



Joint Statement
Pandemic Instrument Working Draft WHO CAII
19 July 2022

International Council of Nurses (ICN)
Frontline Health Worker Coalition
Women in Global Health

The Pandemic Instrument Working Draft (WHO CAII) dated July 13, 2022 sets out a strong intention to protect the public, set up governance and financing mechanisms and provide systems and countermeasures. Being the second draft of this instrument, it has developed, and now includes Universal Health Coverage as a key element to ensuring robust health systems for pandemic preparedness, response and recovery (PPR). It includes gender equality as a Principle, marking an important shift to prioritize this issue. Finally, it has incorporated a section on the health workforce under the Specific Provisions, demonstrating a recognition of the crucial role healthcare workers play in PPR.

However, while it acknowledges health service users and issues of equity between and within countries, it unfortunately misses a major lesson learned from the COVID-19 pandemic, that the healthcare workforce, (70% of whom are women and 90% of frontline healthcare workers who are women) faced underpaid, unpaid, and unsafe conditions. There is now a consequent and alarming 'Great Resignation' of healthcare workers coming on top of the predicted 18 million healthcare worker shortfall prior to the pandemic.

Protecting healthcare workers who are essential for strong health systems and global health security is crucial for PPR. This requires sustained and needs-based investment in health systems and the healthcare workforce. Supporting both the recruitment, motivation, deployment and retention of healthcare workers and the delivery of safe, affordable and accessible health care services and robust workforce planning measures is key to ensuring that the supply of healthcare workers is sufficient to meet population health needs.

As Member States and the Intergovernmental Negotiating Body (INB) prepare to meet next week for the second session to discuss the Working Draft (WHO CAII), the International Council of Nurses (ICN), the Frontline Health Worker Coalition and Women in Global Health call on decision makers to consider our recommendations for WHO CAII, specifically on:

1. fair and equal pay for healthcare workers;
2. safe and decent working conditions for healthcare workers
3. fit for purpose personal protective equipment and infection controls for healthcare workers, especially frontline workers.



The support to, protection of and investment in healthcare workforce is central to future pandemic prevention, preparedness, response and recovery and indeed to strengthening global health in general.

Requested additions:

WORKING DRAFT, PRESENTED ON THE BASIS OF PROGRESS ACHIEVED, OF A WHO CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREVENTION, PREPAREDNESS AND RESPONSE (THE “WHO CAII”) FOR THE CONSIDERATION OF THE INTERGOVERNMENTAL NEGOTIATING BODY AT ITS SECOND MEETING

Preamble

ADD: Recognizing that the health and care workforce, 70% women, are central to strong health systems and pandemic preparedness and response and therefore robust workforce planning measures must be in place to ensure the supply of health and care workers and these must be provided with safe and decent working conditions and equal pay.

Part III. General obligations

(9) ensure long-term, sustainable and predictable financing and mobilization of human resources, including necessary surge capacity, for pandemic prevention, preparedness and response at the national level;

ADD: ensure healthcare workers have safe and decent working conditions and fair and equal pay;

(10) ensure sustainable and predictable financing of global systems and tools, and global public goods through relevant international organizations, institutions and partners;

ADD: ensure financing covers safe and decent working conditions and fair and equal pay for health workers

Part IV. Specific provisions/areas/elements/obligations

1. Achieving equity

(a) measures to ensure availability and accessibility to quality, safe and effective affordable health care services (including clinical and mental health care ADD: for health service users and



healthcare workers), and pandemic response products through primary health care and universal health coverage;

(d) measures to ensure priority of access to pandemic response products ADD: including fit for purpose PPE and infection controls by health care workers, other frontline workers and vulnerable persons;

ADD: measures to ensure healthcare workers receive equal pay;

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) A/INB/2/3 13 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;

ADD: ensure healthcare workers have safe and decent working conditions and equal pay;

ADD: Policy to safeguard health workers in accordance with ILO 190 Eliminating Violence and Harassment at Work

ADD: Fully implement the WHO Global Health and Care Worker Compact

(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 competencies;

(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;

ADD: ensure sustained and needs based investment in health systems and the healthcare workforce to support both the recruitment of and retention of healthcare workers and the



delivery of safe and accessible healthcare services. This includes education (postgraduate and CPD) and non-monetary incentives as means for recruitment and retention.