

Third report of Committee B

(Draft)

Committee B held its fifth and sixth meetings on 28 May 2021, chaired by Dr Søren Brostrøm (Denmark) and Mr Mustafizur Rahman (Bangladesh), respectively.

It was decided to recommend to the Seventy-fourth World Health Assembly the adoption of the attached three resolutions and four decisions relating to the following agenda items:

Pillar 4: More effective and efficient WHO providing better support to countries

30. Audit and oversight matters

30.1 Report of the External Auditor

One decision

29. Financial matters

29.1 WHO programme and financial reports for 2020–2021, including audited financial statements for 2020

One decision

29.2 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 Situation in respect of 2020

One decision

29.4 Scale of assessments 2022–2023

One resolution

29.6 Assessment of new Members and Associate Members

One decision entitled:

– Assessment of the Faroe Islands

Pillar 1: One billion more people benefitting from universal health coverage

15. Health workforce

- Working for health: five-year action plan for health employment and inclusive economic growth (2017–2021)

One resolution entitled:

- Protecting, safeguarding and investing in the health and care workforce

- Global Strategic Directions for Nursing and Midwifery

One resolution entitled:

- Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery

Agenda item 30.1

Report of the External Auditor

The Seventy-fourth World Health Assembly, having considered the report of the External Auditor to the Health Assembly;¹ and having noted the report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fourth World Health Assembly,² decided to accept the report of the External Auditor to the Health Assembly

¹ Document A74/34.

² Document A74/51.

Agenda item 29.1

WHO programme and financial reports for 2020–2021, including audited financial statements for 2020

The Seventy-fourth World Health Assembly, having considered the WHO Results Report for the Programme budget 2020–2021: mid-term review,¹ and the audited financial statements for the year ended 31 December 2020;² and having noted the report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fourth World Health Assembly,³ decided to accept the WHO Results Report for the Programme budget 2020–2021: mid-term review, and the audited financial statements for the year ended 31 December 2020.

¹ Document A74/28.

² Document A74/29.

³ Document A74/47.

Agenda item 29.2

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: situation in respect of 2020

The Seventy-fourth World Health Assembly, having considered the report on the 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;¹ and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fourth World Health Assembly,² decided:

(1) to refer to the 150th session of the Executive Board in January 2022, through the Programme, Budget and Administration Committee, consideration of the 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; and, with respect to the situation in 2020, and in accordance with Article 29 of the WHO Constitution, to delegate to the 150th session of the Executive Board the power to suspend the voting privileges of Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution;

(2) to request the Director-General to submit to the Executive Board at its 150th session, through the Programme, Budget and Administration Committee, a report providing an update on the situation as well as an updated draft resolution, as appropriate.

¹ Document A74/31.

² Document A74/48.

Agenda item 29.4

Scale of assessments 2022–2023

The Seventy-fourth World Health Assembly,

Having considered the report by the Director-General on the scale of assessments for 2022–2023;¹

Having also noted the report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fourth World Health Assembly,²

ADOPTS the scale of assessments of Members and Associate Members for the biennium 2022–2023 as set out below.

Members and Associate Members	WHO scale for 2022–2023 %
Afghanistan	0.0070
Albania	0.0080
Algeria	0.1380
Andorra	0.0050
Angola	0.0100
Antigua and Barbuda	0.0020
Argentina	0.9151
Armenia	0.0070
Australia	2.2101
Austria	0.6770
Azerbaijan	0.0490
Bahamas	0.0180
Bahrain	0.0500
Bangladesh	0.0100
Barbados	0.0070
Belarus	0.0490
Belgium	0.8211
Belize	0.0010
Benin	0.0030
Bhutan	0.0010
Bolivia (Plurinational State of)	0.0160
Bosnia and Herzegovina	0.0120
Botswana	0.0140
Brazil	2.9482
Brunei Darussalam	0.0250
Bulgaria	0.0460

¹ Document A74/32.

² Document A74/49.

Members and Associate Members	WHO scale for 2022–2023 %
Burkina Faso	0.0030
Burundi	0.0010
Cabo Verde	0.0010
Cambodia	0.0060
Cameroon	0.0130
Canada	2.7342
Central African Republic	0.0010
Chad	0.0040
Chile	0.4070
China	12.0058
Colombia	0.2880
Comoros	0.0010
Congo	0.0060
Cook Islands (not a member of the United Nations)	0.0010
Costa Rica	0.0620
Côte d’Ivoire	0.0130
Croatia	0.0770
Cuba	0.0800
Cyprus	0.0360
Czech Republic	0.3110
Democratic People’s Republic of Korea	0.0060
Democratic Republic of the Congo	0.0100
Denmark	0.5540
Djibouti	0.0010
Dominica	0.0010
Dominican Republic	0.0530
Ecuador	0.0800
Egypt	0.1860
El Salvador	0.0120
Equatorial Guinea	0.0160
Eritrea	0.0010
Estonia	0.0390
Eswatini	0.0020
Ethiopia	0.0100
Fiji	0.0030
Finland	0.4210
France	4.4273
Gabon	0.0150
Gambia	0.0010
Georgia	0.0080
Germany	6.0904
Ghana	0.0150
Greece	0.3660

