Statement to the 73rd Regional Committee for South-East Asia Provisional Agenda item 8.2: Annual report on monitoring progress on UHC and health-related SDGs

Thank you for this opportunity to make a statement on behalf of PSI and in collaboration with trade unions representing Community Health Workers (CHWs) across South Asia.

CHWs have played a critical role in improving health related SDG targets and earlier MDG targets. However, this progress has perversely depended on the exploitation of women's unpaid labour where CHWs are not regarded as public health workers. The pandemic has illustrated that precarious work is a threat to public health and to the achievement of SDG health targets.

Unions representing CHWs have documented a range of threats and violations experienced during the pandemic. CHWs are facing heightened risks of infection and enduring long working hours, psychological distress, fatigue, occupational burnout, discrimination and physical and psychological harassment. Despite recognizing them as "warriors against Covid-19", governments have failed to provide CHW's with appropriate PPE, often leaving them to source their own. On top of this CHWs are, in all countries except Pakistan, denied the right to receive even a minimum wage. And in Pakistan as well as a range of states in India, many have reported not being paid during the pandemic.

We strongly encourage the WHO and governments of the region to recognise CWHsⁱ as public service workers entitled to Decent Work and a living Wage.

Despite being essential in fulfilling the SDGs, the work of CHWs is absent in documents under Item 8.2. WHO has detailed the role of CHWs in integrated community case management including in early detection of Covid-19 outbreaks, identification of vulnerable populationsⁱⁱ. We urge WHO to choose CHWs as a relevant theme under this item and submit an annual report focusing on CHWs. Further, we encourage the WHO to explicitly indicate that CHWs must be entitled to medical grade PPE in all places in which they work, not only health stations.

We urge governments to recognize Covid-19 as an occupational diseaseⁱⁱⁱ, including for CHWs. CHWs currently face the risk of contracting Covid-19 through their work but are perversely denied health and life insurance as well as pensions.

Whilst CHWs are central to Covid-19 National Health Plans, they are rarely consulted in the development of the plans. It is imperative that representatives of CHW, through their unions, are included in all Covid committees as well as broader health policy development.

Further, we strongly encourage governments to recognize that many of the major challenges we are experiencing during the pandemic are the result of decades of under-funding of public health and adherence to neoliberal policies. If governments had committed to a well-funded, universal public health system for all, CHWs would be properly recognized and paid. Instead our public health systems rely on the exploitation of women's unpaid labour while large corporations are able to make enormous profits from people's ill-health.

If we are to "build back better", we must ensure Community Health Workers are recognized and valued as members of a fully funded and valued universal public health system.

WHO guideline on Health Policy and System Support to Optimize Community Health Worker Programmes Selected highlights, https://apps.who.int/iris/bitstream/handle/10665/275501/WHO-HIS-HWF-CHW-2018.1-eng.pdf?ua=1

[&]quot;Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic, Interim guidance, (May 2020), https://www.who.int/docs/default-source/coronaviruse/community-based-health-care-06-05-2020.pdf?sfvrsn=c1a8f211 2

iiiCoronavirus disease (Covid-19) outbreak: Rights, roles and responsibilities of health workers, including key considerations for OSH, https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid-19.pdf