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On 10 September 2015, the CPME Executive Committee adopted the 'CPME Response to Public consultation on the Global Strategy on Human Resources for Health: Workforce 2030 (GSHRH)' (CPME 2015/088 FINAL)

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**CPME Response to Public consultation on the Global Strategy on Human Resources for Health:  
Workforce 2030 (GSHRH)**

**1. Do you have any comments on the vision, overall goal and principles? (Page 2)**

CPME welcomes the strategy's 'vision' and underlines that "a skilled and motivated health worker" is a pillar of "a performing health system". The strategy must therefore balance its acknowledgement of the health workforce as a resource for the health system with the recognition of the personal and professional rights and needs of the individual doctor or other health worker. This could be clarified in the 'overall goal'.

As to the strategy's 'principles', CPME reaffirms that health workforce policy must be based on safe and lawful working conditions for doctors and other health workers, and ensure that high quality practice is enabled throughout professional careers. CPME also underlines that all policy decisions must be based on the principle of improving the quality of and patients' access to healthcare. Economic considerations may not take precedence over this principle.

**2. Does the "overview" well articulate the arguments in support of the objectives of the GSHRH? (Pages 4-6)**

The overview is a suitable description of the context.

**3. The GSHRH presents four objectives with proposed global targets**

*Objective 1 - To implement evidence-based HRH policies to optimize impact of the current health workforce, ensuring healthy lives, effective Universal Health Coverage, and contributing to global health security (Page 7).*

*Objective 2 - To align HRH investment frameworks at national and global levels to future needs of the health systems and demands of the health labour market, maximizing opportunities for employment creation and economic growth (Page 11)*



*Objective 3 - Build the capacity of national and international institutions for an effective leadership and governance of HRH actions (Page 15)*

*Objective 4 - To ensure that reliable, harmonized and up-to-date HRH data, evidence and knowledge underpin monitoring and accountability of HRH efforts at national and global levels (Page 18)*

*a. Please provide your comments on the listed objectives*

- The listed objectives seem suitable. For objective 1, it could be added that HRH policies should optimise not only the impact of the health workforce, but also its quality, including education, training and working conditions.

*b. Please provide your comments on the proposed global targets*

- CPME welcomes the identified 'global targets'.

*c. Is the evidence adequate in support of the proposed objectives?*

N/A

*d. Please include additional issues (if any) to be considered in the narrative*

- CPME underlines the importance of effective regulatory frameworks for the health workforce. Regulation regarding education, training or professional practice should not be considered 'red tape' per se, but rather seen as a crucial tool to protect patient safety and quality of care.

- The consultation and engagement of professional organisations in the policy process improves the quality of policy decisions and facilitates their implementation. The strategy should therefore emphasise the need to involve them at all stages of a policy process.

**4. For each objective, the GSHRH proposes a number of policy options organized according to target countries (All countries, High-income countries, Low-and middle-income countries, and Fragile states and countries in chronic emergencies)**

*a. Please provide your comments on the policy options (kindly make reference to the related objective in your response)*

- All countries

- par. 15, 18: As stated above CPME underlines that policy decisions must be based on the principle of improving the quality of and patients' access to healthcare. This must also apply to recommendations relating to models of skill-mix/task-sharing and the use of ICT opportunities, which should not be used only "where feasible and cost-effective", but crucially where they are beneficial to a patient's treatment.



- par. 19: CPME underlines the key importance of the patient-doctor relationship in the empowerment of patients and the improvement of their health literacy.

- par. 33-34: CPME very much welcomes the proposal to ensure a multi-sectoral political awareness and commitment to strengthening the health workforce, in particular with regard to ensure adequate working conditions.

- par 35-36: CPME welcomes the reaffirmation of all countries' obligation to adhere to the WHO Global Code of Practice on the International Recruitment of Health Personnel and desist from pro-actively recruiting doctors and other health workers from vulnerable countries but rather working towards self-sufficiency. At the same time, CPME underlines that mobility is a doctor's personal right and greatly benefits the individual and the professional as a whole and should be mentioned in the document.

- par. 64: The need to respect data protection laws should be underlined, since this is a basic prerequisite for any data collection, storage, processing or sharing.

- par. 73: The usage of classification systems to capture the health workforce in terms of data must be seen as a purely mathematical indicator to facilitate data processing and must at all times respect European and national regulations on professional qualifications and practice.

- High-income countries

- par. 36: In relation to the concepts of 're-skilling' and 'up-skilling' CPME reaffirms that in the interest of patient safety and quality of care, doctors' education and training cannot be compromised by economic considerations. It is therefore essential that regulations relating to doctors' education, training and professional practice are fully respected in any policy initiative.

- par. 51: For the context of the European Union, CPME reaffirms its support for coordination and exchange of best practice among EU Member States in health workforce planning, e.g. through an observatory.

- Low-and middle-income countries

- par. 22-24: The recommendations for low- and middle income countries are also relevant for high income countries, since, as the strategy acknowledges, political will is essential to ensure the continued support of and investment in education, training and working conditions.

- Fragile states and countries in chronic emergencies

*b. Please include additional policy options (if any) that need to be considered in the GSHRH (kindly make reference to the related objective in your response)*



- All countries
- High-income countries
- Low-and middle-income countries
- Fragile states and countries in chronic emergencies

- Reference could be made to the 'Healthcare in Danger' project of the International Committee of the Red Cross: <https://www.icrc.org/eng/what-we-do/safeguarding-health-care/solution/2013-04-26-hcid-health-care-in-danger-project.htm>.

**5. For each objective, the GSHRH proposes responsibilities of WHO Secretariat, please include other responsibilities (if any) that the WHO secretariat would need to assume to support implementation of the GSHRH? (kindly make reference to the related objective in your response)**

N/A

**6. For each objective, the GSHRH proposes recommendations to other stakeholders and partners.**

*a. Based on the proposed policy options, please provide your suggestions (if any) on these recommendations in the appropriate field.*

- par. 28: CPME welcomes the recognition of the key role of professional organisations in health workforce policy. The strategy should promote the role of these organisations as independent democratic representations of their profession, including their role in the regulation of the profession (preferably as self-regulation), and highlight the need to involve them in policy decisions throughout the policy process.

*b. Please include your suggestion (if any) on other stakeholders or partners that play a role in the implementation in the GSHRH indicating clearly which actors and what recommendations in the field below.*

**7. Please provide any general comment on the draft GSHRH in the following field**

For further details on CPME's position on these issues, please visit <http://www.cpme.eu/policies/> , in particular

[CPME comments on Green Paper on the European Workforce for Health'](#), adopted in 2009



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS  
STANDING COMMITTEE OF EUROPEAN DOCTORS



[CPME endorsement of Draft guidelines for the ethical recruitment of internationally trained healthcare professionals, adopted in 2007](#)

### **8. About you (compulsory field)**

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