Morocco, prompting the adoption of a national action plan based on WHO recommendations and international regulations. While expressing strong support for the draft resolution and strategy, he said that success could only be achieved through concrete and realistic action plans and through regional and national strategies that were both adapted to the country and based on the global strategy. He requested WHO's support in that regard. A national priority was the establishment of a human resources observatory and mechanisms to control the migration of health professionals. Their retention had become a challenge for middle- and low-income countries, owing to the low remuneration and poor working conditions

that they offered. In particular, emphasis should be placed on improving the productivity of health professionals, calling for a reform of the courses offered by medical schools.

The representative of JAPAN said that his country, as the host of the summit meeting of the Group of Seven countries (Ise-Shima, Japan, 26-27 May 2016), intended to promote the global momentum for health systems strengthening. Health services could become fragmented when health systems were developed from the perspective of providers. The challenges of urbanization, ageing and rising health-care costs were predicted to become increasingly severe, calling for action upstream to guide the development of health service systems. He encouraged the Secretariat to provide technical support to Member States in the implementation of the framework.

The representative of NEW ZEALAND said that achievement of the Sustainable Development Goals called for health workforces that could participate in the planning, design and delivery of services that partnered people and communities, through primary health care focusing on prevention, protection, screening and early intervention. To that end, health workers needed a generalist scope of practice and sufficient depth and breadth of clinical and social knowledge and skills to provide value for money, working both within the health system and across different government agencies. Investment in the health workforce must be understood as an investment that benefited the economy of the country as a whole. Improved data must be obtained to assist analytics. WHO should provide support to countries in making evidence-based investment decisions using methods drawn from the field of economics, such as social benefits accounting and cost-benefit analysis, to achieve the best return on investment.

The representative of KENYA acknowledged the central role played by health workers in accelerating progress towards the health-related Sustainable Development Goals. She described some national initiatives intended to address the many challenges faced by Kenya's health workforce, particularly in rural, arid and semi-arid areas. She called on the Secretariat to give greater priority to creating awareness of the WHO Global Code and to increase technical support for its application at country and regional levels. She furthermore called on Member States to identify champions in relevant national ministries to work alongside health ministries to develop an investment case for the implementation of the Global Code.

The representative of PAPUA NEW GUINEA called for further clarification of resolution WHA66.23, especially with regards to the standard protocol and assessment tool on health workforce education. The second phase of activity in 2016 to implement the resolution should provide for relevant government and multisectoral engagement. He endorsed the proposal to continue national reporting under the Global Code, with the addition of the aspects of health workforce development and sustainability. He supported adoption of the draft global strategy and the draft resolution, but asked for clarification as to how the various measures fitted together to achieve positive outcomes for all.

The representative of ARGENTINA stressed the need to promote the WHO Global Code by increasing funding, improving workforce planning and the combination of skills, and focusing on training and retaining health-care personnel. She highlighted the need to ensure equitable geographical distribution of health-care personnel, which would also entail addressing the issue of violence against health-care workers. Increasing health personnel numbers was particularly important in the least developed countries, and education needed to be standardized to ensure that future health-care professionals were able to respond to national needs. WHO should continue to collect the information required to evaluate trends in various institutions and countries, taking into account the specificities of each.

The representative of the RUSSIAN FEDERATION noted that the draft global strategy reflected goals set forth in the 2030 Agenda for Sustainable Development. In recent years, his country had striven to enhance the skills of its health-care personnel, standardize training for doctors and provide ongoing technical training and e-learning opportunities. Meanwhile, online job portals were making it easier for health-sector personnel to find employment. He fully supported the draft global strategy, which must, however, be implemented in ways that took into consideration the circumstances of individual countries.

The representative of ZIMBABWE welcomed the draft framework on integrated people-centred health services as part of broader efforts to promote primary health care, and recalled that the adoption of relevant instruments, including the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa, had been instrumental in helping African Member States to promote their primary health-care sectors. The Director-General should continue to prioritize the four broad policy areas identified in resolution WHA62.12 (2009) on primary health care, including health system strengthening.

The representative of the REPUBLIC OF KOREA said that the transition to patient-centred care was likely to accelerate in tandem with advances in biotechnology and information technology, thereby ensuring that health services addressed people's needs more effectively. Her country had recently enacted the Patient Safety Act to encourage patients to make their voices heard, with a view to reducing the incidence of errors and accidents in the health-care sector, and was promoting the use of health information technology.

The representative of the UNITED REPUBLIC OF TANZANIA said that his country had succeeded in reducing the gap in its provision of human resources for health from 67% to nearly 50%, and in making progress in establishing a sustainable community health workforce. He commended the fact that the framework on integrated people-centred health services called for the provision of services in line with local preferences, but underscored that those preferences were not always in line with public health interests. Inadequate progress had been made with regard to the implementation of, and reporting on, the WHO Global Code; he called for efforts to identify the obstacles impeding implementation and reporting.

