

Frontline Health Workers Coalition Statement on the Pandemic Accord Negotiations

June 16, 2023

The Frontline Health Workers Coalition submitted this statement during the resumed 5th meeting (June 12-16, 2023) of the Intergovernmental Negotiating Body (INB) to negotiate a World Health Organization convention on pandemic prevention, preparedness, and response (pandemic PPR).

We acknowledge the efforts made by all parties and the INB Bureau to compile the [Bureau's text](#), released June 2, and thank them for the positive and important provisions for the health workforce, which they have included in the text.

However, the text does not address the impact of health worker migration on pandemic prevention, preparedness, and response, and 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...”

We also urge new language in Articles 6, 7, 15, and 16 to respond to the [issues impacting the health workforce](#) by promoting:

- Gender-responsive approaches
- Expanding fiscal space for health budgets
- Mental health services for health workers
- Adequate water, sanitation, and hygiene services for health workers
- Collection of relevant health worker data for planning purposes
- Participation of health workers in decision-making processes,

and addressing the burden of pandemic response placed on frontline health workers.

We urge the negotiating parties to maintain language in several paragraphs, below marked GUARD, and include additional language, below marked ADD.

Article 6

1. Each Party shall take the necessary measures to strengthen their own health systems in order to strengthen and sustain PPRR taking into account the need for equitable and resilient health systems, including primary health care with a view to the progressive realization of universal health coverage. (GUARD)

2. The Parties shall continue to cooperate on and are encouraged to enhance financial, technical and technological support, assistance, capacity strengthening and cooperation, in particular to developing countries, to strengthen health emergency

prevention and preparedness consistent with the goal of universal health coverage. (GUARD)

4. (b) sustaining and strengthening capacities of the multi-disciplinary workforce needed during inter-pandemic times and preparing for and ensuring increased surge capacity during pandemics; (GUARD)

Article 7. Health and care workforce

1. Each Party, in line with their respective capacities, shall take the necessary steps to safeguard, protect, invest in and sustain a skilled, trained, competent and committed health and care workforce, at all levels, in a [ADD: gender responsive] [gender-responsive]/[gender-sensitive] manner, with due protection of employment, civil and human rights, and safety and well-being, consistent with applicable international obligations and relevant codes of practice, [ADD: and promote cooperation to expand fiscal space and align national budgeting for greater health investments], with the aim of increasing and sustaining capacities for pandemic prevention, preparedness and response, while maintaining quality essential health services and essential public health functions, during pandemics. (GUARD)

To this end, each Party shall, in accordance with its national law:

(a) strengthen, pre-, in- and post-service, competency-based education and training, deployment, remuneration, distribution and retention of the public health, health and care workforce, including community health workers and volunteers (GUARD)

(b) address gender and youth disparities and inequalities and security concerns within the public health, health and care workforce, particularly in health emergencies, to support the meaningful representation, engagement, participation, empowerment and safety, and well-being of all health and care workers, while addressing discrimination, stigma and inequality and eliminating bias, including unequal remuneration, and noting that women still often face significant barriers to reaching leadership and decision-making roles; (GUARD)

(c) strengthen efforts to address the safety [ADD: and mental health] of the health and care workforce, including by ensuring that there is a conducive environment, [ADD: including adequate water, sanitation, and hygiene services], for frontline health and care workers and priority access to pandemic-related products during pandemics, minimizing disruptions to the delivery of quality essential health services and protecting health and care workers from violence and intimidation in the course of carrying out pandemic prevention, response and recovery; and (GUARD)

(d) establish and maintain effective workforce planning systems to effectively and efficiently deploy trained health workers during pandemics, [ADD: including by collecting and using, in a secure manner, relevant data on all health workers

disaggregated by gender, age, type, location, and contract, including on health worker vaccination status, infections, deaths and resignation.] (GUARD)

2. The Parties [are encouraged to enhance]/[shall commit] financial and technical support, assistance and cooperation, in particular to developing countries, in order to strengthen and sustain a skilled and competent public health, health and care workforce at the subnational, national and regional levels. (GUARD)

[ADD 3. The Parties shall promote the equitable distribution of health workers, consistent with 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]

4. The Parties shall invest in establishing, sustaining, coordinating and mobilizing an available, skilled and trained global public health emergency workforce that is deployable to support Parties upon request, based on public health need, in order to contain outbreaks and prevent the escalation of small-scale spread to global proportions. (GUARD)

5. The Parties [ADD: will support] [will support] / [shall encourage] the development of a network of training institutions, national and regional facilities, and centres of expertise, leveraging and building on existing programmes in order to establish common guidance to enable more predictable, standardized, timely and systematic response missions and deployment of the aforementioned multidisciplinary public health emergency workforce. (GUARD)

Article 15

(d) promote equitable gender, geographical and socioeconomic status, representation and participation, as well as the participation of youth and women, [ADD: and health workers, including community health workers] in global, regional [ADD: and national] decision making processes, global networks, [ADD: task forces] and technical advisory groups; (GUARD)

Article 16

4. Each Party shall develop, [...] plans pre-, post- and inter-pandemic that, inter alia:

(ii) support [ADD: adequately budgeted,] timely and scalable mobilization of multidisciplinary surge capacity of human and financial resources, [ADD: while addressing the burden of pandemic response placed on frontline health workers by ensuring continued pre- and post-pandemic training, capacity building and investment] and facilitate timely allocation of resources to the frontline pandemic response;