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RESOLUTION

CD52.R13

HUMAN RESOURCES FOR HEALTH: INCREASING ACCESS TO QUALIFIED HEALTH WORKERS IN PRIMARY HEALTH CARE-BASED HEALTH SYSTEMS

THE 52nd DIRECTING COUNCIL,

Having reviewed the policy document *Human Resources for Health: Increasing Access to Qualified Health Workers in Primary Health Care-based Health Systems* (Document CD52/6);

Acknowledging the strategic importance of human resources for health (HRH) for the achievement of the goal of universal health coverage (UHC) grounded in the development of health systems based on primary health care (PHC), and the improvement of the health and well-being of individuals, families, and communities;

Concerned by the persistent inequalities in access to quality and comprehensive health care services attributable to health personnel shortages in remote and rural areas and among underserved or vulnerable population groups and communities;

Considering the adoption by the 63rd World Health Assembly of the WHO Global Code of Practice on the International Recruitment of Health Personnel (Resolution WHA63.16 [2010]), which addresses challenges posed by the mobility of health professionals between and within countries;

Taking into account the progress made in the Region with regard to the *Regional Goals for Human Resources for Health 2007-2015* (Document CSP27/10 [2007]) and the

Strategy for Health Personnel Competency Development in Primary Health Care-Based Health Systems (Resolution CD50.R7 [2010]),

RESOLVES:

- 1. To urge Member States, as appropriate within their particular context and taking into consideration their priorities, to:
- (a) reiterate their commitment to achieving the regional goals for human resources for health for 2007-2015;
- (b) develop national human resources plans and policies, focusing on equity and equality, in concert with the relevant social sectors and key stakeholders, to increase access to qualified health workers for PHC and to move toward the achievement of UHC;
- (c) establish and strengthen a strategic planning and management unit for human resources for health with the capacity to lead, engage, and generate consensus among education authorities, academic health centers, professional associations, state and local health authorities, health centers, and community organizations on current and future HRH needs, in particular for PHC-based health systems;
- (d) empower and support PHC collaborative multi-professional teams based on established models of care, enhance the scope of practice of each profession to its fullest potential according to its competencies, including non-physician clinicians and community health workers, and encourage and monitor innovation in improving the performance and management of PHC teams;
- (e) identify, monitor, and report on specific health professional shortages, particularly in vulnerable populations and at the first level of care, as a basis for the implementation of special programs and interventions to address such shortages;
- (f) invest in the production, availability, utilization, and analysis of core data on human resources for health, improve the quality of human resources information systems for planning and decision making, and support research capacity on priority HRH issues, such as the Regional Observatory of Human Resources in Health;
- (g) promote the social mission and accountability of health sciences education and accreditation centers and their commitment to PHC and UHC, and enable and expand the network of community health centers and hospitals with teaching responsibilities and capacities in underserved communities;

- (h) promote reforms in health professions education to support PHC-based health systems and increase the number of seats in training programs in the health professions relevant to PHC, including family doctors, advanced practice nurses, and non-physician clinicians, according to priorities and public policies in PHC;
- (i) put in place and evaluate on a regular basis specific regulations, benefits, and incentives, both financial and nonfinancial, to recruit, retain, and stabilize personnel for PHC-based health systems, particularly in remote and underserved areas;
- (j) reiterate their commitment to the WHO Global Code of Practice on the International Recruitment of Health Personnel, and encourage all Member States to designate their national authority for the Code, and complete the required reporting to support the successful implementation of the Code.
- 2. To request the Director to:
- (a) intensify the technical cooperation of the Organization with and between Member States to develop human resources policies and plans guided by the overarching objective of universal health coverage and the strategy of primary health care;
- (b) provide technical cooperation to strengthen the HRH planning capacity of national health authorities, enabling them to address inequities in access of underserved and vulnerable communities to health personnel and to determine the existing gaps in human resources, particularly with regard to primary care professionals, with special emphasis on availability, distribution, competency, and motivation;
- (c) identify, document, analyze, and disseminate experiences, methods, and innovations taking place in the countries of the Region with regard to the availability of and access to health personnel;
- (d) facilitate the dialogue between education authorities, higher health education institutions, and national health authorities on the strengthening of PHC and PHC collaborative teams;
- (e) sustain and expand the main regional knowledge-sharing networks in HRH, namely the Regional Observatory of Human Resources in Health, the Virtual Campus for Public Health, and the Educational Virtual Clinic;

- (f) complete the assessment of the 20 Regional Goals for Human Resources for Health 2007-2015 and initiate the regional consultation on HRH in the post-2015 development agenda;
- (g) urge compliance with the WHO Global Code of Practice on the International Recruitment of Health Personnel and provide technical cooperation to support compliance with the Code, including the designation of a national authority and submission of required reporting instruments.

(Ninth meeting, 4 October 2013)