



Protecting, safeguarding and investing in the health and care workforce

Draft resolution proposed by Australia, Chile, Indonesia, Jamaica, Japan, Libya, Montenegro, Morocco, Philippines, Sudan, Thailand, Turkey, Member States of the African Group, Member States of the European Union, United States of America

The Seventy-fourth World Health Assembly,

(PP1) Having considered the Director General's report on working for health: five-year action plan for health employment and inclusive economic growth (2017–2021);

(PP2) Deeply concerned about the detrimental impact that coronavirus disease (COVID-19) has had across the health and social care sectors;¹

(PP3) 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;

(PP4) Recalling decision WHA73(30) (2020) to designate 2021 as the International Year of Health and Care Workers;

(PP5) 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”;

(PP6) 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;

(PP7) 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

¹ 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).

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;

(PP8) Recalling the Political Declaration of the United Nations high-level meeting on universal health coverage¹ with commitments to scale up efforts to promote the recruitment and retention of competent, 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;

(PP9) 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.²

(PP10) 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;

(PP11) Recognizing the fifth anniversary of United Nations Security Council resolution 2286 (2016)³ 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 workers and health facilities in all settings, including in acute and protracted public health emergencies and humanitarian settings;

(PP12) 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;

(PP13) 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;

¹ 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).

² 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).

³ 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).

(PP14) 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;

(PP15) Also acknowledging the call for progressive implementation of national health workforce accounts¹ in order to strengthen the availability, quality and completeness of health workforce data, further underscored by the COVID-19 pandemic response;

(PP16) 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 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 with 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;

(PP17) 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;

(PP18) 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;²

(PP19) 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;

(PP20) 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;

¹ 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).

² 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).

(PP21) 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;

(PP22) 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,

OP1 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

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).

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;
- (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 its 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,

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.

epidemics and pandemics; and ensure their personal protection and safeguarding through relevant occupational health and safety and infection prevention and control guidelines and measures;^{1,2}

(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;

OP2. 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, 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;³

(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;

¹ 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).

² 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>).

³ 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).

(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;

OP3. 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:

(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 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.

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