Members and Associate Members	WHO scale for 2022–2023 %
Grenada	0.0010
Guatemala	0.0360
Guinea	0.0030
Guinea-Bissau	0.0010
Guyana	0.0020
Haiti	0.0030
Honduras	0.0090
Hungary	0.2060
Iceland	0.0280
India	0.8341
Indonesia	0.5430
Iran (Islamic Republic of)	0.3980
Iraq	0.1290
Ireland	0.3710
Israel	0.4900
Italy	3.3072
Jamaica	0.0080
Japan	8.5645
Jordan	0.0210
Kazakhstan	0.1780
Kenya	0.0240
Kiribati	0.0010
Kuwait	0.2520
Kyrgyzstan	0.0020
Lao People's Democratic Republic	0.0050
Latvia	0.0470
Lebanon	0.0470
Lesotho	0.0010
Liberia	0.0010
Libya	0.0300
Lithuania	0.0710
Luxembourg	0.0670
Madagascar	0.0040
Malawi	0.0020
Malaysia	0.3410
Maldives	0.0040
Mali	0.0040
Malta	0.0170
Marshall Islands	0.0010
Mauritania	0.0020
Mauritius	0.0110
Mexico	1.2921
Micronesia (Federated States of)	0.0010
Monaco	0.0110
Mongolia	0.0050

Members and Associate Members	WHO scale for 2022–2023 %
Montenegro	0.0040
Morocco	0.0550
Mozambique	0.0040
Myanmar	0.0100
Namibia	0.0090
Nauru	0.0010
Nepal	0.0070
Netherlands	1.3561
New Zealand	0.2910
Nicaragua	0.0050
Niger	0.0020
Nigeria	0.2500
Niue (not a member of the United Nations)	0.0010
North Macedonia	0.0070
Norway	0.7540
Oman	0.1150
Pakistan	0.1150
Palau	0.0010
Panama	0.0450
Papua New Guinea	0.0100
Paraguay	0.0160
Peru	0.1520
Philippines	0.2050
Poland	0.8021
Portugal	0.3500
Puerto Rico (not a member of the United Nations)	0.0010
Qatar	0.2820
Republic of Korea	2.2671
Republic of Moldova	0.0030
Romania	0.1980
Russian Federation	2.4052
Rwanda	0.0030
Saint Kitts and Nevis	0.0010
Saint Lucia	0.0010
Saint Vincent and the Grenadines	0.0010
Samoa	0.0010
San Marino	0.0020
Sao Tome and Principe	0.0010
Saudi Arabia	1.1721
Senegal	0.0070
Serbia	0.0280
Seychelles	0.0020
Sierra Leone	0.0010

Members and Associate Members	WHO scale for 2022–2023 %
Singapore	0.4850
Slovakia	0.1530
Slovenia	0.0760
Solomon Islands	0.0010
Somalia	0.0010
South Africa	0.2720
South Sudan	0.0060
Spain	2.1461
Sri Lanka	0.0440
Sudan	0.0100
Suriname	0.0050
Sweden	0.9061
Switzerland	1.1511
Syrian Arab Republic	0.0110
Tajikistan	0.0040
Thailand	0.3070
Timor-Leste	0.0020
Togo	0.0020
Tokelau (not a member of the United Nations)	0.0010
Tonga	0.0010
Trinidad and Tobago	0.0400
Tunisia	0.0250
Turkey	1.3711
Turkmenistan	0.0330
Tuvalu	0.0010
Uganda	0.0080
Ukraine	0.0570
United Arab Emirates	0.6160
United Kingdom of Great Britain and Northern Ireland	4.5673
United Republic of Tanzania	0.0100
United States of America	22.0000
Uruguay	0.0870
Uzbekistan	0.0320
Vanuatu	0.0010
Venezuela (Bolivarian Republic of)	0.7280
Viet Nam	0.0770
Yemen	0.0100
Zambia	0.0090
Zimbabwe	0.0050
TOTAL	100.000

Agenda item 29.6

Assessment of the Faroe Islands

The Seventy-fourth World Health Assembly, having considered the report by the Director-General on the assessment of the Faroe Islands,¹ decided:

- (1) that the assessment of the Faroe Islands shall be set on the basis of a notional assessment of the minimum rate of 0.001%;
- (2) that for 2021, assessment shall be allocated at one twelfth of the rate per full calendar month of associate membership;
- (3) that for 2021, if any, the amount shall be recorded as miscellaneous income;
- (4) that, as the United Nations scale of assessment is expected to be updated in December 2021, the impact of the assessment of Faroe Islands will be fully reflected in the WHO scale of assessment for 2022–2023 at the Seventy-fifth World Health Assembly in 2022.

¹ Document A74/33.

Agenda item 15

Protecting, safeguarding and investing in the health and care workforce

The Seventy-fourth World Health Assembly,

Having considered the Director General's report on working for health: five-year action plan for health employment and inclusive economic growth (2017–2021);¹

Deeply concerned about the detrimental impact that coronavirus disease (COVID-19) has had across the health and social care sectors;²

Expressing highest appreciation of, and support for, the dedication, efforts and sacrifices, above and beyond the call of duty of health professionals, health workers and other relevant frontline workers in responding to the COVID-19 pandemic;

Recalling decision WHA73(30) (2020) to designate 2021 as the International Year of Health and Care Workers;

Guided by the 2030 Agenda for Sustainable Development, including its strong multisectoral dimension to achieve universal health coverage, and its 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”;

Recognizing the need for political commitment, policies and international cooperation, including strong Sustainable Development Goal partnerships at national, regional and global levels, to tackle health inequities and inequalities within and among countries, in line with non-discriminatory laws, and including within the health and care workforce, and how health workforce constraints impact equity of service delivery;

Recognizing the twenty-fifth anniversary of the Beijing Declaration and Platform for Action marked by the Generation Equality Forum, and the Gender Equal Health and Care Workforce Initiative, to advance equity for women in the health and care sector that acknowledges a pivotal moment for the realization of gender equality and the empowerment of all women and girls, everywhere;

Recalling the Political Declaration of the United Nations high-level meeting on universal health coverage³ with commitments to scale up efforts to promote the recruitment and retention of competent,

¹ Document A74/12.

