

# Frontline Health Workers Coalition Statement on the Draft UN Political Declaration on Pandemic Prevention, Preparedness, and Response

June 16, 2023

Regarding the [Zero Draft, presented on June 7](#), of the Political Declaration of the United Nations General Assembly High-level Meeting on Pandemic Prevention, Preparedness and Response, we acknowledge the efforts made by Member States, and in particular the Facilitators, to develop the Zero Draft. We thank them for the positive and important provisions for the health workforce, which they have included in the text.

However, the text does not include any commitments to take action to address the impact of health worker migration on pandemic prevention, preparedness, and response, while noting this issue with concern. We urge the addition of new language to address the responsibility of all parties to respond to this urgent issue. In a [March, 2023 statement](#), the World Health Organization noted a “rapid acceleration in the international recruitment of health workers” and warned “for countries losing health personnel to international migration, this could negatively impact on health systems...” Of the 55 countries listed in the WHO health workforce support and safeguards list, which identifies countries that are the most vulnerable in terms of health workforce, [37 are in the African region](#).

## **We present several changes to improve the draft text. Specifically, we**

- Urge member states to maintain the language on the health workforce, in particular in OP 25, OP 30, and OP31, as negotiations proceed
- Propose several additions marked ADD, including on gender parity; water, sanitation and hygiene; collecting relevant workforce data; international assistance and cooperation; and civil society engagement
- Propose a new operational paragraph to address the migration of health workers., adapting language and citations on health worker migration that are included in the UHC Zero Draft
- Propose a new operational paragraph on water, sanitation and hygiene in health care facilities.

**OP5.** Ensure that mental health and well-being of health workers **[ADD: receive adequate prioritization and budgetary support]**, especially for women at the forefront who manage heavy workloads during pandemics, including patient surges, unpaid care, domestic support and long working hours during pandemics and health emergencies;

**OP6.** Also ensure that health workers, including community health workers, are appropriately compensated, and are granted safe and decent work conditions, **[ADD: including access to water, sanitation and hygiene,]** with adequate

protections including gender responsive workplace policies that ensure equal pay for equal work or work of equal value and protect health workers, particularly women, from sexual harassment, exploitation and abuse;

[ADD new paragraph: **OPXX**. "Invite international, regional, and local partners to raise the profile of and accelerate progress on safe water, sanitation and hygiene for infection prevention and control, particularly in health care facilities, in health strategies, and in flexible funding mechanisms, and thereby direct efforts toward strengthening health systems as a whole as a crucial aspect of pandemic preparedness and response" (based on WHA 72.7. OP2)]

**OP9**. Commit [CHANGE: to reaching gender parity in] women's leadership in [ADD: and] decision-making processes, to mainstream a gender perspective into all policies and programmes, including in budgetary responses;

**OP25**. Recognize that emergency coordination must be embedded in strengthened national health systems and linked to multiple sectors and systems, be enacted by a well-resourced and protected health emergency workforce; underpinned by [ADD: disaggregated] data, integrated analytics, research and innovation, be informed by dynamic assessments and monitoring of threats, vulnerabilities and functional capabilities, [ADD: including collection, in a secure manner, of relevant workforce data, disaggregated by gender and age, on health worker location, attendance, vaccination status, infections, deaths and resignation] and have strong links to regional and global support, coordination and collaboration structures and mechanisms across all phases of the health emergency cycle of preparing, preventing, detecting, responding and recovering; (WHA A76/10, OP45)

**OP28**. Recognize the need to strengthen relevant stakeholder participation, ensure ownership and sustainability, while including those most affected by health emergencies, by integrating communities [ADD: and health workers, including community health workers,] in global health governance processes, through transparent information-sharing, and inclusive processes [ADD: and formal representation in decision-making structures for PPPR strategies and responses, including global governance structures and international panels, and by enabling civil society and community-led monitoring mechanisms;]

**OP29**. Resolve to address the global shortfall of health workers in accordance with the Global Strategy on Human Resources for Health: Workforce 2030 by investing in education, employment and retention, [ADD: addressing root causes of health worker departure from service], strengthening the institutional capacity for health workforce governance, leadership and planning, and protecting all health workers from all forms of violence, attacks, harassment and discriminatory practices, while recognizing that health and care worker safety and patient safety are inseparably connected; (Based on A/RES/74/2 OP60 + SG Report on UHC, advanced version + WHO Technical Brief on Health and Care Workers)

**OP30.** Call to further strengthen cooperation to train, develop and retain a [ADD: well-planned and distributed] skilled health workforce, which is an important element of strong and resilient health systems, as part of health emergency prevention and preparedness strategies, guided by target 3.c of the 2030 Agenda, [ADD: including through financial and technical support, assistance and cooperation, in particular to developing countries, in order to strengthen and sustain a skilled and competent health workforce] and notes with concern that highly trained and skilled health personnel from developing countries continue to emigrate at an increasing rate to certain countries, which weakens health systems in countries of origin; (A/RES/76/257, Verbatim OP6)

[ADD new paragraph: **OPXX.** Commit to supporting equitable distribution of health workers for pandemic response and recovery by observing all provisions of the World Health Organization Global Code of Practice on International Recruitment of Health Personnel, avoiding active recruitment from the 55 countries facing the most severe health workforce vulnerabilities, while ensuring that bilateral labor agreements entail proportional benefit for both countries of origin and destination and protect migrant health workers (Source: Based on A/RES/74/2 Paragraph 62 + updated with A/RES/76/257 OP6 and WHO Technical Brief on Health and Care Workers)

**OP31.** [ADD: Commit to robust and well-planned health workforce teams including community health workers to...] continue to scale up efforts and strengthen cooperation to promote the training, development, recruitment and retention of competent, skilled and motivated health workers, including community health workers and mental health professionals, guided by target 3.c of the 2030 Agenda; (Based on A/RES/72/4, OP62)