

Third report of Committee B

(Draft)

Committee B held its fourth and fifth meetings on 27 May 2016 under the chairmanship of Dr Mahlet Kifle (Ethiopia) and Dr Phusit Prakongsai (Thailand).

It was decided to recommend to the Sixty-ninth World Health Assembly the adoption of the attached two resolutions relating to the following agenda items:

16. Health systems

16.1 Health workforce and services

One resolution entitled:

- Global strategy on human resources for health: workforce 2030

16.4 Addressing the global shortages of medicines, and the safety and accessibility of children's medication

One resolution as amended entitled:

- Promoting innovation and access to quality, safe, efficacious and affordable medicines for children

Agenda item 16.1

Global strategy on human resources for health: workforce 2030

The Sixty-ninth World Health Assembly,

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

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

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

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 respond to public health threats through strong and resilient health systems, benefiting from the availability of motivated, well-trained and appropriately equipped health workers;⁵

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

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”;

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.

⁵ United Nations General Assembly resolution 70/183 (2015) on global health and foreign policy: strengthening the management of international health crises.

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;¹

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;

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;²

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;

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;

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;³

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;

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,

1. 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;

¹ See Sustainable Development goals and targets at <https://sustainabledevelopment.un.org/?menu=1300> (accessed 25 January 2016).

² 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.

³ 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.

2. 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 gaps in the distribution of the 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;
3. 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 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 for faculty members and the existing health workforce;

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.

- (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;

4. 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 resolution WHA66.23 (2013) on transforming health workforce education in support of universal health coverage, and to the retention of the health workforce, and support Member States upon request;
- (2) to develop capacity to support Member States, including through the promotion of research, and, upon request, 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.

Agenda item 16.4

Promoting innovation and access to quality, safe, efficacious and affordable medicines for children

The Sixty-ninth World Health Assembly,

Having considered the report on addressing the global shortages of medicines, and the safety and accessibility of children's medication;¹

Recalling resolution WHA60.20 (2007) on better medicines for children and WHA67.22 (2014) on access to essential medicines, which identified actions for Member States and the Director-General in support of better access for children to essential medicines;

Recalling also resolution WHA67.20 (2014) on regulatory system strengthening for medical products and its relevance for promoting the safety, accessibility and affordability of medicines for children;

Concerned about the lack of access to quality, safe, effective and affordable medicines for children in appropriate dosage forms and problems with rational use of children's medicines in many countries, and that, globally, children aged under five years still do not have secure access to medicines that treat pneumonia, tuberculosis, diarrhoeal diseases, HIV infection, AIDS and malaria, as well as medicines for many other infectious diseases, noncommunicable diseases and rare diseases;

Concerned about the lack of research and development on age-appropriate dosage forms most suitable for children as well as on new medicines for diseases that affect children, that are appropriate for use in all environments, including areas lacking access to clean water;

Aware that an important factor linked to morbidity and mortality of children is the lack of safe, effective, affordable and quality-assured medicines for children, and in some circumstances, lack of packaging in child-proof containers;

Noting that despite sustained efforts over a number of decades by Member States, the WHO Secretariat and partners, many countries are still facing multiple challenges in ensuring the availability, affordability, quality assurance and rational use of children's medicines;

Acknowledging Goal 3 of the 2030 Agenda for Sustainable Development, "Ensure healthy lives and promote well-being for all at all ages", and particularly noting the targets related to access to medicines and its interlinked goals and targets;

Noting that *The World Health Report 2010* identified the promotion of generic medicines as a key action that could be taken to improve access by making medicines more affordable, and recognizing the importance of accelerating generic availability and uptake following the expiration of patents;

¹ Document EB138/41.