² The International Industrial Classification of All Economic Activities (ISIC), Rev.4. New York: United Nations; 2008 (https://unstats.un.org/unsd/publication/seriesm/seriesm_4rev4e.pdf).

³ Political Declaration of the High-level Meeting on Universal Health Coverage. “Universal health coverage: moving together to build a healthier world” (<https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>, accessed 3 May 2021).

skilled and motivated health and care workers, and to secure equitable distribution in rural, hard-to-reach areas, including by providing decent and safe working conditions and appropriate remuneration;

Acknowledging the agreed conclusions and recommendations adopted by the Economic and Social Council forum on financing for development follow-up in April 2021, which underscores that investments in resilient health infrastructure, health systems and universal health coverage, aligned with the 2030 Agenda for Sustainable Development, are key to sustainable development and alleviating poverty, and which resolved to take action to prioritize spending, among others, on essential health functions and social protection measures;¹

Recognizing that primary health care is the cornerstone of a sustainable health system for universal health coverage, requiring a multidisciplinary team of health and care workers;

Recognizing the fifth anniversary of United Nations Security Council resolution 2286 (2016)² on protection of the wounded and sick, medical personnel and humanitarian personnel in armed conflict, and acknowledging resolution WHA70.6 (2017), which recognized the need to substantially increase the protection and security of health and social workers and health facilities in all settings, including in acute and protracted public health emergencies and humanitarian settings;

Further recalling resolution WHA63.16 (2010) on the WHO Global Code of Practice on the International Recruitment of Health Personnel, which adopted the Global Code, and the Global Code's recognition that an adequate and accessible health workforce is fundamental to an integrated and effective health system, and to the provision of health services, bearing in mind the necessity of mitigating the negative effects of health personnel migration on health systems, particularly of developing countries;

Bearing in mind the recommendations of 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 on the need for the full implementation of the Global Code as well as health workforce- and health systems-related support and safeguards through strengthened international cooperation, particularly to countries facing the greatest challenges;

Reaffirming resolution WHA69.19 (2016) on the global strategy on human resources for health: workforce 2030 and its objectives to expand and transform the recruitment, development, education, training, distribution, retention and financing of the health and care workforce;

Also acknowledging the call for progressive implementation of national health workforce accounts³ in order to strengthen the availability, quality and completeness of health workforce data, further underscored by the COVID-19 pandemic response;

Recalling United Nations General Assembly resolution 71/159 (2016), which underlines that health workers are the cornerstone of a resilient health system and that the domestic health workforce is

¹ Document E/FFDF/2021/L.1. United Nations Economic and Social Council (<https://www.un.org/development/desa/financing/sites/www.un.org.development.desa.financing/files/2021-04/E-FFDF-2021-L1.pdf>, accessed 22 April 2021).

² United Nations Security Council resolution 2286 (3 May 2016) ([https://undocs.org/S/RES/2286\(2016\)](https://undocs.org/S/RES/2286(2016)), accessed 2 May 2021).

³ Resolution WHA69.19 (2016). Global strategy on human resources for health: workforce 2030 (https://apps.who.int/gb/ebwha/pdf_files/WHA69-REC1/A69_2016_REC1-en.pdf#page=27, accessed 28 April 2021).

the primary responder in all countries, including those with fragile health systems, and is key to building resilient health systems with the objective to achieve universal health coverage, and which urged Member States to consider the recommendations of the United Nations High-Level Commission on Health Employment and Economic Growth, including the development of intersectoral plans and investment in education and job creation in the health and social sectors, recognizing that provision of decent work opportunities and career pathways, particularly for young people and women, is fundamental for inclusive and sustainable economic and social recovery; and thereafter resolution WHA70.6 (2017), which adopted the Working for Health five-year action plan mechanism;

Acknowledging resolution WHA69.1 (2016), which urged Member States to invest in the education, training, recruitment and retention of a fit-for-purpose and responsive public health and care workforce that is effectively and equitably deployed to contribute to effective and efficient delivery of essential public health functions based on population needs;

Recalling United Nations General Assembly resolution 75/157 (2020) on women and girls and the response to the coronavirus disease (COVID-19) and emphasizing the critical role that women, who represent almost 70% of health workers, play in the context of the COVID-19 pandemic;¹

Recalling WHA73.1 (2020) on COVID-19 response, which calls on Member States, in the context of the COVID-19 pandemic, to provide health professionals, health and care workers and other relevant frontline workers, including humanitarian workers with heightened risk of exposure to COVID-19, with access to personal protective equipment and other necessary commodities and training, including through the provision of psychosocial support; and to take immediate measures for their protection at work, facilitating their access to work and ensuring their adequate remuneration;

Acknowledging that the physical and mental health and well-being of health and care workers is impacted by health worker and skills shortages that can contribute to increased stress, workload, and burnout, and decreased health worker productivity, performance and retention – resulting in enduring effects on the functioning, efficiency and resiliency of health systems; and concerned that the world, if the current trends continue, could suffer from a projected shortfall of 18 million health workers in 2030, primarily in low- and lower-middle-income countries;

Noting the disruptions to pre-service education and life-long learning as a result of the COVID-19 pandemic and the increased demand for digital, competency-based education to provide all health and care workers with sufficient access to evidence, quality education and learning;

Noting the essential role of the research response during the COVID-19 pandemic, including implementation science, the importance of basic and clinical research, the translation of research into evidence-based strategies, the role of public health researchers in the early detection, response and recovery efforts to health emergencies and support for the mental and psychosocial well-being of health and care workers,

¹ United Nations General Assembly resolution 75/157 (2020). Women and girls and the response to the coronavirus disease (COVID-19) (<https://undocs.org/en/A/RES/75/157>, accessed 2 May 2021).

