



World Health Organization
INB Bureau
Avenue Appia 20
1211 Geneva 27
Switzerland
governanceunit@who.int

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Intervention to INB 7 on the Proposal for negotiating text of the WHO Pandemic Agreement

Dear INB Bureau, dear Member States,

The WMA is submitting a joint statement on behalf of the World Health Professions Alliance, representing over 41 health professionals around the world. We will be focusing our inputs on article 6 and article 7.

We are very pleased to see this negotiation text and we want to thank the Bureau and delegates for listening and incorporating our previous suggestions. Below is our feedback on each of the articles mentioned.

Article 6 on preparedness, readiness and resilience

We appreciate the strengthening of entire health systems and strengthening public health functions. During inter-pandemic periods, the development of quality essential health and care services and strengthening a multidisciplinary workforce will provide the resilience needed during pandemic response.

We would like to add under paragraph 2 e) that the development of rehabilitation and post-pandemic health systems should also include health and care workforce recovery strategies.

As for implementation, investment would be required from each party. Investing in health systems and investing in the health and care workforce must be one key output from this article for Member States. We also appreciate the global cooperation on strengthening health systems everywhere from paragraph 3.



Article 7 on health and care workforce

Paragraph 1:

- We appreciate the text “**safeguard, protect, invest in and sustain a skilled, trained, competent and committed**” health and care workforce, including public health and emergency workforce.
- We noticed that the following sentence was removed from the Bureau’s previous text “with due protection of employment, civil and human rights, and safety and well-being, consistent with applicable international obligations and relevant codes of practice”. To be fully aligned with the principles of the Working for Health 2022-2030 Action Plan and the Global Health and Care Worker Compact, we would encourage Member States to add back the **protection of employment, rights, safety and well-being**. It summarises the upcoming sub-points for paragraph 1 and would be missing otherwise. Further the aim should be to create a sustainable health workforce and work towards establishing effective health workforce planning, education and training, and retention strategies that will reduce the need to recruit migrant health personnel.
- 1. A) we appreciate the training and education of a multi-disciplinary workforce, but we don’t like the usage of the word “deployment”. Employment would be more appropriate in this context. The essence of this paragraph is education and employment.
- 1 b) we appreciate the inclusion of “youth workforce”
- 1 c) we appreciate the emphasis on the safety of the health and care workforce with priority in infection prevention and harm reduction and their protection against violence and harassment. We would appreciate the addition of a sentence on providing support to the workforce such as “**with integration of mental health and physical health care and benefits to protect and safeguard workers during the pandemic response period and in the recovery period.**” Many health and care workers were deeply traumatized during the pandemic and still sustain burnout symptoms, and this requires mental health care from our states.
- 1 d) We appreciate the inclusion of workforce planning. But it is limited in function when followed by “~~deployment~~/**employment**” in the sentence. Workforce planning allows data-driven planning and investment in the workforce and as per article 6 paragraph 2 b), it will allow “sustaining and strengthening the capacities of the multidisciplinary workforce needed during interpandemic periods and preparing for and ensuring surge capacity during pandemics”. We think that planning should reflect benefits in both strengthening of capacity of overall multidisciplinary workforce and then of course, it will be of use for acute pandemic response if deployment, or a better formulation, redistribution of workforce is needed.
- 1d) we would like to reiterate our concern every time the word deployment is used, equally with the concept of global public health workforce, about the absence of any reference to



World Health Professions Alliance (WHPA)
C/o FDI World Dental Federation,
Avenue Louis-Casai, 51, 1216 Geneva, Switzerland
info@whpa.org - <http://www.whpa.org/>

unethical recruitment of health personnel. Health workers recruitment and migration may deplete the workforce in countries which are already short staffed; and even if the Global Code of Practice for Recruitment of Health Personnel cannot be referenced in this instrument, ethical workforce recruitment should be added in article 7 as it is one of the key lessons from the Covid-19 pandemic.

- Finally, we appreciate the language on financial investment in the workforce in developing countries and the language around strengthening the national public health workforce and national public health institutions and systems.

Dear excellencies, there is no health and no pandemic preparedness and response without health and care workers. As Dr Tedros said in his closing speech during the 5th Global Forum for Human Resources for Health in April this year, "Health and care workers deserve more than thanks. They deserve quality education and training; They deserve safe working conditions; They deserve decent pay; And they deserve respect. They deserve our every effort to protect, invest, together."

Sincerely,

Jonathon Kruger
WHPA Chair and CEO of World Physiotherapy