Consultation on the Global Health Resilience Initiative

▶ Key messages from the International Labour Office[1]

Build global health resilience on universal social protection, including guaranteed access to essential health care

Global health resilience relies on universal social protection systems, including nationally defined social protection floors that guarantee access to essential health care and income security over the life cycle, including in times of crisis. In line with the ILO Social Protection Floors Recommendation, 2012 (No. 202) and the 2021 Resolution concerning the second recurrent discussion on social protection (social security) , this requires a rights-based approach to social protection.

Social health protection has a twofold objective: universal access to affordable health care of adequate quality, and income security in case of sickness (e.g. the ILO Medical Care and Sickness Benefits Convention, 1969 (No 130 and its accompanying Recommendation134).

The objectives, functions and principles of social health protection systems are grounded in international social security standards adopted by the International Labour Organization. These instruments reflect an international consensus forged by governments as well as employers' and workers' organizations. As early as 1944, the Medical Care Recommendation, 1944 (No. 69) introduced the principle of universality, providing that medical care services should cover all members of the community, whether or not they are gainfully occupied.

Securing financial protection against healthcare costs is an important goal of national social protections systems and becomes central in contexts of a pandemic, fragility, forced displacement, natural disasters and the climate crisis to maintain de resilience of people and support their health and wellbeing, in line with the ILO Employment and Decent Work for Peace Recommendation, 2017 (No 205). International human rights standards promote the principle of equality of treatment between nationals and non-nationals (e.g. ILO Equality of Treatment (Social Security) Convention, 1962 (No 118)), which are more relevant than ever in the context of the changing burden of disease linked to demographic and climate change (see General Survey on ILO R205).

[1] The ILO contribution is aligned with the Joint UN Team Brussels submission to this consultation

Ensure adequate and sustainable financing for social protection, including health care

It would be important for the upcoming Initiative to promote policy coherence between health, social protection, labour market and macroeconomic policies. In line with the ILO's 2021 Resolution concerning the second recurrent discussion on social protection (social security), governments should be supported to secure adequate and sustainable financing for universal social protection and essential health services, including by expanding fiscal space. To increase policy coherence, international development partners and IFIs could ensure that their policy advice strengthens, rather than constrains, nationally owned pathways to universal social protection.

Broad risk pooling and solidarity in financing are guiding principles for the design of social health protection schemes and mechanisms. In this respect, the Initiative could consider joint advocacy across health and social protection sectors as a strategy to support the resilience of people and economies (Global Partnership for Social Protection[2] (USP)2030 statement 2023). In particular, sustainable and robust public financing mechanisms for universal, comprehensive social protection, building on a combination of progressive taxation and social security contributions, can support continuity in access to healthcare without financial hardship but also support income security during crisis and throughout the life cycle (see General Survey on ILO R202), thereby addressing the social determinants of health equity and the root causes of vulnerability.

A resilient health system depends on an adequate health workforce employed under decent working conditions.

Global health resilience requires sustained investment in the health workforce, including education and training systems, fair recruitment, retention measures and decent working conditions. In line with the ILO Nursing Personnel Convention, 1977 (No. 149) and the accompanying ILO Nursing Personnel Recommendation, 1977 (No. 157), health workforce strategies should support professional development, quality employment and working conditions that attract and retain nursing personnel and other health workers. Recognizing that decent work in health services is fundamental to ensuring effective and resilient health systems, such strategies should address workforce shortages and be grounded in international labour standards and social dialogue. Ensuring fair employment conditions, adequate remuneration, skills development, worker representation, and safe and healthy workplaces—free from violence, and harassment—is essential. Strengthening all of these dimensions

[2] https://usp2030.org/

contributes to quality care, supports recruitment and retention, and helps build resilient societies and economies.

Protecting health workers through occupational safety and health is a core resilience measure, not an optional add-on.

A safe and healthy working environment is a fundamental principle and right at work. The Initiative calls for stronger protection of health and care workers through robust occupational safety and health systems, including the ratification and effective implementation of the Occupational Safety and Health Convention, 1981 (No. 155) and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187). Strengthening preventive OSH frameworks is essential to protect workers, sustain service delivery and enhance preparedness and resilience in the face of future health emergencies.

This includes the protection from violence and harassment. The risk of health workers experiencing violence and harassment is high in the health sector, with latest estimates predicting 60% of health workers globally having experienced violence and harassment. The ILO has established new global standards aimed at ending violence and harassment in the world of work, which are set out in the ILO Violence and Harassment Convention, 2019 (No. 190) and the Violence and Harassment Recommendation, 2019 (No. 206). It calls on governments to adopt measures to protect workers who are particularly at risk of violence and harassment, including health and care workers, as well as those working for emergency and social services. This includes the development and promotion of an inclusive, integrated and gender-responsive approach, which tackles underlying causes and risk factors. It acknowledges that gender-based violence and harassment disproportionately affects women, including in the health sector.

Addressing violence and harassment in the health sector needs to include the development and implementation of prevention and protection measures, effective and appropriate enforcement and remedies, training and guidance, specific measures to address gender-based violence and harassment, as well as collaboration between governments, employers' and workers' organizations to combat violence and harassment.

Furthermore, ILO Biological Hazards in the Working Environment Convention, 2025 (No. 192) and Recommendation No. 209 establish the first global framework for preventing and controlling biological hazards at work, requiring risk assessment, protection, preparedness and worker participation, which is particularly critical for the

health sector given its high exposure to infectious risks and central role in managing outbreaks and public health emergencies.