1. CALLS ON Member States, in accordance with national context and priorities:¹

(1) to continue implementation of the Global Strategy on Human Resources for Health: Workforce 2030, including through the Global Health Workforce Network, including:

(i) to advance the health and care workforce investment agenda, with a special focus on the primary health care workforce in order to accelerate universal health coverage;

(ii) to accelerate measurement, monitoring and reporting, at an appropriate frequency, to support national workforce planning based on disaggregated demographic data, including sex and other characteristics, on the health and care workforce through further implementation of national health workforce accounts to ensure sufficient number, distribution, competency, utilization, employment, safeguarding and protection of health and care workers, including its capacity and readiness to provide strong integrated public health functions to strengthen preparedness, prevention, detection and response to health emergencies and support the implementation of the International Health Regulations (2005);

(iii) to carry out an assessment of health and care workforce implications and requirements in all health policies, strategies, plans and programmes to ensure sustained support and investment, optimal utilization of available workers across public and private sectors, coordinated leadership, enhanced workforce performance, and a safe workplace and practice environment;

(iv) to continue to implement the WHO Global Code of Practice on the International Recruitment of Health Personnel and 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 in 2020,² to equitably strengthen health systems worldwide, to mitigate the negative effects of health personnel migration and to safeguard the rights of all health personnel, with particular attention to the 47 countries identified on the WHO Health Workforce Support and Safeguards List (2020),³ and to report triennially to the Health Assembly, through the Executive Board, on the Global Code's implementation, including data on international health workforce migration, such as the level and country of the professional examination data from health personnel information systems, and measures taken, results achieved and difficulties encountered in implementing the Global Code;

(v) to facilitate national and subnational capacity for an effective intersectoral coordination mechanism to manage health and care workforce agendas;

¹ And, as appropriate, regional economic integration organizations.

² Document A73/9. 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 (https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_9-en.pdf).

³ Health Workforce Support and Safeguards List, 2020. Geneva: World Health Organization; February 2021 (https://cdn.who.int/media/docs/default-source/health-workforce/hwf-support-and-safeguards-list8jan.pdf?sfvrsn=1a16bc6f_5).

- (2) to engage relevant sectors and promote intersectoral mechanisms at the subnational, national and regional levels as appropriate for efficient investment in and effective implementation of health workforce policies, using a gender-based and inclusive approach;
- (3) to prioritize investments and the efficient and effective use of sustained domestic and international financing for the recruitment and retention, education and training, skills, jobs, safeguarding and protection needed to build resilient health systems capacities, competencies and capabilities, through a health and care workforce that is equitably distributed, deployed, utilized, retained, empowered, protected and supported to deliver national priorities and targets for population health, to contribute to better understanding and managing of health worker migration through improved data and information for the achievement of universal health coverage, and for the effective implementation of essential public health functions;
- (4) to develop, finance, implement, monitor, specifying the method, national health and care workforce strategies and investment plans in line with population health needs now and in the future, and job, skills and education and training opportunities, with specific attention to equity, gender, diversity and inclusion in the health and care sector;
- (5) to enrich the career paths open to health and care workers in all countries by encouraging the development of both laboratory capabilities for diagnosis and surveillance and research programmes that combine local knowledge with up-to-date scientific understanding and methodology;
- (6) to take the necessary steps to safeguard and protect health and care workers at all levels, through the equitable distribution of personal protective equipment, therapeutics, vaccines and other health services, effective infection prevention control and occupational safety and health measures within a safe and enabling work environment that is free from racial and all other forms of discrimination;
- (7) to recognize and condemn increasing incidents of attacks against health and care workers, including those attacks that are motivated by fear and stigma associated with COVID-19, and fully comply with their obligations under international law, including international human rights law, as applicable, and international humanitarian law¹ and implement the existing international legal framework for protecting the provision of and access to health care in armed conflicts and other emergencies, including the current COVID-19 pandemic;
- (8) to provide equitable access to vaccines, therapeutics and diagnostics, including for all health and care workers at the forefront of the COVID-19 response and other future outbreaks, epidemics and pandemics; and ensure their personal protection and safeguarding through relevant occupational health and safety and infection prevention and control guidelines and measures;^{2,3}

¹ United Nations Security Council resolution 2286 (2016) ([https://undocs.org/S/RES/2286\(2016\)](https://undocs.org/S/RES/2286(2016))), accessed 2 May 2021).

² ILO and WHO.COVID-19: Occupational health and safety for health workers. Interim guidance, 2 February 2021. Geneva: International Labour Organization and World Health Organization; 2021 (https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/publication/wcms_769309.pdf).

³ Health workforce policy and management in the context of the COVID-19 pandemic response: interim guidance, 3 December 2020. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/337333>).

(9) to support, with due respect for collective bargaining, decent work, working conditions, pay equity and other labour protections, promote respect for fundamental principles and rights at work, for all health and care workers, and support the prevention of violence, discrimination and harassment, including sexual harassment against health and care workers, the majority of whom (almost 70%) are women, and create opportunities for women in the health and care workforce, that support their full and meaningful participation and representation, including in senior leadership and decision-making roles;

2. INVITES international, regional, and national partners and stakeholders to engage in and support the catalytic investment, protection and safeguarding of the health and care workforce, through a coordinated national workforce investment agenda and action plan, specifically calling for:

(1) relevant global health initiatives and partners to invest in human resources for health and in health and care workforce readiness, education, training, skills and competencies, including to manage the current pandemic and strengthen provision of uninterrupted essential health services; and build capacities for health preparedness and response;

(2) professional associations, councils, regulatory bodies, trade unions, civil society, the private sector and political leaders to mobilize collective action and advocacy for supporting investments in health and care workforce job creation, skills, education and training; to invest in national education centres, including but not limited to collaboration with the WHO Academy, safeguarding and protection; and to highlight the critical role of health and care workers in accelerating economic recovery, health systems strengthening, societal well-being and social protection;

(3) international financing institutions, regional development banks and other public and private financing institutions to supplement domestic financing for health workforce and to support prioritized sustainable, scalable catalytic investment in education, skills and jobs in the health and care sectors as part of economic recovery, and to build preparedness, readiness and health systems capabilities to align their health and care workforce investments and contributions with the Working for Health Multi-Partner Trust Fund mechanism;¹

(4) bilateral and multilateral partners and financing institutions to integrate and provide medium- to long-term catalytic funding support to ensure sustained levels of investment in the health and care workforce and health systems;

(5) all partners to support WHO's efforts on the International Year of Health and Care Workers, and to join its campaign to #Protect, #Invest, #Together, as well as the Gender Equal Health and Care Workforce Initiative;

3. REQUESTS the Director-General:

(1) to implement the recommendations in the Director-General's report to the Seventy-fourth World Health Assembly on working for health: five-year action plan for health employment and inclusive economic growth (2017–2021), including:

¹ Working for Health MPTF. Multi-Partner Trust Fund Office [online database]. New York: United Nations Development Group (<http://mptf.undp.org/factsheet/fund/WHL00>, accessed 3 May 2021).

- (i) to develop through a Member State-led process, a clear set of actions, a 2022–2030 agenda and implementation mechanism to be presented to the Seventy-fifth World Health Assembly in 2022, for accelerating investments in health and care worker education, skills, jobs, safeguarding and protection, building on the joint support of WHO, ILO and OECD and the existing Working for Health Multi-Partner Trust Fund;
 - (ii) to develop recommendations for strengthening the Working for Health Multi-Partner Trust Fund mechanism and its ability to engage with international financing institutions to leverage sustainable and innovative financing for all aspects of the multisectoral health and care workforce agenda and action plan: 2022–2030;
 - (iii) to support Member States, upon request, to implement the Global Strategy on Human Resources for Health: Workforce 2030 and to mobilize catalytic funding for investing in the workforce and health systems support needed to strengthen primary health care for achieving universal health coverage, including strong integrated public health functions to strengthen preparedness, prevention, detection and response to health emergencies, through the progressive implementation of a multisectoral health and care workforce agenda and action plan: 2022–2030, and with particular emphasis on promoting multisectoral policy dialogue and sectoral social dialogue, the application of quality reliable data and analysis for evidence-based decisions and investments, and resource mobilization;
- (2) to develop, in consultation with Member States, a succinct compilation document under the name of “global health and care worker compact”, following up on resolution WHA73.1 (2020) and decision WHA73(30) (2020), based on already existing documents of relevant international organizations (in any case WHO and ILO), which aims at providing Member States, stakeholders and relevant other organizations with technical guidance on how to protect health and care workers and safeguard their rights, and to promote and ensure decent work, free from racial and all other forms of discrimination and a safe and enabling practice environment, in line with the WHO Global Code of Practice on the International Recruitment of Health Personnel;
- (3) to facilitate cooperation between United Nations agencies and programmes, and other relevant global health initiatives and stakeholders, for aligning resourcing and investments with the multisectoral health and care workforce agenda and action plan: 2022–2030, and in particular for the effective implementation of national workforce strategies and plans, including strategies that address the specific challenges for hiring, training, supporting and protecting the health and care work force in public health, protracted emergencies and humanitarian settings;
- (4) to accelerate the health-related Sustainable Development Goals, the Thirteenth General Programme of Work, 2019–2023 and the COVID-19 response by supporting the health and care workforce with equitable access to competency-based education and lifelong learning, with innovative fit-for-purpose and digital learning, including on health emergency preparedness and response, through, but not limited to, the WHO Academy, as well as educational opportunities that can be offered by academia, nongovernmental organizations and Member States;
- (5) to utilize and expand national health workforce accounts for accelerating the continuous measurement and monitoring of the number, status, skills, distribution, utilization, financing, safeguarding and protection of the health and care workforce, including the collection of data pertaining to health and care workers’ morbidity and mortality, in the context of their work responding to epidemics and/or pandemics, including quantifying and measuring the workforce needed for the provision of uninterrupted essential health services, public health functions and

health emergency preparedness and response in line with the International Health Regulations (2005);

(6) to encourage and support all Member States to report triennially on the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, and urge Member States' accountability, in accordance with national context and priorities, to their reporting commitments;

(7) to disseminate and encourage the use of information to address the international migration of health workforces;

(8) to submit a report to the Health Assembly on the progress made in implementing this resolution, integrated with reporting on the Global Strategy on Human Resources for Health: Workforce 2030 and aligned with the WHO Global Code of Practice on the International Recruitment of Health Personnel in 2022, 2025 and 2028.

