



**PSI Health and Social Services Task Force meeting
 Room III, ILO, Geneva
 15 – 16 February 2018
 Agenda, participants list and panel descriptions**

DRAFT AGENDA

	Thursday 15 February 2018
09:30 - 10:00	Opening session
	Welcome Introductions Overview of meeting and arrangements
10.00 – 11:00	Reports - From Head Office: activities since the 2016 HSSTF - From the regions/affiliates; identifying challenges and achievements
11:00 - 11:30	Tea/Coffee Break
11:30 - 12:30	Panel 1: People Over Profit: Towards implementation of the PSI Programme of Action: 2018-2022 - Identifying peculiarities and priorities in regions - Setting a timeline/workplan for collective action Panellists: Candice Owley (USA), Sari Koivuniemi (Finland), Ramji Ghimire (Nepal)
12:30 - 14:00	Lunch Break
14:00- 15:15	Panel 2: Privatisation/MNCs/PPPs: strategic considerations for action A look at developments since the 2016 HSSTF and what we should be concretely doing now. Panellists: Jane Lethbridge (PSIRU), Mark Kearin (NSWNMA, Australia), Maryvonne Nicolle (CFDT, France), Sandra Vermuyten (Head of Campaigns, PSI)
15:15 - 16:00	Panel 3: Financing Health Care; concerns of health workers
	Financing public health, challenging austerity measures, fighting for improvement in employment and working conditions of health workers: lessons, challenges and prospects. Panellists: Christiane McAnea (UNISON, UK), Rodrigo Manuel Lopez Garcia (Costa Rica), Issoufi Maiga (Mali)
16:00 - 16:45	Panel 4: International Platform on Health Worker Migration
	Contextualising the unfolding dynamics of global governance on health labour migration: understanding the Global Skills Partnership and influencing the framing of its narrative.

	Panellists: Herbert Beck (Ver.di, Germany), Ibadat Dhillon (WHO), Genevieve Gencianos (PSI)
16:45 -17.00	Break
17.00 – 18.00	Group (work on the workplan): session 1
18.00 – 19.00	Reception

	Friday 16 February 2017
9:00 – 10:30	Panel 5: PSI Right to Health campaign; review and planning for 2018-2022
	<ul style="list-style-type: none"> - Exploratory evaluation of the pilot phase December 2016-October 2017 - Discussion on how the campaign relates with the sectorial work in general - Consideration of steps to be taken in 2018-2022 Panellists: Letsatsi Modise (DENOSA, South Africa), Nor Hayati Abd Rashid (MNU, Malaysia), Nina Bergman (Värdförbundet, Sweden), Jorge Yabkowski (FESPROSA, Argentina)
10:30 – 11:00	Break
11:00 - 12:30	Panel 6: <i>Working for Health</i>: deepening cooperation with the WHO & ILO
	<ul style="list-style-type: none"> - Collaboration with the WHO -Dr Tana Wuliji (WHO) - ILO Tripartite meeting on Improving Employment and Working Conditions in the health services; from recommendations to action – Christine Wiskow (ILO)
12:30 – 14:00	Lunch
14:00 – 14.45	Panel 7: Social Work and Social Protection Systems: enhancing PSI sectoral work in social services
	<ul style="list-style-type: none"> - Social Protection Floors and Universal Health Care - Improving organising and representation in the social services Panellists: Valerie Schmidt (ILO SOCPRO) tbc, Mathias Maucher (EPSU, HSS Policy Officer) and Jorge Yabkowski (FESPROSA, Argentina)
14.45 - 16:00	Group work (on the workplan): session 2
16:00 - 16:15	Break
16:15 - 17:30	Plenary Discussion of Working Groups' Submissions
	Wrap-up, closing remarks

People Over Profit, PSI Programme of Action 2018-2022: <http://congress.world-psi.org/wp-content/uploads/2017/08/EN-PoA-inc-amdmtsaddendum-final-Aug-2017-circ-8.pdf>

