

15.8 Follow-up of the Recife Political Declaration on Human Resources for Health

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In focus at WHA67

The Assembly will consider [A67/34](#) which includes EB134/55 and EB resolution EB134.R15.

In November 2013 Brazil hosted the [Third Global Forum](#) of human resources for health in Recife.

At the EB in Jan 2014 Brazil proposed an additional item to be entitled: "Follow-up of the Recife Political Declaration on Human resources for Health: renewed commitments towards universal health coverage". The proposal ([EB134/1 Add.2](#)) was accompanied by a draft resolution which:

1. Endorses the call to action and the commitments made by Member States in the "Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage" (see [EB134/55](#));
2. Urges Member States: to implement the commitments made in the "Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage";
3. Requests the Director General: to take into consideration the "Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage" in the future work of the WHO.

Once the EB had agreed to consider the item the Secretariat produced [EB134/55](#) and [EB134/55 Add.1](#) (assessing the financial and administrative implications of the resolution proposed by Brazil in [EB134/1 Add.2](#)).

Background

From 10th to 13th of November Brazil hosted in Recife the [Third Global Forum](#) on Human Resources for Health - an initiative of the Global Health Workforce Alliance (GHWA), the World Health Organization, the World Bank and several other institutions, with strong participation and important contributions from civil society. The Forum produced an outcome document-"The [Recife Political Declaration](#) on Human Resources for Health: renewed commitments towards universal health coverage". See also Alternative Civil Society Declaration: [No progress to](#)

[universal health without health workers: a civil society commitment](#)

Notes from EB134 debate [here](#).

PHM Comment

The issue of HRH in relation to health workforce migration will continue, especially in the light of the persisting needs for health personnel in developed countries. For instance, the Affordable Care Act in the United States will lead to a greater demand for physicians and other health workers. Situations like this will inadvertently undermine efforts to strengthen health systems in developing countries.

PHM recognises the global action to address the issue of HRH, from the World Health report in 2008 to Kampala in 2008 to Recife in 2013. PHM endorses the Brazilian proposal regarding the importance of HRH issues and in reiterating the need for more definite commitments to ensure the continuity of gains made at the Recife Conference.

In this regard, PHM would like to call the attention of Member States to the Alternative Civil Society Declaration entitled: "[No Progress towards Universal Health without Health Workers: A Civil Society Commitment](#)", which also emerged from the Recife Conference. The Alternative Declaration includes a number of key issues that were absent in the Recife Political Declaration, including the needed 'fiscal space' for investing in HRH, the continuing brain drain and the need to compensate source countries, and the need to strengthen national training institutions in the global South.

The Alternative Declaration includes a commitment to:

- Strengthen the advocacy of health workers for improved infrastructure, support, and working conditions;
- Catalyse a strong movement for health workers; and
- Ensure accountable HRH systems at national and global levels

Accordingly, PHM urges Member States to consider amendments to the Brazilian resolution that will strengthen the accountability of donors, governments, and multilateral actors. Specifically, there is a need to:

- Ensure the development of a strong national health workforce, through direct economic governance and fiscal space, as a long-term investment for the wellbeing of the people and the economy of a country. The return on investment of employing a health worker is many times higher than that of bailing out a bank.
- Promote equitable access to health care by investing in health workers at the primary and community levels, through increased health worker retention, and by establishing

community structures that facilitate citizens' participation.

- Provide substantive investments in the development of the health workforce, including salaries and social protection, and in national training institutions so as to rapidly increase numbers of HRH.

PHM also urges Member States to implement and strengthen the Global Code of Practice on the International Recruitment of Health Personnel. Advances made by WHO and groups like the Global Health Workforce Alliance must be sustained.

Lastly, in light of the continuing ascendancy of market forces and neoliberal programmes over public interest, more long-term solutions require the elimination of social and economic inequities within and among countries. PHM promotes the creation of stronger mechanisms like enforceable legislation, regulation, and redistribution processes aimed at mitigating and eventually eliminating the international 'brain drain' that exacerbates global health inequalities.

Notes from WHA67 debate

Documents

- [A67/34](#)
- EB134/2014/REC/1
- [EB134.R15](#)

Switzerland: importance of the international code of international recruitment of health personnel. The reference to the code was not explicit.

Panama: Faces different health challenges. Demand over health care staff. National and subnational responsibilities as a part of the commitment to UHC. Support the resolution.

Sri Lanka: Thanks for the EB. Sri Lanka believes in and adopt the PHC as in Alma Ata. Production of health care personnel including paramedics and health workers is important for the PHC. The challenge is not only the resources needed for training but also the resources needed to retain them in the countries. The receiving countries should assist the source countries to produce more HRH.

Malaysia: National report. Support the resolution.

Thailand: On behalf of SEARO. Challenges and limitation related to HRH in the region. International recruitment code is not properly implemented. Reporting on progress. Shortage of HRH hinders the realization of MDG.

Germany: welcomes report and commitment to HUC. supports resolution. reaffirms relevance of Code of conduct. essential building block for health strengthening with its partners in Africa and Asia. recognises issue of crisis of health resources in source countries.

Philippines: Philippines appreciates. HRH was emphasized as a part of the health system development. Recognize the importance of adopting a global perspective. Philippines committed to produce HRH and implemented the code of conduct on HRH. We wish that the resolution will be adopted

Japan: global forum for human resource for health widely attended. gratitude to brazil for the effort. GAVI and WHO are involving other stakeholder to develop long term strategy, 2016 onwards. important to maintain interest. important for UHC. Role of department of WHO on this, which needs resources. will give full support. chair of GOA and committed. Proposes friendly amendment.

