

Global strategy on human resources for health: workforce 2030

Draft resolution proposed by the delegations of Argentina, Japan, Mozambique, Norway, South Africa, Switzerland, Thailand, United States of America, Zambia, Zimbabwe and the Member States of the European Union

The Sixty-ninth World Health Assembly,

PP1 Having considered the report on the draft global strategy on human resources for health: workforce 2030;¹

PP2 Reaffirming the continuing importance of the application of the WHO Global Code of Practice on the International Recruitment of Health Personnel (hereinafter “WHO Global Code”);²

PP3 Recalling previous Health Assembly resolutions aimed at strengthening the health workforce;³

PP4 Recalling also the United Nations General Assembly resolutions in 2014 and 2015 that, respectively: call on Member States, in cooperation, as appropriate, with relevant international organizations and relevant non-State actors, to develop effective preventive measures to enhance and promote the safety and protection of medical and health personnel, as well as respect for their respective professional codes of ethics;⁴ and underline the importance of adequate country capacity to

¹ Document A69/38.

² Adopted in resolution WHA63.16 (2010).

³ 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.

⁴ United Nations General Assembly resolution 69/132 (2014) on global health and foreign policy.

respond to public health threats through strong and resilient health systems, benefiting from the availability of motivated, well-trained and appropriately equipped health workers;¹

PP5 Inspired by the ambition of the 2030 Agenda for Sustainable Development, including its strong multisectoral dimension and call to achieve universal health coverage;

PP6 Guided by the call in Sustainable Development Goal 3, Target 3.c to “substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States”;

PP7 Recognizing that health workers are integral to building strong and resilient health systems that contribute to the achievement of the Sustainable Development Goals and targets related to nutrition, health, education, gender, employment, and the reduction of inequalities;²

PP8 Recognizing further that Sustainable Development Goal 3 (“Ensure healthy lives and promote well-being for all at all ages”) and its targets will only be attained through substantive and strategic investments in the global health workforce, as well as a substantial shift in health workforce-related planning, education, deployment, retention, management and remuneration;

PP9 Recognizing that the domestic health workforce is the primary responder in all countries, including those with fragile health systems, and is key to building resilient health systems;³

PP10 Taking note of the significant infrastructure, assets and human resources of the global polio eradication initiative, and the ongoing legacy process across countries, as appropriate;

PP11 Deeply concerned by the rising global health workforce deficit and the mismatch between the supply, demand and population needs for health workers, now and in the future, which are major barriers to achieving universal health coverage as committed to in Sustainable Development Goal 3, Target 3.8;

PP12 Taking note of the renewed focus on health system strengthening and the need to mobilize and effectively manage domestic, international and other forms of health financing in support of such strengthening;⁴

PP13 Encouraged by the emerging political consensus on the contribution of health workers to improved health outcomes, to economic growth, to implementation of the International Health Regulations (2005) and to global health security;

¹ United Nations General Assembly resolution 70/183 (2015) on global health and foreign policy: strengthening the management of international health crises.

² See Sustainable Development goals and targets at <https://sustainabledevelopment.un.org/?menu=1300> (accessed 25 January 2016).

³ See resolution WHA64.10 (2011) on strengthening national health emergency and disaster management capacities and resilience of health systems, and document A68/27 on global health emergency workforce.

⁴ See, for example, the “Healthy Systems – Healthy Lives” initiative, and resolutions WHA64.9 (2011) on sustainable health financing structures and universal coverage, WHA62.12 (2009) on primary health care, including health system strengthening, WHA64.8 (2011) on strengthening national policy dialogue to build more robust health policies, strategies and plans, and WHA62.13 (2009) on traditional medicine.

PP14 Recognizing that investing in new health workforce employment opportunities may also add broader socioeconomic value to the economy and contribute to the implementation of the Sustainable Development Goals,

(OP1) ADOPTS the Global Strategy on Human Resources for Health: Workforce 2030 (hereinafter “Global Strategy”), including: its vision of accelerating progress towards universal health coverage and the Sustainable Development Goals by ensuring universal access to health workers; its principles; its four strategic objectives; and its milestones for 2020 and 2030;

(OP2) URGES all Member States,^{1,2} as integral to health systems strengthening:

(1) to adapt the Global Strategy’s four strategic objectives within national health, education and employment strategies, and to broader socioeconomic development contexts, in line with national priorities and specificities;