Agenda item 15

Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery

The Seventy-fourth World Health Assembly,

Having considered the Director-General's report on the global strategic directions for nursing and midwifery 2021–2025;¹

Recalling the Seventy-second World Health Assembly decision to designate 2020 as the International Year of the Nurse and the Midwife to increase appreciation of and investments in the nursing and midwifery workforces;

Commending the leadership, commitment and professionalism of nurses and midwives, who continue to provide essential health services and remain on the front line in the fight against the coronavirus disease (COVID-19) pandemic and in humanitarian emergencies;

Deeply concerned with the COVID-19 pandemic and the detrimental impact that this has had on health and care workers, including nurses and midwives who account for nearly 50% of the global health workforce;

Recognizing that protecting, safeguarding and investing in the health and care workforce is fundamental for building health systems resilience, maintaining essential health services and public health functions, including in preparing for, implementing and evaluating COVID-19 vaccine rollout, to enable economic and social recovery;

Recalling resolution WHA64.10 (2011) on strengthening national health emergency and disaster management capacities and the resilience of health systems, which recognizes the domestic health workforce as the primary responder in all countries, including those with fragile health systems, and is key to building resilient health systems that contribute to the achievement of the Sustainable Development Goals;²

Reaffirming resolution WHA69.11 (2016) on health in the 2030 Agenda for Sustainable Development, which recognizes that health workers and the public health workforce are integral to building strong and resilient health systems that contribute to the achievement of the Sustainable Development Goals;

Reaffirming resolution WHA69.19 (2016) on the global strategy on human resources for health: workforce 2030 and the objectives to expand and transform the development, education and training, distribution and retention of the health and care workforce especially nurses and midwives;

¹ DocumentA74/13.

² https://apps.who.int/gb/ebwha/pdf_files/WHA64-REC1/A64_REC1-en.pdf?ua=1.

Noting the disruptions to education and life-long learning as a result of the global pandemic and the increased demand for digital, competency-based education to provide all nurses and midwives with sufficient access to evidence, quality education and learning;

Taking note of the Director-General's report detailing the shortage and maldistribution of the nursing and midwifery workforces, and the prominent inequities that are projected to remain through 2030 unless decisive action is taken to improve education, increase economic demand for the creation of jobs in particular in rural areas, develop nursing and midwifery leadership, and protect and enable nurses and midwives in their service delivery environments;

Recognizing that the COVID-19 pandemic has had a disproportionate impact on the poorest and the most vulnerable populations, with repercussions on health and development gains, in particular in developing countries, especially least developed countries and small island developing states, thus hampering the achievement of universal health coverage and the strengthening of primary health care;

Recognizing that primary health care is the corner-stone of a sustainable health system for universal health coverage, and that the health and care workforce is a fundamental pillar of primary health care;^{1,2,3}

Further recognizing the crucial contribution of the nursing and midwifery professions to strengthening health systems, to increasing access to comprehensive and patient-centred health services for the people they serve across the lifespan, mindful of cultural contexts, and to the efforts to achieve the internationally agreed health-related development goals, including the 2030 Agenda for Sustainable Development and those of WHO's programmes;

Recognizing the differences between nursing and midwifery and that while the two professions share many of the same challenges, they maintain their own specific scopes of practice;

Acknowledging that the health, well-being, lives and safety of nurses and midwives, particularly for those providing front-line services, were already affected by health workforce and skills shortages in many countries, and that this is further exacerbated by the COVID-19 pandemic, resulting in increased stress, strain and burn-out and reduced productivity and performance, and impacting workforce retention and therefore the functioning, efficiency and resilience of health systems;

Further acknowledging the importance shown by the COVID-19 pandemic of strengthening health worker protection and employees' well-being, including through tailored approaches for psychosocial support, additional training and support for new practices for recovery and continuous monitoring of employee well-being, and ensuring respectful work environments that are free from racial and all other forms of discrimination;

Concerned at the long-standing shortages and maldistribution of nurses and midwives in many countries, particularly in rural and remote settings, and the impact of this on health and development outcomes, which are inextricably linked, and recognizing the need for effective planning of the education, deployment and retention of health professionals – including through the collaboration of authorities responsible for health, education and employment – to educate, employ and retain an

¹ <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>.

² https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R2-en.pdf.

³ https://www.who.int/hrh/resources/A62_12_EN.pdf.

additional 5.7 million nurses and 750 000 midwives by the year 2030 in order to realize Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages);

Recalling the 2030 Agenda for Sustainable Development, including Sustainable Development Goal 3, target 3.8 on achieving universal health coverage and 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”;

Noting also with concern that factors negatively affecting the recruitment and retention of general and specialized nursing and midwifery personnel persist and have been exacerbated during the COVID-19 pandemic, thereby hindering the capacity of countries, in particular developing countries, especially least developed countries and small island developing States, to deliver efficient and effective quality health care and services;

Reaffirming the continuing importance of resolution WHA63.16 (2010) in applying the WHO Global Code of Practice on the International Recruitment of Health Personnel and the WHO Global Code’s recognition that an adequate and accessible health workforce is fundamental to an integrated and effective health system, and to the provision of health services;

Acknowledging that applying the WHO Global Code of Practice on the International Recruitment of Health Personnel is crucial to ensuring the proper and ethical management of international recruitment, and health personnel international migration, and that this can make a contribution to the development and strengthening of health systems, while bearing in mind the necessity of mitigating their impact in countries of origin;

Reiterating the importance of continued and concerted efforts, and the provision of development assistance; and further recognizing with deep concern, the impact of high debt levels on countries’ ability to withstand the impact of the COVID-19 shock;

Noting the specific needs and special circumstances of developing countries, especially least developed countries and small island developing States, and those in fragile, conflict-affected and vulnerable settings, due to their vulnerabilities and capacity constraints, and their need for sustained technical and financial assistance aimed at strengthening health systems, including nursing and midwifery workforce development;

Recognizing further the deliberations by Member States at the three High-Level Events on Financing for Development in the Era of COVID-19 and Beyond and the necessity to expand support for the most vulnerable, including through social and financial protection, and education and health systems, so that no one is left behind, as part of economic recovery at all levels;

