

Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth

The Seventieth World Health Assembly,

Having considered the report on human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth;¹

Reaffirming resolution WHA69.19 (2016) on global strategy on human resources for health: workforce 2030, in which the Health Assembly adopted WHO's Global Strategy on Human Resources for Health: Workforce 2030, including its strong call to engage across public and private sectors and stakeholders including government, education and training institutions, employers and health workers' organizations in order to coordinate an intersectoral health and social workforce agenda towards achieving a fit-for-purpose workforce for the 2030 Agenda;

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 the health systems of developing countries;

Recalling also previous Health Assembly resolutions aimed at strengthening the health workforce;²

Further recalling the United Nations General Assembly resolutions in 2015 (resolution 70/183) and 2016 (resolution 71/159) that, respectively, requested the establishment of the United Nations' High-Level Commission on Health Employment and Economic Growth (hereinafter "the Commission") and welcomed the Commission's report;

¹ Document A70/18.

² Resolutions WHA64.6 (2011) on health workforce strengthening, WHA64.7 (2011) on strengthening nursing and midwifery, WHA65.20 (2012) on WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies, WHA66.23 (2013) on transforming health workforce education in support of universal health coverage, WHA67.19 (2014) on strengthening of palliative care as a component of comprehensive care throughout the life course, WHA67.24 (2014) on follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage, and WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage.

Underlining that investing in the health and social workforce has multiplier effects that enhance inclusive economic growth, both locally and globally, and that it contributes to the ambition of the 2030 Agenda for Sustainable Development and to progress towards achieving the Sustainable Development Goals, including Goal 1 (End poverty in all its forms everywhere), Goal 3 (Ensure healthy lives and promote well-being for all at all ages), Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), Goal 5 (Achieve gender equality and empower all women and girls), Goal 8 (promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all), and Goal 10 (Reduce inequality within and among countries) and exploiting the interlinkages between the Goals and their targets;

Acknowledging that twenty-first century health challenges related to demographic, socioeconomic, environmental, epidemiological and technological changes will require a health and social workforce that is fit for purpose for the provision of integrated people-centred health and social services across the continuum of care;

Recalling decision EB140(3) which, inter alia, welcomed the report of the High-Level Commission on Health Employment and Economic Growth, and its task of lending the necessary political, intersectoral and multistakeholder momentum, through the elaboration of 10 recommendations and the identification of five immediate actions, in order to guide and stimulate the creation of health and social sector jobs as a means to advance inclusive economic growth and social cohesion;

Underscoring that skilled and motivated health and social sector workers are integral to building strong and resilient health systems, and underlining the importance of adequate workforce investments to meet needs in respect of universal health coverage and to develop core capacities under the International Health Regulations (2005), including the capacity of the domestic health workforce to ensure preparedness for and response to public health threats;

Recognizing the need to substantially expand and transform health financing and the recruitment, development, education and training, distribution and retention of the health and social workforce;

Recognizing also 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,

1. ADOPTS the five-year action plan for health employment and inclusive economic growth (2017–2021) as a mechanism for coordinating and advancing the intersectoral implementation of the Commission's recommendations and immediate actions in support of WHO's Global Strategy on Human Resources for Health: Workforce 2030;
2. URGES all Member States to act forthwith on the Commission's recommendations and immediate actions, with the support of WHO, ILO and OECD,¹ as appropriate and consistent with national contexts, priorities and specificities;
3. INVITES international, regional, national and local partners and stakeholders responsible for health, social and gender matters, and for foreign affairs, education, finance and labour, to engage in and support, the implementation of the Commission's recommendations and the five-year action plan for health employment and inclusive economic growth (2017–2021) as a whole;

¹ And, where applicable, regional economic integration organizations.

4. REQUESTS the Director-General:

(1) to collaborate with Member States, upon request, with agencies in other relevant sectors, and with partners, in implementing the Commission's recommendations and immediate actions as elaborated in the five-year action plan for health employment and inclusive economic growth (2017–2021), including to:

(a) strengthen the progressive development and implementation of national health workforce accounts;

(b) 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;

(c) catalyse the scale-up and transformation of professional, technical and vocational education and training, including inter-professional education, particularly in community- and health systems-based settings, and stimulate investments in creating decent health and social jobs with the right skills, in the right numbers and in the right places, particularly in countries facing the greatest challenges in attaining universal health coverage and in implementing the Global Strategy on Human Resources for Health: Workforce 2030;

(2) to coordinate and work with ILO, OECD and other relevant sectors, agencies and partners to develop their joint capacity to support Member States, upon request, in this agenda, including with respect to:

(a) the establishment of an inter-agency data exchange and online knowledge platform on the health and social workforce, respecting personal confidentiality and relevant data protection laws, that progressively brings together data and information from multiple agencies, sectors and sources to advance health and social labour market data, analysis, accountability, monitoring and tracking, as an open-access, electronic, and real-time web-based resource, building on the progressive implementation and reporting of national health workforce accounts; and

(b) the establishment of an international platform on health worker mobility for transparent intersectoral policy dialogue, exchange and collective action in order to achieve a sustainable health and social workforce, maximize mutual benefits, promote ethical recruitment and mitigate adverse effects arising from such mobility;

(3) to utilize the Global Health Workforce Network as a mechanism to engage stakeholders in the implementation of the five-year action plan for health employment and inclusive economic growth (2017–2021);

(4) to explore intersectoral and innovative financing mechanisms necessary for advancing implementation of the five-year action plan for health employment and inclusive economic growth (2017–2021);

(5) to accelerate progress in health workforce monitoring with the application of national health workforce accounts, and to ensure the appropriate number, competency and equitable distribution of health workers;

(6) to submit a regular report to the Health Assembly on progress made in implementing the five-year action plan for health employment and inclusive economic growth (2017–2021), aligned with reporting on the Global Strategy on Human Resources for Health: Workforce 2030.

Ninth plenary meeting, 29 May 2017
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