

Global health and care worker compact

technical guidance compilation

Preventing harm

Providing support

Safeguarding rights

Inclusivity

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1 Background

1. The COVID-19 pandemic, highlighting the extraordinary work performed by health and care workers¹ under extraordinary conditions, has drawn attention to the need for renewed and continued focus on their occupational health and safety; fair remuneration; protection from harassment, violence, stigma and forced labour; and support with needed resources to carry out their vital responsibilities. Estimates suggest more than 115,500 health and care workers may have died due to COVID-19 between January 2020 and May 2021^[1]. Infections and their longer-term impacts; mental health issues, including due to burnout, fatigue, stress and violence; labour protests; and departures from service are further reducing the workforce and demands for service are increasing to catch up on essential services and deliver COVID-19 tools simultaneously. COVID-19 has exacerbated pre-existing challenges of maldistribution, shortages and an inadequate skills mix; attention and realization highlighted by the pandemic should be channelled into concrete action, change and investment.
2. Health and care workers need safe, healthy, supportive, and dignified conditions of work. This compact provides recommendations on how to protect health and care workers and safeguard their rights, and to promote and ensure decent work, free from racial and all other forms of discrimination and a safe and enabling practice environment. A wide range of existing international conventions, instruments, treaties and resolutions (collectively, “legal instruments”) inform these recommendations, ranging from human rights, labour rights, humanitarian law and other treaties to United Nations declarations, WHO Global Code of Practice on the International Recruitment of Health Personnel and the WHO Global Strategy on Human Resources for Health 2016-2030. Each section includes extensive referencing to the relevant legal and other normative instruments, offering a compendium of resources for further technical guidance as appropriate.
3. While COVID-19 is the immediate motivation behind this compact, the recommendations it contains help make progress to meet the United Nations and WHO health and development goals, including universal health coverage and the 2030 Agenda for Sustainable Development, and its central commitment to leave no one behind, and reconfirming the objectives to the Global Strategy on Human Resources for Health: Workforce 2030. Achieving these goals requires overcoming a projected shortage of over 18 million

¹ Health workers are all people primarily engaged in actions with the primary intent of enhancing health. Care workers provide direct personal care services in the home, in health care and residential settings, assisting with routine tasks of daily life, and performing a variety of other tasks of a simple and routine nature. They comprise two occupational groups of the ILO ISCO 2008 classification:
-Health care assistant (ISCO-08 code: 5321) - Institution-based personal care workers who provide direct personal care and assistance with activities of daily living to patients and residents in a variety of health care settings such as hospitals, clinics and residential nursing care facilities. and
-Home-based personal care workers (ISCO-08 code: 5322) who provide routine personal care and assistance with activities of daily living to persons who are in need of such care due to effects of ageing, illness, injury, or other physical or mental conditions, in private homes and other independent residential settings.

health workers by 2030, including by leveraging the findings of the High-Level Commission on Health Employment and Economic Growth related to the positive impacts of health workforce investment on education, gender transformative policy and action, job creation and economic development.^[2] Ageing populations in many countries are driving further demands for health and care workers. Increasing the number of health and care workers and ensuring their equitable distribution with a skills mix adapted for context is critical for our entire populations, and above all for marginalized, disadvantaged, and underserved populations. Failure to do so, especially in the face of additional COVID-19 challenges, puts health systems and the health of every person at risk.

4. Health and care workers are people whose work is primarily intended to enhance health,^[3] and to provide health services, compassionate care, and assistance to patients, older adults, people with disabilities, and convalescent individuals.^[4] These personnel include sometimes marginalized segments of the workforce, such as caregivers, direct care workers in home and community-based settings, workers in nursing facilities, health workers in vocational, undergraduate and post-graduate education, community health workers,^[5] healthcare assistants, hospital attendants, and domestic workers with care responsibilities.

5. Health and care workers require the skills, resources, employment security, adequate and regular remuneration and safe, healthy, and supportive environments that enable them to deliver respectful, quality care to all people. Safe healthcare delivery cannot happen without appropriate education, oversight, and implementation of relevant infection prevention and control practices, so that health and care workers can protect themselves, patients, and their community. Additionally, the broader significance of the large proportion of women who compose the health and care workforce must not be forgotten. Ensuring safety from sexual harassment and gender-based violence, as well as safeguarding the rights of health and care workers is not only critical to securing the right to the enjoyment of the highest attainable standard of health of everyone, but also is an important element of achieving gender equality and women’s empowerment and participation in full and productive employment and decent work. Further, investment in health worker jobs contribute to addressing poverty, education, economic growth and development ambitions.

