

**PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING**

**WHO headquarters, Geneva  
Wednesday, 11 November 2020, scheduled at 10:00**

**Chair: Mr A. THIAM (Mali)**

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**COMMITTEE B**

**FOURTH MEETING**

**Wednesday, 11 November 2020, at 10:15**

**Chair:** Mr A. THIAM (Mali)

**1. FIRST REPORT OF COMMITTEE B** (document A73/44)

The RAPPORTEUR read out the draft first report of Committee B.

**The report was adopted.<sup>1</sup>**

**PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES**

**2. FINANCIAL MATTERS:** Item 20 of the agenda

**WHO programmatic and financial report for 2018–2019, including audited financial statements for 2019:** Item 20.1 of the agenda (documents A73/24, A73/24 Corr.1, A73/25, A73/INF./3 and A73/37)

The representative of CHINA expressed appreciation for the improved readability of the programmatic and financial report for 2018–2019, and the increased transparency of budget planning. Noting that, in the core voluntary contributions account, the contributions flexible at the category or subcategory levels had increased by 107 per cent between 2018 and 2019, she expressed concern that the relative shares contributed by the major donors of voluntary contributions remained similar to previous years, with little progress towards broadening funding sources and securing additional contributions. It was also concerning to note that categories such as noncommunicable diseases and emergencies had the lowest budget implementation levels, especially given the current increased need in those areas; the Secretariat should analyse why that was the case.

The representative of SEYCHELLES, speaking on behalf of the Member States of the African Region, commended efforts made during the biennium 2018–2019, which had seen significant increases in spending, generally good programme implementation, and substantial growth in the technical and financial support given to Member States addressing priority diseases and for priority areas such as the International Health Regulations (2005). He also praised the successful work to fight the Ebola virus disease outbreak and the functional reviews performed in all country offices in the Region. He noted, however, that the limited number of donors continued to present a challenge. Observing that headquarters continued to receive twice as much funding in the base budget as the African Region, which had the highest preventable disease burden and weakest health systems, he asked whether more resources could be moved from the headquarters budget to the regional budget. Funding should be allocated to communities with the greatest health challenges, where concrete results could be achieved.

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<sup>1</sup> See page XXX.

The representative of JAPAN commended the progress made towards the triple billion targets but expressed concern over the delay in implementing the base programmes due to the coronavirus disease (COVID-19) response. Investment in health systems would support economic recovery in the wake of the COVID-19 pandemic, and the emphasis should be on health financing as part of efforts to promote universal health coverage. She noted that there were several financing mechanisms for health emergencies, such as the COVID-19 Strategic Preparedness and Response Plan, the Contingency Fund for Emergencies, the COVID-19 Solidarity Response Fund and the WHO Foundation. It would be useful to know how efficiently those funds were used and what impact they had. As WHO's role in emergency response had increased during the COVID-19 pandemic, the Secretariat needed to further strengthen accountability and transparency.

The CHAIR invited the Committee to note the report of the Programme, Budget and Administration Committee on the WHO programmatic and financial reports for 2018–2019, including audited financial statements for 2019, and the financing and implementation of the Programme budget 2020–2021, contained in document A73/37.

**The Committee noted the reports contained in documents A73/17, A73/24 and A73/25.**

The CHAIR took it that the Committee agreed to approve the draft decision contained in document A73/37.

**The draft decision was approved.<sup>1</sup>**

**Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution:** Item 20.2 of the agenda (documents A73/26 and A73/38)

The CHAIR said that, in the light of the coronavirus disease (COVID-19) pandemic and its adverse financial impact, several Member States had suggested deferring the decision on the status of collection of assessed contributions to the Seventy-fourth World Health Assembly. It should be noted that, as indicated in document A73/38, the Plurinational State of Bolivia, Lebanon and Rwanda had paid sufficient contributions such that they were no longer subject to the suspension of voting privileges.

