Protecting the rights of health and care workers in times of the pandemics

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Preamble provisions relating directly to health workforce (3 out of 49 provisions)

14. *Noting that in 2021* ***women comprised more than 70% of the global health and care workforce*** *and an even higher proportion of the informal health workforce, and during the COVID-19 response were disproportionately impacted by the burden of the pandemic, notably on health workers,*

30. *Recognizing that pandemics have a* ***disproportionately heavy impact on frontline workers, notably health workers****, the poor and persons in vulnerable situations, with repercussions on health and development gains, in particular in developing countries, thus hampering the achievement of universal health coverage and the Sustainable Development Goals, with their shared commitment to leave no one behind,*

35. *Emphasizing that, in order to make health for all a reality, individuals and communities need: equitable access to high quality health services without financial hardship;* ***well-trained, skilled health workers providing quality, people-centred care****; and committed policy-makers with adequate investment in health to achieve universal health coverage,*

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Chapter II. Objective, guiding principles and scope
Article 4. Guiding principles and rights

*13. **Rights of individuals and groups at higher risk** and in vulnerable situations – Nationally determined and prioritized actions, including support, will take into account communities and persons in vulnerable situations, places and ecosystems. Indigenous peoples, persons belonging to national or ethnic, religious or linguistic minorities, refugees, migrants, asylum seekers, stateless persons, persons in humanitarian settings and fragile contexts, marginalized communities, older people, persons with disabilities, persons with health conditions, pregnant women, infants, children and adolescents, for example, are disproportionately affected by pandemics, owing to social and economic inequities, as well as legal and regulatory barriers, that may prevent them from accessing health services.*

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Chapter IV. Strengthening and sustaining capacities for pandemic prevention, preparedness, response and recovery of health systems

Article 12. Strengthening and sustaining a skilled and competent health and care workforce

*1. **Each Party** 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 **gender-responsive** manner, with **due protection of its employment, civil and human rights** and well-being, **consistent with** international obligations and relevant codes of practice, with the aim of **increasing and sustaining** capacities for pandemic prevention, preparedness and response, **while maintaining essential health services**. This **includes**, **subject to national law**:*

(a) strengthening in- and post-service training, deployment, remuneration, distribution and retention of the health and care workforce, including community health workers and volunteers; and

*(b) addressing gender disparities and inequalities within the health and care workforce, to ensure **meaningful representation**, engagement, participation and empowerment 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 taking leadership and decision-making roles.*

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Article 12 cont'd…

*2. **The Parties** are encouraged to **enhance** financial and technical support, **assistance and cooperation**, in particular to developing countries, to strengthen and sustain a skilled and competent health and care workforce at the national level.*

*3. **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 an escalation of small-scale spread to global proportions.*

*4. **The Parties** will support the **development of a network of training institutions, national and regional facilities and centres** of expertise in order to establish common guidance to enable more predictable, standardized, timely and systematic response missions and deployment of the aforementioned public health emergency workforce.*

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Article 14. Protection of human rights

*1. The Parties shall, **in accordance with their national laws**, incorporate non-discriminatory measures to protect human rights as part of their pandemic prevention, preparedness, response and recovery, with a **particular emphasis on the rights of persons in vulnerable situations.***

2. Towards this end, each Party shall:

*(a) incorporate into its laws and policies **human rights protections during public health emergencies**, including, but not limited to, requirements that any limitations on human rights are aligned with international law, including by ensuring that: (i) any restrictions are non-discriminatory, necessary to achieve the public health goal and the least restrictive necessary to protect the health of people; (ii) all protections of rights, including but not limited to, provision of health services and social protection programmes, are non-discriminatory and take into account the needs of people at high risk and persons in vulnerable situations; and (iii) people living under any restrictions on the freedom of movement, such as quarantines and isolations, have sufficient access to medication, health services and other necessities and rights; and*

*(b) endeavour to develop an **independent and inclusive advisory committee** to advise the government on human rights protections during public health emergencies, including on the development and implementation of its legal and policy framework, and any other measures that may be needed to protect human rights*

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Part IV. Specific provisions/areas/elements/obligations

6. Health workforce

An adequate, skilled, trained, competent and committed health workforce, at the frontlines of pandemic prevention, preparedness and response, ***is central to achieving and sustaining the objective(s) of this WHO CAII.*** *In developing international, regional or national legislative, executive, administrative, technical and/or other measures for pandemic prevention, preparedness and response,* ***the following should be taken into account, among others:***

(a) measures to strengthen pre-, in- and post-service training of adequate numbers of health workers, at the national and local levels, equipped with public health competences and to ensure laboratory capacity for conducting genomic sequencing through sustainable funding support, deployment and retention for health workforce resilience that can be mobilized for pandemic response;

(b) measures to ensure recovery and restoration of resilient health systems through sustaining universal health coverage and primary health care capacity, including systems for a rapid and scalable response, notably through sustainable support and adequate deployment of health workforce with public health competences;

(c) ***measures to ensure*** *an available, skilled and trained global public health emergency workforce that is deployable to support affected countries, through scaling up of training and capacity of training institutes, upon request*

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WHO Constitution

Article 19

*The Health Assembly shall have **authority to adopt conventions or agreements** with respect to any matter **within the competence of the Organization**. A two-thirds vote of the Health Assembly shall be required for the adoption of such conventions or agreements, **which shall come into force for each Member** when accepted by it in accordance with its constitutional processes.*

Article 21

*The Health Assembly shall have authority to **adopt regulations** concerning:*

(a) sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease;

(b) nomenclatures with respect to diseases, causes of death and public health practices;

(c) standards with respect to diagnostic procedures for international use;

(d) standards with respect to the safety, purity and potency of biological, pharmaceutical and similar products moving in international commerce;

(e) advertising and labelling of biological, pharmaceutical and similar

products moving in international commerce.

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CHAPTER I – OBJECTIVE

Article 1

The objective of the World Health Organization (hereinafter called the Organization) shall be the ***attainment by all peoples of the highest possible level of health.***

CHAPTER II – FUNCTIONS

Article 2

(c) to ***assist*** *Governments,* ***upon request****, in strengthening health services;*

(d) to furnish ***appropriate technical assistance*** *and,* ***in emergencies****, necessary aid* ***upon the request or acceptance of Governments****;*

(k) to ***propose*** *conventions, agreements and regulations, and make recommendations* ***with respect to international health matters*** *and to perform such duties as may be assigned thereby to the Organization and are* ***consistent with its objective****;*

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CHAPTER XVI – RELATIONS WITH OTHER ORGANIZATIONS

Article 71

*The Organization may, **on matters within its competence**, make suitable arrangements for **consultation and co-operation** with non-governmental international organizations and, **with the consent of the Government** concerned, with national organizations, governmental or non-governmental.*

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