

Human resources for health

Global health and care worker compact

BACKGROUND

1. The Seventy-fourth World Health Assembly in May 2021 adopted resolution WHA74.14 (2021) on protecting, safeguarding and investing in the health and care workforce, in which it requested the Director-General “to develop, in consultation with Member States, a succinct compilation document under the name of “global health and care worker compact” based on already existing documents of relevant international organizations which aims at providing Member States, stakeholders and relevant other organizations with technical guidance on how to protect health and care workers and safeguard their rights, and to promote and ensure decent work, free from racial and all other forms of discrimination and a safe and enabling practice environment”.
2. The request originated in the context of Member States’ recognition of the tireless efforts of health and care workers at the forefront of the response to the coronavirus disease (COVID-19) pandemic, clear evidence of the pandemic’s persistent and negative impact on their health, wellbeing and practice environment and the designation, by the Seventy-third World Health Assembly, of 2021 as the International Year of Health and Care Workers.¹
3. The pandemic, combined with stressful working conditions in health and care facilities worldwide, has resulted in high numbers of infections and deaths among health and care workers; increased stress, burnout and other serious mental health issues; decreased health worker productivity, performance and retention; an unprecedented number of labour protests; and increased numbers of health and care workers expressing intention to leave and/or resigning from service.
4. As evidenced before the COVID-19 pandemic, the availability, productivity and practice environment of health and care workers is positively associated with the continuity of essential health services, progress towards universal health coverage and emergency preparedness and response.
5. Three consecutive rounds of the WHO global pulse survey on continuity of essential health services during the COVID-19 pandemic, published in August 2020, April 2021 and February 2022 respectively, indicated that a lack of available health workers was the most common cause of disruptions to health services in the majority of Member States. These results were anticipated, and can be read as a confirmation of the persistent workforce challenges that require corrective action and investment.
6. Technical guidance to protect and safeguard health and care workers is therefore of immediate value. It will improve the practice environment, ensure decent work, promote staff health and wellbeing and create conditions conducive to improving the performance and productivity of health systems, thus mitigating the disruptions to essential health services experienced since 2020.

¹ See decision WHA73(30) (2020).

GLOBAL HEALTH AND CARE WORKER COMPACT: PROCESS AND OVERVIEW

7. The global health and care worker compact¹ (hereinafter, the “care compact”) was developed through a four-step process to which standard WHO practices on evidence review for technical products and guidance documents were applied. The process involved the following steps:

- a scoping review, conducted with the WHO Collaborating Centre for National and Global Health Law at the O’Neill Institute, Georgetown University, of all existing international conventions, instruments, treaties and resolutions (hereinafter, collectively, “legal instruments”). These ranged from human rights, labour rights, humanitarian law and other treaties to United Nations declarations, the WHO Global Code of Practice on the International Recruitment of Health Personnel and the WHO Global Strategy on Human Resources for Health: Workforce 2030;
- expert consultations with United Nations entities, representatives of health care professional associations, trade unions, worker organizations and other relevant stakeholders;
- a WHO Secretariat review, across the relevant technical departments and units;
- an open, consultative process with Member States, complemented by progress updates and exchanges in virtual Member State briefings and meetings.

8. The outcome of the evidence review and the oral and written submissions is a technical document that offers a compendium of existing legal and international instruments with extensive referencing to the original source document and internet retrieval. The compilation document represents a global public good to inform future policy and benchmarking on protection and safeguards for health and care workers globally.

9. While the technical guidance draws extensively on existing international legal instruments, labour laws and regulations and States’ obligations, the WHO care compact is a reference document and is not legally binding. Its value is as a common good for health made available to all Member States and relevant stakeholders. The care compact does not suggest what legally binding obligations may exist in any given State, as these depend on each State’s obligations.

10. The care compact sets out complementary management and policy actions structured around four domains, namely: preventing harm; providing support; inclusivity; and safeguarding rights:

- **Preventing harm** includes protection in the work environment, provision of health services to health workers, protection from violence and harassment and protection in situations of armed conflict. The recommendations include strengthening occupational health and safety; providing high-quality, accessible care for physical and mental health needs; offering preventive care, including vaccinations; creating violence-free workplaces, including the prevention and elimination of gender-based violence and harassment against women health workers; and protecting workers engaged in delivering health and care services in situations of fragility, conflict and violence.
- **Providing support** incorporates the decent work agenda, which encompasses fair and equitable remuneration, social protection and an enabling work environment, including compensation for

¹ Available at <https://www.who.int/publications/m/item/carecompact> (accessed 22 March 2022).

overtime and hazard pay where appropriate. Fair remuneration entails providing equal pay for work of equal value, which is an element of importance for closing the gender pay gap and recognizing and valuing unpaid health and care work. Efforts should be made to create enabling work environments with positive supervision and management and opportunities for learning, gaining additional competencies and skills, and career growth.

- **Inclusivity** addresses equal treatment and non-discrimination and the provision of respectful and inclusive work environments, including by providing reasonable accommodation for people with disabling conditions; practising zero tolerance for discrimination; promoting equal labour and human rights; increasing the percentage of women in leadership; and promoting participatory diversity in policy planning and implementation.
- **Safeguarding rights** encompasses freedom of association and collective bargaining. It is recommended that confidential mechanisms should be created to enable health and care workers to report wrongdoing without fear of reprisal.

APPLICATION AND LINKAGES WITH THE SUSTAINABLE DEVELOPMENT GOALS.

11. The care compact is a foundation for further development and application in sub-national, national and global reviews and policy dialogue. In a separate report,¹ the Health Assembly will be invited to consider the Working for Health: draft action plan (2022–2030). The Working for Health: draft action plan (2022–2030) – aligned with the WHO Global Strategy on Human Resources for Health: Workforce 2030 and broader universal health coverage programming – provides a potential mechanism through which to operationalize the care compact with the meaningful participation of Member States, employers, health and care workers and their respective professional associations and unions.

12. As part of the planned activities for 2022–2023, the Secretariat will develop operational tools and guidance to utilize the care compact in order to rapidly assess, review and monitor good practice.

13. Additionally, the care compact is of value in the promotion and attainment of gender equality in the health and care economy and thus for enabling inclusive and sustainable economies. The health and care sectors create jobs for a predominantly greater share of women than other employment sectors. Best practice across the four domains would enable measurable progress against Sustainable Development Goals 5 (Achieve gender equality and empower all women and girls) and 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all) for the millions of women worldwide who do not enjoy these rights and conditions today. WHO will continue to work with and across the United Nations and its technical entities, including the United Nations Entity for Gender Equality and the Empowerment of Women and the International Labour Organization, to support the United Nations Decade of Action to deliver the Sustainable Development Goals, including Goal 5, and the Global Acceleration Plan for Gender Equality.

ACTION BY THE HEALTH ASSEMBLY

14. The Health Assembly is invited to note this report and to encourage Member States and all relevant stakeholders to utilize, where relevant, the global health and care worker compact as a

¹ Document A75/12.

benchmark to inform national review and action, including implementation, within the Working for Health: draft action plan (2022–2030).

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