Health and care workers

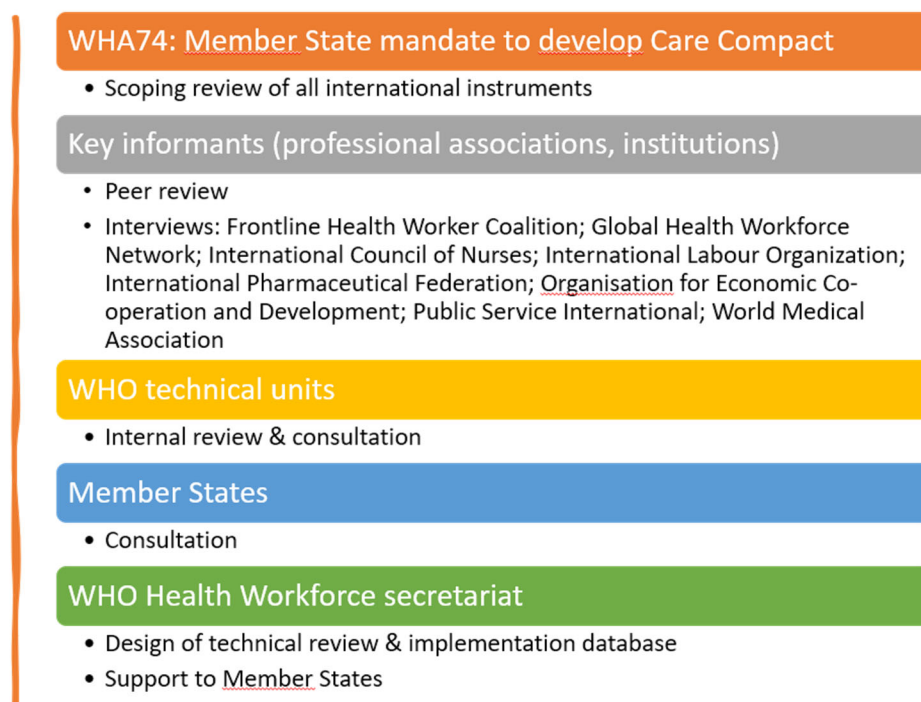
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6. Accordingly, WHA 74.14 requested the development of this global health and care worker compact to provide a succinct compilation document, based on already existing documents of relevant international organizations, that aims at providing Member States, stakeholders and relevant other organizations with technical guidance on how to “protect health and care workers and safeguard their rights, and to promote and ensure decent work, free from racial and all other forms of discrimination and a safe and enabling practice environment, in line with the WHO Global Code of Practice on the International Recruitment of Health Personnel.” The -process to develop this care compact (figure 1) was based on a scoping review of relevant international instruments and key stakeholder interviews conducted i by WHO Collaborating Centre on Global Health Law, O’Neill Institute at Georgetown University; subsequent drafts of the document underwent WHO internal review and consultation with other relevant partners;² and, finally, through an open consultation with Member States. The WHO Health Workforce department has coordinated the development of the document and will be available to support to Member States in implementation of relevant recommendations.

Figure 1: Process to inform development of contents of this Care Compact



7. While governments are responsible for protecting health and care workers’ rights, a whole-of-society approach is needed, including private, non-governmental, and faith-based employers of health and care workers, the international community, and the public, to respect health and care workers’ rights.

² International Labour Organization; Organisation for Economic Cooperation and Development; Frontline Health Worker Coalition; Global Health Workforce Network; International Council of Nurses; International Pharmaceutical Federation; Public Services International; World Medical Association.

Safeguarding the rights of health and care workers to decent work is also integral to overcoming health and care worker shortages and retaining existing health and care workers. This includes safe, healthy, and enabling work environments. Adequate and safe staffing levels are needed to protect both workers and those in their care.^{[6],[7]}

8. This compact also aims to ensure that health and care workers understand their rights and global commitments to them, and are empowered to ensure accountability for respecting, protecting, and fulfilling such rights.^[8]
9. This compact is intended to provide technical guidance to Member States and is not legally binding, nor does it suggest what legally binding obligations may exist, which depends on each State's obligations. The technical guidance draws extensively from existing international legal instruments, labour law and States' obligations. This reference document is a foundation for further development and application in sub-national, national and global reviews and policy dialogue. Within the planned activities for 2022-2023, the WHO Secretariat will develop operational tools and guidance to utilize the care compact to rapidly assess, review and monitor good practice.
10. Achieving these ends, in turn, calls for increased and sustained investments in the health and care workforce,^[9] including education, training and protection (e.g., prevention of violence and harassment in the workplace), facilitating financial security and employment policies for health and care workers, and preventing discrimination in the workplace, paying workers and build the necessary support structures,^[10] with increased international assistance by governments in a position to do so. Without increased funding, countries cannot develop the health and care workforces that they require to deliver the health and care services that are critical to fulfilling the rights of our populations.^[11] In this regard, investments in the health workforce^[12] and care economy should be recognized as economically beneficial investments. As such, removing health worker hiring freezes and other policies and barriers that preclude adequate staffing that enables safety and is a desirable ambition within budgetary and other fiscal policy strategies and decisions.
11. In line with the WHO Global Code of Practice on the International Recruitment of Health Personnel, there is a need for enhanced technical, financial, and other support to source countries of migrant health workers,^[13] to avoid and prevent private sector active recruitment of health personnel from countries facing critical health worker shortages.^[14]

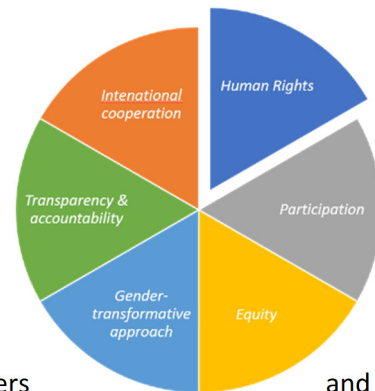
2 Objective

12. The objective of this document is to provide technical guidance for Member States, and relevant stakeholders on how to protect and safeguard the health, safety, and human rights of health and care workers everywhere, and ensure they have safe, supportive enabling work environments.

13. The document outlines the foundations that underpin each set of recommended management and policy actions. The instruments presented in Section 5, which forms the bulk of this document, along with relevant policy options, provide support for developing, implementing, monitoring, and enforcing the necessary laws, regulations, and policies to implement these recommendations; and for devoting the resources needed to do so. By referencing the principles upon which the care compact is based and adapting its management and policy actions to context, recommendations on health and care workers are open, transparent, and widely known.

