

Draft

Conclusions on improving employment and working conditions in health services

The Tripartite Meeting on Improving Employment and Working Conditions in Health Services,

Having met in Geneva from 24 to 28 April 2017,

Adopts this twenty-eighth day of April 2017 the following conclusions:

Introduction

1. Decent work in the health sector is fundamental to ensuring effective and resilient health systems and is a prerequisite to equality in access to health services, good quality health care, and productivity in societies. The sector provides growing opportunities for employment, particularly for women and young people. Decent work in health services is critical for achieving various Sustainable Development Goals (SDGs), particularly SDG 3 on ensuring healthy lives and promoting well-being for all at all ages, SDG 4 on quality education, SDG 5 on gender equality and SDG 8 on decent work and inclusive economic growth. The ten recommendations of the High-Level Commission on Health Employment and Economic Growth (HEEG Commission) on investing in the health workforce have been adopted by the General Assembly of the United Nations in Resolution A/RES/71/159, which calls on member States to develop intersectoral plans and investment in education and creation of decent jobs in the health and social sectors.

Challenges and opportunities in promoting decent work in the health services sector and their effects on access to health services and provision of quality care

2. The health sector faces numerous challenges. The already limited public funding for health care systems has been further reduced in many countries in current times of economic downturn. Health workers are faced with the challenge to adapt to greater demands for flexibility and productivity without compromising on the delivery of quality care. In many countries young people are not attracted to certain health-care jobs due to low wages, long working hours and occupational safety and health (OSH) risks, particularly in preparing for and responding to public health emergencies, whether they be due to new epidemics, evolving diseases, and natural disasters, as well as armed conflicts. Concerns about lack of social protection can also constitute a challenge in certain parts of this sector. As a result, there are severe shortages of health workers in some countries constraining the achievement of universal access to health care. It is especially challenging to attract skilled health workers to rural and remote areas. Health care work is for the most part carried out by women, and the prevailing decent work deficits in the sector often reflect overall gender inequalities and prejudices in societies. Health worker migration has been one of the means of addressing health worker shortages in many countries, yet it poses further challenges, including integration of migrant health workers, ensuring decent work and access to health services, and preventing the drain of skilled workers. This drain puts undue pressure on source countries which may have already spent the scarce financial resources available on their training and may have a shortage of trained skilled workers themselves. Auxiliary and volunteer workers can also be used to fill the health worker gaps, but regulations are needed to ensure decent work. Privatization and outsourcing of health services have further diversified the sector, which could in some cases lead to challenges in effective social dialogue if not properly monitored and regulated.

3. There are also promising opportunities and measures for developing decent work in the health sector. Incentives and other financial reward schemes have been used to attract health

workers to the sector in many countries, especially in rural and remote areas. Health worker migration, in line with international standards, can be a means of facilitating access of health workers to labour markets under decent work conditions, as well as filling gaps in the workforce of destination countries. Social dialogue with governments and representative employers' and workers' organizations enhances decent work for health workers in a sustainable and productive manner; it prevents costly labour conflict which can have a negative effect on services. Social protection systems which adequately provide for health financing and long-term care, such as old-age, disability, and chronic diseases care and support, are critical both for beneficiaries and the working conditions of health workers. International bodies can have a role in facilitating national social dialogue to explore solutions for improving working conditions for health workers.

4. Decent work for health workers needs to be considered in the context of the future of work, in particular the demographic trends that are driving the high demand for health workers, rapid developments in population health needs, including in preparation for and in response to public health emergencies, science and technology, evolving migration and gender dynamics, and changing employment relationships in the sector. More and reliable data are needed on trends in health-care work and also on the application of health workforce planning and forecasting tools. Skills development and training, continued education coupled with evaluation, enforcement of OSH standards, and better working conditions, including remuneration, can lead to greater attractiveness of careers in health services and more motivated and qualified health workers, and thus improve productivity. Technology can supplement and contribute to the delivery of health care to rural and remote areas and open up new employment paths, for instance in telemedicine and mobile clinics.

Guidance, policies, strategies, programmes and tools needed to ensure decent work in the health services sector

5. Inclusive and quality education for all is one of the key strategies for ensuring adequate numbers of appropriately qualified health workers. Education and training for the health

sector should be designed in anticipation of and be sensitive to changes in health-care demands and emerging health needs, as well as emergency situations. It should be accessible and, where possible, free. Appropriate contributions from governments, employers, workers and relevant stakeholders to such training can increase its reach and accessibility. Education and training of health workers should extend to all occupational groups within the health sector, including auxiliary workers. These programmes should include OSH as part of basic and ongoing training. In addition, health education for the general public contributes to prevention of diseases and thus to a reduction of demands on the health system and costs. Professional development and lifelong learning approaches are essential and should be promoted and made accessible to all workers in health services. Creating education and skills development infrastructure in rural and remote areas can also be a means to attract and retain a local health sector workforce.

