

Rapid scaling up of health workforce production

The Fifty-ninth World Health Assembly,

Recognizing the centrality of human resources for health for the effective operation of country health systems as highlighted in *The world health report 2006*,¹

Recognizing that these health-worker shortages are interfering with efforts to achieve the internationally agreed health-related development goals, including those contained in the Millennium Declaration, and those of WHO's priority programmes;

Aware of alliances² aiming at achieving a rapid increase in the number of qualified health workers in countries experiencing shortages through partnerships between industrialized and developing countries;

Recalling resolution WHA57.19 on the challenge posed by the international migration of health personnel;

Concerned that in many countries, notably those in sub-Saharan Africa, there is inadequate capacity to train sufficient health workers for adequate coverage of the population;

Concerned that many countries lack the financial means, facilities and sufficient educators to train an adequate health workforce;

Mindful of the need for a comprehensive national policy and plan on human resources for health, and that production is one of its elements;

Recognizing the importance of achieving the goals of self-sufficiency in health workforce development;

1. URGES Member States to affirm their commitment to the training of more health workers by:
 - (1) giving consideration to the establishment of mechanisms to mitigate the adverse impact on developing countries of the loss of health personnel through migration, including means for

¹ *The world health report 2006: Working together for health*. Geneva, World Health Organization, 2006.

² For example, the Global Health Workforce Alliance, whose Secretariat is at WHO.

the receiving developed countries to support the strengthening of health systems, in particular human resources development, in the countries of origin;

(2) promoting training in accredited institutions of a full spectrum of quality professionals, and also community health workers, public health workers and paraprofessionals;

(3) encouraging financial support by global health partners, including bilateral donors, priority disease and intervention partnerships, for health training institutions in developing countries;

(4) promoting the concept of training partnerships between schools in industrialized and developing countries involving exchanges of faculty and students;

(5) promoting the creation of planning teams in each country facing health-worker shortages, drawing on wider stakeholders, including professional bodies, the public and private sectors and nongovernmental organizations, whose task would be to formulate a comprehensive national strategy for the health workforce, including consideration of effective mechanisms for utilization of trained volunteers;

(6) using innovative approaches to teaching in developed and developing countries with state-of-the-art teaching materials and continuing education through the innovative use of information and communications technology;

2. REQUESTS the Director-General:

(1) to provide technical support to Member States, as needed, in their efforts to revitalize health training institutions and rapidly to increase the health workforce;

(2) to encourage global health partners to support health training institutions;

(3) to encourage Member States to engage in training partnerships intended to improve the capacity and quality of health-professional education in developing countries;

(4) to encourage and support Member States in development of health-workforce planning teams and use of innovative approaches to teaching in developing countries with state-of-the-art teaching materials and continuing education through the innovative use of information and communications technology;

(5) to report to the Sixty-third World Health Assembly in 2010 of progress made in the implementation of this resolution.

Ninth plenary meeting, 27 May 2006
A59/VR/9

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