3 Principles

14. The care compact is guided by the following cross-cutting principles:

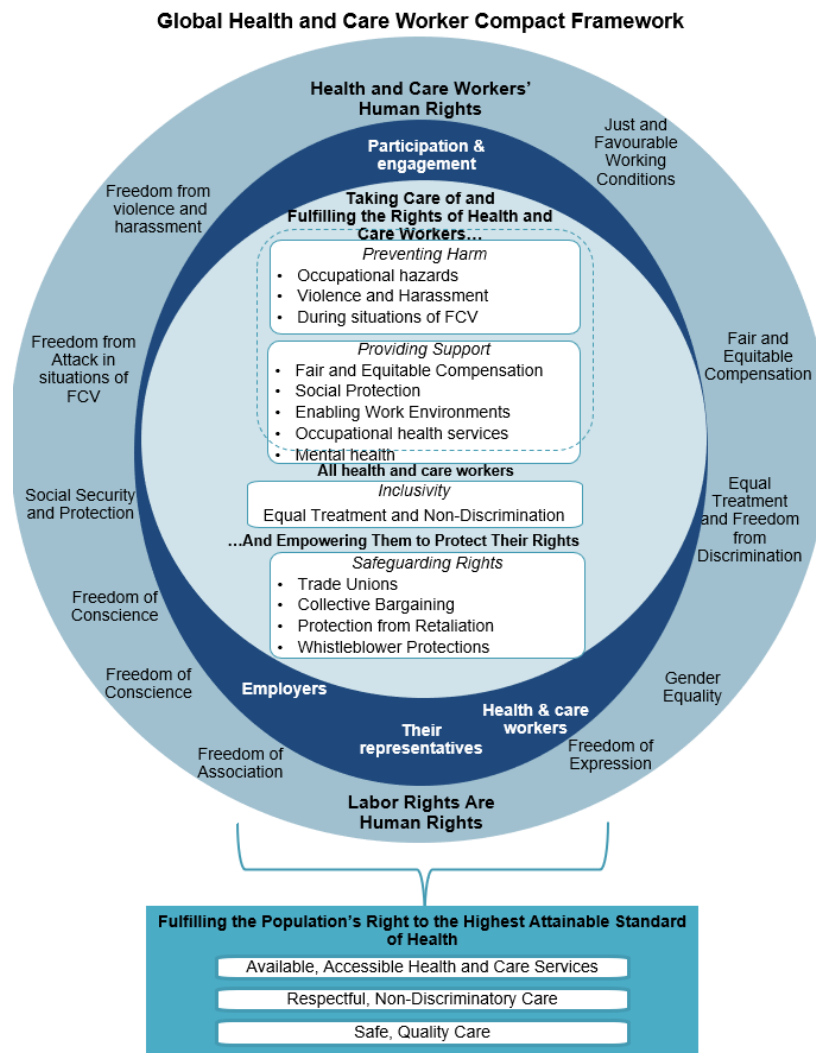


15. *Human Rights*, both of health and care workers and of populations. Respecting, protecting, and fulfilling the rights of health and care workers is integral to protecting the health-related rights of all people.
16. *Participation*, to ensure that the full spectrum of health and care workers and their representative associations and/or organizations, including those serving rural, remote, and other underserved or marginalized communities, will be engaged in the process of developing laws, regulations, and policies that affect them, and other relevant decision-making processes.
17. *Equity*, determined to fulfil commitments to health and care workers everywhere, including those serving people in the most marginalized and remote communities. These health and care workers' rights, and those of their patients and other individuals in their care, are often furthest from being realized. Only by governments promoting and protecting the well-being and rights of workers can health and care workers fully serve their communities.
18. *Gender-transformative approach*, recognizing concerns of discrimination, safety, and equal benefits, among others, that exclusively or disproportionately affect women health and care workers, who represent a majority of health and care workers globally, including paid and unpaid roles.
19. *Transparency and Accountability*, through open and accessible processes and by holding parties mutually accountable and acknowledging that often parties concerned have not achieved the commitments made decades ago.
20. *International cooperation*, for as COVID-19 reminds us, no one is safe unless everyone is safe, and protecting and empowering health and care workers everywhere is in the interest of people in every country. While striving to implement the recommendations in this compact is primarily the responsibility of each country, achieving them also requires mutual solidarity and global cooperation.

4 Framework

21. The document maps the domains that should be addressed, existing commitments, and policy levers required to protect, enable, and safeguard the rights of health and care workers according to a framework (Fig. 2) that recognizes that these domains, commitments, and actions are grounded in human rights and, equally, labour rights.^[15]

Figure 2: Global Health and Care Worker Compact Framework



22. The framework encompasses four areas with a total of ten elements:

- **Preventing harm:** encompassing protection: 1) from dangers and hazards in their work environments, 2) from violence and harassment, 3) in fragile, conflict and vulnerable situations (FCV), and 4) from ill health, including by providing mental health and psychosocial support resources and promoting well-being.^{[16],[17]} The application of a precautionary approach should

also inform infection prevention and control measures when scientific evidence about an environmental or human health hazard is uncertain.

- **Providing support:** encompassing, both financial elements, 5) fair and equitable compensation and 6) social protection, and non-financial support, 7) enabling work environments.
- **Inclusivity:** rights, protections, and enablers should be available to all health and care workers as neutral actors engaged in providing health, equally and without discrimination, encompassing: 8) equal treatment and non-discrimination.
- **Safeguarding rights:** encompassing both collective empowerment, 9) the rights to freedom of association and collective bargaining, and individual empowerment,^[18] 10) whistle-blower protections and freedom from retaliation.

23. These areas are inextricably linked to human and labour rights, including the rights to safe and healthy working conditions and space; fair working hours; equal opportunity for promotion; rest and leisure; the enjoyment of the highest attainable standard of health; social security; non-discrimination; and the freedoms of association, including to form and join unions, and of expression.
24. The framework also recognizes that protecting, enabling, and safeguarding the rights of health and care workers is critical to secure the right to health of our populations. Only a protected, skilled, motivated, and supported health and care workforce, within a well-resourced health and care system, can provide accessible, acceptable, and quality care to all people. And workers' whose rights are ensured will be more likely to treat patients or others in their care well and in a non-discriminatory manner.^[19]
25. All recommendations should be undertaken with the full and meaningful participation of health and care workers, their associations and representative organizations, employers, and civil society organizations and should be tailored to national need and context, but not undermining applicable international law, regulations and standards.