Govern international labour migration in the health sector to maximize its benefits for all and protect migrant health workers' rights

A recent WHO/Europe report finds that dependence on foreign-trained health workers has increased substantially (around 58% for doctors and 67% for nurses since 2014), with most inflows originating from outside the European and Central Asia Region, while mobility includes movement within the Region and is no longer a simple east-to-west pattern, occurring between neighboring countries and among high-income countries. This growing reliance creates cross-border effects, with countries both losing and gaining health workers, contributing to workforce imbalances, particularly in countries with more limited capacity.

The Nursing Personnel Recommendation No. 157 calls for international cooperation, including through bilateral or multilateral arrangements to harmonize training, ensure mutual recognition of qualifications and facilitate authorization to practice (para. 62), It provides that recruitment of foreign nursing personnel should be authorized only where it does not adversely affect the availability of qualified personnel in the country of origin (para. 67).

Labour migration is recognized as part of labour market functioning, and the ILO Constitution affirms the need to protect workers, including those "when employed in countries other than their own". In accordance with the Migration for Employment Convention, 1949 (No. 97) and the Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143), and their accompanying Recommendations Nos. 86 and 151, policies concerning migrant workers should promote equality of opportunity and treatment, and support their effective integration into labour markets.

In line with the ILO General Principles and Operational Guidelines for Fair Recruitment (2016), recruitment should be carried out in a fair and transparent manner, respecting the rights of workers and preventing abusive and fraudulent practices.

Advancing inclusive economic growth, employment and decent work through investment in the health workforce

The UN High-level Commission on Health Employment and Economic Growth (HEEG), established by the UN Secretary-General in March 2016, which was co-vice-chaired by ILO with WHO and OECD, recognized the health sector as a key economic sector and generator of jobs and highlighted the urgent need for sustainable investments in strong health workforces. Such investments not only strengthen health systems and

their resilience but are an effective strategy for job creation, especially for youth and women. In January 2019, the ILO's Global Commission on the Future of Work released its Work for a Brighter Future report, which proposes a new human-centred social contract with an emphasis on increasing investment in peoples' capabilities, institutions of work, and decent and sustainable work. The report identified the care economy, including the health sector, as an area of employment growth which was critical to social and economic development. In addition, the report of the Committee of Experts on the Application of Conventions and Recommendations (articles 19, 22 and 35 of the Constitution) Report III (Part B) Securing decent work for nursing personnel and domestic workers, emphasized the need for appropriate public and private investments in health systems to ensure the recruitment, deployment and retention of health workers for resilient and sustainable health systems. The 2024 Resolution on decent work and the care economy further confirms that such investments generate significant employment creation and multiplier effects, contributing to job creation, inclusive economic growth, enhanced productivity and more resilient societies and economies.

Promote Social Dialogue

ILO standards, research and projects emphasize that practical and sustainable solutions to complex challenges can best be found when all those concerned have a voice and work together. Effective social dialogue between governments, employers and workers, and consultation with relevant stakeholders, is essential, particularly in times of structural change, as recognized in the 2002 Joint Meeting on Social Dialogue in the Health Services. Promoting intersectoral collaboration at national, regional and international levels plays an important role in ensuring policy coherence and advancing decent work in the sector.

Sources

International standards:

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- C097 Migration for Employment Convention (Revised), 1949 (No. 97)
- R86 Migration for Employment Recommendation (Revised), 1949 (No. 86)
- C143 Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143)
- R151 Migrant Workers Recommendation, 1975 (No. 151)
- C102 Social Security (Minimum Standards) Convention, 1952 (No. 102)
- C130 Medical Care and Sickness Benefits Convention, 1969 (No. 130)
- R134 Medical Care and Sickness Benefits Recommendation, 1969, (No. 134)
- C183 Maternity Protection Convention, 2000 (No. 183)
- R202 Social Protection Floors Recommendation, 2012 (No. 202)
- C149 - Nursing Personnel Convention, 1977 (No. 149)
- R157 - Nursing Personnel Recommendation, 1977 (No. 157)
- C155 - Occupational Safety and Health Convention, 1981 (No. 155)
- R164 - Occupational Safety and Health Recommendation, 1981 (No. 164)
- C187 - Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)
- R197 - Promotional Framework for Occupational Safety and Health Recommendation, 2006 (No. 197)
- C161 - Occupational Health Services Convention, 1985 (No. 161)
- R171 - Occupational Health Services Recommendation, 1985 (No. 171)

- R202 - Social Protection Floors Recommendation, 2012 (No. 202)
- C190 - Violence and Harassment Convention, 2019 (No. 190)
- R206 - Violence and Harassment Recommendation, 2019 (No. 206)
- C192 - Biological Hazards in the Working Environment Convention, 2025 (No. 192)
- R209 - Biological Hazards in the Working Environment Recommendation, 2025 (No. 209)

- Tripartite conclusions:
    - Tripartite Sectoral Meeting on Improving Employment and Working Conditions in Health Services (Geneva, 24-28 April 2017) - Conclusions
- Resolutions:
    - Resolution concerning decent work and the care economy
    - Resolution (2021) concerning the second recurrent discussion on social protection (social security)

- General Surveys
    - General Survey concerning the Employment and Decent Work for Peace and Resilience Recommendation, 2017 (No. 205)
    - General Survey concerning the Social Protection Floors Recommendation, 2012 (No. 202)
    - General Survey securing decent work for nursing personnel and domestic workers, key actors in the care economy

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