World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY **A75/B/PSR/5**
2022

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE FIFTH MEETING

Palais des Nations, Geneva
Friday, 27 May 2022, scheduled at 09:00

Chair: Mr R. BHUSHAN (India)

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FIFTH MEETING

Friday, 27 May 2022, at 10:50

Chair: Mr R. BHUSHAN (India)

1. SECOND REPORT OF COMMITTEE B (document A75/64)

The RAPPORTEUR, read out the draft second report of Committee B.

The report was adopted.[1]

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE (continued)

2. HUMAN RESOURCES FOR HEALTH: Item 15 of the agenda (continued from the fourth meeting, section 3) [transferred from Committee A]

- **Working for Health: draft 2022–2030 action plan** (document A75/12) (continued)
- **Global health and care worker compact** (document A75/13) (continued)
- **WHO Global Code of Practice on the International Recruitment of Health Personnel** (document A75/14) (continued)
- **Global Strategy on Human Resources for Health: Workforce 2030** (document A75/15) (continued)

The representative of the UNITED STATES OF AMERICA asked that her Government be added to the list of sponsors of the draft resolution. She said that the Working for Health: draft 2022–2030 action plan and the global health and care worker compact were encouraging. It was important to increase the protection and security of health and care workers, especially in conflict and humanitarian settings. WHO should continue to prioritize the tracking of all violent incidents against health and care workers and provide technical support, with a view to producing more complete data. It was vital to harness context-appropriate innovation and expand digital technologies to better equip health and care workers. Her Government was committed to working with WHO and other partners to bolster the health and care workforce.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the draft resolution, which outlined a coordinated approach to guide Member States' collective efforts to enhance the well-being of health and care workers, support recruitment and retention and safeguard high-quality patient care. That, together with the health systems strengthening approach contained in the draft 2022–2030 action plan, would go a long way in ensuring a global health workforce that was ready to meet current and future challenges. Acknowledging that health worker

[1] See page xxx.

shortages were a challenge for all Member States, she endorsed the WHO Global Code of Practice on the International Recruitment of Health Personnel.

The representative of the UNITED REPUBLIC OF TANZANIA, describing efforts undertaken in her country to improve the health workforce, said that her Government recognized the role of the global strategic directions for nursing and midwifery 2021–2025 in ensuring that workforce availability met community expectations and in enhancing regulation, information systems, leadership and training in infection prevention and control in nursing and midwifery.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR and also on behalf of The Task Force for Global Health, Inc., The Save the Children Fund, Women Deliver, Inc. and the World Federation of Societies of Anaesthesiologists, said that Member States should ensure safe and decent work, resourced work environments, fair pay, including for unpaid "voluntary" work, continuing education and equal career opportunities; fully support the draft 2022–2030 action plan and the global health and care worker compact; and invest in integrating community health workers into the health workforce.

The representative of CHINA, requesting that his Government be added to the list of sponsors of the draft resolution, welcomed the draft 2022–2030 action plan. The proposed strategic actions were important in helping Member States to strengthen financial and technical support for activities relating to human resources for health, and cooperation between ILO, WHO, UNDP and other partners should be consolidated to that end. At the same time, the risks of fundraising through the Working for Health Multi-Partner Trust Fund and the potential impact on achieving the objectives of the plan should be monitored and assessed. The consideration of worker health and well-being in technical guidance in the global health and care worker compact could help to boost health system performance and productivity. The Secretariat should further develop operational tools and guidance for the implementation of that compact.

The representative of SWITZERLAND said that disruption to health services caused during the coronavirus disease (COVID-19) pandemic by a lack of health workers demonstrated the importance of such workers in enhancing health system resilience. The Working for Health platform remained an important mechanism to accelerate investments in human resources for health and improve health workers' training and working conditions, and her Government would continue to support the implementation of the draft 2022–2030 action plan, financially and by sharing knowledge and expertise. She supported the draft resolution.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR and also on behalf of Medicus Mundi International – Network Health for All, the International Alliance of Patients' Organizations, the KNCV Tuberculosis Foundation, the International Baby Food Action Network, the International Council for Standardization in Haematology, Organisation pour la Prévention de la Cécité and the International Federation of Biomedical Laboratory Science, said that the draft resolution did not reflect several critical elements of financing for human resources for health, or the rights of health workers. Member States should undertake taxation and governance reforms for human resources for health financing and include fiscal space for low- and middle-income countries; incorporate the global health and care worker compact into national legislation and policy frameworks to guarantee its full implementation; ensure fair and ethical international recruitment of health workers; provide adequate funding for universal public health systems; ensure safe working environments; and promote and verify uniformity, comparability and harmonization within diagnostic health care paths in order to protect health professionals in haematology.

The representative of BRAZIL expressed support for the draft 2022–2030 action plan and said that the WHO Global Code of Practice on the International Recruitment of Health Personnel was an important tool in mitigating the adverse effects of the international migration of health professionals.

