

Dublin Declaration on Human Resources for Health:

Building the Health Workforce Of the Future

"That further shore is reachable from here"

- Seamus Heaney

We, the representatives of governments and key stakeholders from across sectors and institutions, including representatives of academia, civil society, employers, foundations, health care professional associations and unions, and youth, having gathered at the Fourth Global Forum on Human Resources for Health in Dublin, Ireland:

1. Take inspiration from the ambition of the 2030 Agenda for Sustainable Development, with its vision to leave no one behind, its seventeen indivisible goals and its 169 targets;

2. Note the opportunity presented by the integrated nature of the 2030 SDG Agenda to address longstanding and growing health workforce challenges, including important synergy, as appropriate, with the UN Secretary-General's High Level Panels on Women's Economic Empowerment and Humanitarian

Financing, the International Commission on Financing Global Education Opportunity, the Global Commission on Business and Sustainable Development, the UN Global Initiative on Decent Jobs for Youth and the development of a Global Compact for Safe, Orderly and Regular Migration;

3. Acknowledge the growing evidence from the World Bank Group and the International Monetary Fund that investments in human capital lead to faster economic growth, and that all countries stand to benefit from having a healthy and well-educated workforce with the knowledge and skills needed for productive and fulfilling work. Strategic investments in the health and social workforce, in particular, are imperative to our shared prosperity. We recognize the importance of substantially increasing health financing and the recruitment, development, training and retention of

health workforce in developing countries, especially in least developed countries and small island developing States;

4. Affirm our commitment to accelerate progress toward strengthened health systems, each country's path towards achieving the Sustainable Development Goals including universal health coverage, and working towards a shared vision of equitable access to health workers within strengthened health systems, the right to enjoyment of the highest attainable standard of health and global health security;

5. Emphasize the fundamental importance of a competent, enabled and optimally organized and distributed health and social workforce, especially in rural and under-served areas, for the strengthening of health system performance and resilience;

6. Call attention to the urgent need for robust, coordinated and transformative investments to address the escalating mismatch between the supply of , economic demand for, and population need for health workers, , with projections pointing to an additional 40 million health worker jobs to be generated by 2030, largely residing in upper-middle and high-income countries, while a needs-based shortfall of 18 million health workers is anticipated for the same period, with gaps prominent in low- and lower-middle income countries;

7. Recognizing that robust and transformative actions build on the foundations of the previous three global forums on human resources for health and key WHO normative instruments and guidelines, reaffirm the continuing importance of the Kampala Declaration and Agenda for Global Action, the Bangkok Outcome Statement, the Recife Political Declaration on Human

Resources for Health, the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHA Res 63.16) and the WHO Guidelines on

Transforming and Scaling Up Health Professionals' Education and Training (WHA Res 66.23);

8. Acknowledge that twenty-first century health challenges related to demographic, epidemiological and technological changes will require a health workforce geared towards health promotion, disease prevention,

and peoplecentred community-based health services and personalized long-term care, according to nationally set priorities;

9. Welcome with appreciation the substantial progress made since the 3rd Global Forum in Recife, Brazil in advancing the global health workforce agenda on both the technical and political levels, including a more comprehensive understanding of the health labour market, as evidenced by:

a) the adoption of the "Follow-up of the Recife Political Declaration on Human Resources for Health" by the 67th World Health Assembly (WHA Res 67.24);

b) the adoption of United Nations General Assembly resolution A/Res/69/132 which strongly condemns all attacks on medical and health personnel and urges States to develop effective measures in promoting the safety and protection of such personnel;

c) the adoption of the United Nations Security Council Resolution 2286 that demands that all parties to armed conflict fully comply with their obligations under international law and urges States and all parties to armed conflict to develop effective measures to prevent and address acts of violence, attacks and threats against medical and humanitarian personnel;

d) the conclusions from the five year review of the WHO Global Code of Practice pointing to the relevance, effectiveness, value and legitimacy of the Code, as further evidenced by the improvement in quantity, quality and geographic diversity of second round of national reporting on the WHO Global code (WHA A68/32 and A69/37);

e) the adoption of the World Health Assembly resolution to implement the Sustainable Development Goals (WHA Res 69.11);

f) the development and adoption of the Global Strategy on Human Resources for Health: Workforce 2030 (WHA Resolution 69.19), its vision, four objectives, elaboration of policy options, and the establishment of global milestones for 2020 and 2030, including the call for progressive implementation of National Health Workforce Accounts to support national policy and planning and noting the

emerging political consensus on the contribution of healthcare workers to improved health outcomes, to economic growth, to implementation of the International Health Regulations (2005) and to global health security;

g) the report Of the UN Secretary-General's High-level Commission on Health Employment and Economic Growth highlighting benefits across the SDGs from increased and transformed investments in the health and social workforce (including SDG 1: poverty elimination, SDG 3: good health and well-being, SDG 4: quality education, SDG 5: gender equality, and SDG 8: decent work and economic growth), with the identification of ten recommendations and five immediate actions; as well as the subsequent resolution of the United Nations General Assembly urging its Member States to consider the recommendations of the Commission including development of inter-sectoral plans and enhanced investment in education and decent job creation (UNGA Resolution A/Res/71/159);