He therefore asked whether the Committee wished to defer consideration of the amended draft resolution contained in document A73/38 until the Seventy-fourth World Health Assembly, on the understanding that the Health Assembly would take up the matter on the basis of a report providing an update on the situation and supplying any pertinent additional information, by the Executive Board, through the Programme, Budget and Administration Committee.

**It was so decided.<sup>2</sup>**

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<sup>1</sup> Decision WHA73(29).

<sup>2</sup> Decision WHA73(31).

## **PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE**

### **3. WHO GLOBAL CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL: Item 12 of the agenda (document A73/9) [transferred from Committee A]**

The representative of the UNITED STATES OF AMERICA said that the COVID-19 pandemic had underscored the critical role of health personnel on the front line. In adopting the Global Code of Practice on the International Recruitment of Health Personnel, Member States had agreed to designate a national authority that would report on international recruitment. Health professionals working abroad should be treated fairly, with adequate compensation, freedom of movement and comfortable living conditions. Although 110 Member States had diligently reported the information required under the Global Code of Practice, certain countries had failed to do so. Specifically, one Member State exported some 30 000 medical professionals to more than 60 countries but had never reported on its activities; reporting was particularly important in that case, in which an authoritarian government exported personnel and collected funds from those countries, rather than paying staff directly. Allegations by health personnel of human trafficking and slave labour conditions should be investigated, and the perpetrators held accountable. She urged the Secretariat to redouble efforts to achieve universal reporting under the Code by reminding Member States of their reporting commitments and drawing up a public list of those that had not complied with them.

The representative of TURKEY highlighted the selfless work of health care workers during the COVID-19 pandemic, calling for recognition of their increased responsibilities. Although 2020 had been designated the International Year of the Nurse and the Midwife, celebrations had been disrupted by the pandemic. In order to celebrate nurses and midwives properly, and recognize the sacrifices made by all health care workers during the pandemic, 2021 should be designated as the International Year of Health and Care Workers. Such a step would show gratitude towards those workers and encourage the introduction of policies to promote their well-being. The following draft decision on human resources for health, based on the draft decision contained in document A73/9 and agreed during informal consultations, had therefore been proposed by Albania, Jamaica, Japan, Montenegro, Mozambique, Qatar, Thailand, Turkey and the Member States of the European Union:

The Seventy-third World Health Assembly, having considered the report by the Director-General, as well as that of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel,<sup>1</sup> acknowledging also the synergies with the global agenda on nursing and midwifery in the International Year of the Nurse and the Midwife, and the role of health and care workers at the forefront of fighting the COVID-19 pandemic, decided:

(OP1) to commend the successful conclusion of the work of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel, the leadership of its co-chairs, and the dedication of its distinguished members;

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<sup>1</sup> Document A73/9.

(OP2) to note the report of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel;

(OP3) to encourage Member States and all relevant stakeholders to implement the recommendations of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel;

(OP4) to request that a WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel further assess the Code's relevance and effectiveness following the fifth round of national reporting in 2023–2024, to be presented through the 158th Session of the Executive Board to the Seventy-ninth World Health Assembly;

(OP5) to acknowledge the tireless efforts of health and care workers in response to the COVID-19 pandemic and designate 2021 as the International Year of Health and Care Workers; and

(OP6) to request the Director-General to:

(a) promote effective implementation of the recommendations of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel;

(b) to engage WHO at all levels, with Member States and other relevant stakeholders, in making best use of the International Year of Health and Care Workers to advance progress on SDG 3; and

(c) to engage with all WHO regions to update the Global Strategic Directions for Nursing and Midwifery and, following consultations with Member States, submit this to the Seventy-fourth World Health Assembly for its consideration.

The financial and administrative implications for the Secretariat of the adoption of the draft decision were:

<b>Decision:</b> Human resources for health
<b>A. Link to the approved Programme budget 2020–2021</b>
<b>1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:</b> 1.1.5. Countries enabled to strengthen their health workforce.
<b>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:</b> Not applicable.
<b>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</b> Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b> Five years.

