

## Third report of Committee A

(Draft)

Committee A held its sixth meeting on 25 May 2017 under the chairmanship of Dr Hanan Mohamed Al-Kuwari (Qatar), Mr Philip Davies (Fiji) and Mr Anandrao Hurree (Mauritius).

It was decided to recommend to the Seventieth World Health Assembly the adoption of the attached decisions and a resolution relating to the following agenda items:

12. Preparedness, surveillance and response

12.3 Poliomyelitis

One decision entitled:

– Poliomyelitis: polio transition planning

12.5 Review of the Pandemic Influenza Preparedness Framework

One decision

13 Health systems

13.1 Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth

One resolution

## Agenda item 12.3

### **Poliomyelitis: polio transition planning**

The Seventieth World Health Assembly, having considered the updated report on Polio transition planning;<sup>1</sup> acknowledging that the active role taken by the Office of the Director-General in directing and leading this process is of key importance; emphasizing the critical and urgent need to maintain and pursue eradication efforts in polio-endemic countries and sustain surveillance in countries through polio eradication certification, and the importance of ensuring that the Global Polio Eradication Initiative is fit for purpose, with adequate levels of qualified staff; acknowledging that the ramp-down of the Global Polio Eradication Initiative has started and highlighting the need for WHO to strategically manage the resulting impact on WHO human resources and other assets; noting the ongoing process of developing a post-certification strategy, that will define the essential polio functions needed to sustain eradication and maintain a polio-free world; highlighting the need for WHO to work with all relevant stakeholders on options for ensuring effective accountability and oversight after eradication in the post-certification strategy; noting with great concern the reliance on the Global Polio Eradication Initiative's funding of WHO at global, regional and country levels, involving many WHO programme activities, and the financial, organizational and programmatic risks that this reliance entails for WHO, including risks for the sustainability of WHO's capacity to ensure effective delivery in key programmatic areas and to maintain essential continuing functions; noting also the list of proposed actions to be implemented by the end of 2017 as referred to in document A70/14 Add.1, in particular in relation to the development of a comprehensive WHO strategic polio transition action plan, decided:

- (1) to urge the Director General:
  - (a) to make polio transition a key priority for the Organization at its three levels;
  - (b) to ensure that the development of the WHO strategic action plan on polio transition is guided by an overarching principle of responding to country needs and priorities, including by participating in and supporting Global Polio Eradication Initiative country transition planning;
  - (c) to mainstream best practices from polio eradication into all relevant health interventions and build capacity and responsibility for polio eradication ongoing functions and assets in national programmes, while maintaining WHO's capacity to provide norms and standards for post eradication planning and oversight;
  - (d) to explore innovative ways for mobilizing additional funding for the period 2017–2019 in order to mitigate the possible impact on the ramp-down of the Global Polio Eradication Initiative and on the longer-term sustainability of key assets that are currently financed by the Global Polio Eradication Initiative, and to update Member States on this work, through a dedicated session at the forthcoming financing dialogue;

---

<sup>1</sup> Document A70/14 Add.1.

- (2) to request the Director General:
- (a) to develop a strategic polio transition action plan by the end of 2017, to be submitted for consideration by the Seventy-first World Health Assembly, through the Executive Board at its 142nd session, that:
- (i) clearly identifies the capacities and assets, especially at country and, where appropriate, community levels, that are required to:
- sustain progress in other programmatic areas, such as: disease surveillance; immunization and health systems strengthening; early warning, emergency and outbreak response, including the strengthening and maintenance of core capacities under the International Health Regulations (2005);
  - maintain a polio free world after eradication;
- (ii) provides a detailed costing of these capacities and assets;
- (b) to present to the Seventy-first World Health Assembly a report on the efforts to mobilize funding for transitioning capacities and assets that are currently financed by the Global Polio Eradication Initiative into the programme budget, to enable the Seventy-first World Health Assembly to provide guidance for the development of the programme budget for the biennium 2020–2021 and the Thirteenth General Programme of Work on a realistic basis;
- (c) to report regularly on the planning and implementation of the transition process to the Health Assembly, through the Regional Committees and the Executive Board.