Acknowledging the importance of initiatives that promote gender equality, such as the Beijing Platform for Action (Beijing +25), Generation Equality Forum and the Gender Equal Health and Care Workforce Initiative, bearing in mind that women account for 90% of the global nursing and midwifery workforce;

Mindful of previous resolutions to strengthen nursing and midwifery,^{1,2,3,4,5,6} as well as previous global strategic directions on nursing and midwifery, including the most recent iteration for 2016–2020;

Recalling also decision WHA73(30) (2020), which requested the Director-General to update the *Global Strategic Directions for Nursing and Midwifery 2016–2020* and submit the update to the Seventy-fourth World Health Assembly for its consideration;

Reaffirming Member States' commitment to strengthen nursing and midwifery by investing in education, jobs, leadership and service delivery, including the role of nurses and midwives in the health, social and educational systems,

1. ADOPTS the global strategic directions for nursing and midwifery 2021–2025;
2. CALLS ON Member States^{7,8} to:
 - (1) to the extent possible, to implement the policy priorities of the global strategic directions for nursing and midwifery 2021–2025 related to education, jobs, leadership and service delivery as relevant to national health and socioeconomic development strategies, aiming to achieve the four strategic directions and the enabling monitoring mechanisms;
 - (2) to invest in, inter alia, workplace policies, strategic planning, capacity-building, domestic resource mobilization, additional budgetary allocation as applicable, with a view to ensuring the enhanced status of and the protection and welfare of nurses and midwives, taking into account possible and future emergencies, disasters and conflicts;
 - (3) to maximize the contributions of nurses and midwives in service delivery environments by seeking to ensure that practice regulations are up to date in order that nurses and midwives may practice at the pinnacle of their capability and that workplaces provide decent work, fair remuneration and working conditions, including appropriate leave entitlements, gender equity and balance, labour protection and rights, mental health and the prevention of violence and harassment, including sexual harassment and abuse;
 - (4) to ensure that nurses and midwives are supported, protected, motivated, sufficiently aided, trained and equipped to safely and effectively contribute in their practice settings and remove barriers to their practice, including impediments to gender equality, and mitigate their exposure to violence and harassment;

¹ https://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R7-en.pdf.

² https://apps.who.int/gb/ebwha/pdf_files/WHA59/A59_R27-en.pdf.

³ <https://www.who.int/hrh/resources/WHA54-12.pdf>.

⁴ <https://www.who.int/hrh/retention/WHA49-1.pdf?ua=1>.

⁵ <https://www.who.int/hrh/resources/WHA45-5.pdf?ua=1>.

⁶ <https://www.who.int/hrh/resources/WHA42-27.pdf?ua=1>.

⁷ And, where applicable, regional economic integration organizations.

⁸ Taking into account the context of federated States where health is a shared responsibility between national and subnational authorities.

- (5) to equip nurses and midwives with the requisite competencies, and professionalism, aiming to fully meet health system needs, through a scale-up of education tailored to current and future population health needs, including, but not limited to, collaborating with the WHO Academy;
- (6) to facilitate the practice of nursing and midwifery professionals to the full extent of their education and training while also providing for sufficient oversight and mentoring and for lifelong in-service training and further skills development in the workplace;
- (7) to enhance the capacity of educational institutions to deliver competency-based clinical and professional development programmes and develop research capacity, including evidence-based approaches in partnership with its teaching institutions;
- (8) as applicable, to increase access to health services by sustainably creating nursing and midwifery jobs with fair remuneration, effectively recruiting and retaining nurses and midwives where they are needed most, and ethically managing international mobility and migration in accordance with the WHO Global Code of Practice on the International Recruitment of Health Personnel;
- (9) to establish and strengthen national and subnational senior leadership roles for nurses and midwives with authority and responsibility for management of nursing and midwifery workforces and input into health decision-making, including as regulators of nursing and midwifery education and practice;
- (10) to consider appointing government chief nursing and midwifery officers as per the recommendations in the global strategic directions for nursing and midwifery 2021–2025¹ and aligned, where appropriate, with the WHO guidance on their roles and responsibilities;²
- (11) as applicable, to strengthen institutional mechanisms for country coordination among senior nursing and midwifery leaders and their counterparts in academia, professional associations and regulatory bodies; and foster future generations of nursing and midwifery leaders through supported leadership skills development programmes;
- (12) to facilitate the monitoring of implementation of the global strategic directions for nursing and midwifery 2021–2025 via, inter alia, the annual reporting through national health workforce accounts (resolution WHA69.19 (2016)) and the biennial WHO Global Forum for Government Chief Nursing and Midwifery Officers;
- (13) to provide, to the extent possible, technical and financial assistance to developing countries, especially least developed countries and the small island developing States and humanitarian settings, aimed at strengthening health systems health personnel development, including specialized training on nursing and midwifery and investments in information systems, to assist with addressing workforce shortages and/or capacity-related challenges;
- (14) as applicable, to align official development assistance for nursing and midwifery education and employment with national health workforce and health sector development strategies;

¹ <https://www.who.int/publications/m/item/global-strategic-directions-for-nursing-and-midwifery-2021–2025>.

² https://www.who.int/hrh/nursing_midwifery/cnow/en/.