5 Management and Policy Actions

5.1 Preventing harm

5.1.1 Protection from occupational hazards

26. The health and safety of health and care workers should be protected within an overall approach of prevention, risk assessment and implementation of control measures, especially for high-risk groups, and broader occupational safety and health principles and frameworks. Accordingly, and based on context-specific needs, the following actions are recommended:
- a. Improve occupational health and safety management systems, programmes and equipment of health and safety at work and the way facilities in which health and care personnel work are designed, constructed, maintained and rehabilitated to minimize the risk of occupational disease or injury.^[20] Remove risks wherever possible,^[21] putting safety measures in place in

situations of unrest and fortifying against natural hazards, and provide all with safe, potable drinking water and hygiene and sanitation facilities.^{[22],[23],[24]}

- b. Within the principles of infection prevention and control, a hierarchy of elimination, substitution, engineering and administrative controls, ensure adequate supplies of appropriate and effective personal protective equipment,^{[25],[26],[27]} vaccines and relevant commodities for health and safety at work, and high-quality training on infection prevention and control measures and preventing work-related injuries and diseases, including implementing universal precautions and on the proper use of personal protective equipment and all other elements to carry out work in a healthy and safe way.^{[28],[29]} The application of a precautionary approach should also inform infection prevention and control measures when scientific evidence about an environmental or human health hazard is uncertain.^{[30],[31]}
- c. Ensure that all health and care workers are informed of health and safety hazards in their working environments^[32] and that health and safety measures are rigorously tested, enforced and supported.^{[33],[34]} Expand health and care worker support programmes and services that maintain the health and independence of individuals and families by increasing access to housing, safe living accommodations, food, and transportation, and by reducing social isolation. Employers should be supported and encouraged by society to exercise their duty of care toward their employees by taking appropriate measures for their protection and support.
- d. Ensure, monitor and document working hours, with reasonable limitations and rest,^{[35],[36],[37],[38]} recognizing the risk to the safety and health of the health workforce, and that of their patients, when health and care workers are overworked.
- e. Take the measures necessary to protect the health and safety of health and care workers working in communities outside of facility settings, including in private homes and in the community.^[39]
- f. Take measures to remove occupational hazards specific to health and care workers who are pregnant or nursing, and health and care workers with vulnerabilities, and, where that is not possible, to ensure that their responsibilities and working conditions are adapted to protect their health and safety.^{[40],[41]}
- g. As relevant under applicable national and subnational legal and policy frameworks, respect, protect and enforce the right of health and care workers to remove themselves from situations that they reasonably believe pose an imminent and serious risk to their life or health.^[42]

Policy actions to accelerate recommendations

- a. Establish, strengthen, and enforce occupational health and safety legislation on or encompassing the health and care sectors, enforce health and safety measures, including

infection prevention and control, and ensure the necessary budget to achieve these actions, and develop and monitor objectives, targets, and other indicators of progress.^[43]

- b. Develop and implement comprehensive infection prevention and control and occupational health and safety programmes for all health and care workers at national, subnational, facility and community levels and establish mechanisms for their sustainable implementation in synergy with the other programmes for health and care workforce, quality and safety of care.^{[44],[45]}
- c. Establish national stockpiles of, and collectively work towards establishing resilient supply chains for vaccines (both routine and those required in special circumstances) and medical supplies, including effective and adequate personal protective equipment, sufficient to enable all health and care workers to fully adhere to national and international guidelines and standards at all times, including during emergencies. Ensure collection, reporting and analysis of data to enable tracking of health and care worker vaccination coverage, as well as availability of other supplies.
- d. Ensure that Governments create mechanisms for health facilities and authorities to promptly record, notify, and as appropriate make public information on occupational diseases and injuries,^{[46],[47]} fatal accidents and incidents of accidental exposures, violence and harassment, including investigation of their causes. Employers should establish blame-free environments for reporting such incidents and receiving immediate follow-up, including medical care and other support.^[48]
- e. Empower ministries for health and related ministries and authorities to analyse information on occupational diseases, injuries, accidents and incidents without delay and use it to inform relevant laws, regulations, policies, and actions, including on enforcement.^{[49],[50]}
- f. Support public, private, non-governmental, and faith-based employers to conduct health and safety orientations for migrant health and care workers,^[51] in a language that they fully understand, and following national and sub-national requirements for accessible communications and language competency levels, as appropriate.
- g. Support all health and care facilities and programmes in which health and care workers are employed, and local health authorities, to implement occupational health and safety policies, including infection prevention and control, that comply with relevant national and local standards. These should be developed in consultation with health and care workers.^{[52],[53],[54]} Work to strengthen, as needed, the capacity of regulatory authorities to inspect the workplaces and conditions of work for health and care workers and to ensure compliance with and enforce laws, regulations, and policies, including providing penalties for violations^{[55],[56]} and ensuring redress, and with follow-up inspections as needed to ensure compliance. Inspections and audits should include meetings with health and care workers to respond to concerns they may have,^[57] and to inform their employers and, if appropriate, regulatory authorities on any risks to their

health and safety and of occupational disease and injury.^[58]

- h. Through measures such as national and local hotlines and other approaches developed in cooperation with care workers, develop contextually appropriate approaches to protecting the health and safety of community-and home-based health workers.^{[59] , [60]}
- i. Ensure that private household employers protect the health and safety of home-based care and other domestic health and care workers,^{[61] , [62]} including by developing occupational health and safety regulations or guidelines for employers of domestic workers with care responsibilities and educating employers on their responsibilities under the regulations or guidelines and domestic workers on their right to healthy and safe work environments.

5.1.2 Health services for health and care workers

27. It is important to ensure occupational health and healthcare services for all health and care workers.^[63]
^{[64] , [65]} Accordingly, and based on context-specific needs, efforts should be made to:

- a. Ensure that they have high-quality, accessible, affordable, acceptable, and confidential health care, including to meet their physical, mental, and psychosocial needs.^{[66] , [67] , [68]}
- b. Ensure free medical surveillance, prevention and early detection, counselling, care, treatment, rehabilitation, and support for diseases, injuries, and other conditions, including mental disorders and psychosocial needs, resulting from their work,^{[69] , [70] , [71]} as well as vaccinations and other preventative care^{[72] , [73]} and free exams to detect occupational diseases or other health conditions.^{[74] , [75]}
- a. Assist through dedicated expertise employers and health workers to assess the risks in hospitals and clinics, and to recommend changes to reduce or eliminate the risks ^[272]

Policy actions to accelerate recommendations

- a. Establish the laws, regulations, and policies necessary to implement these recommendations.
- b. In consultation with health and care workers, promote peer networks and healthy lifestyle and other health programs that will contribute to their health,^[76] including by ensuring access to accurate, trusted sources of health-related information.
- c. Ensure that health and care workers receive priority for free COVID-19 vaccines, testing, treatment, and care,^{[77] , [78]} and other scarce health resources involving infectious or other diseases that health and care workers may contract through their work.