PSI Health Pages : <http://www.world-psi.org/en/issue/health-and-social-care-services>

PSI Right to Health campaign page: <http://www.world-psi.org/en/right-health-campaign-better-future-publichealth4all>

PSI *Right to Health* subscription page: <http://campaigns.world-psi.org/h/r/D3C8DE7AC9C4DE38>

PSI *Right to Health* past issues: <http://www.world-psi.org/en/right-health-newsletter-all-issues>

Double standards on PPPs: <http://www.world-psi.org/en/double-standards-how-uk-promotes-rip-health-ppps-abroad>

PSI statement on World AIDS Day: <http://www.world-psi.org/en/right-health-central-kicking-out-hiv-aids>

“Working for Health” Five-year Action Plan for Health Employment and Inclusive Growth (2017-2021):

http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_18-en.pdf?ua=1

Global strategy on human resources for health: Workforce 2030:

http://who.int/hrh/resources/global_strategy_workforce2030_14_print.pdf?ua=1

Dublin Declaration on Human Resources for Health: Building the Health Workforce of the Future:

http://www.who.int/hrh/events/Dublin_Declaration-on-HumanResources-for-Health.pdf

Report from EPSU Standing Committee Health and Social Services: <http://www.epsu.org/article/report-standing-committee-health-and-social-services>

Call to Action Liberia: <http://www.world-psi.org/en/respect-right-organise-reinstate-liberian-trade-union-leaders-now>

Health and Social Services Task Force

Room III, ILO, Geneva, Switzerland

List of Participants

Africa & Arab Countries

Issoufi S. Maiga	M	MALI	Fédération des Syndicats du Secteur Public	Vice-Président
Anan Qadri	F	PALESTINE	Health Services Union - Westbank	General Secretary
Modise Lesley Letsatsi	M	SOUTH AFRICA	Democratic Nursing Organisation of South Africa	1st Deputy President

Asia & Pacific

Mark Anthony Kearin	M	AUSTRALIA	New South Wales Nurses and Midwives' Association	Ag. Asst. General Secretary
Nor Hayati Binti Abd Rashid	F	MALAYSIA	Malayan Nurses Union	President
Ramji Ghimire	M	NEPAL	Health Professional Organization of Nepal	President

Europe

Mathias Maucher	M	BELGIUM	European Federation of Public Service Unions	Policy Staff (Health & Social Services)
Ivana Brenková	F	CZECH REPUBLIC	Trade Union of the Health Service and Social Care of the Czech Republic	Vice-President
Sari Koivuniemi	F	FINLAND	The Union of Health and Social Care Professionals	Manager for International Affairs
Cyrille Duch	M	FRANCE	Fédération Santé-Sociaux	Secrétaire fédéral, Europe - International
Maryvonne Nicolle	F	FRANCE	Fédération Santé-Sociaux	Secrétaire Fédérale
Irakli Amiranashvili	M	GEORGIA	Health, Pharmaceutical and Social Care Workers' Independent Trade Union	
Herbert Karl Beck	M	GERMANY	Vereinte Dienstleistungsgewerkschaft	Health Contact
Signe Hananger	F	NORWAY	Norwegian Union of Municipal and General Employees	Health section chief of staff
Kurt Ronning	M	NORWAY	Norwegian Union of Municipal and General Employees	Health section vice-chair
Razvan Gae	M	ROMANIA	Romanian Trade Union Federation SANITAS	Head of Organisation Department
Nina Bergman	F	SWEDEN	Swedish Association of Health Professionals	International Secretary
Yvonne Gräsman	F	SWEDEN	Swedish Municipal Workers Union	Loc/Reg Gvt Contact
Margaretha Johansson	F	SWEDEN	Swedish Municipal Workers Union	Staff
Christina McAnea	F	UNITED KINGDOM	UNISON	Assistant General Secretary