The representative of ECUADOR said that his country was committed to upholding the rights of health professionals, and was striving to combat discrimination and violence against health-care personnel so that they could work in safety and dignity. To improve health-care personnel management, accurate and up-to-date information was needed, including the number of health-care professionals working abroad. It was also crucial that university curriculums in the area of health were designed with a view to meeting the needs of both individuals and communities. The draft global strategy on human resources for health would help promote non-discriminatory and universal access to health-care services. In that regard, it was important that the strategy used the term "gender" rather than "sex", as that would further underscore the importance of non-discrimination against health-care professionals, whose own sexual identification must always be acknowledged and accepted.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO said that a lack of suitably qualified health-care personnel in certain Member States meant that their populations were often treated by inadequately trained health-care providers, thereby undermining the provision of quality universal health coverage and the achievement of Sustainable Development Goal 3. It was to be hoped that the implementation by governments and other relevant stakeholders of the draft global strategy on human resources for health and the framework on integrated people-centred health services would promote interagency collaboration in the training and recruitment of health-care personnel.

The representative of INDONESIA said that the five interdependent strategies proposed in the framework on integrated people-centred health services were of great relevance to her country, an archipelago nation with limited health resources. To reach isolated and marginalized communities, Indonesia had developed a telemedicine programme and a flying health-care programme. Team-based strategies had also been adopted to address challenges related to the inequitable distribution and retention of health-care personnel. Furthermore, Indonesia had adopted a healthy-family programme to bolster community-based activities to promote health. Care must be taken to respect the views of local communities when implementing the proposed strategies.

The representative of the INTERNATIONAL ORGANIZATION FOR MIGRATION said that the migration of health professionals took several forms, including migrations from the south to the north of the world, between a country's public and private sectors and from rural to urban areas. Conflicts and natural disasters weakened national health systems and caused operational challenges for health professionals, whose own safety was often compromised; their skills were often underutilized in transit and destination countries. Well managed migration of health professionals could play a key role in sustainable development, and could help to bolster health systems in destination countries and countries of origin. Effective bilateral and multilateral agreements on the international recruitment of health professionals, which also respected their freedom to migrate, were needed, and exchanges between professional diasporas, temporary placements in source country health systems, and mechanisms to facilitate the voluntary return of qualified professionals could help to improve training in countries of origin and bolster those countries' health sectors. She commended the extensive data collection and analysis conducted under the National Reporting Instrument of the WHO Global Code but noted that gaps remained in areas such as the routine capture of migratory flows of health professionals, which could enhance the comparability and availability of data. Migrants, mobile populations and their families were often marginalized and underserved and must be included as empowered communities in participatory governance mechanisms on health.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIRMAN, said that a recent report by the Safeguarding Health in Conflict Coalition on attacks on health-care services in 2015 and early 2016 had highlighted that assaults, abductions and killings of health workers were widespread, as were attacks on the facilities where they worked. Furthermore, thousands of health workers had fled conflict areas, leaving countries deprived of the people they needed to provide desperately needed health services. The draft global strategy and accompanying resolution recognized that protecting health workers was a key step in efforts to build health systems. Member States should report to the Secretariat on their actions to prevent attacks, as that would facilitate the Secretariat's work and provide useful guidance for other Member States with similar problems. The Secretariat should be given the resources required to compile systematic data on attacks on health workers and facilities.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that strengthening human resources was a crucial step in efforts to bolster health systems and achieve the Sustainable Development Goals, and investment in nursing was an essential part of that strategy. It was estimated that, by 2030, there would be a shortage of 18 million health workers, which would primarily affect low- and middle-income countries. Countries must invest in the recruitment and retention of their health sector workforce and must ensure that adequate resources were made available for nursing services. Nurses played a vital role in early detection, intervention, surveillance, health promotion, disease prevention, care delivery and health literacy. She therefore urged the Secretariat and Member States to ensure that nurses were involved in every aspect of policy-making for the proposed health workforce strategies.

The representative of the WORLD MEDICAL ASSOCIATION, speaking at the invitation of the CHAIRMAN, welcomed the draft global strategy on human resources for health: workforce 2030, which recognized the crucial role of health workers in achieving universal health coverage and the Sustainable Development Goals. Governments had to recognize and protect the fundamental human rights of the health workforce by ensuring lack of discrimination, coercion and the growing trend for violence against health workers. He called on governments and local authorities to ensure that working conditions in rural health services were attractive enough to enable them to develop to the same extent as those in urban areas.

The representative of the TROPICAL HEALTH AND EDUCATION TRUST, speaking at the invitation of the CHAIRMAN, supported the renewed focus on universal health coverage in the Sustainable Development Goals, which would require rapid scaling-up of the recruitment, training and education of health workers. He urged Member States to support the use of health partnerships between institutions in developed countries and those in low- and middle-income countries to help to scale up the recruitment and training of health workers and achieve universal health coverage. They should also provide effective continuing professional development.