## Agenda item 12.5

### Review of the Pandemic Influenza Preparedness Framework

The Seventieth World Health Assembly, having considered the report on the 2016 Pandemic Influenza Preparedness (PIP) Framework Review Group and the reports of the Secretariat in collaboration with the Secretariat of the Convention on Biological Diversity and other relevant international organizations,<sup>1</sup> decided:

- (1) to recall WHO's mandate as the directing and coordinating authority on international health work, and its role under the International Health Regulations (2005) in global outbreak alert and response in respect of public health crises;
- (2) to reaffirm the importance of the PIP Framework in addressing present or imminent threats to human health from influenza viruses with pandemic potential, and emphasize its critical function as a specialized international instrument that facilitates expeditious access to influenza viruses of human pandemic potential, risk analysis and the expeditious, fair and equitable sharing of vaccines and other benefits;
- (3) to emphasize the importance of prioritizing and supporting global pandemic influenza preparedness and response, including through the strengthening of domestic seasonal influenza virus surveillance, manufacturing and regulatory capacities, and international coordination and collaboration through the Global Influenza Surveillance and Response System (GISRS) to identify and share influenza viruses with pandemic potential rapidly;
- (4) to acknowledge the critical role of the WHO Global Influenza Surveillance and Response System (GISRS) in the identification, risk analysis and sharing of influenza viruses with human pandemic potential to allow rapid development of diagnostics, vaccines and medicines;
- (5) to recognize the significant progress on the rate of conclusion of the Standard Material Transfer Agreements 2, the rate of collection of partnership contributions and the need to maintain progress, as well as the continued need to ensure timely payments by influenza vaccine, diagnostic and pharmaceutical manufacturers using the WHO Global Influenza Surveillance and Response System (GISRS);
- (6) to recognize the ongoing consultations and collaboration between WHO and the Secretariat of the Convention on Biological Diversity and other relevant international organizations;
- (7) to commend the useful recommendations of the 2016 PIP Framework Review Group;

---

<sup>1</sup> Documents A70/17 (Annex) and A70/57.

- (8) to request the Director-General:
- (a) to take forward expeditiously the recommendations of the PIP Framework Review Group's report;
  - (b) regarding the Review Group's recommendations concerning seasonal influenza and genetic sequence data, to conduct a thorough and deliberative analysis of the issues raised, including the implications of pursuing or not pursuing possible approaches, relying on the 2016 PIP Framework Review and the expertise of the PIP Advisory Group, and transparent consultation of Member States and relevant stakeholders, including the WHO Global Influenza Surveillance and Response System (GISRS);
  - (c) to continue supporting the strengthening of regulatory capacities and carrying out burden-of-disease studies, which are fundamental foundations for pandemic preparedness;
  - (d) to continue encouraging manufacturers and other relevant stakeholders to engage in PIP Framework efforts, including, where applicable, by entering into Standard Material Transfer Agreement 2s and making timely annual Partnership Contributions;
  - (e) to request the External Auditor to perform an audit of PIP Partnership Contribution funds in line with the Review Group's recommendation to provide: (1) assurances that the WHO financial regulations have been appropriately applied in the use of funds and that the financial information reported is accurate and reliable; and (2) recommendations to further increase the transparency of reporting on the linkages between expenditure and technical impact;
  - (f) to continue consultations with the Secretariat of the Convention on Biological Diversity and other relevant international organizations, as appropriate;
  - (g) to report to the Seventy-first World Health Assembly, on progress in implementing this decision, including indicating the status of the response to the recommendations contained in the report of the PIP Framework Review Group, and to make recommendations on further action.

## Agenda item 13.1

### **Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth**

The Seventieth World Health Assembly,

Having considered the report on human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth;<sup>1</sup>

Reaffirming resolution WHA69.19 (2016) on 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, including its strong call to engage across public and private sectors and stakeholders including government, education and training institutions, employers and health workers' organizations to coordinate an intersectoral health and social workforce agenda towards achieving a fit-for-purpose workforce for the 2030 Agenda;

Recalling resolution WHA63.16 (2010) on the WHO Global Code of Practice on the International Recruitment of Health Personnel, which adopted the Global Code, and the Global Code's recognition that an adequate and accessible health workforce is fundamental to an integrated and effective health system, and to the provision of health services, bearing in mind the necessity of mitigating the negative effects of health personnel migration on the health systems of developing countries;

Recalling also previous Health Assembly resolutions aimed at strengthening the health workforce;<sup>2</sup>

Further recalling the United Nations General Assembly resolutions in 2015 (resolution 70/183) and 2016 (resolution 71/159) that, respectively, requested the establishment of the United Nations' High-Level Commission on Health Employment and Economic Growth (hereinafter "the Commission") and welcomed its report;

Underlining that investing in the health and social workforce has multiplier effects that enhance inclusive economic growth, both locally and globally, and that it contributes to the ambition of the 2030 Agenda for Sustainable Development and to progress towards achieving the Sustainable Development Goals, including Goal 1 (End poverty in all its forms everywhere), Goal 3 (Ensure healthy lives and promote well-being for all at all ages), Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), Goal 5 (Achieve gender equality and empower all women and girls), Goal 8 (promote sustained, inclusive and sustainable economic

---

<sup>1</sup> Document A70/18.