Inter-America

Jorge Ernesto Yabkowski	M	ARGENTINA	Federación Sindical de Profesionales de la Salud de la República Argentina	President
María Fernanda Boriotti	F	ARGENTINA	Federación Sindical de Profesionales de la Salud de la República Argentina	International Secretary
Rodrigo Manuel López García	M	COSTA RICA	Asociación Nacional de Profesionales en Enfermería	General Secretary
Candice Owley	F	UNITED STATES OF AMERICA	American Federation of Teachers	Vice-President

Carl Leinonen	M	UNITED STATES OF AMERICA	Service Employees International Union	Field Director for Global Organizing
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Panellists

Christiane Wiskow	F	SWITZERLAND	Staff Union of the International Labour Organization	Member
Jane Lethbridge	F	UNITED KINGDOM	Public Services International Research Unit	Director
Ibadat Dhillon	M	SWITZERLAND	World Health Organization	Technical Officer
Tana Wuliji	F	SWITZERLAND	World Health Organization	Technical Officer

Ex Officio

Rosa Pavanelli	F	FRANCE	Public Services International	General Secretary
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Staff

Baba Aye	M	FRANCE	Public Services International	Health and Social Services Officer
Genevieve Gencianos	F	FRANCE	Public Services International	Migration Project Coordinator
Caroline Taleb	F	FRANCE	Public Services International	Staff
Sandra Vermuyten	F	FRANCE	Public Services International	Head of Campaigns
Kaizala Tembo	M	ZAMBIA	Public Services International	Intern, GLU

Panel 1: People Over Profit: Towards implementation of the PSI Programme of Action (2018-2022)

The Programme of Action: 2018-2022 adopted by the 30th PSI World Congress aims at fighting for **People Over Profit**, with an overarching vision to: defend a strong democratic state and an inclusive society; ensure gender equality, respect and dignity for all; economic development which benefits all; redistribution of wealth and strengthened workers' power.

In section 7, the PoA commits to making sectors stronger by strengthening sectoral networks, and organising to defend affiliates and their members. Equalities, cross-cutting issues, fighting privatisation and defence of trade union rights are to be incorporated and driven through sector work.

Section 7.2 dwells on the health sector. It notes the contradictory context of international covenants to achieve health for all and improvement in employment and working conditions in the health services on one hand and austerity measures, privatisation and the increasing role of multinational corporations in international health.

Towards addressing the challenges and boosting the opportunities for growth and development, the PoA commits health affiliates to: *mobilise public opinion and intervene in the policy-formulation processes at national, regional and global levels to advocate for universal public health coverage; fight to reverse privatisation of health services and return them to the public sector, and; union growth.*

The panel discussion will aim at identifying ways and manners that PSI health affiliates could implement the tasks outlined in the PoA, which take note of the peculiarities and priorities in different regions towards consolidating our collective strengths and capacities for action. On this basis, it will equally lay a template for Working groups' formulation of a Workplan that will be considered at the end of the Task Force meeting.

Proposed Panellists

Candice Owley (USA), Sari Koivuniemi (Finland), Ramji Ghimire (Nepal)

Background information:

<http://congress.world-psi.org/wp-content/uploads/2017/12/EN-Vol-1-Draft-PoA-adopted-by-Congress-Nov-2017.pdf>

Panel 2: Privatisation/MNCs/PPPs: Strategic considerations for action

The corporatization of health and social services which has been on the fast lane since the beginning of the global economic crisis a decade ago has not abated. In its different forms, commodification of health has continued with governments' policies that promote privatisation, and PPPs being spurred by MNCs and through the instrumentality of bilateral, regional and plurilateral free trade agreements.

PSI has commissioned a number of studies into this menace to the public health system and realisation of the right to health with severe consequences for the health and social workforce, mainly through PSIRU. It was also a major item of discussion at the 2016 HSSTF meeting. Affiliates in several countries and regions have also been at the fore of fightbacks, which have included communities and/or civil society organisations.