(15) to provide, to the extent possible, appropriate financial and technical support related to nursing and midwifery workforce capacities to developing countries with special circumstances, including fragile health systems that are also battling the COVID-19 pandemic;

(16) to aim to complete the commemorative activities under the International Year of the Nurse and the Midwife, which would have been disrupted due to the COVID-19 pandemic and cooperate with national nurses and midwives associations to plan and execute commemorative activities to end the International Year of the Nurse and the Midwife in 2021;

(17) to continue to implement the WHO Global Code of Practice on the International Recruitment of Health Personnel and the latest 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 to equitably strengthen health systems worldwide, to mitigate the negative effects of health personnel migration on the health systems of countries and to report to the WHO Secretariat on the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, including data on international health workforce migration, data from health personnel information systems, and measures taken, results achieved and difficulties encountered in implementation;

(18) to encourage and facilitate, as appropriate, the establishment and strengthening of professional councils for nursing and midwifery as relevant to context;

(19) to take part in the Gender Equal Health and Care Workforce Initiative;

3. CALLS ON international, regional, national and local partners and stakeholders from within the health sector and beyond to engage in and support implementation of the global strategic directions for nursing and midwifery 2021–2025, specifically calling for:

(1) to the extent possible, educational and other institutions within and outside the health systems to adapt their programmes and instructional modalities aiming at providing competency-based education and learning inclusive of appropriate technology, interprofessional learning and culturally competent care; to work in synergy with accrediting bodies to address capacity gaps and faculty development needs; and to collect and share institutional data essential for national health labour market analyses and informed health workforce planning;

(2) professional councils and regulatory bodies to update and strengthen professional nursing and midwifery policies, regulations and standards, as applicable, and enhance regulatory capacity, including through the collaboration of authorities responsible for health, education and employment, where indicated; modernize registries and information systems, as applicable, to enable the sharing of updated and accurate data on nurses and midwives and facilitate safe and efficient mobility across jurisdictions;

(3) private recruitment agencies and other relevant actors to employ ethical recruitment practices, as well as assist in addressing maltreatment of migrant health workers in the recruitment process and strengthening the relevance, effectiveness and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel;

(4) professional associations and trade unions to mobilize collective action and advocacy for investments in nursing and midwifery education, jobs, leadership and service delivery; to engage

in data, dialogue and decision-making forums; and advance the ILO's Decent Work Agenda for safe and equitable workplaces;

(5) donors and development partners, along with international financing institutions, regional development banks, and other public and private financing and lending institutions, to prioritize sustainable and scalable investments in education, jobs, leadership and quality service delivery in the health and care sectors, including the nursing and midwifery workforce;

(6) private sector entities to support investments in competency-based education, scholarships and training, and upgrading qualifications, in order to meet changing health system demands and population health needs;

(7) partners to continue to support initiatives and campaigns such as the Nursing Now Challenge and the Young Midwifery Leaders Programme, which raise the status and profile of nursing and midwifery in order to, inter alia, achieve greater investment in improving education, professional development and employment conditions, as well as to enhance the influence of nurses and midwives on global and national health policy, as supported by the International Year of the Nurse and the Midwife;

(8) all partners to support WHO's efforts on the International Year of Health and Care Workers for 2021, and to join its campaign to: #Protect, #Invest, #Together;

(9) partners to take part in the Gender Equal Health and Care Workforce Initiative;

4. REQUESTS the Director-General:

(1) to provide support to Member States, upon request, to optimize the contributions of nursing and midwifery towards national health policies and the Sustainable Development Goals, including implementing and monitoring the global strategic directions for nursing and midwifery 2021–2025;

(2) to strengthen the progressive development and implementation of national health workforce accounts to improve the availability, quality and completeness of health workforce data as the basis for evidence-informed policy dialogue and decision-making;

(3) to mainstream in WHO, new support initiatives implemented as a result of the COVID-19 pandemic, and which have had a positive impact on nursing and midwifery services and health care services delivery generally in Member States;

(4) to develop technical guidelines and global policy recommendations related to nursing and midwifery, including on rural retention and managing migration, taking into account lessons learned and experience sharing from the COVID-19 pandemic;

(5) to scale up assistance to developing countries especially least developed countries and small island developing States, and in humanitarian settings that face particular difficulties in educating, and developing the nursing and midwifery sector, and retaining nurses and midwives, through, inter alia, advocacy, evidence-based studies and data reporting;

(6) to engage Member States and all relevant stakeholders to develop, in consultation with Member States, a succinct compilation document under the name of "global health and care

worker compact”, following up on resolution WHA73.1 (2020) and decision WHA73(30) (2020), based on already existing documents of relevant international organizations (in any case WHO and ILO), which aims at providing Member States, stakeholders and other relevant organizations with technical guidance on how to protect health and care workers, safeguard their rights, and to promote and ensure decent work, safe and enabling practice environments free from racial and all other forms of discrimination, particularly in respect of the equity and gender-based challenges faced by the global nursing and midwifery workforce, in line with the WHO Global Code of Practice on the International Recruitment of Health Personnel;

(7) to support Member States, and senior government nursing and midwifery leaders in particular, to leverage the national nursing and midwifery workforce data for intersectoral policy dialogue and evidence-based decision-making on how to strengthen nursing and midwifery towards population health goals, including participating in the biennial WHO Global Forum for Government Chief Nursing and Midwifery Officers;

(8) with their prior consent, to publish the list of government chief nursing and midwifery officers on the WHO website and take responsibility for its regular updating;

(9) to strengthen the relevance, effectiveness and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, including by continuously fostering bilateral and multilateral dialogue and cooperation to promote mutuality of benefits deriving from the international mobility of health workers, as well as strengthening engagement with non-State actors, including recruiters;

(10) to encourage and support all Member States to report on the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, and urge Member States’ accountability, in accordance with national context and priorities, to their reporting commitments;

(11) to report regularly to the Health Assembly on the progress made in implementing this resolution, integrated with reporting on the Global Strategy on Human Resources for Health: Workforce 2030 and aligned with reporting requirements of the WHO Global Code of Practice on the International Recruitment of Health Personnel in 2022 and 2025.

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