- add new paragraph at end. request the DG to develop and submit a strategy on HRH for 69 WHA.

Cuba: The global forum on HRH was great. UHC requires health personnel. Without enough staff, you cannot increase the quality and access to health care. To achieve UHC, we had to training a large number of HRH and establish more universities. Amendment:

- secretariat should carry out a manual for reviewing the progress in implementing the code of practice.

China: appreciates role of WHO in facing challenge of shortage of HRH. despite progress in training, sub saharan africa is still suffering the most of shortage. Urges all countries to honor commitments on HRH. Secretariat should play role in giving direction and technical support, including monitoring. supports resolution.

Gabon: Gabon talks on behalf of the AFRO. The recommendation of the focus on the management of HRH and UHC. The concern of the EHA about shortage and motivation of the HRH is a matter of management. We emphasize the training and advocacy. community health personnel play a critical role in many countries and have to be included. We also want to emphasize the brain drain. We should find a mechanism of compensation for the source countries. Declaration of Rwanda committed African countries to review the immigration of health personnel.

Brazil: many countries face challenges of supply and demand of HRH. makes difficult efforts to MDGs, UHC and post-15 agenda. Recife meeting was to gather experiences. Resolution proposes ways of dealing with challenges. report on national strategy to increase number of doctors, "Mais medicos" program. for UHC and UHS, training of HRH is very important.

Korea: Supports the action incorporated in the recommendations of the global forum. Korea is working on enhancing the quality of the medical education through certification system of medical schools. shortage of HRH is a common issue across regions.

USA: like germany and Japan, welcomes reorganising of WHO within GHWAlliance. concerned by poor response on code of practice survey. health workforce capacity has to be addressed.

Colombia: Thanks for the secretariat for the comprehensive report. HRH is key for realizing the MDGs. Production of HRH is very important. Actions at national and global level to put in place plans and strategies for sustainable supply of health personnel. Cooperation system for transferring skills and technology.

Indonesia: appreciate work on report and resolution. support renewal of commitments. reports on national situation. commit. work Equitable UHC. Work with multiple stakeholders and partnership. We ask the WHO to provide support.

Nigeria: Strongly support the submission of Gabon. Focus should be given to community and village health workers.

Suriname: On behalf of the Unasur, lack of health professional impact predominantly in developing countries. impacts action plans, also within WHO, but not only. MDG, post 2015 also. need to discuss alternatives. third global forum of global human resource for health took place in Brazil, supported by Paho and GWAAlliance. Recife political declaration came as main outcome. considering negative impacts of letting go of health professionals on health systems, especially considering NCDs and aging populations, reiterates to make it a priority. need to go beyond figures and foment quality training. needs sustained political commitment.

Argentina: Thanks the secretariat for the actions being taken here. We support the statement read by Suriname. Qualified staff is a necessity if we plan for UHC. We congratulate Brazil for the great effort during the last year. The political declaration provides a framework for action. African states face many challenges. Shortage, quality and immigration. International recruitment of HRH is a problem that should be highlighted in the resolution.

Mexico: thanks brasil and welcomes content of resolution as follow up of recife. country is mobilising political will to move towards UHC in all MS.

Turkey: Shortage of HRH. Turkey is implementing UHC scheme since 2003. HRH has important role in the HS in Turkey. We support the role of WHO in solving the shortage and international recruitment. We support the resolution.

Chinese Taipei: sharing experience in HRH in relation to UHC. have increased health care workers and revised working conditions to decrease size of shifts. as allowed that health workers are more willing to work for public health system today than before.

NGOs

1. [International Council of Nurses \(ICN\)](#)
2. [World Confederation for Physical Therapy](#)
3. [Save the Children](#)
4. [IntraHealth International](#)
5. [International Confederation of Midwives \(ICM\)](#)
6. [Medicus Mundi International](#)

7. [International Federation of Medical Students' Association](#)

Secretariat response: welcomes interventions in support of resolution. UHC allows to put HR in perspective. secretariat will look at opportunities for integrated solution. noted the demand for global strategy, demanded by Japan. GHWForce community has started a process collecting data to frame a global strategy. WHO and GOA secretariat working at identifying best practices and best ideas. as requested by many MSs, DG has decided to reestablish a department on human resources for health, James Campbell will be the director, along with his responsibility in health workforce alliance. reminds MS that secretariat is only partially funded to do work on this resolution and code, hope situation will improve.

The committee is prepared to note [A67/34](#)? no objection, decided.

Thailand: Amendment on

1. 1. (thailand)
2. 2. PP3bis, to add a paragraph. "concerned that challenges continue to hamper effective functioning of health systems...". (thailand)
3. 3. Reporting to 68th WHA. (thailand)
4. 4. global strategy for human resources for health to 69th WHA (Japan)

Switzerland: demands that amendments be circulated in writing.

Australia: supports switzerland. relation to no.1, fine. no2, need to check it out and will not be able to agree with it. no3. requests technical support and if can be done with existing resources for 3 and 4.

Secretariat response: Australia regarding resources, yes for technical support, no for report.

Thailand drops no1, accepted no4.

Nigeria: requests suspension until circulated and then have a meaningful discussion

Brasil: close to finalise it, requests thailand to be accommodating.

Australia: no2 is not acceptable for now, requests flexibility from Thailand.

Thailand: flexible to drop no2.

Chair: approved!

[WHA67.24](#): Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage