
Accelerating action on the global health and care workforce by 2030

The Executive Board, having considered the report by the Director-General,¹

Decided to recommend to the Seventy-eighth World Health Assembly the adoption of the following resolution:

The Seventy-eighth World Health Assembly,

Having considered the report by the Director-General;

Reaffirming that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition and recognizing that access to health and care services is an important component of this fundamental right, which is a cornerstone of human dignity and well-being;

Recalling the commitments made under the Sustainable Development Goals, particularly Goal 3, which aims to ensure healthy lives and promote well-being for all at all ages, and recognizing the integral role of and contribution by an adequate, well-distributed and competent health workforce in both achieving these objectives and advancing progress on the employment, economic growth, education and gender-equality agendas and targets;

Acknowledging the critical importance of a robust and well-supported health and care workforce, as underscored by the Director-General's comprehensive report on the implementation of the Global Strategy on Human Resources for Health: Workforce 2030, and the Working for Health 2022–2030 Action Plan, and recognizing that investing in health worker initial education and lifelong learning, employment, fair remuneration and supportive working conditions represents a fundamental driver to advance the primary healthcare approach and for accelerating progress towards universal health coverage and health security, while ensuring the sustainability of health systems;

Recognizing that the world is making progress in increasing the total number of health and care workers, which now exceeds 70 million worldwide, yet acknowledging that many countries continue to experience national shortages, uneven distribution, high turnover

¹ Document EB156/15.

rates and migration, necessitating fair and shared responsibility, global collaboration and urgent action to ensure an adequate, sufficient, competent, protected and motivated health and care workforce in every country, while taking into account the specific needs of those countries facing challenges caused by armed conflicts and the migration of healthcare workers;

Noting with concern the revised WHO shortage estimate of more than 11 million health workers by 2030,² in particular in low- and middle-income countries;

Recognizing also that enhancing health systems resilience, particularly in the face of the impact of the coronavirus disease (COVID-19) pandemic, other infectious disease outbreaks, and ongoing humanitarian crises and conflicts in some areas, climate change, emergencies, disasters resulting from natural hazards and emerging epidemiological risks requires adaptive and responsive health systems, including mental health, and workforce strategies, including investments in education, training, support, retention strategies, occupational safety standards, workforce surge capacity during a public health event, equitable distribution and adequate workforce competency to perform uninterrupted essential public health functions;

Recalling the need to further advance equity for women in the health and care sector and emphasizing the critical role that women, who represent 67%² of health workers, play in the health and care sector;

Recalling also the commitments established in previous Health Assembly resolutions³ aimed at strengthening health and care workforce capacity development, protecting safe, healthy, supportive, and dignified working conditions especially for women and early career workers at all levels, optimizing distribution, deployment and utilization of health workforce, sustaining investments in human resources for health to deliver effective and quality healthcare services and contribute towards the promotion of global health security;

Reaffirming the significance of the WHO Global Code of Practice on the International Recruitment of Health Personnel and welcoming its review by the Director-General's Expert Advisory Group to further enhance its relevance and effectiveness, and strengthen its implementation, including through mechanisms that deliver mutual benefits, while mitigating the negative effects of health workforce migration on the health systems of source countries to advance efforts to both maximize the positive effects of health workforce migration and address challenges faced by the health systems of less resourced countries;

Emphasizing the essential role of international and regional cooperation, partnerships and technical support in strengthening national⁴ or subnational health workforce capacities, particularly in developing settings, to ensure that all countries have resilient health systems to respond effectively to both routine health challenges and public health emergencies and appreciative of WHO and its Academy, United Nations specialized agencies and academic,

² World Health Organization (2024). National health workforce accounts (NHWA).

³ Resolutions WHA63.16 (2010), WHA69.19 (2016), WHA70.6 (2017), WHA72.3 (2019), WHA74.14 (2021), WHA74.15 (2021) and WHA75.17 (2022), and decision WHA73(30) (2020).

⁴ Policy and actions at "country" or "national" level should be understood as relevant in each country in accordance with subnational and national responsibilities.

scientific and civil society partners for their investments in education, training and lifelong learning;

Acknowledging that the rapid advancements in medical science and technology, digital health and the evolving landscape of artificial intelligence, biotechnologies, the pharmaceutical industry and medical practices require continuous skill development and adaptation within the health workforce, and sustained support to equip them with the competencies necessary to leverage these innovations responsibly to improve service delivery and enhance outcomes for patients, families and communities,

1. URGES Member States, taking consideration of national context and priorities:

(1) to accelerate implementation of the Global Strategy on Human Resources for Health: Workforce 2030 and Working for Health 2022–2030 Action Plan, including through subnational, national, regional and international cooperation, to increase investments as appropriate – including through greater mobilization, prioritization, and more efficient use of domestic resources – in pre-service education, continuous in-service training, supportive supervision, employment and retention efforts for a skilled workforce, particularly for women and early career workers, aligned with the current and future population, health system, and health and care labour market needs with a special focus on the primary healthcare workforce in remote or otherwise vulnerable health settings in order to accelerate progress towards universal health coverage;

(2) to address sustainably the shortages in education, training and employment capacity thereby substantially increasing the number of qualified health and care personnel while maintaining high educational standards, in line with the objectives contemplated in the Declaration of Astana⁵ aiming to achieve the highest possible qualification rates, in countries requiring a substantial scale up or that are facing a rapid ageing of their health workforce;

