

Statement to the 73rd Regional Committee for South-East Asia
Provisional Agenda item 8.1: The Decade for Health Workforce Strengthening in the SEA Region 2015–2024: Second review of progress, challenges, capacities and opportunities

Honourable delegates,

Public Services International welcomes the attention given to health workforce strengthening in the region, and the regular review of health workforce related issues.

The covid-19 pandemic has exposed the tragic consequences of underfunding public health. The privatisation of health services has been deadly.

Precarious work has enabled the virus to spread. Workers are forced to attend work when sick and work across sites when contracted through private agencies. PSI's affiliates have reported a lack of PPE across health systems in the region. Again, this has been exacerbated by a lack of funding in the public health system, and a need to minimise expenses and maximise profits in the private system.

The current situation calls for an urgent intervention and shift in policy towards health systems that are well funded and provisions by governments as a prerequisite for health workforce strengthening. The previous review noted the significant role of the private sector in health workers' education and employment in some member states.

We are concerned that only five categories of health workers, limited to health professionals, are covered by the health workers indicators under the Survey. The health workforce in this region is not limited to those categories. For instance, public health systems in South Asia are dependent on the work of Community Health Workers (CHWs). We call on the WHO to expand the categories to include CHW and other key health workers.

The recommendation of the High-Level Preparatory Meeting 2018 include that WHO should support countries of the Region in “strengthening the collection and analysis of HRH data with special emphasis on front-line health workers”. We are concerned that there is no benchmark against which to assess the adequacy of the deployment of front-line health workers. Our affiliates, representing CHWs have reported that Community Health Workers were already overburdened before the pandemic.

Finally, the shortage in health workers and difficulty in retaining health staff is now more urgent than ever. Low wages, contractualisation, a lack of social protection, occupational health and safety risks, and diminished trade union rights all deter workers from joining and remaining in the field. The pandemic will exacerbate these problems even more.

Health services cannot be delivered without health workers. The COMHEEG recognised that there will be a shortage of 18 million health professionals in low- and lower middle income countries by 2030, the largest number of which will be in Asia. We urge MS to ensure that the “Decade for Strengthening Human Resources for Health in SEAR” is a decade where health workers are guaranteed decent work and respect. We urge the WHO to use the ILO's decent work indicators¹ to measure progress in the region. In light of the pandemic we call on member states to commit to a renewed and more ambitious COMHEEG and guarantee decent work for health workers.

¹ https://www.ilo.org/integration/themes/mdw/WCMS_189392/lang--en/index.htm