<b>B. Resource implications for the Secretariat for implementation of the decision</b>
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b> US\$ 29.12 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b> US\$ 6.55 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</b> Not applicable.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</b> US\$ 11.14 million.
<b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b> US\$ 11.43 million.
<b>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b> <ul style="list-style-type: none"><li>– <b>Resources available to fund the decision in the current biennium:</b> US\$ 2.00 million.</li><li>– <b>Remaining financing gap in the current biennium:</b> US\$ 4.55 million.</li><li>– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> US\$ 4.55 million.</li></ul>

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	0.50	0.25	0.25	0.50	0.25	0.25	1.00	3.00
	Activities	0.60	0.45	0.25	0.65	0.30	0.40	0.90	3.55
	Total	1.10	0.70	0.50	1.15	0.55	0.65	1.90	6.55
2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	1.04	0.52	0.52	1.04	0.52	0.52	2.08	6.24
	Activities	1.00	0.65	0.20	1.05	0.45	0.55	1.00	4.90
	Total	2.04	1.17	0.72	2.09	0.97	1.07	3.08	11.14
Future bienniums 2024–2025 resources to be planned	Staff	1.08	0.54	0.54	1.08	0.54	0.54	2.16	6.49
	Activities	0.88	0.68	0.21	1.09	0.47	0.57	1.04	4.94
	Total	1.97	1.22	0.75	2.17	1.01	1.11	3.20	11.43

The representative of AUSTRALIA, paying tribute to the enormous efforts made by health and care workers during the COVID-19 pandemic, welcomed the report of the Expert Advisory Group and reaffirmed her country's commitment to the Global Code of Practice. Her Government was a strong advocate for the ethical recruitment of the health workforce, in line with target 3.c of the Sustainable Development Goals, and supported the draft decision. Indeed, it was important to establish ethical principles and practices through the Code to advance cooperation and information-sharing in that area. She also expressed support for the designation of 2021 as the International Year of Health and Care Workers.

The representative of the PHILIPPINES highlighted the significant role played by migrant health workers in keeping health systems functioning in their host countries during the COVID-19 pandemic. The Global Code of Practice was particularly important for source countries such as her own, and she therefore supported the draft decision. It was essential to strengthen health workforce mobility data; obtain additional information about education financing and student mobility, bilateral agreements and private recruiters; capture the experiences of migrant health workers; and develop indicators and options to address critical shortages. Additional support should be provided to source countries, in the form of capacity-building to develop, implement and monitor national and international policies relating to health workforce mobility; mechanisms for sharing knowledge on international recruitment management and health personnel mobility; and data on policies, regulations and global bilateral agreements.

The representative of THAILAND welcomed the report of the Expert Advisory Group, noting the ongoing implementation challenges associated with the Global Code of Practice and the Code's particular relevance to the International Year of the Nurse and the Midwife in the context of increased mobility among nurses. He supported the designation of 2021 as the International Year of Health and Care Workers, as it could be harnessed to advance progress towards target 3.c of the Sustainable Development Goals, and thereby universal health coverage as in target 3.8. All three levels of the Organization should recognize the important contribution of health care workers to maintaining essential health services during the COVID-19 response, and strive to improve their working conditions.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, commended the work carried out by the Expert Advisory Group. Noting the growing relevance of the Global Code of Practice and the remaining critical gaps in its implementation, she expressed particular support for the recommendation urging all Member States to mobilize the necessary investments in the education, recruitment and retention of health workers to effectively deliver universal health coverage. The further assessment of the Code's relevance and effectiveness following the fifth round of national reporting would also be critical, and she reaffirmed her Region's commitment to implementation of the report's recommendations. In recognition of the health care personnel who had worked tirelessly during the COVID-19 pandemic, her Region supported the designation of 2021 as the International Year of Health and Care Workers; the event should be used to advance progress towards Sustainable Development Goal 3.

