



3rd Global Forum on Human Resources for Health

The Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage

1. We, the representatives of governments who gathered in Recife, Brazil, from 10 to 13 November 2013, met with a diverse group of multilateral, bilateral and academic institutions, civil society, the private sector and health workers' professional associations and unions at the Third Global Forum on Human Resources for Health (HRH) to take stock of progress made since the Second Global Forum in 2011, to identify continuing challenges and to renew our shared vision and resolve regarding human resources for health, and adopted this Declaration.

2. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief or economic or social condition. Poor health is one of the root causes of vulnerability and poverty, while in turn poverty, inequality and social exclusion further contribute to ill health. Healthy populations and well-performing national health systems are fundamental for equitable, inclusive, sustainable development. The attainment of health objectives requires coordinated action and solidarity at international, regional, national and local levels. HRH play an indispensable role in attaining health goals such as the Millennium Development Goals.

3. Some encouraging progress has been made in health workforce development, both in countries and globally. The past decade saw increased recognition of the crucial importance of HRH, as reflected in numerous resolutions of intergovernmental bodies and global action plans endorsed by the United Nations. These provide the mandate, political framework and evidence-based guidance for action on HRH and for according high priority and recognizing the centrality of investment in HRH.

4. We reaffirm the importance of the Kampala Declaration and the Agenda for Global Action, as well as the WHO Global Code of Practice on the International Recruitment of Health Personnel, and recognize the need to revise these commitments in light of new developments, with a view to progressing towards universal health coverage.

5. We take note in particular of the relevant United Nations General Assembly, United Nations Economic and Social Council, World Health Assembly and International Labour Conference resolutions; the United Nations Global Strategy for Women's and Children's Health; and noncommunicable diseases and HIV/AIDS global action plans. These instruments and technical guidance represent solid foundations on which to build.

6. But challenges persist: investment in HRH remains low; fundamental discrepancies exist between health worker supply and demand; HRH planning is often weakened by uncoordinated interventions on single issues, focusing on an individual cadre or illness and not on prevention; and the adoption and implementation of effective policies remains uneven. As a consequence, severe HRH shortages, deficiencies in distribution and performance, gender imbalances and poor working environments for health workers remain matters of major concern.

7. In addition to addressing current challenges, we recognize that future health workforce needs will also be affected by an evolving disease burden, characterized by a greater need for prevention, treatment and care of noncommunicable diseases; demographic trends, including population ageing; technological advances; and broader development and macro-economic factors, which could potentially constrain public sector budgets but, at the same time, create new opportunities for investment in health.

8. The HRH agenda transcends national borders: geographical maldistribution and international migration affect low-, middle- and high-income countries, in some cases hindering the provision of even essential health services and the attainment of universal health coverage. Given the central role of health services in the relationships between citizens and governments, addressing these problems effectively will reinforce the cohesion of societies and accelerate social and economic development.

9. In particular, international migration of health personnel has reached unprecedented levels in the past few decades. Addressing this issue in accordance with the WHO Global Code of Practice on the International Recruitment of Health Personnel in an effective and ethical manner is truly a shared global priority.

10. In embracing the broader goal of universal health coverage, our collective challenge is to address existing gaps while anticipating the transformative actions that will be required in the future. This will entail planning and investing in HRH in accordance with evolving population and epidemiological dynamics and harnessing the potential of emerging and innovative strategies and technologies in health workforce education and management. Progressing towards universal health coverage must be linked with the involvement of health care providers in health services provision at all levels. Full involvement of these providers will demand the requisite training, updated policies and regulations governing their practice, and inclusion in programme planning and expansion of service delivery.

CALL TO ACTION

11. We as leaders are committed to attaining universal health coverage and recognize that we need an improved health workforce to achieve it.

12. We therefore commit ourselves to an ambitious agenda for health workforce development at all levels, in particular at country level,¹ and urge all stakeholders and the international community to provide support and foster the required collaboration at all levels, working together towards the shared vision that *“all people, everywhere have access to a skilled, motivated health worker, within a robust health system.”*²

At country level¹

13. Recognizing the on-going need to respond to the challenges of HRH and acknowledging the leading role and primary responsibility of governments, in particular as stewards and regulators of the HRH education system and of the health labour market, as well as the need to engage and cooperate with relevant stakeholders and sectors beyond health, including

