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Discussion on the General Survey
Securing decent work for nursing personnel and domestic workers, key actors in the care economy

Chairperson – We now turn to the second item on the agenda, which is the discussion of the General Survey of the Committee of Experts, *Securing decent work for nursing personnel and domestic workers, key actors in the care economy*.

As a follow-up to the informal tripartite consultations held in 2021 and 2022, it is proposed to structure the discussion of the General Survey around three overarching questions, on the understanding that this would not restrict speakers' interventions to just these questions which are addressed in the General Survey. These generic points are as follows: progress in the implementation of the instruments under consideration and difficulties in their application; measures to be taken to promote the conventions and their ratification in light of the best practices and obstacles encountered; and, lastly, the approaches that the ILO could follow in future with regard to its standard-setting activities and the provision of technical assistance.

I remind you that, in accordance with document D.1 on the working methods of the Committee, speaking time during the discussion of the General Survey is limited as follows: 30 minutes for the opening remarks by the spokespersons of the Employers' and Workers' groups; 15 minutes for the Government group; 5 minutes for other members; and 10 minutes for the closing remarks of the spokespersons of the Employers' and Workers' groups.

Worker members. In 2018, when the ILO Governing Body decided on the subject of the General Survey for this session of the Conference, no one realized how very appropriate it would be. Indeed, the pandemic that afflicted the world has shown the extent to which the workers covered by the instruments under examination are of vital importance for our societies. This General Survey and our discussion are a form of tribute to nursing personnel and domestic workers.

First, some thoughts concerning nursing personnel.

As indicated in the General Survey, the instruments do not provide a definition of the notions of "care" or "nursing services". That is perfectly understandable insofar as there was a desire to adopt the broadest and most encompassing approach possible. However, it can be seen that the absence of guidance in the instruments sometimes leads to definitions that are too restrictive and which differ in national legislation. The absence of a universal definition of the notion of "nurse" can have various harmful consequences, as indicated in the General Survey, such as the difficulty of undertaking comparisons between countries and the issue of the scope of application of the instruments.

It would undoubtedly be useful for the Office, in cooperation with the World Health Organization (WHO), as appropriate, to prepare a guide based on best practice so as to develop a common approach to the concepts. This aspect is all the more important as the sector is facing a major issue that is liable to worsen over the coming years: shortages. This is a phenomenon with multiple facets that gives rise to difficult problems.

One of the consequences is the slippage of tasks between functions. Procedures that were previously undertaken by doctors are entrusted to nurses, who are themselves divested of them by carers. If such transformations were to gather pace, they would made it necessary for us to rethink the various categories and the associated definitions.

Another transformation that is seen more commonly in the countries of the North is related to the fact that nurses are being entrusted with an increasing number of tasks that are not directly linked to care and which are more of an administrative nature. That often leads to a sort of suffering at work insofar as the women and men workers who are dedicated to this work do so principally to provide care, and not to devote a significant part of their time to work that they consider to be bureaucratic and of which they do not always see the utility. Decent work should above all be work that has meaning.

Another cause of shortages lies in the migratory flows of nursing personnel, who mainly move from the South to the North. This migration is quite clearly an opportunity for the workers concerned, but is a catastrophe for the countries of the South, where their system is made more fragile. And yet, the Nursing Personnel Recommendation, 1977 (No. 157), in Paragraph 67, specifies that the recruitment of foreign nursing personnel should be authorized only on two conditions, one of which is that there is no shortage of nursing personnel in the country of origin. It would be necessary to address the deep-rooted causes of this imbalance. If there is a shortage in the countries of the North, that is because working conditions in the sector have become worse. Combating the shortage therefore implies the countries of the North investing massively in improving working and employment conditions. It is also necessary to ensure that the countries of origin are able to retain their life forces and participate in the construction of robust healthcare systems.

The General Survey rightly places emphasis on the importance of social dialogue, particularly in the planning of nursing services and personnel. We must nevertheless note that such dialogue is very often inadequate, or even non-existent, due to the non-existence in several countries of representative unions. It is therefore a priority to focus on reinforcing the capacities of organizations so that they can contribution to discussions on planning. The planning involved in this respect includes, in accordance with the Nursing Personnel Convention, 1977 (No. 149), education and training. The importance of this aspect cannot be over-emphasized, particularly in a sector that is developing very rapidly and where the principal mission is to improve health levels in the population.

Unfortunately, the sad reality is that in many countries it is not possible to train personnel, quite simply because training is not available. It is clear that it is the responsibility of the governments of the countries concerned to find solutions, although there are certain solutions to be developed at the international level to address this challenge.