Examples include the mobilisations done by several affiliates in Europe within the European Network Against Privatisation and Commercialisation of Health and Social Protection, which has organised mass demonstrations every 7 April and the impressively successful anti-privatisation campaign in New South Wales, Australia which stopped PPP arrangements designed for five hospitals by the government.

It is quite important for us to collectively deepen our understanding of the problem and forge a more strategic approach that would draw from the lessons of our diverse experiences towards strengthening our collaboration across borders which is necessary for defeating big businesses interests in the health and social services "economy".

The panel will thus:

- Present an updated version of the 2015 briefing paper: *Health Care Reforms and the Rise of Global Multinational Health Care Companies*;
- Sharing experiences on anti-privatisation campaigns and activities of affiliates to curb corporate power, in defence of public health;
- Relate our anti-privatisation campaign to the tasks of organising as building workers' power;
- Consider challenges and prospects for the PSI anti-privatisation campaign in the health and social services sector;
- Consolidate on the introduction of the PSI **People Over Profit** platform unveiled at the 30th World Congress.

Panellists

Jane LETHBRIDGE (PSIRU), Mark KEARIN (NSWNMA, Australia), Maryvonne NICOLLE (CFDT, France), Sandra VERMUYTEN (Head of Campaigns, PSI)

Background information:

[http://www.psiru.org/sites/default/files/2015-05-H-](http://www.psiru.org/sites/default/files/2015-05-H-Healthcarereforms&riseofglobalhealthcarecompanies.pdf)

[Healthcarereforms&riseofglobalhealthcarecompanies.pdf](http://www.psiru.org/sites/default/files/2015-05-H-Healthcarereforms&riseofglobalhealthcarecompanies.pdf)

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-7-19>

<http://www.world-psi.org/en/taking-back-control>

<http://www.theherald.com.au/story/5190911/going-public-government-to-build-and-run-new-maitland-hospital/>

<https://newint.org/blog/2018/01/18/UK-exporting-PPPs>

<http://www.world-psi.org/en/double-standards-how-uk-promotes-rip-health-ppps-abroad>

Panel 3: Financing health care; concerns of health workers

The funding of health systems is an issue of great importance. According to the World Health Organization, 150 million people are thrown into the abyss of poverty every year, from out of pocket expenditure on healthcare. It is thus quite pertinent that attaining universal health care requires adequate funding and the prioritisation of *public* financing mechanisms.

As workers delivering healthcare services, we are concerned with appropriate funding for particular as well as general reasons. We are committed to the attainment of universal health care, as a critical element of social protection, and challenge the formulation of the problem as one of universal health *coverage*. This is best realised as universal public health care, which the evidence shows produces better health outcomes.

And because financial outlay for the health workforce necessarily ranges between 40% and 80% of health systems' funding, we equally have a particular trade union interest to ensure adequate funding of the health services.

However, in the wake of the global economic crisis and demographic changes that have contributed to increase in health costs, governments and states have taken the pathway of fiscal consolidation with dire consequences for public funding of health systems expressed as adverse impact on healthcare delivery for poor working-class people, the elderly, women, children and other vulnerable groups in society.

Austerity measures which have particularly targeted the health workforce include; wage freezes, moratorium on employment and contracting out of (non-clinical and in some cases clinical) services. Unions have been fighting against this situation in several ways, including through: social dialogue; deputations to governments; community mobilisation; mass protests and in some cases, strikes.

The 2030 Agenda for Sustainable Development (ASD) highlights the interdependence of the health and wellbeing of everyone in society and development. While the recommendations of the United Nations High-Level Commission on Health Employment and Economic Growth and the ILO Tripartite Meeting on Improving Employment, and Working Conditions in Health Services reinforce the role of the health workforce in delivering people-centred universal health care.