The representative of the WORLD CONFEDERATION FOR PHYSICAL THERAPY, speaking at the invitation of the CHAIRMAN, noted that, although rehabilitation professionals were important for reducing the prevalence and severity of illness and disability, appropriate workforce planning was hindered and the skill mix underused because of lack of data on the rehabilitation workforce. WHO had identified noncommunicable diseases as a growing burden on health services, but physical therapy was both clinically effective and cost-effective in reducing the need for more expensive interventions, and its more widespread use would help countries to provide the services needed. He also stressed the clinical and cost benefits of direct access to patients without referral by a third party.

The representative of INTRAHEALTH INTERNATIONAL INC., speaking at the invitation of the CHAIRMAN, urged approval of the draft global strategy, for which an implementation plan was needed to help to drive the investment and policies required to achieve the Sustainable Development Goals. Increased investment in a strong health workforce able to respond to changing demographic trends and prevent, detect and respond to future epidemics was needed to bring about a healthier world.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, urged Member States to give adequate attention to the impact of health workforce strategies on medical education and patient outcomes, and to ensure the quality of that education through mandatory accreditation of academic institutions according to World Federation for Medical Education's global standards. Member States should involve all stakeholders in decision-making processes, especially medical students, young physicians in training and academic institutions.

The representative of MEDICUS MUNDI INTERNATIONAL (INTERNATIONAL ORGANIZATION FOR COOPERATION IN HEALTH CARE), speaking at the invitation of the CHAIRMAN, said that a competent workforce improved health outcomes, reduced health inequalities and helped to guarantee the right to health. The draft global strategy was not sufficiently explicit about implementation and failed to address the crucial question of the nature of the health system in which health workers provided care. The best health outcomes were achieved through investment in public health systems and she therefore urged Member States to include implementation, governance and financing mechanism in the strategy. The expansion and allocation of the health workforce should not

be left to the labour market. Member States had a duty to provide technical and financial assistance for other governments to ensure full enjoyment of the right to health.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, emphasized establishing universal accreditation systems for pharmacy education. There was a shortage of competent pharmacists; she urged Member States to establish standards for pharmacy curriculums and lay down core competencies for entry-level pharmacists worldwide. If they were to halve their dependence on foreign-trained health professionals by 2030, Member States must provide an adequate training infrastructure, a robust quality control system, and better pay and conditions for pharmacists. She urged WHO to include pharmacy practice in the implementation of the global strategy.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, called upon governments to include pharmacists in their national human resources for health strategies. Pharmacy workforce development required proper planning to ensure the delivery of services according to national and local needs. Her federation would host the Global Conference on Pharmacy and Pharmaceutical Sciences Education in China in November 2016, where it was hoped a clear road map would be adopted to advance education and training.

The representative of the INTERNATIONAL CONFEDERATION OF MIDWIVES, speaking at the invitation of the CHAIRMAN, said that it was essential for health-care professional associations to be involved in tackling massive health workforce shortages because they were uniquely placed to provide insights that could not be gained elsewhere. In order to develop sustainable and realistic workforce strategies that addressed shortages, improved distribution of health workers and maximized improvements in health outcomes, Member States should include representatives of the health-care professions at every step of relevant policy-making and implementation.

The representative of the INTERNATIONAL FEDERATION FOR MEDICAL AND BIOLOGICAL ENGINEERING, speaking at the invitation of the CHAIRMAN, pointed out that the health workforce did not consist only of physicians, nurses and midwives, and highlighted the essential role of health care technologists. For example, medical devices played a vital role in many areas and were operated by biomedical and clinical engineers, physicists, technicians and others. Effective people-centred care required appropriate medical information and communications technology applications, such as electronic medical records. He strongly recommended that WHO expand its own global staff for medical devices and other non-drug technologies by establishing professional teams at headquarters and in the regions to reflect the growing importance of medical devices and the related staff in integrated solutions.

The observer of CHINESE TAIPEI outlined some of the challenges Chinese Taipei faced in recruiting and retaining medical personnel and the various steps taken to address the situation, such as offering incentives and improving working conditions, in order to reduce the medical services gap between urban and rural areas.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation), responding to points made, said that a report on the implementation of resolution WHA66.23 (2013) on transforming health workforce education in support of universal health coverage, was planned for 2017. Implementation of the WHO Global Code was an ongoing process, and the Secretariat would follow up on the request to review technical criteria for defining shortages of health workers. The Secretariat was working as an integrated team on health system strengthening, squarely linking health financing, service delivery, access to medicines and workforce issues and facilitated by the joint implementation of the Universal Health Coverage Partnership with the European Union and Luxembourg. Synergies

were also being made with the Health Emergencies Programme and with efforts to strengthen core capacities required by the International Health Regulations (2005). She acknowledged that more work was needed to define appropriate indicators for the framework on integrated, people-centred health services. A diagram produced by the Secretariat showing the relationship between the framework on integrated, people-centred health services and other current WHO global strategies was available online. The need to adapt the framework to national contexts was recognized, and the Secretariat stood ready to help Member States to work on their national strategies. The Secretariat would follow up on the specific request to continue implementing resolution WHA66.23 in the area of educating health-care workers. She expressed appreciation for the leadership shown by the Presidents of France and South Africa in co-chairing the High-Level Commission on Health Employment and Economic Growth.