(3) to promote for all health and care workers decent work, promote formal recognition, fair and equal remuneration based on qualification and roles undertaken, enabling and supportive work environments, and equal access to education, training, employment and career progression opportunities, through equity-focused approaches that address disparities such as the gender pay gap and any barriers faced by women, persons with disabilities, foreign workers, community-based workers and others at risk, promoting their full and meaningful participation and representation including in senior leadership and decision-making roles, in line with the ILO Declaration on Fundamental Principles and Rights at Work;

(4) to prioritize the safety and protection of all health and care workers from abuse, attacks, discrimination including any form of sexual exploitation or abuse, harassment and violence, and specific support for health workers in emergencies and conflict settings, and implement measures to prevent and respond to burnout and promote mental health and well-being through workplace policies, institutional support mechanisms and community-based initiatives, in line with the global health and care worker compact;

⁵ [Global Conference on Primary Health Care: Astana, Kazakhstan, 25 and 26 October 2018.](#)

(5) to prioritize investments in education, training, employment and retention, including capacity to manage and provide supportive supervision to reduce migration pressures in countries with high out-migration or critical shortage and foster ethical cooperation on international recruitment and migration of health personnel, in alignment with the provisions of the WHO Global Code of Practice on International Recruitment of Health Personnel, including by encouraging equitable bilateral agreements, mutually beneficial partnerships, engaging and acknowledging the significant role of the private sector, and where applicable reinvesting agencies fees into education, training, responsible engagement with the private sector and strengthening circular migration programmes, as appropriate that facilitate skills transfer and benefit health systems of both source and destination countries and creating the conditions for the return of health workers to their countries of origin through special reintegration programmes and professional development opportunities;

(6) to strengthen stewardship, leadership and management capacities to enable effective oversight of health and care workforce agendas, including strategic workforce planning informed by strong information systems, national health workforce accounts, where appropriate, and health labour market analyses, to deliver essential services and public health functions, to enhance workforce performance and optimal utilization of available workers, and build capacity for health, prevention, emergency preparedness and response;

(7) to harness safe and effective digital health and artificial intelligence opportunities, while supporting policy measures and incentives that improve access, affordability and inclusivity for these technologies, particularly in developing settings and underserved or rural areas;

2. INVITES partners and stakeholders to contribute to accelerating the agenda in support of health and care workers, with a specific call to:

(1) development partners, global health initiatives, international financial institutions and United Nations agencies to increase support and technical assistance, aligned with national priorities and mechanisms, for health workforce development, management, regulation, employment and research, and to provide this support in accordance with the Lusaka Agenda and aid effectiveness principles, with a focus on countries facing critical shortages identified by WHO through the WHO Health Workforce Support and Safeguards List and to support countries affected by conflicts and humanitarian crises to promote the stability of health systems;

(2) education and training institutions, especially health science and medical education institutions, and health and care service providers to adopt competency-based education approaches, promote tracking of health worker skills and competencies across institutions, and include in education and lifelong learning programmes, including in collaboration with the WHO Academy and other collaboration platforms, digital health competencies, artificial intelligence and other medical innovations of proven safety and effectiveness, to ensure that health workers are prepared to meet the demands of modern health systems;

(3) professional councils and regulatory agencies to optimize workforce competencies and management, in line with the WHO guidance on health practitioner regulation;

3. REQUESTS the Director-General:

(1) to prioritize resources in line with the Fourteenth General Programme of Work, 2025–2028 to those actions and workstreams dedicated to support policy development and implementation, normative and technical cooperation activities that support the health and care workforce priorities outlined in the Global Strategy on Human Resources for Health: Workforce 2030, the Working for Health 2022–2030 Action Plan and related Health Assembly resolutions, including by fostering relevant collaboration through regional and global initiatives, such as the joint WHO-ILO-OECD Working for Health partnership, and actions with development partners and other relevant stakeholders in line with the Framework of Engagement with Non-State Actors as applicable;

(2) to accelerate support to Member States, upon request, on the implementation and monitoring of the Global Strategy on Human Resources for Health: Workforce 2030, to promote investments in education, training, employment and retention of the health and care workforce, accelerate progress towards meeting target 3.c of the Sustainable Development Goals, and strengthen capacities to prevent, prepare for and respond to public health emergencies, including workforce surge capacity during public health events, with a special focus on countries and regions facing the most critical health and care workforce challenges, providing technical and methodological support for rebuilding and strengthening the health workforce in countries impacted by conflicts and the loss of professional staff;

(3) to facilitate Member States' access to data, knowledge, expertise, guidance and good practices on health and care workforce leadership, management and regulation, education, training and adoption of digital health technology, employment, deployment and retention, gender equality, and international mobility and migration, including the use and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel as well as through peer-to-peer and South–South cooperation;

(4) to support Member States in strengthening national information systems and the implementation of WHO national health workforce accounts to enable national and international monitoring and analysis to inform policy, and health labour market analyses to inform acceleration plans and investments for education, training and employment;

(5) to support countries, in collaboration with associations, institutions and schools of public health, to implement technical guidance and tools to strengthen workforce capacity to deliver essential public health functions, including health emergency prevention, preparedness and response, and the implementation of the International Health Regulations, building on existing initiatives to strengthen availability, accessibility, acceptability, and quality of a skilled, trained and multidisciplinary global health emergency workforce while ensuring a safe and healthy working environment;

(6) to report on the implementation of this resolution within the existing reporting cycle for the Global Strategy on Human Resources for Health: Workforce 2030 and the WHO Global Code of Practice on the International Recruitment of Health Personnel, with the next reports due to the Eighty-first World Health Assembly in 2028.

Eighteenth meeting, 10 February 2025
EB156/SR/18
