

World Medical Association (WMA)  
Medicus Mundi International Network (MMI)

Geneva, 21 March 2024

**INB9: Joint statement on Article 7 “Health and care workforce”  
of document A/INB/9/3, with some text proposals**

Dear INB members,

We kindly draw your attention to some remarks and text suggestions regarding Article 7 of the new draft negotiation text, as follows:

1. **We express our overall assessment and concern that, compared with other articles of the draft, the overall level of legally binding regulation of Article 7 remains weak.** The complicated reservations and the relationship of the Pandemic Agreement with national law and circumstances as expressed in the current draft are already framed in other sections of the document.

*Proposal: Replace the introductory clause that “Each Party, in accordance with its national circumstances, commits to take, where appropriate, the necessary measures to...” with the simple “Each Party shall...”*

2. **Our experience in the pandemic showed us that “Safe Workers Save Lives.” Therefore, the Pandemic Agreement is an important opportunity to strengthen existing normative frameworks to promote safety, decent work and social protection for all health and care workers on the frontlines of health emergencies and pandemics, while protecting the health systems of developing countries in addressing the shortage of skilled health and care workers.**
3. **We welcome the fact that the revised draft negotiation text reintroduces key wording on decent working conditions, addressing mental health and well-being, priority access to necessary tools, supplies and pandemic-related products, as well as addressing harassment, violence and threats against health and care workers.**

*Proposal: Include “gender-based violence” in Art 7.1a, given that women comprise the majority of the health and care workforce and bearing in mind the very high level of gender-based violence and harassment suffered by women health and care workers.*

- 4. We welcome the attention placed in addressing disparities, inequalities and issues related to gender and youth, unequal remuneration and opportunities and the barriers faced by women in attaining leadership and decision-making roles. We equally commend the emphasis placed on ensuring the meaningful representation, engagement, consultation, participation and empowerment of all health and care workers, which could further be institutionalised by including social dialogue.**

*Proposal: In Art. 7.1b, after "Address", add "decent work deficits", and at the end of this article, add "in effective social dialogue".*

- 5. We amplify the urgency of action that is now required to address the critical global shortage of health and care workers, which in itself constitutes a global health emergency.** In view of this, we welcome the reference to the WHO Code of Practice and other applicable international norms, codes and standards.

*Proposal: Insert "fair and ethical" when referring to international recruitment. Fair recruitment ensures respect for international labour standards, while ethical recruitment ensures the protection of the health systems of developing countries. At the end of Art 7.3 insert "while respecting core labour standards".*

- 6. We support the ILO's [call](#), as currently reflected in Art. 7.6, that the protection of the lives, livelihood and rights of workers should also be extended to other essential workers that provide essential public goods and services during pandemics.**

Thank you for your attention.

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## Contacts

Julia Tainijoki Seyer, for WMA  
[julia.seyer@wma.net](mailto:julia.seyer@wma.net)

Thomas Schwarz, for MMI  
[schwarz@medicusmundi.org](mailto:schwarz@medicusmundi.org)

The statement is supported by Public Services international

Genevieve Gencianos, for PSI  
[Genevieve.Gencianos@world-psi.org](mailto:Genevieve.Gencianos@world-psi.org)

