

**PROVISIONAL SUMMARY RECORD OF THE EIGHTH MEETING**

**Palais des Nations, Geneva  
Monday, 27 May 2019, scheduled at 14:30**

**Chairman: Mr H. BARNARD (Netherlands)**

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**COMMITTEE B**

**EIGHTH MEETING**

**Monday, 27 May 2019, at 14:40**

**Chairman: Mr H. BARNARD**

- 1. OTHER TECHNICAL MATTERS:** Item 12 of the agenda (continued) [transferred from Committee A]

**Human resources for health:** Item 12.3 of the agenda (documents A72/23 and A72/24) (continued)

The representative of AUSTRALIA said that she supported the second review of the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel. She welcomed the substantial work underway to further implement the Global Strategy on Human Resources for Health and supported the proposal for streamlined reporting on health workforce resolutions.

The representative of ARGENTINA noted that some activities did not fit neatly into the categories presented by the four objectives of the Global Strategy. For instance, the activities of the five-year action plan for health employment and inclusive economic growth (2017–2021) could encompass all four objectives. With regard to the evaluation of progress on increasing the workforce, countries should be encouraged to enter their data into the online platform. Support from WHO would be needed in many cases for the development of information systems, since only nationally standardized data would be reliable enough to be aggregated into national health workforce accounts.

The representative of SURINAME noted the difficulty in retaining health care workers in rural and underserved areas, and their poor working conditions. He encouraged accelerated implementation of the Global Strategy on Human Resources for Health, and continued technical support and capacity-building at the national, regional and global levels.

The representative of SRI LANKA requested support for institutional capacity-building for human resources for health in respect of internal review mechanisms and information systems. He welcomed the timeline for the proposed review of the relevance and effectiveness of the Global Code of Practice through an independent Member State-led process and appreciated consideration of the need for technical cooperation. He requested further technical support to strengthen policy interventions and facilitate discussions with receiving countries. It was important to review the criteria and the categories of health personnel adopted in countries with critical health workforce shortages, in view of the need to strengthen primary health care and achieve universal health coverage. His Government had been providing data on human resources through its national health workforce account since 2018.

The representative of SOLOMON ISLANDS, speaking on behalf of the Pacific island countries, said that, despite significant efforts to produce and retain health workers, persistent variations in their availability, capacity and performance resulted in uneven quality and coverage of health services in those countries. Indeed, health worker density was above the recommended benchmark in seven Pacific island countries, but below the benchmark in seven others. He supported ongoing efforts by WHO to further develop the health workforce at the country and regional levels and encouraged partner agencies to offer their support in that endeavour.

The representative of ALGERIA said that investment in human resources for health was central to the achievement of the Sustainable Development Goals. The training of health workers was key to their integration in a coherent health system and to the quality of care provided. Planning for the number of health workers needed and their distribution helped create favourable working conditions.

The representative of BURKINA FASO, describing the action taken in her country on human resources for health, encouraged collaboration to develop technical and financial support for countries with limited resources, with a view to improving the availability of quality data and the training, recruitment and retention of health workers.

The representative of ZAMBIA noted with concern the low level of reporting by Member States during the third round of reporting on the Global Code of Practice. Timely and accurate reporting must be ensured. He appreciated the Secretariat's support for the implementation and monitoring of the Code, including by providing technical support to Member States, but highlighted the need to make sure that the Code was used for its intended purpose. The focus on the five highlighted health professions should be expanded to include data on specialties across key disciplines with high mobility. The Secretariat should take into account the comments made at the meeting of the International Platform on Health Worker Mobility. It should also strengthen information sharing and help Member States use that information for human resources policy development. The assessment of the Code's relevance and effectiveness should be expedited through a representative Member State-led process.

The representative of BANGLADESH said that his Government had taken a number of measures to ensure a quality health workforce and looked forward to continuing to work closely with WHO to strengthen its health workforce. He requested continued support through evidence-informed policies to optimize the workforce and build institutional capacity.

The representative of ILO said that, despite progress, new investment in health workers was urgently needed to address existing and projected health workforce shortages. Decent conditions of work were required, including for community health workers, since decent work was a prerequisite to equality in access to health services and quality health care. Without a sustainable workforce, it would not be possible to achieve universal health coverage and Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Programmes to protect health workers from occupational hazards and risks were indispensable. Since the health sector was a major employer and contributed to job creation in other sectors, ILO was working with WHO and OECD under the five-year action plan for health employment and inclusive economic growth (2017–2021) to help countries unlock the sector's economic potential. It was also ready to work with the Secretariat and Member States on the upcoming review of the Global Code of Practice. She welcomed the designation of 2020 as the Year of the Nurse and the Midwife, which would coincide with the ILO General Survey on standards promoting decent work in the care economy.