The representative of SINGAPORE expressed support for action to recognize health and care workers, noting that they had been central to the COVID-19 response. Their safety should be a key priority, and his Government had taken steps to provide them with protective equipment and duly compensate them for their work. Wider society also had to play its part in limiting transmission of the disease; efforts to stop the pandemic should be maintained to ensure that the sacrifices of health care workers were not wasted.

The representative of ARGENTINA welcomed the recommendations made by the Expert Advisory Group. She agreed that the education and employment of health workers was central to ensuring access to health services and noted the increasing relevance of the Global Code of Practice, given the growing international mobility of health workers. The Code also had significant potential to advance core elements of the 2030 Agenda for Sustainable Development. She therefore supported the draft decision and called on all Member States and relevant stakeholders to fully implement the recommendations made in the report.

The representative of CHINA agreed that the Global Code of Practice remained relevant as a significant legal tool for addressing global challenges in managing health personnel and strengthening health systems, particularly in relation to the 2030 Agenda for Sustainable Development, including the realization of universal health coverage. However, the gaps in implementation undermined its role; despite increased reporting by Member States, participation was still limited, largely due to the weakness of the Code's information-sharing, monitoring and institutional mechanisms, which led to insufficient implementation capacity. He supported the draft decision, stressing the importance of allocating sufficient unearmarked funds to support the Secretariat's health workforce activities. In addition, the Secretariat should support developing countries in creating responsive health workforce information systems to allow them to obtain more comprehensive data on the scale of migration, health workforce needs and policy implications. An updated list of the countries with critical health workforce shortages should be appended to the draft decision.

The representative of BRAZIL agreed that the Global Code of Practice was a key tool for global dialogue and cooperation to address the challenges of international mobility among health professionals. He therefore urged the Director-General to push for universal reporting and called for all relevant stakeholders to implement the report's recommendations. Acknowledging the synergies with the celebration of the International Year of the Nurse and the Midwife, he observed that the COVID-19 pandemic had increased the visibility of health professionals. He therefore supported the draft decision on human resources for health, including the designation of 2021 as the International Year of Health and Care Workers.

The representative of NORWAY expressed gratitude towards health workers, noting their role in both fighting the COVID-19 pandemic and enabling progress towards universal health coverage. Given



the relevance of the Global Code of Practice and its centrality to the universal health coverage and health security agenda, the Secretariat and all Member States needed to ensure its full potential was realized by taking the steps necessary for implementation. She supported the draft decision.

The representative of JAPAN said that the work of nurses and midwives contributed significantly to progress towards health for all, and more broadly to the Sustainable Development Goals and gender equality. He therefore supported the draft decision on human resources for health, including the proposal to celebrate the International Year of Health and Care Workers in 2021. Global cooperation to increase investment in the health care workforce was needed. To promote the implementation of the Global Code of Practice, national strategic plans and education provision should be strengthened, paying particular attention to countries reliant on overseas training for their health personnel, such as the Pacific island countries. His Government would continue to work with other Member States on training programmes and regulations for the health workforce.

The representative of the RUSSIAN FEDERATION welcomed the report, noting the emphasis placed on increasing government accountability and financial support. In addition to improving implementation of the Global Code of Practice, the Secretariat needed to inform the international community more widely of its principles and objectives, and share experiences and best practices. Highlighting his Government's work with neighbouring countries to support implementation of the Code, he stressed the importance of complying with its provisions during the international hiring of medical personnel. He supported the draft decision and the designation of 2021 as the International Year of Health and Care Workers.

The representative of KENYA, drawing attention to the correlation between the size of a country's health workforce and its health outcomes, said that human resources were a core component of health systems. Noting that WHO had estimated that there would be a global shortfall of 18 million health workers by 2030, she welcomed the recommendations of the Expert Advisory Group and shared its concerns regarding the gaps in implementation of the Global Code of Practice, particularly in areas most severely affected by health workforce challenges. The increasing international mobility of health personnel reaffirmed the Code's relevance; Member States should therefore contribute to implementation of the recommendations, with the Director-General facilitating that work by maintaining an up-to-date list of countries with critical health workforce shortages. She supported the designation of 2021 as the International Year of Health and Care Workers.