The periodic review of global and regional plans and actions within WHO and ILO was a strategic mechanism to address the challenges of human resources in health, including the disparity between supply and demand, inadequate distribution of workers, alignment between education and health, inadequate working conditions, and the increasing complexity of international mobility. She looked forward to future discussions on the distribution of the health workforce in isolated communities. She asked that her Government be added to the list of sponsors of the draft resolution.

The representative of KIRIBATI expressed support for the periodic review of the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel and the work to be carried out by the WHO Expert Advisory Group on the Relevance and Effectiveness of that Global Code of Practice in relation to all countries with low health workforce densities. Thanking WHO and other development partners for the financial and technical support provided in response to COVID-19, he requested WHO to continue to support the development of evidence-based guidance for bilateral agreements and to review ethical governance models with private recruitment agencies.

The representative of INDONESIA, outlining government action in her country to promote access to health care services, expressed support for the global strategic directions for nursing and midwifery 2021–2025 and the focus in that document on the role of community health workers. She called on the Secretariat to ensure effective monitoring and evaluation of the implementation of policies relating to human resources for health, and to provide technical assistance for Member States to improve their capacity to implement the global health and care worker compact and strengthen national multistakeholder coordination and collaboration.

The representative of WOMEN IN GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR and also on behalf of Amref Health Africa, IntraHealth International, Inc., March of Dimes Foundation, the World Organization of Family Doctors and Women Deliver, Inc., called on Member States to promote gender equality in health decision-making and leadership; ensure safe, decent and equal work for women health workers; address health worker burnout and shortages; implement large-scale gender-responsive training for health personnel; strengthen primary health care through recruitment, training and retention and ensure access to such care in remote and rural areas; collect and use data on unpaid and underpaid health work; and support WHO's core role and provide sufficient funding to the Working for Health Multi-Partner Trust Fund.

The representative of TURKEY said that she welcomed the global health and care worker compact as a means of helping Member States to build sustainable health workforce policies through a multisectoral approach. Collective action and investment were necessary to address persistent workforce challenges, and it was important to empower health and care workers, prevent harm, provide support and inclusivity, and safeguard rights. She welcomed the Secretariat's efforts to collaborate with Member States and other partners to implement the global health and care worker compact within the framework of the draft 2022–2030 action plan.

The representative of INDIA said that Member States should work towards a data-first approach and should plan and invest in health care delivery and workers to sustainably manage current and future health emergencies. The Secretariat should support Member States to identify gaps in their existing health workforce and find ways to make it fit for the purpose. It would be useful for Member States and country offices to conduct a quarterly review of support provided by WHO to ensure the success of that work. Noting the recommendation to create a confidential whistleblower mechanism for health care workers, he said that the Secretariat must take a zero-tolerance approach to complaints of sexual harassment, exploitation or abuse and handle them in a timely manner. Finally, structural imbalances between the supply of and demand for health professionals should be addressed through collective, collaborative action. A multilateral approach was necessary to create an institutional framework to

enable health workers' international mobility, duly following the principles of safety, equal opportunities and the equivalent recognition of programmes.

The representative of BOTSWANA welcomed the draft 2022–2030 action plan and the draft resolution. He noted the focus on strengthening planning, production and management in relation to the health workforce, and efforts to establish optimal staffing levels and ensure that skills matched deployments. National capacity-building in health emergency preparedness and response was fundamental in achieving global health security.

The representative of SUDAN said that support for strengthening health workforce governance, planning and projection should continue under the draft 2022–2030 action plan. It was urgent that Member States adhere to the WHO Global Code of Practice on the International Recruitment of Health Personnel and sign bilateral agreements with main destination countries to regulate international recruitment, as her Government had done. She asked that her Government be added to the list of sponsors of the draft resolution.

The representative of THE INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY, speaking at the invitation of the CHAIR and also on behalf of Childhood Cancer International, the International Council for Standardization in Haematology, the International Pediatric Association, the International Society of Physical and Rehabilitation Medicine, the Union for International Cancer Control, the World Federation of Neurosurgical Societies, The Worldwide Hospice Palliative Care Alliance and the Worldwide Network for Blood and Marrow Transplantation, welcomed the management and policy actions in the global health and care worker compact, especially in relation to ensuring safety for health professionals handling hazardous or dangerous treatments, and providing physical, mental and psychosocial support for health care workers. She called on governments to support high-quality, specialized training in oncology, haematology, transplantation, neurosurgery, physical and rehabilitation medicine and palliative care in order to achieve a local, stable and educated workforce qualified to deliver age-appropriate care.

The representative of KENYA, noting the progress made in implementing the Global Strategy on Human Resources for Health: Workforce 2030, said that it was essential to ensure that the health workforce was fit for purpose by training and retaining critical health experts. The international migration of health workers, health workforce shortages and the weakening of national health systems were key concerns in the African Region, and he outlined measures taken by his Government to address them, including incorporating the WHO Global Code of Practice on the International Recruitment of Health Personnel into national practices. He asked that his Government be added to the list of sponsors of the draft resolution.