h) support in the Berlin Declaration of the G20 Health Ministers for adoption of the WHO, ILO, OECD Five Year Action Plan to give effect to the Commission recommendations and for investments in building and maintaining a skilled and motivated health workforce as an integral part of a functioning and resilient health system, as well as the G20 Leaders' Declaration: Shaping an Interconnected World that calls for cooperative action to strengthen health systems worldwide, including specific focus on developing the health workforce as a means to contribute to broader prosperity and well-being;

i) the adoption of the ILO, OECD, WHO Five Year Action Plan by the 70th World Health Assembly (WHA Res 70.6) in order to coordinate and advance the intersectoral implementation of the Global Strategy and High-level Commission recommendations and actions, with the WHA resolution urging WHO Member States to take action in this regard, emphasizing that investing in the health and social workforce has multiplier effects that enhance inclusive economic growth and generate benefits across the SDG Agenda;

j) the establishment in May 2016 of the Global Health Workforce Network, hosted within WHO, as a means of leveraging multi-sectoral and multi-stakeholder engagement to advance coordination and alignment in

support of the Global Strategy and High-level Commission recommendations and immediate actions, especially through facilitating information exchange and dialogue;

10. Note the invitation by the 69th and 70th World Health Assembly to stakeholders across sectors, regions, and nations to join in supporting implementation of the Global Strategy and the High-level Commission recommendations and immediate actions;

11. Recognizing the substantial socio-economic benefits arising from expanded and transformed investments in the health workforce, and reaffirming the Global Strategy, its vision, objectives and milestones, commit to taking co-ordinated, inter-sectoral and multi-stakeholder action in support of the implementation of the Global Strategy, the High-level Commission recommendations and the WHO Global Code of Practice, including where appropriate enhanced investments towards transformative health workforce education and the creation of decent jobs in the sector, especially for women and youth;

12. Welcome with appreciation the launch of the WHO, ILO, OECD Working for Health Programme, take note of the establishment of the associated UNDP Multi-Partner Trust Fund, and express support for coordinated and catalytic financing to country-driven priorities and implementation of the Global Strategy and High-level Commission recommendations;

13. Welcome also the launch of the International Platform on Health Worker Mobility to maximize mutual benefits and mitigate adverse effects from the increasing rate and complexity of health labour mobility, through strengthened evidence, analysis, knowledge exchange and policy action, including strengthening the WHO Global Code of Practice and its implementation;

14. As also reflected in the ILO, OECD, WHO Five Year Action Plan, reaffirm the importance of establishing, measuring and reporting on commitments and milestones on human resources for health at the national and international levels as an important mechanism to advance a shared global health workforce agenda;

15. Affirming that progress towards implementing the Global Strategy on Human Resources for Health requires countries to disaggregate data on the quantity and distribution of all health occupations to help to make projections with regard to health workers in demand;

16. Recognize the particular challenges faced by humanitarian personnel exclusively engaged in clinical duties and by health personnel in irregular contexts such as complex humanitarian emergencies and protracted crises, and further recognize the need to develop tailored strategies for planning, education, deployment, retention, and staff performance management in these contexts;

17. Call upon all relevant stakeholders to align social accountability, health workforce education, skills and employment to address priority population needs, including through continued support for the implementation of the WHO Guidelines on Transforming and Scaling Up Health Professionals' Education and Training, the Global Strategy on Human Resources for health and the Working for Health programme;

18. Call upon all relevant stakeholders to support the progressive implementation of National Health Workforce Accounts to support evidencebased policies and planning for labour market transformation and employment for health;

19. We acknowledge the particular challenges of delivering health services in fragile states and conflict-affected areas, where health systems are often compromised and ill-equipped to respond. Moreover, medical personnel and facilities in areas of conflict are increasingly under attack. Highlighting UN Security Council Resolution 2286 (2016) and UN General Assembly Resolution A RES/69/132 and UNGA 71/129, we strongly condemn violence, attacks, and threats directed against medical personnel and facilities in violation of International Humanitarian Law, which have long term consequences for the civilian population and the healthcare systems of the countries concerned, as well as for the neighbouring regions. We therefore commit to improving their safety and security by upholding International Humanitarian Law.

20. Call upon the Global Health Workforce Network to engage with academic institutions and civil society to track progress, as appropriate, on the implementation of the Global Strategy and its milestones, High-level Commission recommendations and immediate actions, Working for Health programme and deliverables, and the WHO Global Code, with progress to be shared at the Fifth Global Forum on Human Resources for Health in addition to being reported via respective governance processes;
21. Urge WHO to strengthen the governance and leadership of human resources for health through the development of normative guidance, the provision of technical cooperation, and the fostering of effective trans-national coordination, alignment and accountability in order to accelerate the intersectoral implementation of the Global Strategy towards achieving its overall goal;
22. Urge national governments and all relevant stakeholders to prioritize health system strengthening, including ensuring an adequately skilled and compensated health workforce;
23. Call upon all relevant stakeholders to strengthen their collaboration to expand and transform investments in the health and social workforce, with particular emphasis on empowering women and advancing youth employment;
24. Express our gratitude to Ireland's Department of Health, Department of Foreign Affairs and Trade, the Health Service Executive of Ireland, the Global Health Workforce Network, Trinity College Dublin and the World Health Organization for co-organizing this landmark event.