(2) to engage relevant sectors and ensure intersectoral mechanisms at the national and subnational levels as required for efficient investment in and effective implementation of health workforce policies;

(3) to implement policy options as proposed for Member States by the Global Strategy, supported by high-level commitment and adequate financing, including through the implementation of the WHO Global Code, in particular towards:

(a) strengthening capacities to optimize the existing health workforce to enable it to contribute to the achievement of universal health coverage;

(b) actively forecasting and closing gaps between health workforce needs, demands, and supply, including by geographical distribution, as well as the gaps in the distribution of health workforce between public and private sectors, and through intersectoral collaboration;

(c) building the institutional capacity at the subnational and national levels for effective governance and leadership of human resources for health, which will form, for example, an essential component in the building of comprehensive national health systems to provide a long-term solution to managing disease outbreaks in their initial phases;

(d) consolidating a core set of human resources for health data with annual reporting to the Global Health Observatory, as well as progressive implementation of national health workforce accounts, to support national policy and planning and the Global Strategy’s monitoring and accountability framework;

(OP3) INVITES international, regional, national and local partners and stakeholders from within the health sector and beyond to engage in, and support, the implementation of the Global Strategy and

¹ And, where applicable, regional economic integration organizations.

² Taking into account the context of federated States where health is a shared responsibility between national and subnational authorities.

achieve its milestones for 2020 and 2030, in alignment with national institutional mechanisms in order to coordinate an intersectoral health workforce agenda, specifically calling for:

- (1) educational institutions to adapt their institutional set-up and modalities of instruction so that they are aligned with national accreditation systems and population health needs; to train health workers in sufficient quantity, quality and with relevant skills, while also promoting gender equality in admissions and teaching; and to maintain quality and enhance performance through continuing professional development programmes, including faculty members and the existing health workforce;
- (2) professional councils, associations, and regulatory bodies to adopt regulations to optimize workforce competencies, and to support interprofessional collaboration for a skills mix responsive to population needs;
- (3) the International Monetary Fund, the World Bank, regional development banks and other financing and lending institutions to adapt their macroeconomic policies and investment criteria in the light of mounting evidence that investments in health workforce planning, and the training, development, recruitment, and retention of health workers, are conducive to economic and social development and achievement of the Sustainable Development Goals;
- (4) development partners, including bilateral partners and multilateral aid mechanisms, to augment, coordinate and align their investments in education, employment, health, gender, and labour in support of domestic financing aimed at addressing national health workforce priorities;
- (5) global health initiatives to ensure that all grants include an assessment of health workforce implications, leverage national coordination and leadership, and contribute to efficient investment in and effective implementation of national health workforce policies;

(OP4) REQUESTS the Director-General:

- (1) to provide support to Member States, upon request, on the implementation and monitoring of the Global Strategy, including to:
 - (a) strengthen and optimize their existing health workforces and to anticipate and respond to future health workforce needs;
 - (b) strengthen governance and leadership of human resources for health, through the development of normative guidance, through the provision of technical cooperation, and through the fostering of effective transnational coordination, alignment and accountability;
 - (c) develop and maintain a framework for health workforce information systems, including the consolidation of a core set of health workforce data with annual reporting to the Global Health Observatory, as well as the progressive implementation of national health workforce accounts, in order to strengthen the availability, quality, and completeness of health workforce data;
 - (d) strengthen implementation of previous Health Assembly resolutions related to the health workforce, including WHA66.23 on transforming health workforce education in

support of universal health coverage, the retention of the health workforce, and support Member States upon request;

(2) to develop capacity to assist Member States, including through the promotion of research, and, upon request, and through technical cooperation and other means, to develop appropriate preventive measures to enhance and promote the safety and protection of medical and health personnel, their means of transport and installations, to improve the resilience of health systems and to promote the effective implementation of universal health coverage;

(3) to include an assessment of the health workforce implications of technical resolutions brought before the Health Assembly and the WHO regional committees;

(4) to facilitate the exchange of information and good practice on human resources for health and collaboration among Member States and relevant stakeholders, continuing the practices outlined in the WHO Global Code;

(5) to submit a regular report to the Health Assembly, through the Executive Board, on progress made towards the milestones established by the Global Strategy, aligned with reporting on the WHO Global Code.

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