

## POLITICAL DECLARATION OF THE HIGH-LEVEL MEETING ON UNIVERSAL HEALTH COVERAGE

*The Health Workers for All Coalition<sup>1</sup> reaction to the Zero Draft June 2019*

### Introduction

We commend the co-facilitators for producing a comprehensive zero draft, responding to the key dimensions of UHC. The zero draft provides a good starting point for the negotiations. Below, we highlight several points to further strengthen the Political Declaration, specifically around the health workforce.

### Strong Health and Social Workforce

A committed, educated, motivated and supported health workforce is the backbone of any well-functioning health system and for achieving UHC. Therefore, we welcome the language and continued recognition of the health worker shortage crisis, specifically in low- and lower middle-income countries, and the urgency to take steps to address this shortfall. Moreover, we strongly support the language in the declaration on the need to protect health workers from all forms of violence, attacks, bullying and discriminatory practices, and to ensure safe working environments and conditions. However, the declaration is lacking clear targets and commitments on evidence-based planning and financing of the health workforce.

### Our recommendations:

Paragraph 54 duly commits to take immediate steps towards addressing the global shortfall of 18 million health workers in accordance with the Global Strategy on Human Resources for Health: Workforce 2030, and to create 40 million health worker jobs by the year 2030. However, we call for this paragraph to include a commitment on adequately funding the existing Working for Health Multi-Partner Trust Fund (MPTF),

- *Take immediate steps towards addressing the global shortfall of 18 million health workers in accordance with Global Strategy on Human Resources for Health: Workforce 2030, ~~and addressing the growing demand for health and social sectors~~ which calls for the creation of 40 million health worker jobs by the year 2030, taking into account local and community health needs, (add) including fully funding the Working for Health Multi-Partner Trust Fund (MPTF), to support countries in expanding and transforming their health workforce.*

Paragraph 55 on the recruitment and retention of competent, skilled and motivated health workers currently does not reflect the need for adherence to the WHO Global Code on International Recruitment of Health Personnel

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<sup>1</sup> Set up to reignite advocacy on health workforce issues at the global level, The Health Workers for All Coalition (HW4AllCoalition) advocates access to supported and motivated health workers for all in order to fulfil the right to health and to reach Universal Health Coverage and the Sustainable Development Goals. Currently, it has a membership of over 31 organisations from regions and contexts across the globe.

- .. noting that (change) global health workforce mobility and migration is increasing with harmful effects especially on health systems in low- and lower-middle income countries. ~~highly trained and skilled health personnel continue to emigrate which weakens health systems in the countries of origin.~~ (add) International recruitment of health personnel should be conducted in accordance with the principles of transparency, fairness and promotion of sustainability of health systems of low- and lower middle-income countries as described in the WHO Global Code of Practice on International Recruitment of Health Personnel.

While the declaration refers to the migration of healthcare workers, it does not refer to international recruitment of healthcare workers and the need for transparency on cross-border arrangements between countries.

- Add a paragraph on health workforce to include specific commitments on transparency on cross-border arrangements for international recruitment and migration of health personnel: 55(b) Collect and make publicly available all details on cross-border arrangements for international recruitment and migration of health personnel in order to hold countries accountable to their agreements and to learn from fair and equitable cross border arrangements that benefit both source and destination countries.

### Health Financing

The section on health financing reflects the ongoing global dialogue on UHC and the importance of the transition towards sustainable financing through domestic public resource mobilization. However, we should keep in mind that UHC is not simply a health financing objective, but rather a means to a larger end: health for all. Accordingly, UHC must prioritize funding for the health workforce with appropriate skills to serve primary health needs at community and first-level health facilities, and not primarily manage flows of money in the health sector.

Moreover, the transition to domestic financing in low- and lower middle-income countries should be gradual, to ensure sufficient fiscal space. We call for this paragraph to include language that reflects a commitment of high-income countries to gradual transition.

### Our Recommendations:

- Add a paragraph to include specific commitments on development assistance to health: 36(a) Reaffirm the fulfilment of official development assistance (ODA) commitments, including the commitments by many high income countries to achieve the target of 0.7 per cent of gross national income for ODA in support of universal health coverage and other SDG targets. Transition towards domestic financing of the health sector in low and lower middle-income countries will be gradual to ensure sufficient fiscal space and protect gains made in public health.
- We call for paragraph 38 to recognize the role of ODA in supporting the expansion of quality essential services. “Expand quality essential health services and mobilize investments from multiple source, including from domestic sources and ODA on health and other health-related SDGs in ~~developing countries~~ (change) low and lower middle income countries.”

- We call for paragraph 39b to set not just relative but also absolute spending targets: “..especially for countries that have not yet achieved the minimum target of 5% of GDP for public spending on health, (add) as well as set an absolute target in line with country contexts and international recommendations.”



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