The representative of MEXICO said that, during the International Year of the Nurse and the Midwife, the invaluable contributions of those health professionals towards achieving the Sustainable Development Goals should be highlighted. Significant challenges remained in the areas of training, recruitment and geographical mobility of health workers; he therefore welcomed the work of the Expert Advisory Group. He agreed on the importance of improving implementation of the Global Code of Practice, strengthening international cooperation and financing opportunities, and prioritizing countries with a low service coverage index and low density of personnel. He would welcome further information on the difficulties countries faced in relation to public sector health personnel and on the effect of incentives within a globalized labour market; although worker mobility could enrich systems, over time it could lead to shortages in low- and middle-income countries. Country information should also be shared with Member States to help improve data collection, education, governance and partnerships. He expressed support for the designation of 2021 as the International Year of Health and Care Workers.

The representative of CUBA said that health workers formed the basis of strong, resilient health systems and were fundamental to securing progress towards the Sustainable Development Goals, including the achievement of universal health coverage in developing countries. Detailing his Government's approach to training human resources for health, he drew attention to its programmes for

training health workers from around the world, notably from communities lacking in health care services; that collaboration was a transparent, widely recognized expression of global solidarity that helped strengthen health systems. Policies to stimulate the selective migration of health care workers harmed the health of populations.

The representative of JAMAICA said that, in vulnerable countries such as her own, the continued loss of health personnel was generating a crisis in health service delivery that was further exacerbated by the COVID-19 pandemic. Without urgent attention, it could undermine gains in health development and hinder recovery from the pandemic. Although the Global Code of Practice was a framework that offered a good response to the issues surrounding health personnel migration and health system strengthening, persistent gaps in implementation meant that it had not remedied the global shortage of health workers. She shared the view that investment in the health workforce was required to achieve priority health and broader development goals, including gender empowerment. She supported the recommendations contained in document A73/9 and the draft decision. The International Year of the Nurse and the Midwife would hopefully bring greater recognition of the often undervalued role of those health professionals.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed support for the recommendations contained in document A73/9 and for the draft decision. The COVID-19 pandemic had underlined the vital importance of health workers, whose efforts also contributed towards the health-related Sustainable Development Goals. The Global Code of Practice was essential to guide Member States' efforts to mobilize the necessary investments in health personnel education, recruitment and retention, as part of the effective delivery of universal health coverage. His Government, recognizing its responsibilities as a destination country, sought to act in accordance with the Code, notably by maintaining safeguards against active recruitment from countries with the greatest workforce vulnerability in relation to universal health coverage. It would also forge international partnerships to address the global shortage of health workers and support countries with the most vulnerable health systems.

The representative of ZIMBABWE welcomed the call for Member States to mobilize the necessary investments in the education, recruitment and retention of health workers to effectively deliver universal health coverage. It was a cause of concern that escalating international health worker migration threatened the achievement of universal health coverage; the Global Code of Practice called for effective and appropriate technical support, and support for health personnel retention and training in source countries. She therefore welcomed the recommendation urging leading destination countries and development partners to commit multi-year flexible funds to the implementation of the Code, and encouraged destination countries to collaborate with source countries to strengthen capacities. She supported the draft decision and the designation of 2021 as the Year of Health and Care Workers.

The representative of INDONESIA commended the focus in the report on strengthening implementation of the Global Code of Practice and supporting countries to improve their universal health coverage service coverage index and health workforce density. It was concerning that certain destination countries used the Code to penalize her country by restricting the active recruitment of Indonesian health workers based on the outdated list of countries with critical health workforce shortages in the 2006 World Health Report. Stressing her Government's commitment to using the Code to strengthen its national health system and promote ethical international migration, she called on the Secretariat to support Member States in developing their information systems and providing updated data on their health workforce. She supported the draft decision on human resources for health.