¹ In accordance with sub-national and national responsibilities

² This is the vision adopted by member organizations of the Global Health Workforce Alliance at the First Global Forum on Human Resources for Health through the Kampala Declaration and Agenda for Global Action. Global Health Workforce Alliance. *The Kampala Declaration and Agenda for Global Action*. Geneva, World Health Organization, 2008. http://www.who.int/workforcealliance/knowledge/resources/kampala_declaration/en/.

education, finance, labour, civil service and home affairs, in HRH coordination and planning, we commit to:

- (i) foster an inclusive environment conducive to a shared vision with other stakeholders, including the private sector, civil society, academia, labour unions, professional associations and health worker representatives, and
- (ii) use the WHO Global Code of Practice on the International Recruitment of Health Personnel as a guide to strengthen investment in the health of our peoples through stronger health systems and human resources.

14. Recognizing the need for much greater progress in the HRH field, we agree that the following measures should be implemented, according to national circumstances and needs, while acknowledging the importance of promoting technical cooperation and capacity-building:

- (i) adopt a systemic approach to developing, implementing and monitoring adequately budgeted and funded strategies and plans for a sustainable health workforce;
- (ii) enhance HRH information systems to facilitate labour market analysis in HRH forecasting and link needs-based planning and projections to innovative practices;
- (iii) enhance competencies and skills of health personnel through transformative education approaches and continuous professional development opportunities;
- (iv) prioritize the development of the health workforce at the primary health care level to enhance equity in access;
- (v) promote equal opportunities in education, development, management and career advancement for all health workers, with no form of discrimination based on gender, race, ethnicity or any other basis;
- (vi) strengthen HRH governance based on clear accountability and transparent processes, including through decentralization, as appropriate;
- (vii) enhance HRH performance through, *inter alia*, innovative, effective, targeted management approaches and incentives;
- (viii) improve health workforce distribution and retention;
- (ix) advance research and evidence-based practice to inform and maximize the return on HRH investment, including by enhancing data collection and strengthening information systems; and
- (x) harness the potential of innovative approaches, including the promotion and use of technology, a more efficient balance of different cadres of health workers, including task-sharing, and innovative models for care delivery.

At the international level

15. National commitment and action are the foundations of any effective response; however, some HRH challenges and issues are transnational and require a global approach underpinned by global commitments, in particular the WHO Global Code of Practice on the International Recruitment of Health Personnel. In this regard, we will collectively strive to adequately finance WHO, in accordance with the General Programme of Work and the Programme Budget 2014–2015, to facilitate effective implementation of the Code.

16. While recognizing that governments have a responsibility for the health of their peoples, which can be fulfilled only by the provision of adequate health and social measures, we, as members of the international community, inspired by global solidarity, commit to support the promotion of universal health coverage and the realization of the right to the enjoyment of the highest attainable standard of health, through adequate investment at institutional,

organizational and individual levels, where resource constraints genuinely affect countries' capacity to invest sufficiently in the development and deployment of their health workforce.

17. We invite international partners to focus their support and development assistance on capacity-building, including in the development of appropriate regulatory frameworks, access to specialized training, technology and skills transfer, strengthening educational institutions as well as continuous monitoring of the health labour market.

18. We commit to addressing transnational issues and work towards strengthening health systems, including global HRH governance and mechanisms, by: (i) disseminating good practices and evidence; (ii) strengthening data collection from all countries; (iii) promoting multi-disciplinary, multi-country research and knowledge exchange; (iv) providing or mobilizing technical assistance where needed; (v) strengthening accountability to identify existing gaps, such as where more public sector interventions and financing are needed; and (vi) promoting and supporting implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel as well as the commitments to HRH and universal health coverage made by countries and their partners.

19. We commit to working together, through bilateral, sub-regional and regional arrangements and other approaches and use the Global Code of Practice on the International Recruitment of Health Personnel as a reference to better manage migration of health personnel for the benefit of both source and destination countries.

20. We call upon the United Nations Member States to ensure that HRH development priorities and universal health coverage are given due consideration in discussions of the post-2015 development agenda.

21. We urge all stakeholders to collaborate towards realization of the HRH commitments made at Recife.

22. We recognize the leadership role of the WHO, including for HRH, recall the mandate given in this regard by resolution WHA63.16 and invite WHO to take this Declaration into consideration in its future work, in particular during the Sixty-seventh World Health Assembly.

23. We express our gratitude to the Government of Brazil for hosting the Third Global Forum on Human Resources for Health, and we recommend that the content of this Declaration be discussed at the World Health Assembly and the WHO Executive Board.