5.1.3 Protection against violence and harassment

28. All health and care workers should be protected from violence, sexual abuse and exploitation, and harassment, in line with the obligations and commitments in human rights and labour treaties and in resolutions, declarations, and other international instruments. Fulfilling workers' rights to safe and healthy working conditions^[79] includes safe, violence- and harassment-free work environments, including preventing sexual harassment faced by women health workers in the workplace.^{[80],[81],[82]} Accordingly, and based on context-specific needs, efforts should be made to:
- a. Take the measures necessary to create and maintain such environments, including ones free from gender-based violence, including workplace sexual harassment, exploitation and abuse^{[83],[84]} and any violence or harassment in connection with their work.^[85]
 - b. Provide support to health and care workers in reporting violence or harassment, or threats of violence or harassment, and support them in removing themselves from a work situation in which they have reasonable justification to believe presents an imminent and serious danger to life, health or safety due to violence or harassment, and take steps to ensure they do not face retaliation for doing so.^[86]
 - c. Facilitate the access of those who experience violence or harassment in the world of work to report and raise concerns, to receive social, psychosocial, medical, legal, and other support, to confidentiality, to be free from retaliation for reporting such violence or harassment, and to effective remedies, including prevention of further violence or harassment.^{[87],[88]}

Policy actions to accelerate recommendations

- a. As needed and relevant to national and subnational legal and policy context, develop or strengthen laws, policies, and strategies to prevent violence and harassment in the world of work,^[89]
- b. Enact or strengthen requirements for public and private health and care employers to establish policies and accountability mechanisms to take steps to prevent workplace violence and harassment, developed in consultation with their employees,^{[90],[91]} including context-specific safety audits.^[92] and the implementation of actions to address and mitigate risks identified during the auditing process
- c. Ensure effective inspection and investigation,^[93] monitoring and enforcement mechanisms, including sanctions,^[94] and fair remedies for those who have had violence or harassment perpetrated against them,^{[95],[96]} including to ensure their future safety and well-being.
- d. Establish extra precautions to protect health and care workers who are at heightened risk of violence and harassment in the world of work, including women, people with disabilities,^{[97],[98]}

health workers in educational settings,^[99] and those working in non-facility settings, such as care workers in private households.

- e. Avoid spreading, and work with communities, social media companies, the news media, and other relevant actors to prevent the spread of, misinformation and disinformation that may heighten the risk of violence against health and care workers and health infrastructure.^[100]
- f. Create or strengthen and widely disseminate to health authorities and managers, and to authorities responsible for and managers in the care sector, guidance, tools, and other educational material on preventing and responding to workplace violence and harassment, and establish training programs for this purpose.^{[101],[102]}
- g. Educate private household employers of care workers on protecting care workers from violence, harassment and forced labour, including any applicable legal requirements for these employers.
- h. Create or strengthen safe and gender responsive complaint and reporting mechanisms, and which are accessible and relevant to those most at risk of violence or harassment, including women.^[103]
- i. Incorporate into health and care worker training ways to recognize, handle, and communicate with potentially violent individuals.^[104]
- j. Ensure adequate security for health and care workers.

5.1.4 Protection against attacks in situations of fragility, conflict and violence

29. In situations of armed conflict,^[105] it is vital for all parties to fulfil the obligations applicable to them under international law with respect to health and care work. All parties to armed conflicts should fully comply with their obligations under international law, including international human rights law and international labour treaties, as applicable, and international humanitarian law, in particular their obligations under the Geneva Conventions of 1949^{[106],[107],[108]} and the obligations applicable to them under the Additional Protocols thereto of 1977^{[109],[110],[111]} and 2005, to ensure the respect and protection of all medical personnel and humanitarian personnel engaged in medical duties, their means of transport and equipment, hospitals and other medical facilities,^{[112],[113],[114],[115]} as well as other civilians, including health and care workers and humanitarian personnel engaged in the provision of health and care services,^[116] and other areas where health services are being delivered. Accordingly, as relevant and aligned with international legal instruments to which States are party, the following recommendations are important:

- a. States are encouraged to develop effective measures to prevent and address acts of violence, attacks and threats against civilians in situations of armed conflict, including health and medical

personnel and humanitarian personnel engaged in the provision of health and care services,^{[117],[118],[119],[120]} their means of transport and equipment, as well as hospitals, medical facilities^{[121],[122],[123]} and civilian objects such as health service delivery locations in armed conflict.

- b. States are encouraged to collect and report data on obstruction, threats and attacks on civilians, including health and care workers and humanitarian personnel engaged in the provision of health and care services, their means of transport, and medical facilities, and to share challenges and good practice in this regard.
- c. States, along with relevant international organizations and non-State actors, should aim to provide specific and appropriate educational measures for health and care workers, State employees and the public.^{[124],[125],[126]}

Policy actions to accelerate recommendations:

- a. As appropriate, develop domestic legal frameworks, to promote respect for relevant international legal obligations, as well as for the respective professional codes of ethics of health and care workers.
- b. As relevant to context, develop other appropriate measures, such as national legal frameworks where warranted, to effectively address violence against health and care workers.
- c. States, along with relevant international organizations and non-State actors, should develop and support clear and universally recognized definitions and norms for the appropriate identification and marking of health and care workers, their means of transport and installations.
- d. Encourage appropriate measures for the physical protection of medical and health personnel, their means of transport and installations, with their nature determined in consultation with health, care, and humanitarian personnel.