These are normative instruments for our argument in favour of improved funding of health systems in general and the expansion of decent jobs in the health sector, internationally. A major challenge remains how to utilise these instruments and the national policy environment in our various countries to win improved financing for healthcare that will equally translate into enhanced employment and improved working conditions for health workers.

This panel will involve the sharing of experiences from high-, middle-, and low-income countries that will leadoff discussions on how we could generate strategies and fresh ideas to further our different struggles and forge solidarity to strengthen these, as a global trade union movement.

Proposed Panellists:

Christiane McAnea (UNISON, UK), Rodrigo Manuel Lopez Garcia (Costa Rica), Issoufi Maiga (Mali)

Background information:

http://www.who.int/hrh/com-heeg/reports/com-heeg_new-investments/en/

http://www.who.int/hrh/news/2017/working4health_fiveyearactionplan/en/

http://www.ilo.org/sector/activities/sectoral-meetings/WCMS_508523/lang--en/index.htm

<http://www.world-psi.org/en/financing-health-care-false-profits-and-public-good>

<https://evolvepolitics.com/doctors-up-and-down-britain-have-been-brutally-exposing-jeremy-hunts-lies-about-the-nhscrisis/>

Panel 4: International Platform on Health Worker Migration

Of the ten Recommendations from the UN High-Level Commission on Health Employment and Economic Growth (UN COMHEEG), recommendation no. 9 is to *“Advance international recognition of health workers’ qualifications to optimize skills use, increase the benefits from and reduce the negative effects of health worker migration, and safeguard migrants’ rights.”* This is supported by an immediate action by March 2018, of the *“establishment of an international platform on health worker mobility”* through an interagency cooperation between the ILO, OECD and the WHO (A70/18).

Furthermore, within the UN, negotiations towards a Global Compact on Migration are taking place between February and July 2018. The Global Compact, among others, speaks of ‘fostering the benefits of migration, including labour migration, of which the concept of “Global Skills Partnerships” (GSP)” is being introduced and has a high uptake among member states.

In a nutshell, the GSPs are bilateral public-private partnerships to source skills from developing countries (countries of origin) in order to address the skills shortage in developed countries (countries of destination). There are many variations being modelled to distribute the benefits of the GSP between origin and destination countries and the workers, but the primary sector being identified for piloting is the health sector, i.e. nursing.

The panel discussion will seek to increase participants’ understanding of the GSP, particularly in the health sector, generate debate that will help inform PSI’s analysis and engagement in relation to the GSP, the international platform on health worker mobility and the UN Global Compact on Migration. A resource person will be invited from the WHO or the ILO to present the initiatives being undertaken towards piloting the GSP in the health sector, in the context of these global processes.

Panellists:

Genevieve GENCIANOS, PSI Migration Programme Coordinator (to present a brief background on the global processes)

Ibadat DHILLON (to present the interagency cooperation on the platform and their initiatives around the GSP).

Herbert BECK, Ver.di (perspective from Ver.di)

Background information on the GSP:

<https://www.cgdev.org/sites/default/files/clemens%20global%20skill%20partnerships%20cgd%20web.pdf>

<http://www.oecd.org/dev/development-posts-global-skill-partnerships-a-proposal-for-technical-training-in-a-mobile-world.htm>

On the UN Global Compact on Migration:

<http://refugeesmigrants.un.org/migration-compact>

<http://www.world-psi.org/en/psi-contributions-thematic-consultations-towards-global-compact-migration-2018>

Panel 5: PSI Right to Health campaign; review and planning for 2018-2022

At the last HSSTF meeting on 12-13 December 2016, we launched the PSI Human Right to Health global campaign and collectively drew up a workplan for its first year, working as language-based working commissions (English, French and Spanish). It is aimed at mobilising public opinion and winning policy influence for universal *public* health care and the improvement, in ways and manners that:

