



PSI

Centering Our Solutions on the Health and Care Workforce: Decent Work and Social Dialogue at the Heart of Universal Public Health and Care Systems

By:

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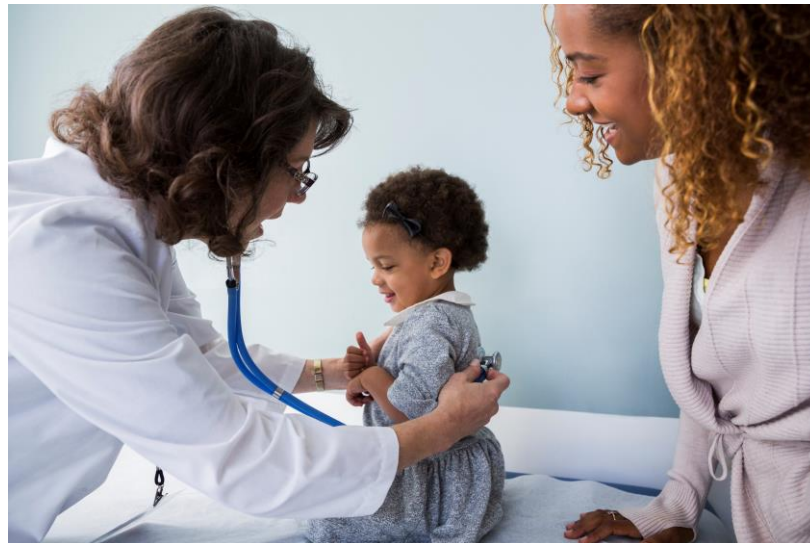
MMS Symposium 2024, Health Workforce Shortage: Are there Potential Ways Out of the Current Healthcare Crisis?, 30 October 2024, Basel

Global Health Workforce Crisis

- Projected 10 million shortage of health workers by 2030.
- Crisis dimensions: Decent work, equity, and chronic underfunding of health and care systems, more acute in the Global South.
- 6.1 million health workforce shortage in the African region (WHO, 2022)

Overview of the Health and Care Workforce

- Predominantly women, many are migrant workers, undervalued and underpaid.
- Community health workers are being used to fill the gap especially in underserved areas



Challenges Faced by Health and Care Workers

- *Post-Pandemic Realities:* Praised as “essential” workers but continue to be unrewarded and undervalued.
- *Conditions Leading to Migration:*
 - Poor working conditions, low pay, limited career advancement, discrimination
 - Workers leave the profession or migrate seeking better opportunities.
 - Mental health crisis facing health workers
 - In destination countries, many migrant health and care workers end up in same precarious conditions and experience discrimination



PSI's Role and Call to Action

PSI as the global trade union federation:

- 700 unions, representing 30 million public service workers across 154 countries, more than half are in the medical, health and social care sectors.
- Advocates for worker rights, fair and ethical recruitment and strong and robust universal public health and care systems that delivers quality health care for all
- Core Objective: Address the global health workforce crisis holistically, with decent work and social dialogue as pivotal drivers.

Global Social Responsibility and Sustainable Public Funding

Action Point 1: Global social responsibility with funding for the long-term sustainability of health care systems, quality public services and the right to health.

- Health as a human right and a public good
- Responsibility of the State in financing, provision and regulation of health care.

Privatisation: Reject for-profit extraction in health and care. Oppose public-private partnerships and their adverse impacts on right to health, reduced quality of care, unsafe staffing and deteriorating working conditions and misuse of public funds. This further exacerbates inequality and health inequities.

Strengthening the WHO Global Code

Action Point 2: Enhanced WHO Global Code of Practice for fair and ethical recruitment.

- Full implementation and compliance monitoring to support ethical recruitment practices.
- *Why This Matters:* Unethical and unregulated recruitment and non-compliance contribute to exploitation and brain drain; weaken health and care systems
- Strengthen the spirit of the Code and operationalise its principles.

Guarantee Fundamental Labour Rights of All Health and Care Workers

Action Point 3: Safeguard labour rights for migrant workers.

- Freedom of Association: Organising and representation into the unions for all health and care workers.
- Collective Bargaining: improving working conditions, remuneration, safety, and retention
- Decent Work: Fundamental Principles and Rights at Work
- Gender equality and non-discrimination: Inclusion of vulnerable groups of workers in trade union agenda: temporary migrant health and care workers, community health workers and workers in the informal sector

Bilateral Labour Migration Agreements (BLMAs)

Action Point 4: Ensure fair and ethical recruitment and core labour standards in BLMAs.

- Align with ILO labour standards, ILO Fair Recruitment Guidelines, and the WHO Global Code.
- PSI has developed a Roadmap on Bilateral Labour Migration Agreements on Health Worker Migration and Mobility (2023)
- Goal: Guarantee the rights of migrant health and care workers, ensure fair and ethical recruitment and mitigate the negative impacts of migration on health systems.

Promoting Social Dialogue in Migration Policy

Action Point 5: Foster social dialogue at all stages of migration cycle

- Engagement: Governments, employers, unions shaping rights-based, gender-responsive migration policies, employment policies and bilateral labour migration agreements.
- Benefits: Wins workers' rights, decent work conditions, right to health and health equity.



Building Strong Alliances and Civil Society Engagement

Action Point 6: Engage civil society and broader social movements.

- Strengthening coalitions between trade unions and civil society in addressing the global health and care workforce crisis
- Movement building around issues of health equity, labour rights, gender equality, climate, tax and economic justice
- Defending universal access to health and care systems in both the global North and the global South

Conclusion:

Centering on the Health and Care Workforce in achieving Right to Health for All

Urgency of systemic, holistic and collective solutions: Address intersecting crises in global health workforce shortages.

Final Message: Health and care workers are the backbone of universal health and care systems—supporting them is essential for equitable global health.

Key Actions: Public funding for strong, robust and universal public health and care systems, Decent work, fair and ethical recruitment, labour rights, rights-based migration policies and BLAs, and promoting social dialogue.

Our Theory of Change: Defending well-funded, strong, universal public health and care systems through rights-based labour migration governance, fair and ethical recruitment, organising, and promoting decent work for all health and care workers.

Thank you!!!

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