

INB Bureau Co-Chairs  
Ms Precious Matsoso and Mr Roland Driece  
C/O World Health Organization Secretariat  
Avenue Appia 20  
1211 Geneva 27  
Switzerland

16 February 2023

**Open letter with Annex with specific comments on the zero draft  
of the future WHO international instrument on pandemic  
prevention, preparedness and response**

Dear Ms Matsoso and Mr Driece,

Health and care workers bore the brunt of the COVID-19 pandemic and they will be at the forefront of future pandemics. As such, the World Medical Association and the World Physiotherapy representing millions of health professionals, are a key stakeholder in the development of the future WHO international instrument on pandemic prevention, preparedness and response. Through its close relations with national associations of health professionals in all WHO regions the both organisations are uniquely placed to provide evidence-based input and feedback based on the lived experience of the frontline workers in its member organizations.

WMA and WCPT have been active in the consultations and debates on the development of the instrument so far, including submitting a similar letter with drafting suggestions, and a statements at the third INB in December 2022. Please find our comments with more details and specific wording suggestions attached.

On review of the latest draft, we are pleased to note a number of positive points. We particularly appreciate the language in Article 12.1 concerning the need to “safeguard, protect, invest in and sustain a skilled, trained, competent and committed health and care workforce”, which is in line with WHA resolutions 74.14 and 75.17. We also appreciate the use of the term “health and care workforce” and suggest that it be used in the entire document. Equally the term “high-quality health service” in the preamble is excellent wording and should be used in the entire document.

Nevertheless, there are areas where we can still see room for improvement. We still miss provisions for the prevention of, and recovery from, the mental health burden and exhaustion of health personnel experienced in emergencies. We would also like to see provisions for protection from violence against the health and care workforce, and reference to young people training for, and working in, the health and care workforce and the specific challenges they face.

The accord could helpfully reference key WHO documents relating to the health workforce in order to ensure that the guidance provided in them continues to be taken into account. We would particularly highlight the importance of the Global Health and Care Worker Compact, the WHO Global Code of Practice on the International Recruitment of Health Personnel and the WHO Working for Health 2022–2030 Action Plan.

To support the work of the INB, Annex 1 contains specific suggestions for changes to the wording of Articles 11 and 12, as well as proposed new paragraphs to add to the preamble.

Investing in the health workforce is a cross-cutting approach that strengthens multiple pillars of global health policy making. It will help drive gender equity by supporting and protecting a workforce which is 70% female; and it is vital for health security and patient safety, which are essential to minimize the danger and impact of acute public health events such as pandemics. The future WHO instrument on pandemic prevention, preparedness and response must reflect this emphasis on support for the health workforce if we are to learn the lessons from COVID-19 and protect public health.

We look forward to our continued collaboration on this vital instrument.

Sincerely,



Jonathon Kruger  
CEO of World Physiotherapy



Otmar Kloiber  
Secretary General of World Medical Association

**Annex:** amendments to the zero draft for the consideration of the Intergovernmental Negotiating Body at its fourth meeting, Geneva ,27<sup>th</sup> February 2023

*Conceptual zero draft for the consideration of the Intergovernmental Negotiating Body  
at its fourth meeting, Geneva ,27<sup>th</sup> February 2023*

*Version 7<sup>th</sup> February 2023*

## **Changes to wording from the World Medical Association and the World Physiotherapy**

### **General comments:**

- We appreciate the language in Article 12 point 1 with “safeguard, protect, invest in and sustain a skilled, trained, competent and committed health and care workforce...” – in line with the previously adopted WHA resolution 74.14 and 75.17.
- We appreciate the term health and care workforce and it should be used in the entire document
- We appreciate the term high quality health service in the preamble and it should be used in the entire document

### **Missing in the document:**

- the naming of the Global Health and Care Worker Compact, including obligations on preventing harm, ensuring inclusivity, providing support and safeguarding rights
- Respect the WHO Global Code of Practice on the International Recruitment of Health Personnel in the context of recruitment and deployment of global surge staff for pandemic response.
- Missing reference to WHO Working for Health 2022–2030 Action Plan
- missing prevention and recovery from the mental health burden and exhaustion of health personnel
- Missing protection against violence against health and care workforce
- missing mention of the youth workforce and in-training workforce and their special challenges
- In line with WHO’s Constitution “*that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being*” and reminding the ethical core value of the health professions to serve humanity regardless of any other considerations than people’s health and well-being, a true inclusive strategy comprising all populations worldwide is an absolute prerequisite

for the credibility of the negotiation process and its outcome. We therefore strongly recommend including independent territories without recognition as States by the United Nations as participating party to the Convention and to the governing body in charge of promoting the effective implementation of the Convention (as set out in article 20 of the zero draft)”

### Proposed change of wording:

New: **in bold and underlined**

### Preamble

Addition of new paragraph 50

**Recalling resolution WHA 74.14 (2021) on protecting, safeguarding and investing in the health and care workforce, which calls for a clear set of actions for accelerating investments in health worker education, skills, employment, safeguarding and protection to 2030. The resulting Working for Health 2022–2030 Action Plan was adopted for implementation with resolution WHA 75.17 (20221)**

Addition of a new paragraph 51

**Recalling the Global health and care worker compact, which provide 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,**