The representative of IOM expressed his organization's commitment to participating in the International Platform on Health Worker Mobility and to supporting Member States in their implementation of the Global Code of Practice. He welcomed the third round of national reporting, noting the rise in international migration and growing complexity of health worker patterns of movement. The Global Compact for Safe, Orderly and Regular Migration promoted access for migrant workers – including the health workforce – to the same rights and protections extended to all workers in their respective sector. The well-managed migration of health workers played a key role in building the capacity of health systems in both receiving and sending countries, thereby contributing to achievement of the Sustainable Development Goals.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, encouraged all activities to strengthen collaboration among health care teams in order to ensure an effective and efficient workforce. She reiterated her organization's call for the establishment of an action hub to reduce the shortfall in health workers.

The representative of the WORLD FEDERATION FOR MEDICAL EDUCATION, speaking at the invitation of the CHAIRMAN, noted that the quality of countries' medical education systems differed. She called on Member States to address divergences in medical education standards, in particular by using a programme like that run by her organization to recognize the agencies responsible for maintaining the quality of medical education and accrediting medical schools. Furthermore, Member States should invest in effective accreditation agencies, while health professionals should set standards for education in their respective fields.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that there was a need to regulate international recruitment processes and called on Member States to implement the Global Code of Practice to that end. Instead of implementing coercive measures to restrict the mobility of health personnel, they should provide appropriate training and attractive working conditions for underserved areas. Investment in the improvement of health care systems would help to retain health personnel and establish the multidisciplinary teams needed to deliver universal health coverage.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, welcomed the decision of the Health Assembly to designate 2020 as the International Year of the Nurse and the Midwife, which would raise the visibility of the nursing profession in policy dialogue. She encouraged all stakeholders to consider 2020 an opportunity to invest in and support the development of nurse leaders.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed the focus on the health workforce, but noted that there was room for improvement. She called on Member States to collect reliable data on human resources for health; participate in the exchange of information; provide timely national reports; and invest in the health workforce and the training of future health workers.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, urged Member States and educational stakeholders to invest in capacity-building and continued training for pharmaceutical students and young professionals. Strengthening the health workforce would boost socioeconomic development, productivity and economic growth. She called on Member States to ensure that health workers had decent jobs and working conditions early in their careers.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that her organization looked forward to its continued involvement in the International Platform on Health Worker Mobility. She called on Member States to report their national data on human resources for health, consolidate progress on the five-year action plan for health employment and inclusive economic growth (2017–2021), and commit adequate resources to improving employment and working conditions in health services.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, called on WHO to develop and promote training curricula to enable health professionals across disciplines and at all levels to provide services for noncommunicable diseases; provide guidelines to maximize the efficiencies of multidisciplinary, team-based approaches; and strengthen mechanisms for data collection.

The EXECUTIVE DIRECTOR (Universal Health Coverage/Life Course) thanked Member States for their comments and said that the Secretariat had heard their requests for greater support on the issue of the health workforce. With regard to data, he thanked Member States that had nominated a focal point for implementation of a national health workforce account. Taking note of the many requests for the Secretariat to provide additional support in that regard, he asked Member States to communicate their needs to the three levels of the Organization; the Secretariat stood ready to provide support. He requested that all Member States engage in data consolidation and reporting. Data provided through the online platform for national health workforce accounts would be used for dialogue and to inform the Secretariat's work on migration, the Global Strategy on Human Resources for Health, the five-year action plan for health employment and inclusive economic growth (2017–2021) and the global report on nursing due in 2020.

With regard to international mobility and migration, he thanked the Member States that had participated in the third round of reporting on the Global Code of Practice. There was room for improvement on reporting, however, and the Secretariat stood ready to receive further submissions. Deliberations on the topic of migration must be informed by the evidence pointing to the fact that migration was a complex phenomenon that affected all countries. The expert advisory group reviewing the Code's relevance and effectiveness would commence its work in June 2019 and report to the Seventy-third Health Assembly. He assured Member States that the expert advisory group – comprised of 12 Member States – was broadly representative and would review the complexity of migration and revisit the challenge of ethical recruitment from countries with a low density of health professionals. He welcomed the call for an action hub to address the health workforce shortage and would welcome discussions on how to implement that proposal. Additional technical cooperation on the Global Code of Practice and the Global Strategy would be guided by the Thirteenth General Programme of Work, 2019–2023 and the Programme budget 2020–2021.

The WHO Health Academy was an initiative under the transformation process that sought to maximize the impact of investment across the Organization in training, career development and lifelong learning. It was estimated that 10 million workers would require training on the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems. The Secretariat would consider how to respond to that need for training with the support of the WHO Health Academy. Given the clear need for additional investment at the national, regional and global levels to meet the number of requests for additional support, he called on all stakeholders to increase their investments in work on human resources for health.

The CHAIRMAN took it that the Committee wished to note the reports contained in documents A72/23 and A72/24, including the recommendations made in paragraph 28 of the latter document.

**The Committee noted the reports.**

**2. CLOSURE OF THE MEETING**

After the customary exchange of courtesies, the CHAIRMAN declared the work of Committee B completed.

**The meeting rose at 15:20.**

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