The representative of AZERBAIJAN said that the COVID-19 pandemic had demonstrated the important role of the health workforce. She welcomed supported the draft decision.

The representative of MYANMAR said that the COVID-19 pandemic had placed health care workers under additional physical and mental strain. She therefore supported the designation of 2021 as the International Year of Health and Care Workers in recognition of their dedication.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that forced migration was driven by health privatization, public–private partnerships and cuts in public spending and public-sector wages; investment in the local health workforce would reduce dependence on international migration. Better enforcement of the Global Code of Practice was needed. It should be made a binding document and a prerequisite for all labour migration agreements, with its promotion and application underpinned by social dialogue with health workers’ unions.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that high-income countries should boost training to become self-sufficient in nursing personnel, as the large-scale international recruitment of nurses dangerously weakened health systems. A self-sufficiency indicator would help policy-makers identify the extent of dependence on international migration and enable monitoring of the commitments made under the Global Strategy on Human Resources for Health: Workforce 2030.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that, although the proposed methodology for identifying countries facing critical health workforce shortages was innovative and data-driven, it ignored vital workforce characteristics. Member States should review the methodology and include more multidimensional analysis. The lack of transparency in the development of bilateral labour agreements on health worker mobility was a concern; WHO should fast-track the formulation of guidelines based on open consultations with stakeholders.

The DIRECTOR (Health Workforce) thanked Member States and other partners for their excellent collaboration during the International Year of the Nurse and the Midwife; their joint work would continue as the Secretariat updated the *Global Strategic Directions for Strengthening Nursing and Midwifery 2016–2020*. Efforts would also continue to address gaps in implementation of the Global Code of Practice and publish updated guidance on bilateral agreements, with a view to promoting their transparency. The updated list of countries with critical health workforce shortages would be published shortly, while all relevant stakeholders would be asked for input on the fourth round of national reporting on the Code. The public data available on the WHO website would be improved to allow Member States to compare it more effectively. He had also noted the support for a gender-transformative approach to health labour migration policies, which would be incorporated into future activities. Lastly, the Secretariat would support the designation of 2021 as the International Year of Health and Care Workers, if that was so decided.

The CHAIR took it that the Committee wished to approve the draft decision on human resources for health.

**The draft decision was approved.<sup>1</sup>**

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<sup>1</sup> Decision WHA73(30).

**PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES**

**4. PROGRESS REPORTS:** Item 23 of the agenda (documents A73/32 and A73/32/Add.1)

The CHAIR drew the attention of the Committee to the progress reports submitted under item 23 of the agenda, which had been considered under the written silence procedure.

- A. **Global action plan on the public health response to dementia 2017–2025 (decision WHA70(17) (2017))**
- B. **Towards universal eye health: a global action plan 2014–2019 (resolution WHA66.4 (2013))**
- C. **Eradication of dracunculiasis (resolution WHA64.16 (2011))**
- D. **Improving the prevention, diagnosis and clinical management of sepsis (resolution WHA70.7 (2017))**
- E. **Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1(2007))**
- F. **Addressing the burden of snakebite envenoming (resolution WHA71.5 (2018))**
- G. **Strengthening integrated, people-centred health services (resolution WHA69.24 (2016))**
- H. **Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets (resolution WHA57.12 (2004))**
- I. **Health and the environment: road map for an enhanced global response to the adverse health effects of air pollution (decision WHA69(11) (2016))**
- J. **Female genital mutilation (resolution WHA61.16 (2008))**
- K. **Public health dimension of the world drug problem (decision WHA70(18) (2017))**
- L. **The WHO strategy on research for health (resolution WHA63.21 (2010))**

The Committee noted the reports.

**The meeting rose at 12:10.**

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