With regard to the need to improve employment and working conditions to combat shortages, it should be emphasized that we are speaking of a sector, in the same way as that of domestic workers, which is highly feminized. Improving working conditions in these sectors is also promoting equality between women and men and achieving one of the other fundamental objectives of our Organization. This is also a sector characterized by arduous work and too frequently the only solution is to offer financial compensation. However, as noted

by the General Survey, the health of women and men workers is not for sale. This issue therefore goes beyond the sectors covered here and it is high time that every effort was made to preserve the health of workers in the workplace.

Many other problems would deserve our attention, but we will confine ourselves to referring to the fundamental issue of working time. This is an essential issue for nursing personnel insofar as the underlying reason for limitations is also to protect the health of those receiving care. Excessive hours of work are often due to budgetary restrictions, which uncontestably harm the quality of care. We also suggest that an evaluation could be undertaken of the tangible consequences of these restrictions and the deterioration of working conditions. Such an evaluation could, as appropriate, be undertaken in cooperation with the WHO.

We would also like to make three observations concerning domestic workers.

First, the General Survey dwells on the scope of application of the domestic workers Convention and Recommendation. It refers to the issue of its application to so-called self-employed workers, and refers in this regard to the Employment Relationship Recommendation, 2006 (No. 198), to outline the necessary distinctions. But we should not lose sight of the fact that we are referring to a particularly vulnerable group of workers. Do we need to recall that the underlying purpose of labour law is to try and re-establish through the law and collective bargaining a type of balance between the parties? The eruption of digitalization and the accompanying gadgets must not serve as a smoke screen. They must not act as a pretext in trying to take us back to the situation that prevailed in the 19th century.

We would also have appreciated it if, as has happened in the past, the Committee of Experts could enter into dialogue with national jurisdictions on the relationship between competition law and the right to collective bargaining. We also support the observations contained in the General Survey on the importance of recognizing and promoting freedom of association and the right to collective bargaining for all domestic workers without distinction.

Our second remark relates to the recognition in the General Survey of the link between domestic work and informality. The General Survey observes that a great majority of domestic workers work in an informal context. This is a real challenge insofar as informality is a major obstacle to the implementation of rights, so much so that action to combat informality in the sector must be given priority. Similarly, the great shortcomings noted in respect for freedom of association also call for a priority response as freedom of association is an indispensable requirement for the achievement of other rights.

The third point concerns the importance of inspection, through which it can be ensured that recognized rights are effectively implemented. One of the major difficulties for domestic workers is that they carry out their work in households. There is accordingly a risk that the organization of inspections may prejudice the right to privacy. As noted by the General Survey, this difficulty is not in any way insurmountable as, although the instruments have left this issue fairly open, in view of the reticence expressed on the subject, it is clear that in several countries it has been possible to reconcile the various concerns. This is particularly the case, for example, where the prior authorization of a magistrate is required.

Finally, a few words on the ratification of the instruments. It should first be recalled that ratification is a sovereign act. It is not an end in itself, and it can be seen that in many non-ratifying countries, the legislation is largely in conformity with the Convention. This shows the influence of instruments, irrespective of ratification. But it has to be noted that no Government

is contesting the relevance and importance of the Conventions under examination, which shows the importance of intensifying ratification efforts.

In conclusion, we thank the Committee of Experts for the quality of the General Survey, and its detailed content, and we hope that it will contribute to a better understanding and application of the instruments examined.

Another Worker member, speaking on behalf of the Worker members – In a large majority of countries, domestic workers still do not enjoy the same legal rights as other workers. This has devastating consequences for them in practice, as they face precarious employment and poor working conditions.

In the Netherlands there is a special regulation that applies to domestic workers and domestic work in the so-called "Regeling Dienstverlening aan Huis", which basically consists of a number of exceptions to the public law and civil law obligations that apply to employers, and which is not in accordance with the Domestic Workers Convention, 2011 (No. 189). These exceptions are only applicable to workers performing exclusively or almost exclusively domestic or personal services for a natural person less than four days a week. The trade unions stress that this is also not in line with the Part-Time Work Convention, 1994 (No. 175). For example, based on article 655, paragraph 4, of the Civil Code, Book 7, employers of domestic workers are excluded from the obligation of providing the domestic employee with a written statement of items such as the agreed wage and usual working hours. For domestic workers, this statement only has to be provided by the employer when the employee explicitly requests it. Another example is found in article 628, paragraph 2(a), of the Civil Code, Book 7, according to which domestic workers are entitled to 70 per cent of their salary for a period of 6 weeks in case of illness or pregnancy, whereas other workers in the Netherlands are generally entitled to a period of 104 weeks.

