

**Statement by Medicus Mundi International to the 66th session of the World Health Assembly
on agenda item 17.4, The health workforce: advances in responding to shortages and migration,
and in preparing for emerging needs**

Thank you, Chair, for giving me the opportunity to address the distinguished members of the World Health Assembly on behalf of Medicus Mundi International, the European civil society coalition “Health workers for all and all for health workers” and the People’s Health Movement.

Let me focus on some aspects of the WHO led monitoring process of the implementation of the WHO Global Code of Practice.

The first critical issue is information sharing, transparency and accountability: Member States are the main responsables for Code implementation and requested to report on its progress. On the other hand, the Code mandates the Secretariat “to ensure (...) that comparable and reliable data are generated and collected (...) for ongoing monitoring, analysis and policy formulation” (art.6.4). Last year we were eagerly waiting for the disclosure of country information gathered through the National Reporting Instrument developed by the Secretariat – and then had to learn that they will not be accessible for us. We are certainly aware that the results of the first cycle of implementation monitoring are possibly partial and geographically not yet balanced. However we believe that transparent release of National Reports contents is an essential requirement to create, maintain and increase both accountability of the Member States and the commitment of civil society which, as stated in the Secretariat report, is engaged in opening dialogues on Code implementation at national level.

The second issue we would like to highlight is related to the first one: the lack of sufficient dedicated capacities and financial resources within WHO Secretariat and at Regional Offices and Member States level. Three years after the adoption of the Code, instead, the HRH unit of WHO Secretariat is reduced due to financial austerity and shifted priorities from Member States and donors, while Regional Offices appear in some cases to have insufficient resources to even adequately liaise with Member States on the issue. This may have had an impact on both monitoring and reporting on Code implementation, including on the rate of Member States involvement in the process in some WHO Regions.

The implementation of the Code and necessary monitoring involved demands commitment, leadership and a spirit of ownership for the Code at all levels. The spirit needs to be further developed, as the Code is one of only few regulatory instruments developed and adopted by WHO over the last years. The success or failure of its implementation will be seen as a case study for the capacity of WHO – and its members – in the field of global standard setting and regulation. This links the technical issue of Code implementation with the overall issue of WHO reform and the role of WHO in global health governance.

Statement submitted to the chair of the Committee A for consideration

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