The representative of JAPAN welcomed the draft 2022–2030 action plan, the global health and care worker compact and the updated quantitative data from the Global Strategy on Human Resources for Health: Workforce 2030 and said that regular consultations should be undertaken to ensure their effectiveness in all settings. It was critical to ensure access to data and information, provide continuous education and training to health and care workers and preserve their safety and mental health. He hoped that recommendations on providing mental health support to health and care workers, developed at a meeting hosted by his Government in 2021, would be implemented in all countries and regions.

The representative of GHANA thanked WHO for the support provided for a labour market analysis of the national health sector to inform intersectoral policy-making, strategic investments and effective health workforce planning. Describing his Government's efforts to attract and retain health professionals and regulate their international recruitment, he urged Member States to implement the recommendations of the Global Strategy on Human Resources for Health: Workforce 2030.

The representative of AUSTRALIA said that it was important to address issues of workforce retention in rural areas, the prevention of violence and harassment in working environments, the need to advance gender equality in leadership within the health and care workforce, and the importance of providing equal pay for work of equal value. Her Government was committed to supporting and promoting safe and secure working environments across the health sector, especially in remote communities. Health workforce safety and security should remain an important priority for WHO, and safeguards should be developed in that regard.

The representative of MALDIVES said that, given that workforce shortages were the most common cause of health service disruption, it was essential to increase investment in education and training, create an enabling working environment and emphasize retention to ensure adequate capacity for high-quality health care provision. The draft 2022–2030 action plan would help to promote and attain gender equality in employment for the predominantly female health workforce and thus enable inclusive and sustainable economies. The global health and care worker compact, although not legally binding, was a valuable common good for health, available to all Member States and relevant stakeholders, and should be used accordingly. She asked that her Government be added to the list of sponsors of the draft resolution.

The representative of GERMANY, expressing support for draft 2022–2030 action plan, said that health and care challenges could only be overcome through data-driven planning for, and investment in, the workforce, safe working environments and continued education. She stressed that strong health and care workers were the bedrock of strong health systems and communities and that they must be treated respectfully and given the space and opportunity to succeed in their work.

The representative of NAMIBIA welcomed the Secretariat's support for the development of the global health and care worker compact in consultation with Member States. He underscored the deep concern in the African Region at the global inequalities detailed in the report on the Global Strategy on Human Resources for Health: Workforce 2030. It was also of concern that other regions continued to entice health professionals away from African nations, creating a debilitating brain drain. African Member States had trained their professionals with limited resources and such a loss severely hampered service delivery. Effective measures must be found to address the problem. He supported the draft resolution.

The representative of the REPUBLIC OF KOREA, highlighting the timeliness and significance of the draft 2022–2030 action plan in view of the COVID-19 pandemic, said that fulfilling its three core objectives of optimizing, building and strengthening the health and care workforce would require regular monitoring of that workforce, discussion of the challenges arising and the establishment of mid- to long-term national road maps. In addition to recruitment, it was also crucial to improve the work environment to enable health and care workers to practice safely and to continue to train. He welcomed the global health and care worker compact and the fourth round of national reporting under the WHO Global Code of Practice on the International Recruitment of Health Personnel. However, he expressed concern that the reporting rate for those countries named on the WHO Health Workforce Support and Safeguards List (2020) remained low.

The representative of the BAHAMAS praised the Secretariat's extensive work on human resources for health and the Member State-led development of the draft 2022–2030 action plan. The Secretariat should capture and report on the extent to which community health care workers and other allied health professionals were contributing to the delivery of care in health systems. Appreciative of the catalytic funding provided by the Working for Health Multi-Partner Trust Fund to implement a national strategy and plan on human resources for health, she criticized international recruitment agencies that offered domestic health professionals remuneration packages that the local economy could not sustain, thereby widening persistent health worker deficits. The 29% increase in the stock of health

workers, reported in document A75/15, reflected exaggerated progress and would bring limited comfort if the increase was heavily concentrated and unevenly distributed; the Secretariat should therefore add another dimension to its reporting. She expressed support for the draft resolution and applauded the ongoing work to launch the WHO Academy in 2024, which must be accessible to all Member States.

The representative of JAMAICA noted with appreciation the progress made in critical areas of the health workforce agenda, in particular the draft 2022–2030 action plan and the implementation of the Global Strategy on Human Resources for Health: Workforce 2030. He commended the draft resolution. The international recruitment of health personnel from developing countries led to workforce shortages that impeded the delivery of effective and efficient health care services and even stemmed the ability to recover from health emergencies such as the COVID-19 pandemic. It was therefore critical that Member States should strengthen implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel in order to facilitate circular migration so as to benefit both source and destination countries. Moreover, stronger international cooperation and collaboration on highlighting health work challenges was needed to scale up efforts and boost political commitment to better support, equip and protect health care personnel.

The meeting rose at 12:00.

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