Regarding social security, domestic workers are exempt from mandatory employee insurance. Instead, domestic workers can have voluntary insurance coverage at their own initiative. However, this is very expensive and, in most cases, the general aid "Algemene Bijstand" is the only social security available for domestic workers, provided that they have residence status.

Regarding dismissal protections, the employer does not need to apply for a redundancy authorization for domestic workers working less than four days a week because of a legal exception under BBA article 2.1. However, even this light legislation is not enforced in practice. Employers are responsible, but most of them are unaware of their obligations.

The feminist organization Bureau Clara Wichmann won a case on behalf of a domestic care worker for access to unemployment benefits. The Court stated in its decision that the "Regeling dienstverlening aan huis" is discriminatory against women, because almost all workers in this sector are female. The case was won, but the Government has yet to act on it. Trade unions in the Netherlands strongly oppose the fact that domestic workers are exempted from mandatory employee social insurance and pensions and therefore urge the Dutch Government to ratify ILO Convention No. 189 and to improve the social security and labour market position of domestic workers.

During the COVID-19 crisis, domestic workers have been especially vulnerable, having no access to social security, or to the emergency measures that the Dutch Government had taken, such as the "NOW" or "TOZO" scheme.

As domestic work is largely informal work, there is no possibility for collective bargaining agreements, because domestic work is not formalized, and access to effective remedies as

mentioned in the Violence and Harassment Convention, 2019 (No. 190), is not granted. Therefore, domestic workers do not enjoy effective protections from abuse, harassment and violence. They remain vulnerable.

The Social and Economic Council (SER), which consists of employers' and workers' organizations, as well as independent members, has recommended that the Government research formalizing the market for household services. The Government had not yet reacted to this report. This unequal and unfair treatment of domestic workers in the Netherlands unfortunately reflects a generalized situation of exclusion of domestic workers in the rest of the world.

In Germany, over 80 per cent of domestic workers, who are primarily migrant live-in domestic workers, providing 24-hour care, are hired as bogus self-employed workers, taking them outside the scope of labour and social law. In Brazil, domestic workers who provide services up to two days a week for one person or family are classified as daily workers. These workers are considered autonomous workers and are excluded from the protection afforded under the law. The prevalence of disguised employment, dependent self-employment and multiparty employment in the sector, as well as the increasing use of digital platforms to mediate domestic work, lead to a heightened risk of misclassification of domestic workers, excluding one of the most vulnerable categories of workers from labour protections.

In addition, domestic workers are too often deprived of their fundamental right to freedom of association and to bargain collectively. On top of their exclusion from the national laws of many countries, they face practical hurdles to organizing, such as isolation, language barriers and a general lack of access to information. We recall that Convention No. 189 and the Domestic Workers Recommendation, 2011 (No. 201), lay out the principle of equal treatment of domestic workers with other workers and that freedom of association and collective bargaining are fundamental rights guaranteed to all workers.

Eleven years after the adoption of Convention No. 189, it is high time to make good on our commitments and to ensure labour protections to all domestic workers, irrespective of their nationality or employment status. In this regard, we want to stress the pivotal role that governments must play in improving the employment, working and living conditions of domestic workers through strong, legal and institutional frameworks ensuring labour protections, concrete corrective measures, effective monitoring and accessible remedies to domestic workers. It is also important to foster organizing efforts among domestic workers and to promote collective bargaining in the sector.

Another Worker member, speaking on behalf of the Worker members – For years, we have been denouncing the underfunding of the public health system and, following the outbreak of the COVID-19 health crisis, it has been evident that health systems are weakened, have many limitations and lack both material and personal resources.

The COVID-19 pandemic has had a devastating impact on certain working conditions, which were already so stretched. The example of Spain speaks for itself. We have had to suffer a pandemic to become aware of the deficiencies characterizing health systems. Preventive management was not a priority, because prevention has always been considered a cost and not a necessary expense.

The workforce in health systems had been depleted since the economic crisis and has not been increased since. We were arriving with health systems that were not prepared for a pandemic. And the result was thousands of infections in all health sectors.