The Committee noted the reports contained in documents A69/36, A69/37, A69/37 Add.1, A69/38 and A69/39.

The CHAIRMAN took it that the Committee wished to approve the draft resolution on the global strategy on human resources for health introduced at the Committee's third meeting.

The draft resolution was approved.[1]

The CHAIRMAN asked whether the Committee wished to approve the draft resolution on strengthening integrated, people-centred health services, introduced at the current meeting.

The representative of CANADA said that, as the text of the draft resolution had changed from that contained in resolution EB138.R2, additional time would be required to discuss the amendments with technical experts. She therefore requested that consideration of the draft resolution be suspended.

It was so agreed.

(For further discussion and approval of the draft resolution, see the summary record of the seventh meeting, section 2.)

Follow-up to the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination – Report of the open-ended meeting of Member States: Item 16.2 of the agenda (document A69/40) (continued from the first meeting, section 4)

The representative of INDIA, speaking in his capacity as chairman of the informal working group established to discuss the agenda item, reported that considerable ground had been covered in the group's discussions. A draft resolution would be submitted to the Committee in due course.

The representative of ANGOLA, speaking on behalf of the Member States of the African Region, took note of progress in implementing resolution WHA66.22 (2013) on follow-up to the report of the Consultative Expert Working Group, particularly with regard to the demonstration version of the Global Observatory on Health Research and Development, health research and development demonstration projects, and the creation of a specific budget line, the funding gap for which must be filled. There was a need for a more sustainable financing mechanism for health research and development in the Region. The report of the open-ended meeting recognized the lack of

[1] Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA69.19.

global coordination of research and development for major diseases and called for WHO to play a more active role in that regard.

In view of concerns about the inappropriate use of antibiotics in human medicine and insufficient investment in developing new antibiotics, he applauded the recent establishment of the Global Antibiotic Research and Development Facility and asked for further details about it, the role of the Board of Directors of the Drugs for Neglected Diseases initiative and the expected role of WHO in the new Facility.

A more coherent policy framework for the financing and coordination of research and development was needed to ensure a sustainable research system that responded to national, regional and global priorities. The African regional health research strategy for 2016–2025 would contribute to that aim, but implementation thereof would require further technical support from the Secretariat.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA, speaking on behalf of the Member States belonging to the Union of South American Nations (UNASUR) and supported by the representative of ARGENTINA, said that implementation of resolution WHA66.22 should continue with full participation from public and private bodies, academia and civil society. The recommendations made by the Consultative Expert Working Group were important for other areas of the Organization's work. Proper coordination of research and development required links among the various initiatives concerned and should be guided by context, aims, principles and the eight elements of WHO's Global strategy and plan of action on public health, innovation and intellectual property, as well as by the Group's recommendations. Work should continue in the search for alternative and innovative solutions to ensure sustainable, predictable and adequate funding.

Medicines to treat a range of diseases could be made more affordable if the right incentives were provided to encourage innovations that responded to health needs and to delink retail prices from research and development costs. Intellectual property rights had not proved an effective incentive to promote research and development in the area of diseases that mainly affected developing countries and alternatives were therefore needed. He expressed support for the development of an overall framework to identify rules, priorities and best practices for research and development. It was important to pursue a coherent approach to the subject, reflecting the various WHO workplans and initiatives. The Consultative Expert Working Group should continue its discussions with a view to reducing inconsistencies among the intellectual property, human rights and trade frameworks.

The representative of MEXICO said that WHO had an essential role in coordinating and facilitating research and development in the area of health technologies. Efforts in that area should be consistent with measures to implement the 2030 Agenda for Sustainable Development and the Addis Ababa Action Agenda of the Third International Conference on Financing for Development.

The representative of the UNITED STATES OF AMERICA, expressing disappointment at the slow progress in securing financing for demonstration projects, said that factors contributing to such a lack of enthusiasm should be identified and addressed. In its future activities in the area of research and development, WHO must work with all sectors. Its primary role should be to engage a broad range of stakeholders, including academia, foundations and the public and private sectors, so as to ensure that credible recommendations could be made.

The meeting rose at 12:30.

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