5.2 Inclusivity

5.2.1 Equal treatment and non-discrimination

30. All health and care workers merit equal treatment and should be protected against discrimination. Additionally, the care compact aims to facilitate women's economic inclusion and to enhance their vital role in the health and care economy. Accordingly, and based on context-specific needs, efforts should be made to:

- a. Promote and apply equal treatment of and non-discrimination of health and care workers, on the basis of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Additional grounds of discrimination may include, but are

not limited to, ethnicity, indigenous origin or identity, disability, age,^[127] nationality, marital and family status, sexual orientation and gender identity, health status, place of residence, and economic and social situation.^[128]

- b. Treat migrant health and care workers equal to and without distinction from nationals.^{[129],[130],[131],[132]}
- c. Ensure this equal treatment for all labour rights^[133] and associated human rights, in areas including but not limited to: job choice, with hiring based on objective criteria,^[134] forming and joining unions,^{[135],[136]} just and favourable conditions of work,^{[137],[138]} timely remuneration^[139] (including benefits) based on objective criteria, with equal pay for equal work,^{[140],[141],[142],[143],[144],[145]} social security benefits,^{[146],[147],[148],[149]} overtime, rest, reasonable limits on working hours,^[150] periodic holidays with pay^[151] as well as other paid leave,^{[152],[153]} including paid sick leave,^[154] safe and healthy working conditions,^{[155],[156],[157],[158]} professional development, training, and career progression,^{[159],[160]} opportunities for promotion based on objective criteria^{[161],[162]} including evaluation of work,^[163] job security,^[164] and protection from termination^[165] including based on pregnancy,^[166] on real or perceived HIV,^[167] disability, or on account of any other status or condition.
- d. Encourage policies to allow health and care workers to return to the same or equivalent position following pregnancy,^[168] and that employers do not ask about pregnancy or family planning as a condition of work.^[169]
- e. Promote work environments that are inclusive and respectful of members of all populations,^[170] including health and care workers, and provide reasonable accommodations for people with disabilities^{[171],[172]} and people living with HIV.^[173]

Policy actions to accelerate recommendations

- a. As needed, enact and strengthen legislation against discrimination,^[174] including in the world of work, that encompasses all statuses encompassed in international human rights treaties.
- b. Enforce zero tolerance policies for health and care worker discrimination.^[175]
- c. As needed, governments to establish or strengthen monitoring and enforcement mechanisms,^[176] mechanisms to provide redress for grievances,^{[177],[178]} and to protect confidentiality.
- d. Establish or strengthen health and care worker recruitment practices prohibiting discrimination, including offering job counselling and placement programs for populations underrepresented in health and care workforces.^[179]

- e. Promote and assist health and care worker employers to establish inclusive work environments, including making reasonable accommodations to implement recommendations in this compact for all health and care workers, including those with disabilities,^[180] women, and migrants, and other members of disadvantaged populations.

5.3 Providing support

5.3.1 Fair and equitable remuneration

31. Fair and equitable remuneration for all health and care workers is an important element to provide health and care workers with safe, healthy, supportive, and dignified conditions of work. Accordingly, and based on context-specific needs, efforts should be made to:
 - a. Facilitate women's economic inclusion by providing just and fair remuneration,^{[181],[182],[183]} for all health and care workers, including for community health workers;^[184] health workers in education who serve in roles beyond their normal environments in educational settings, as they have during COVID-19; students deployed early or directly from educational environments; and care workers in private households., who are majority women
 - b. Provide remuneration at levels comparable to other workers and professionals of similar or equivalent qualifications and with similar or equivalent responsibilities, workload and risks, taking into account the cost of living,^[185] and encourage private, non-governmental, and faith-based employers to do so as well.
 - b. Establish or strengthen national mechanisms using standardized data, questions, and definitions for obtaining, analyzing, and disseminating information about health and care workers' remuneration and their experiences.
 - c. Ensure that all health and care workers are fairly remunerated for all hours worked, including overtime and other entitlements.^{[186],[187]}
 - d. Promote gender equality in the health and care workforce notably by addressing the high levels of horizontal and vertical occupational segregation by gender, providing employment security and equal opportunity for all health and care workers, particularly women,^[188] to be promoted to senior levels, with greater remuneration, leadership and responsibility.
 - e. Not give unequal treatment to any category of health or care health workers regarding compensation, other benefits, or hours and opportunities to rest,^[189] including because of the race, sex/gender characteristics of a particular individual or category of health or care workers.^{[190],[191]}

- f. Provide equal pay for work of equal value, an important element of closing the health sector gender pay gap^[192] and recognizing the value of unpaid health and care work, including addressing provision of inadequate compensation for care workers, including community health workers.^[193]
- g. Provide health and care workers clothing and transport necessary for their work free of charge.^[194]
- h. Financially and otherwise additionally compensate public health and care workers serving remote, hard-to-reach or otherwise underserved communities, or those in particularly difficult conditions,^[195] including family, grandfamily, and kin caregivers, and encourage private, non-governmental, and faith-based employers to do so as well and provide health and care workers hazard pay when working in conditions that create a higher-than-ordinary risk to their health or safety.^[196]

Policy actions to accelerate recommendations

- a. Review and update remuneration structures to ensure that they are transparent, fair, equitable, and non-discriminatory, and adjust government pay scales accordingly, implementing modifications on a timeline agreeable to health and care workers and their representatives, taking into account available resources and overall civil servant pay structures.
- b. Provide guidance to protect against unequal pay, and conduct audits to ensure that pay disparities for different categories of health and care workers do not amount to prohibited discrimination.
- c. Ensure that social protections extend to unpaid health and care workers, and that they receive the public services and other infrastructure needed to properly value their indispensable work.^[197]
- a. Advance the development and broad adoption of workplace policies, flexibilities, and practices that recognize family and kin caregiving responsibilities as a fundamental part of each worker's life and support public-private partnerships that enable scalable solutions.
- d. Promote the shared responsibility of unpaid care work within families and households.^[198]

5.3.2 Social protection

- 32. Social protection mechanisms should be available for all health and care workers. Accordingly, and based on context-specific needs, efforts should be made to:
 - a. Provide all health and care workers^[199] social security,^[200] including: health benefits (including pregnancy-related) for themselves and their families,^[201] ^[202] disability benefits, survivor

benefits,^[203] paid maternity leave (without loss of employment, seniority, or social allowances),^{[204],[205],[206], [207]} and parental leave,^[208] unemployment benefits, older age benefits,^{[209], [210]} social security benefits when not working due to child or family member care^{[211],[212]}

