

AMWHO2014

Regional Block: Western Pacific and Southeast Asian Region

Topic: “Sustained Human Resource Strengthening and Capacity Building Focused on Disaster Management”

Sponsors: FIJI, The Independent State of Papua New Guinea, People’s Republic of China

Signatories: Mongolia, The Kingdom of Bhutan, Federal States of Micronesia, Cambodia, The Philippines, The Republic of Singapore, The Republic of Korea

Humanitarian Index Score: 66.67%

1 The General Assembly,

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3 *Concerned* about global shortages of healthcare workers, nurses, and midwives,

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5 *Recognizing* the importance of skilled human resources as the core of any healthcare system,

6 especially in the midst of conflict,

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8 *Recognizing* the need for health workforce and their impact on improving health outcomes in

9 vulnerable populations, especially in children and women by increasing immunization,

10 reducing maternal mortality,

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12 *Acknowledging* the need to focus on disaster preparedness before and after conflict,

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14 *Bearing in mind* the cost effectiveness and sustainability of human resource for health (HRH)

15 strengthening to improve national health systems,

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17 *Observing* that in times of conflict, human resources are often not able to achieve full

18 capacity,

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20 *Mindful* of the continuing need to work with the full range of partners - governments, NGOs,

21 donors, and international multilateral organizations - whose work impacts health promotion,

22 healthcare, and public health,

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24 1. *Urges* member states to focus on human resource strengthening and capacity

25 building as a sustainable means of disaster management and improving health

26 outcomes in times of conflict;

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28 2. *Calls* on governments to allocate a minimum of 2% of their nation’s GDP to

29 human resource strengthening as means to reach the WHO goal of at least 23

30 healthcare workers per 10,000 population (as per WHO 2006 guideline for health

31 workforce density);

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33 3. *Allows* member nation access to additional monetary support in times of conflict

34 contingent upon their compliance with allocation of at least 2% of their nation’s

35 GDP as a percentage to human resource in health (HRH) strengthening or meeting

36 HRH indicators as evaluated by measurable indicators;

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38 4. *Informs* the member states that an emergency contingent plan in times of conflict

would be available to member nations meeting the WHO HRH indicator criteria

or compliance with allocation of 2% of GDP as a percentage towards HRH

strengthening;

- 39 5. *Urges* governments to review, develop, and implement national strategic action
40 plans for training, recruitment, and retention of a motivated healthcare workforce
41 in disaster relief as per conventional Western medicine and WHO guideline;
- 42 6. *Encourages* trained healthcare workers to re-enter their communities to provide
43 training to other members of the community in first aid and disaster preparedness,
44 as well as providing for public health practices including, but not limited to, the
45 screening of diseases;
- 46 7. *Further encourages* novel healthcare workforce to approach community
47 education in a proactive, culturally-sensitive way;
- 48 8. *Urges* governments to incentivize preparation, enhancement, and retainment of
49 health workforce via incentives of forgiving educational loans, bonds, and tax
50 relief or reduction;
- 51 9. *Encourages* governments to work in collaboration with NGOs, such as the
52 Bangladesh Rural Committee, and enhance capacity in public health surveillance
53 and relief work, including but not limited to developing health information
54 systems, education programs for low-income populations, and training
55 epidemiologists, scientists, search-and-rescue teams, translators, water sanitation,
56 and supply chain logistics;
- 57 10. *Encourages* governments to work in conjunction with NGOs, such as the
58 Bangladesh Rural Committee, to create extra resources for vulnerable
59 populations, refugees, women, and children;
- 60 11. *Urges* heads of educational institutions, NGOs, and political leaders to engage in
61 policy discussions to create effective health workforce customised to the member
62 nation's needs.
- 63 12. *Requests* the Director General :
- 64 1. *Provide* member states with support as well as monetary and non-
65 monetary incentives to strengthen the contribution of health workforce in
66 improving health outcomes of vulnerable populations, women, and
67 children;
- 68 2. *Provide* support in setting up mechanisms for HRH strengthening,
69 addressing the global shortage of health workers (including impact of
70 migration), and ensuring worker access to personal protective equipment
71 and protocol for health emergencies in times of disaster and conflict.
- 72 3. *Provide* access to additional monetary incentives and monetary support for
73 compliant member nations adhering to the recommendation of allocating
74 2% of GDP as a percentage towards human resource strengthening and
75 capacity building with a focus on prim
- 76 4. *Recommends* the Director General to set up a team to evaluate and monitor
77 human resource strengthening by using WHO recommended core
78 indicators of health worker density, health worker distribution, number of
79 graduates of health educational institutions per 100,000 population.
- 80 5. *Requests* the Director General to cooperate with the governments in
81 effective coordination and integrating efforts in addressing key health care
82 needs in times of conflict;
- 83 13. *Further requests* the donor countries to spend at least 10% of funds for human
84 resource strengthening