6. Without prejudice to ensuring the sustainability of the health workforce in source countries, health worker migration can help to address gaps in the health workforce, but requires clear processes for the international recognition of skills and occupational qualifications, protection from unethical and unfair recruitment practices, and adequate social protection of migrant health workers, including those employed in home-based care. Recruitment practices should be in line with the ILO general principles and operational guidelines for fair recruitment and the *WHO Global Code of Practice on the International Recruitment of Health Personnel* (2010) and seek to benefit all parties.
7. Specific programmes to protect health workers from occupational hazards and risks in accordance with national legislation and backed by effective enforcement mechanisms in line with the relevant international labour standards, as well as the ILO/WHO Joint Global Framework for National Occupational Health Programmes for Health Workers, are indispensable in the health sector. In addition to dealing with the prevention of the transmission of diseases and sharps injuries, OSH measures and access to occupational health services should address the full range of hazards, including violence at work,

musculoskeletal problems and communicable diseases, and provide for periodic medical examinations of health workers.

8. Gender equality needs to be mainstreamed in strategies and approaches to the health sector workforce. Strong maternity and parental protection that promotes work–life balance can augment the attractiveness of the sector.
9. The sector should be engaged in promoting policies that seek to eliminate any form of discrimination in the workplace and ensure protection to vulnerable groups.
10. Universal health care, with a focus on primary and preventative care, should be ensured through adequate public funding. Private investment can supplement public funding and health service delivery. In the public interest, health service delivery should be adequately regulated to ensure universal access to health care. Effective coordination of the health sector requires an intersectoral approach across government ministries which puts emphasis on dialogue with the social partners and other stakeholders.
11. Policy coherence and coordination at all levels is essential to ensure effective and quality health systems and services, taking into account relevant international labour standards and guidance and tools developed by the World Health Organization (WHO) and other international and regional organizations.

The role of social dialogue in addressing the challenges regarding decent work in health services

12. Social dialogue is a key strategy for developing sustainable health sector policies and practices in general, and for improving the working conditions of health workers in particular. Freedom of association and the right to collective bargaining for all health workers need to be promoted in line with the 1998 ILO Declaration on Fundamental Principles and Rights at Work and its Follow-up.

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- 13.** Social partners and governments have vital roles in promoting and using social dialogue to advance health goals and providing quality health care as a common public good. National and local social dialogue mechanisms, involving social partners and, where appropriate, other stakeholders, can be useful institutions for governing health-care reform efforts and providing input on legislation, education plans and financing schemes for health. Working conditions in the health sector, in so far as they are not otherwise made effective by collective agreements, arbitrational awards, or in such other manner consistent with national practice, should be set out in national laws and regulations.

Recommendations for future action by the International Labour Organization, governments, employers' and workers' organizations

- 14.** In view of the discussion at the Tripartite Meeting on Improving Employment and Working Conditions in Health Services, the following future action was recommended.
- 15.** Constituents in the health sector should:
- (a) actively engage in effective social dialogue in its various forms in order to advance areas of common interest and to promote decent work and productive employment as well as continued professional development and lifelong learning for all health workers;
 - (b) define, invest in, and implement national health workforce strategies in accordance with the recommendations of the HEEG Commission with the active involvement of relevant stakeholders, and encourage the ILO Governing Body to consider the Five-Year Action Plan for Health Employment and Economic Growth (2017–21);
 - (c) ensure policy coherence, in line with existing international labour standards and WHO guidance tools, including in international initiatives and related partnerships.

16. The Office should:

- (a) promote ratification and effective implementation of international labour standards relevant to the health services sector, as well as respect for the fundamental principles and rights at work (FPRW) and build the capacity of constituents to realize these rights including through development cooperation, emerging partnerships, and the ILO International Training Centre (ITC–Turin) and regional centres;
- (b) undertake a comprehensive study on member States’ national laws and practices and assess if existing ILO programmes, activities and instruments and those from the WHO provide a sufficient framework for ILO constituents to promote decent work for all health workers and what additional guidance is needed, with particular attention to home care and community-based health workers. The study could be the basis for discussion for an ILO Tripartite Experts Meeting;
- (c) actively contribute to the implementation of the HEEG Commission’s recommendations and immediate actions with a particular focus on: the recommendations on the promotion of decent health sector job creation; maximizing women’s economic participation and empowerment; and strengthening fair and rights-based health worker migration governance;
- (d) provide policy advice and technical assistance in the development of national health workforce policies with a focus on employment creation and decent work; enhance capacity building on work improvement programmes in health services, such as HealthWISE; and foster implementation of national programmes on OSH for health workers in cooperation with the WHO;
- (e) develop, together with constituents, the WHO, the Organisation for Economic Cooperation and Development (OECD) and other specialized international and regional agencies, a health workforce research agenda, and undertake comparative analyses to strengthen evidence, accountability and action to promote decent work and

productive employment in the health sector. The research agenda should also consider the development of international recognition and acceptance of health workers' qualifications and certification; and

- (f) to organize regional tripartite sectoral meetings over the next five years.