- b. Establish national social protection floors.^[213]
- c. Provide benefits for health and care workers, including for people volunteering for social service and hospitals,^[214] who are injured or become sick in the course of their work,^[215] including to support vocational rehabilitation.^[216]

Policy actions to accelerate recommendations

- a. Consider reviewing legal and policy frameworks and consider developing a staged plan with input from health and care workers to, and begin to, strengthen laws, regulations, and policies, taking into account available resources and capacity to ensure these resources are distributed equitably.
- b. Educate private household employers of care workers to assist care workers in their employment in receiving all benefits available to them under law.
- c. Recognize COVID-19 as an occupational disease for health and care workers for which they may receive compensation.^[217]

5.3.3 Enabling work environments

33. Enabling work environments for all health and care workers reflecting the rights to safe and healthy working conditions, and the right to the enjoyment of the highest attainable standard of health.

Accordingly, and based on context-specific needs, employers should make efforts to:

- a. Support enabling work environments for health and care workers, including effective management with trained managers,^[218] supportive supervision and feedback,^[219] opportunities to provide feedback, mentorship, and clear job responsibilities.
- b. Facilitate access to health information, continuing culturally competent, professional development for maintaining and building on skills and competencies, and life-long training for health and care workers to enable them to meet the highest possible standards,^{[220],[221],[222],[223]} and career advancement opportunities.^{[224],[225]}
- c. Support health and care workers' work environments that enable them to meet family responsibilities,^[226] and that health and care workers are not terminated from employment due to their family responsibilities.^[227]

- d. Take special care to provide management, inclusion and human resources to health and care workers who may require extra support, such as home-based personal care workers, newly qualified health workers, and health and care workers who belong to marginalized groups.
- e. Continue to strengthen national health and care systems so that health and care workers have the equipment, medicines, supplies, services, supports, and other technologies to effectively carry out their responsibilities.^[228]

Policy actions to accelerate recommendations

- a. Establish or strengthen public policy frameworks that facilitate these enabling environments for all health and care workers.
- b. Review and update national and sub-national human resources for health strategies and other relevant strategies and policies to ensure that they incorporate these principles, and similarly and to the extent resources enable, align budgets with the need to provide enabling work environments.
- c. Develop guidance for and educate private, non-government, and faith-based employers of health and care workers on the necessity of establishing supportive work environments and protect health and care workers where unsupportive work environments threaten their health and safety.
- d. Work with health professional associations and care worker professional associations, unions, civil society organizations, such as family and kinship caregiver organizations, and networks to develop needed support networks.^[229]

5.4 Safeguarding rights

5.4.2 Right of freedom of association and collective bargaining

- 34. Health and care workers have the right to freedom of association, including the right to form and join trade unions of one's choice, and the effective recognition of the right to collective bargaining for all health and care workers. Accordingly, where applicable and based on context-specific needs, efforts should be made to:
 - a. Permit and protect the right to form and join independent unions (workers' organizations)^{[230],[231]} and for those unions to develop their own rules.^[232]
 - b. Protect health workers and care workers, and their representatives, from any prejudicial actions in relation to their joining or participating in union activities.^{[233],[234]}

- c. Prohibit and protect health and care workers against having their employment subject to not joining or leaving a union.^[235]
- d. Protect workers' ability to bargain collectively through their unions.^[236]
- e. Ensure health and care workers are aware of their labour rights and support capacity development on ensuring these rights are understood and respected.

Policy actions to accelerate recommendations

- a. Ensure that applicable laws at national or sub-national levels, as relevant to context, provide for and protect the right to join and form independent unions, protect workers, including health and care workers, without retaliation for union activities, and provide penalties for interfering with this right.

5.4.3 Whistle-blower protections and freedom from retaliation

35. It is important to protect whistle-blowers – those who report and expose malfeasance in the workplace - and all health and care workers from retaliation for seeking to exercise their rights, safeguard their health, and safety, and follow medical and other professional ethics. Accordingly, and based on context-specific needs, efforts should be made to:

- a. Respect and protect health and care workers' ability to act on behalf of public and personal health and safety, and in accordance with medical ethics.
- b. Protect from prosecution, discipline, threats, harassment, or other retaliation against^[237] or negative consequences for health and care workers who in good faith^[238] inform co-workers, management, public health or other competent authorities, United Nations agencies or other international bodies, unions or other non-governmental organizations the media, or the public, including through social media, of concerns regarding the health and safety of themselves, their co-workers, particular individuals or groups, or the public.
- c. Seek to ensure protection in subparagraph (b) above for actions including, but not limited to, providing information on employers' breach of statutory requirements or inadequate measures in place for occupational health and safety and working conditions,^[239] violence and harassment in the world of work,^{[240],[241]} information concerning an unusual or unexpected public health event,^[242] corruption^[243] and other illicit or unethical actions,^[244] and failures to implement health and safety laws, regulations, and policies, and other actions that may harm the public interest.^[245]
- d. Not seek to uncover the identity of and protecting the confidentiality of health or care workers providing this information who do not make themselves known (desire to remain anonymous).^{[246],[247]}

- e. Not interfere with or punish anyone performing health activities compatible with medical ethics,^{[248],[249].[250]} including providing health care to all who need it based solely on their medical needs, on a non-discriminatory basis and regardless of the political opinions or orientations of the health and care workers and those in their care, including care for victims of any side of an armed conflict or people who are or believed to be engaged in activities that may undermine national security or public safety.
- f. Not require, coerce, threaten, encourage, or otherwise pressure health and care workers to disclose information concerning sick or wounded patients in their care.^{[251],[252],[253],[254],[255],[256],[257],[258]}
- g. Not require, coerce, threaten, encourage, or take any other action that may cause a health or care worker to participate in actions that may amount to torture or other cruel, inhuman, or degrading treatment,^[259] nor to violate ethical principles during medical research on human subjects.^[260]

Policy actions to accelerate recommendations

- a. Review legal frameworks and develop or strengthen them as needed to align them with these recommendations s, and as needed, develop or improve clear policies on whistleblowing and on protection from retaliation.
- b. Educate health and care workers on their rights and the applicable laws and policies regarding whistleblowing and protection from retaliation, and educate health and care worker employers, government officials at all levels, and law enforcement authorities of these protections for health and care workers.
- c. Where not in place, provide appropriate penalties for breaching the confidentiality of whistleblowers (who desire to remain anonymous).