- Integrate advancing trade union rights, fighting privatisation and cross-cutting issues (e.g. migration, and climate change) into the narrative and fight for UPHC;
- Deepen PSI's intervention within the mechanisms, processes and structures of global governance, which could help foster accelerated action towards implementing SDG target 3.8 and the 5-Year Action Plan for implementing the UNComHEEG report/recommendations;
- Strengthen the efforts of PSI affiliates in the sector at national and regional levels to campaign for improved funding for health and budget accountability, towards establishing universal public health coverage;
- Advance our work with other GUFs, non-affiliated unions, national trade union centres, civil society organisations and other allies for the attainment of the overarching goal of the campaign.

The campaign has involved activities at all tiers of PSI work i.e. at the global, regional, sub-regional, national and local levels, although with different levels of success in different regions and countries, particularly with regards to global days of action, and regional/sub-regional/national launches of the campaign.

It was noted that the period of the campaign lasting till the 30th World Congress was a pilot phase to draw lessons from. Congress subsequently provided us with a fresh mandate for the campaign as a 5-year project.

The panel comprising HSSTF members from the each of the four regions that were part of the formulation of the pilot phase, at the last meeting of the Task Force will based on their experiences, deliberate on: what worked and what didn't; how the campaign relates with the sectorial work in general, and; consideration of steps to be taken in 2018-2022.

Panellists:

Letsasi MODISE (DENOSA, South Africa), Nor Hayati ABD RASHID (MNU, Malaysia), Nina BERGMAN (Vardforbundet, Sweden), Jorge YAKBOWSKI (FESPROSA, Argentina)

Background information:

<http://www.world-psi.org/en/right-health-campaign-better-future-publichealth4all>

<http://www.world-psi.org/en/manifesto-psi-human-right-health-global-campaign>

<http://www.world-psi.org/en/our-health-not-sale-psi-affiliates-mark-world-health-day-struggle-right-health>

<http://www.world-psi.org/en/right-health-newsletter-all-issues>

<http://www.world-psi.org/en/psi-launches-right-health-afrec>

<http://www.world-psi.org/en/psi-launches-human-right-health-campaign-oceania-sub-region>

<http://www.world-psi.org/en/human-right-health-campaign-southern-french-speaking-africa>

Panel 6: Working for Health: deepening cooperation with the WHO and ILO

The United Nation's Secretary General's High-Level Commission on Health Employment and Economic Growth was constituted in March 2016, as a demonstration of commitment to achieving the 2030 Agenda for Sustainable Development which recognised the centrality of the health workforce to this aim, being the backbone of the healthcare delivery system.

It was a watershed in more ways than one. The inter-agency cooperation of the World Health Organization, International Labour Organization and the OECD was a pioneering experience. The recommendations and report of the Commission were also far reaching in propounding steps to be taken to avoid the projected shortfall of 18 million health workers by 2030, which put social dialogue at the centre of these, towards realising the WHO Global Strategy for Human Resources for Health 2030.

The ILO Tripartite Meeting on Improving Employment and Working Conditions in the Health Services held n 24-28 April 2017 reinforced the spirit of the *Working for Health* initiative that emerged from the recommendations of the High-Level Commission, and as it was subsequently passed as a resolution of the 70th World Health Assembly.

The PSI General Secretary, Rosa Pavanelli served as member of the High-Level Commission and was equally leader of the Workers group to the Tripartite Meeting. PSI equally represents the trade union movement through the Trade Union Advisory Committee to the OECD on issues bearing on health at the OECD.

We are committed to consolidating on the singular representational role of PSI within the structures of these three international organisations for the realisation of the *Working for Health* Five-Year Action Plan for Health Employment and Inclusive Economic Growth. Towards this, PSI has applied for Official Relations status with the WHO within its framework for engagement with non-state actors (FENSA) and intend to work more closely with the ILO as well, based on the recommendations of the Tripartite Meeting.