Addition of a new paragraph 52

**Recalling the WHO Global Code of Practice on the International Recruitment of Health Personnel, which is a voluntary principles and practices for the ethical international recruitment of health personnel, taking into account the rights, obligations and expectations of source countries, destination countries and migrant health personnel,**

Addition in Chapter III Article 6 in paragraph 5:

... facilitate the unimpeded access of humanitarian staff and cargo, **including medical countermeasures and their supplies to protect and safeguard the health and care workforce at the forefront of the pandemic response or providing continuous essential medical and care services.**

Or

Addition of a new paragraph 4. e) in Chapter III Article 7:

**Shall work towards ensuring that all health and care workers have access to the appropriate protection, diagnostics, and medical countermeasures commensurate with their exposure risk.**

## Chapter IV. Strengthening and sustaining capacities for pandemic prevention, preparedness, response and recovery of health systems

### Article 11. Strengthening and sustaining preparedness and health systems' resilience

1. The Parties recognize the need for resilient health systems, rooted in universal health coverage, to mitigate the shocks caused by pandemics and to ensure continuity of **high quality** health services, thus preventing health systems from becoming overwhelmed.
2. The Parties are encouraged to enhance financial, technical and technological support, assistance and cooperation, in particular to developing countries, to strengthen health emergency prevention and preparedness consistent with the goal of universal health coverage. The Parties shall strive to accelerate the achievement of universal health coverage.
3. The Parties are encouraged to establish global, regional and national collaborative genomics networks that are dedicated to epidemiological genomic surveillance and the global sharing of emerging pathogens with pandemic potential.
4. Each Party shall, in accordance with national law, adopt policies and strategies, supported by implementation plans, across the public and private sectors and relevant agencies, consistent with relevant tools, including, but not limited to, the International Health Regulations, and strengthen and reinforce public health functions for:
  - (a) continued provision of quality routine and essential health services during pandemics, including **but not limited to** clinical, ~~and~~ mental health, **prevention**, immunization, **palliative and rehabilitation** care with a focus on primary health care and community-level interventions, and management of the backlog of and waiting lists for the diagnosis and treatment of, and interventions for, other illnesses, including care for patients with long-term effects from the pandemic disease;
  - (b) strengthening human resource capacities **and competencies** during inter-pandemic times and during pandemics;
  - (c) surveillance (including using a One Health approach), outbreak investigation and control, through interoperable early warning and alert systems;
  - (d) sustained laboratory capacity for genomic sequencing, as well as for analyzing and sharing such information;
  - (e) prevention of epidemic-prone diseases, and emerging, growing or evolving public health threats with pandemic potential, notably at the human-animal-environment interface;
  - (f) post-emergency health system recovery strategies;

(g) strengthening public health laboratory and diagnostic capacities, and national, regional and global networks, including standards and protocols for infection prevention and control, and public health laboratory biosafety and biosecurity; and

(h) creating and maintaining up-to-date, universal platforms and technologies for forecasting and timely information sharing, through appropriate capacities, including building digital health and data science capacities **respecting ethical principles of health data governance, confidentiality and privacy as laid down in the Declaration of Taipei.**

## **Article 12. Strengthening and sustaining a skilled and competent health and care workforce**

1. Each Party shall take the necessary steps to safeguard, protect, invest in and sustain a skilled, trained, competent and committed health and care workforce, at all levels, in a gender-responsive manner, with due protection of its employment, civil and human rights and well-being, consistent with international obligations and relevant codes of practice, **including protection from violence and stigma**, with the aim of increasing and sustaining capacities for pandemic prevention, preparedness and response, while maintaining **quality** essential health services **and all other essential public health functions**. This includes, subject to national law:

(a) Strengthening **pre-service, in-service and specialization education** and training **to build a health and care workforce with the requisite competencies to deliver all of the essential health services and essential public health functions**, invest in the deployment **employment**, distribution and retention of the health and care workforce including community health workers and volunteers;

(b) addressing gender **and youth**\* disparities and inequalities within the health and care workforce, to ensure meaningful representation, engagement, participation and empowerment of all health and care workers, while addressing discrimination, **violence and harassment**, stigma and inequality and eliminating bias, including unequal remuneration, and noting that women still often face significant barriers to taking leadership and decision-making roles.

\*Youth refers to young people, who are students or individuals in their early career in the labour market ([UN Definition of youth fact sheet \[website\]](#)). United Nations Department of Economic and Social Affairs (UNDESA)

### **New 1.c) Establishing measures to prevent and to help the health and care workforce to recover from exhaustion, mental health traumas and burnt out**

2. The Parties are encouraged to enhance financial and technical support, assistance and cooperation, in particular to developing countries, to strengthen and sustain a skilled and competent health and care workforce at the national level **capable of delivering all essential public health functions and essential health services even during health emergencies.**

3. The Parties shall invest in establishing, sustaining, coordinating and mobilizing an available, skilled and trained global public health emergency workforce that is deployable to support Parties upon request, based on public health need, in order to contain outbreaks and prevent an escalation of small- scale spread to global proportions **while being encouraged to respect the WHO Global Code of Practice on the International Recruitment of Health Personnel in context of ethical and sustainable recruitment and deployment of global surge staff for pandemic response**

4. The Parties will support the development of a network of training institutions, national and regional facilities and centres of expertise in order to establish common guidance to enable more predictable, standardized, timely and systematic response missions and deployment of the aforementioned public health emergency workforce.