5.5 Creating governance and policy mechanisms for safe, healthy, rights-respecting and supportive work environments for health and care workers

36. These recommendations should be implemented with the meaningful participation and engagement of health and care workers, their associations and unions, and civil society organizations. Accordingly, and based on context-specific needs, efforts should be made to:

- a. Establish by transparent means committees of diverse health and care worker *representatives* to advise governments and private, non-governmental, and faith-based employers of health and care workers on implementation of this compact and to monitor its implementation.
 - i. Promote the full, effective and meaningful participation of women on these committees, including the full spectrum of health and care workers, including

family, grandfamily, and kin caregivers, those in education and those serving rural, remote, and other underserved and marginalized communities and health and care workers who belong to populations that, within our national contexts, may experience discrimination themselves, including people with disabilities and migrants.

- ii. include members of civil society, including through an inclusive tripartite social dialogue and selection that involves representative associations and unions, include the inputs of patient organizations and organizations of people under the care of care workers such as older adults and people with disabilities, on these committees.
- b. Develop national and local action plans to implement the recommendations in this compact in cooperation with non-governmental organizations and health and care worker associations and representatives, engaging non-health sectors, and with extra outreach to health and care workers without formal associations or representatives and extra emphasis on health and care workers serving rural, remote, and other underserved or marginalized populations.
 - c. Review laws, regulations, strategies, and policies and revise them as appropriate to incorporate recommendations in this compact.
 - d. Review monitoring and evaluation frameworks, including their indicators and targets, for these laws, regulations, and strategies, and revise them as needed.
 - e. Undertake these processes of review and revision with the full participation of the full spectrum of health and care workers, including women and those serving rural, remote, and other underserved and marginalized communities,^{[261],[262]} and similarly ensure the participation of health and care workers.
 - f. Review budgets and make efforts to allocate available resources for health and care workers, as appropriate, with a view to achieving progressively the right to enjoyment of the highest attainable standard of health.^[263]
 - i. During any budget assessment and revision, pay particular attention to and prioritize resources for health and care systems in rural, remote, and other underserved or marginalized communities, recognizing they often experience the conditions furthest from the recommendations in this compact.
 - ii. Undertake this budget review regularly and with the full participation of the full spectrum of health and care workers, including those serving rural, remote, and other underserved and marginalized populations.^{[264],[265]}
 - g. Develop appropriate guidance for private, non-government, and faith-based employers of health and care workers regarding the recommendations of this compact, and include the centrality of inclusive, meaningful participation of the full spectrum of health and care workers

in determining relevant policies and practices at facility and community levels, such as to ensure safe and healthy work environments.

- i. Include meaningful participation of the full spectrum of health and care workers, including those serving rural, remote, and other underserved and marginalized populations, in developing health- and care-related policies, strategies, plans, programs, and projects.
- h. Integrate the elements of this compact into national health workforce strategies, as appropriate, which should be rights-based and forward-looking, adapted to evolving population health needs and technological and other innovations.
- i. Strengthen, as needed, regulatory authorities to enable effective enforcement of laws and regulations across public and private sectors, and train regulatory authorities on the recommendations in this compact and related guidance to enable them to incorporate these actions most effectively into their policies and processes.
- j. Support community health workers, other health and care workers who may lack formal associations or organizations to, if they desire, develop unions, associations, organizations, or networks committed to their needs and rights, as well as capacity-building for existing unions and other entities,^{[266],[267]} including by encouraging existing unions, civil society organizations, the global union movement, and UN system organizations and agencies, as appropriate, to facilitate this organizing and capacity-building.
- k. Encourage, and as appropriate support and facilitate, in collaboration and with the leadership of health and care workers and their unions and associations, as well as other civil society organizations, coalition-forming and other skills- and capacity-building organizing among health and care workers to enable them to effectively engage policymakers on implementing this compact.
- l. Strengthen, as needed, national and sub-national health and care worker information systems.

37. International cooperation, including through international assistance, will be needed to strengthen the capacity of countries to implement the recommendations in this compact. Strategic actions may include engaging with international and regional bodies, non-governmental organizations, and health and care worker associations to develop regional action plans to implement the recommendations in this compact.

38. Governments should honour commitments in the WHO Global Code of Practice on the International Recruitment of Health Personnel to support health system strengthening, with particular attention to countries experiencing critical health workforce shortages,^[268] and to avoid and discourage active recruitment in countries facing critical shortages.^[269]

6 Follow up and review mechanisms

6.3 Actions by Member States to consider adoption of relevant provisions of the Care Compact

39. In line with non-binding nature of this technical document, its value lies in its potential to offer Member States a foundation for further development and application, in sub-national and national mechanisms, of policy dialogue and reviews, in cooperation with health and care workers and their associations.
40. Member States are invited to utilize, where relevant, the global health and care worker compact as a benchmark to inform national review and action, including implementation within the Working for Health action plan (2022-2030).

6.4 Responsibilities of the Secretariat in facilitating implementation of the Care Compact

41. To promote the implementation of technical recommendations in this care compact, as appropriate to context, the Secretariat will coordinate:
 - a. The wide dissemination of this care compact through appropriate and inclusive information and communication campaigns, including in partnership with health care professional associations;[270],[271]
 - b. The development, in collaboration with relevant agencies and partners, of operational tools and guidance to support assessment and review;
 - c. The collation of good practices in a repository and the development of publications related to adoption of policies and strategies furthering the objectives of this care compact;
 - d. The provision to Member States of technical assistance, as relevant to context and based on country demands, to promote the implementation of technical recommendations contained in this care compact, including within the Working for Health programme; and
 - e. the updating of evidence and data as needed for the continued relevance, implementation and review of the provisions in this care compact.