<sup>2</sup> Resolutions WHA64.6 (2011) on health workforce strengthening, WHA64.7 (2011) on strengthening nursing and midwifery, WHA65.20 (2012) on WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies, WHA66.23 (2013) on transforming health workforce education in support of universal health coverage, WHA67.19 (2014) on strengthening of palliative care as a component of comprehensive care throughout the life course, WHA67.24 (2014) on follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage, and WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage.

growth, full and productive employment and decent work for all), and Goal 10 (Reduce inequality within and among countries) and exploiting the interlinkages between the Goals and their targets;

Acknowledging that twenty-first century health challenges related to demographic, socioeconomic, environmental, epidemiological and technological changes will require a health and social workforce that is fit for purpose for the provision of integrated people-centred health and social services across the continuum of care;

Recalling decision EB140(3) which, inter alia, welcomed the report of the High-Level Commission on Health Employment and Economic Growth, and its task to lend the necessary political, intersectoral and multistakeholder momentum, through the elaboration of 10 recommendations and the identification of five immediate actions, to guide and stimulate the creation of health and social sector jobs as a means to advance inclusive economic growth and social cohesion;

Underscoring that skilled and motivated health and social sector workers are integral to building strong and resilient health systems, and underlining the importance of adequate workforce investments to meet needs in respect of universal health coverage and to develop core capacities under the International Health Regulations (2005), including the capacity of the domestic health workforce to ensure preparedness for and response to public health threats;

Recognizing the need to substantially expand and transform health financing and the recruitment, development, education and training, distribution and retention of the health and social workforce;

Recognizing also the need to substantially increase the protection and security of health and social workers and health facilities in all settings, including in acute and protracted public health emergencies and humanitarian settings,

1. ADOPTS the five-year action plan for health employment and inclusive economic growth (2017–2021) as a mechanism to coordinate and advance the intersectoral implementation of the Commission's recommendations and immediate actions in support of WHO's Global Strategy on Human Resources for Health: Workforce 2030;
2. URGES all Member States to act forthwith on the Commission's recommendations and immediate actions, with the support of WHO, ILO and OECD,<sup>1</sup> as appropriate and consistent with national contexts, priorities and specificities;
3. INVITES international, regional, national and local partners and stakeholders responsible for health, social and gender matters, and for foreign affairs, education, finance and labour, to engage in and support, the implementation of the Commission's recommendations and the five-year action plan as a whole;
4. REQUESTS the Director-General:
  - (1) to collaborate with Member States, upon request, with agencies in other relevant sectors, and with partners, in implementing the Commission's recommendations and immediate actions as elaborated in the five-year action plan, including to:

---

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

- (a) strengthen the progressive development and implementation of national health workforce accounts;
  - (b) strengthen the relevance, effectiveness and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, including by continuously fostering bilateral and multilateral dialogue and cooperation to promote mutuality of benefits deriving from the international mobility of health workers;
  - (c) catalyse the scale-up and transformation of professional, technical and vocational education and training, including inter-professional education, particularly in community- and health systems-based settings, and 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 in implementing the Global Strategy on Human Resources for Health: Workforce 2030;
- (2) to coordinate and work with ILO, OECD and other relevant sectors, agencies and partners to develop their joint capacity to support Member States, upon request, in this agenda, including with respect to:
- (a) the establishment of an inter-agency data exchange and online knowledge platform on the health and social workforce, respecting personal confidentiality and relevant data protection laws, that progressively brings together data and information from multiple agencies, sectors and sources to advance health and social labour market data, analysis, accountability, monitoring and tracking, as an open-access, electronic, and real-time web-based resource, building on the progressive implementation and reporting of national health workforce accounts; and
  - (b) the establishment of an international platform on health worker mobility for transparent intersectoral policy dialogue, exchange and collective action to achieve a sustainable health and social workforce, maximize mutual benefits, promote ethical recruitment and mitigate adverse effects arising from such mobility;
- (3) to utilize the Global Health Workforce Network as a mechanism to engage stakeholders in the implementation of the five-year action plan for health employment and inclusive economic growth (2017–2021);
- (4) to explore intersectoral and innovative financing mechanisms necessary for advancing implementation of the five-year action plan for health employment and inclusive economic growth (2017–2021);
- (5) to accelerate progress in health workforce monitoring with the application of national health workforce accounts, and to ensure the appropriate number, competency and equitable distribution of health workers;
- (6) to submit a regular report to the Health Assembly on progress made in implementing the five-year action plan for health employment and inclusive economic growth (2017–2021), aligned with reporting on the Global Strategy on Human Resources for Health: Workforce 2030.

= = =