Recalling the Convention on the Rights of the Child in which States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illnesses and rehabilitation of health,

1. URGES Member States:¹

(1) to accelerate implementation of the actions laid out in resolution WHA60.20 on better medicines for children and WHA67.20 on regulatory system strengthening for medical products;²

(2) to learn from successful experiences with medicines policies for children in other countries and formulate and implement appropriate national measures including legislation, as appropriate, and pharmaceutical policies in support of access to quality, safe, effective and affordable medicines for children;

(3) to take all necessary measures, including legislation, as appropriate, for the establishment of national plans and organizational structures and capacity to enhance such measures in the framework of national pharmaceutical policies, as appropriate, to improve children's health;

(4) to ensure that national health policies and plans incorporate consideration of the needs of children based on the national situation, with clear objectives for increasing access to children's medicines;

(5) to establish transparent and evidence-based processes for the designing and updating of their national essential medicines list or its equivalent to include medicines for children, according to each country's health needs and priorities, taking into account the WHO Model List of Essential Medicines, including the WHO Model List of Essential Medicines for Children, and its transparent and evidence-based process, which considers public health relevance, evidence on efficacy and safety and comparative cost-effectiveness;

(6) to implement actions, with a focus on children, as agreed under Sustainable Development Goal 3, which states: "Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health and, in particular, provide access to medicines for all";

(7) to undertake analysis of their pharmaceutical supply systems, including through the use of the WHO standardized surveys, to identify inefficiencies in the cost and pricing structures of medicines and sources of mark-ups on the prices of medicines, and to seek to reduce the price of children's medicines by promoting greater availability and use of generics, and identifying strategies to reduce prices including mark-ups on medicines, in order to increase the availability and affordability of medicines for children;

¹ And regional economic integration organizations, as appropriate.

² Taking into account the context of federated States.

(8) to strengthen research and development on appropriate medicines for diseases that affect children, to ensure that high-quality clinical trials for these medicines are conducted in an ethical manner and to collaborate in order to facilitate innovative research and development on, formulation of, and timely regulatory approval of, provision of adequate and prompt information on, and rational use of, medicines for children, including generic medicines;

(9) to facilitate clinical trials of medicines for children based on sound ethics, needs, principles of patient protection, and to promote clinical trial registration in any registry¹ that provides data to the WHO International Clinical Trials Registry Platform and to make information on those trials publically available, including publication of summary and complete data of completed trials in accordance with national and regional legislative frameworks, as appropriate;

(10) to strengthen national regulatory systems including pharmacovigilance and post-market surveillance and to promote quality, ethical clinical trials of medicines for children and the accessibility and availability of quality, safe, effective and affordable medicines for children;

(11) to enhance the education and training of the health workforce in rational use of medicines for children, including generic medicines, and to enhance the health education of the public, to ensure acceptance and understanding of the rational use of medicines for children;

2. REQUESTS the Director-General:

(1) to accelerate implementation of the actions laid out in resolutions WHA60.20 on better medicines for children, WHA67.22 on access to essential medicines and WHA67.20 on regulatory system strengthening for medical products;

(2) to further develop and maintain, within the Model List of Essential Medicines, the Model List of Essential Medicines for Children, using evidence-based clinical guidelines in coordination with all relevant WHO programmes;

(3) to consider appropriate representation of paediatric experts on the WHO Expert Committee on the Selection and Use of Essential Medicines;

(4) to support Member States in taking appropriate measures through provision of training and strengthening regulatory capacity according to national and regional circumstances, and in promoting communication and coordination between countries on paediatric clinical trial design, ethical approval and product formulation, including through regulatory networks;

(5) to continue to collaborate with governments,² other organizations of the United Nations system, including WTO and WIPO, donor agencies, nongovernmental organizations and the pharmaceutical industry, in order to encourage fair trade in safe and effective medicines for children and adequate financing for securing better access to medicines for children;

¹ Including internationally-recognized open registries such as clinicaltrials.gov, among others, and national registries.

² And regional economic integration organizations, as appropriate.

- (6) to support Member States in implementing, as appropriate, upon request, standards for ethical and appropriate clinical trials of medicines in children, and to facilitate communication and coordination among Member States¹ to promote the sharing of paediatric clinical trial information;
- (7) to support analysis and better understanding of the costs of research and development for medicines for children, including for rare diseases in children;
- (8) to support countries in implementing relevant policies in line with the 2030 Agenda for Sustainable Development, including Goal 3 and related access to medicine targets, and to provide the necessary technical assistance in this regard, upon request;
- (9) to report to the Seventy-first World Health Assembly on progress in the implementation of this resolution.

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¹ And regional economic integration organizations, as appropriate.