This panel will provide a platform for the HSSTF to interact with officials of the WHO and ILO whom we work with in these regards with the aim of enriching our unfolding collaboration with both bodies within the context of the *Working for Health* Five-Year Action Plan.

Panellists:

Dr Tana WULIJI, WHO (to put the WHO and PSI collaboration in perspective)

Christiane WISKOW, ILO (to present the conclusions of ILO Tripartite meeting on Improving Employment and Working Conditions in the Health Services, with perspectives on: *from recommendations to action*)

Background information:

<http://www.who.int/hrh/com-heeg/action-plan-annexes/en/>

<http://www.world-psi.org/en/final-report-expert-group-high-level-commission-health-employment-and-economic-growth>

http://www.ilo.org/sector/activities/sectoral-meetings/WCMS_508523/lang--en/index.htm

<http://www.world-psi.org/en/rosa-pavanelli-addresses-opening-session-ilo-tripartite-meeting-improving-employment-and-working>

<http://www.world-psi.org/en/tripartite-step-towards-improving-employment-and-working-conditions-health-services>

https://publicspace.who.int/sites/GEM/official_relations_details.aspx?id=69

Panel 7: Social Work and Social Protection Systems: enhancing PSI sectoral work in social services

Just over one quarter of the global population have adequate social security, despite universal social protection being recognised as a human right and a state responsibility. Women, unemployed workers and people with disabilities are most affected. “Building economic recovery, inclusive development and social justice” is impossible without establishing robust universal social protection systems.

The role of social workers towards the provision of social protection for all, through the life cycle, and building solidarity between people, cannot be overemphasized. By helping to promote the sustainability and wellbeing of the population, strong social services also constitute an important democratic fortification against the introduction of top-down social protection systems based on targeted alleviation of individual poverty and harm reduction.

Advocacy for social protection has always been an important element of PSI’s work over the years. PSI was a founding member of the Global Coalition for Social Protection Floors and we are at an incipient stage of collaboration with the ILO Social Protection Floors global flagship programme (SOCPRO).

A significant number of affiliates, particularly in the Global North, have strong traditions of organising in social services and the representation of social workers. But, there are gaps in PSI’s international work in this regard, including aiding affiliates whose competences and orientation towards organising in social care need bolstering.

Austerity measures have also meant onslaughts on the rights of social care workers in countries which have had a history of strong social protection systems, including increasing precarity of work. This requires a strategic approach in defence of social services and social care workers.

Thus, the 30th World Congress resolved that our Health and Social Services sectoral work include, the development of “clear plans to address social care services as part of the sector, including largely unorganized homecare workers who are often miscategorised as domestic staff” {PoA, Section 7.2.16(h)}.

Towards elaborating such clear plans, the panel will involve: sharing experiences of unions’ work in the social services; presentation of perspectives on how we could enhance organising and representation of social workers; exploring how we strengthen the linkages of social work, social protection and universal health coverage for policy advocacy and; deepen collaboration with the ILO SOCPRO.

Panellists:

Valerie SCHMIDT (ILO SOCPRO)*, Mathias MAUCHER (EPSU, HSS Policy Officer) and Jorge YABKOWSKI (FESPOSA, Argentina).

Background information:

<http://www.ilo.org/secsoc/areas-of-work/policy-development-and-applied-research/social-protection-floor/lang--en/index.htm>

http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:R202

http://www.ilo.org/global/publications/books/WCMS_604882/lang--en/index.htm

<http://www.world-psi.org/en/strike-france-defence-quality-elderly-care>

<http://www.world-psi.org/en/un-commission-social-development>

<http://www.world-psi.org/en/public-services-international-responds-world-bank-vision-universal-health-coverage>

<http://www.socialprotectionfloorscoalition.org/>

<http://ifsw.org/policies/the-role-of-social-work-in-social-protection-systems-the-universal-right-to-social-protection/>

* *to be confirmed.*