We need to advocate strategies that strengthen the public health system so that nursing and other health personnel can work under optimal conditions. For that, it is necessary to:

- increase financing by reversing the cuts that were imposed following the economic crisis with a view to recuperating the quality of care and improving working conditions and pay in the sector;
- increase recruitment by 10 per cent for specialized care and 20 per cent for primary care, as well as a reduction of temporary contracts;
- promote and reinforce primary care;
- improve occupational safety and health with psychosocial risk assessments for personnel;
- inspect and carry out constant quality audits in health centres;
- define responsible criteria in the conditions for subcontracted services;

Furthermore:

- social dialogue is a tool that is essential in any country to address and agree on solutions and the decisions that are taken. Dialogue with governments needs to be flexible;
- a determined focus on research in the public sector with a significant increase in financing.

With regard to the care sector, which includes residential care homes, home care, day centres and remote assistance, it is a sector which, following the crisis, has shown the importance of care work in the society of today and the precarious conditions under which these services are provided in many cases. It is also a highly feminized sector which has historically not been recognized at its true value.

COVID-19 has shown up the fragility of the system of care for the elderly and dependent persons. It is therefore necessary to: improve the quality of the system and the adequacy of care; unblock negotiation of the State Dependent Care Collective Agreement, which has now been extended for four years; and increase recruitment to reduce workload by around 20 per cent; increase wages; and advocate for the professionalization of the sector and social recognition.

Nursing personnel in Spain has been and continues to be under high levels of stress, as are other health personnel, both in the health and social care sectors.

It is clear that there have been and continue to be shortages of nursing personnel, which have become chronic due to the lack of investment. We therefore believe that it is necessary to:

- approve a State standard to adapt nurse-patient ratios to the European average. There is currently a rate of 5.2 professional nurses for each 1,000 inhabitants, while the European rate is around 8.4;
- develop nursing specialization through the creation of specific posts to increase the value of the profession;
- professional reclassification in the national health system by granting nursing personnel a higher level with the corresponding increases in capacities and wages;
- greater health and safety at the workplace;

- wage increases. If the profession is not made attractive, we will not have sufficient personnel to care for the users;
- reduce workload by increasing recruitment;
- continuous vocational development.

We consider that these improvements in the public-private health system, and in the system of care for dependent persons, need to be negotiated and agreed upon through social dialogue and collective bargaining with unions, which are the legitimate bodies to defend the rights of the working class.

The example of Spain is not at all an isolated case and the solutions that we are proposing in this discussion can be applied in other national contexts.

The crisis is not yet behind us, and we have to rebuild and consolidate our health systems, and to do so we need to improve the employment and working conditions of nurses and other healthcare personnel. The highest priority needs to be given to ensuring the safety, health and welfare of nursing personnel through the development and implementation of a strategic health policy and crisis planning in all countries.

Governments need to take action, in collaboration with trade unions, to address without delay the many decent work deficits affecting nursing personnel and to improve their employment and working conditions, including through: the reduction of hours of work and the provision of adequate rest periods; adequate and equitable remuneration; better measures to protect their health and safety; access to social security and benefits adapted to their specific needs, especially in light of differences in coverage between nationals and non-nationals, employees and self-employed workers, and those working under different contractual arrangements, and between employees in the public and private sectors.

Employer members – The Employer members wish to begin by thanking the Committee of Experts and the Office for preparing this General Survey on four ILO instruments relating to workers in the care economy, namely, Convention No. 149, Convention No. 189, as well as Recommendation No. 157 and Recommendation No. 201. Nursing personnel and domestic workers are very specific categories of workers that, alongside other categories, include plantation workers, tenants and sharecroppers, hotel and restaurant workers or home workers, categories that have been addressed in particular ILO standards. The Employer members welcome the focus in this General Survey on these four instruments, two Conventions and two Recommendations which enable a more in-depth review of the national law and practice of Member States regarding the elements covered by them, including the obstacles to ratification and implementation. The Employer members agree with the Worker members that the selection of the standards on nursing personnel and domestic workers for this General Survey is very timely, especially against the backdrop of the COVID-19 pandemic, which has in particular placed nurses in the spotlight. Since the outbreak of COVID-19, healthcare and medical services have remained one of the most essential services in the world. Nurses, especially those working in hospitals, have been on the front line fighting against the virus. In recognition of this fact, the recently adopted International Labour Conference Global Call to Action for a human-centred recovery from the COVID-19 crisis that is inclusive, sustainable and resilient, points out that healthcare workers have a higher risk of exposure to COVID-19 and recommends that they should have access to vaccines, personal protective equipment, training, testing and psychosocial support and that they should be adequately renumerated and protected at work, including against excessive workloads.

The focus on nursing personnel and domestic workers is also timely in view of other developments which present major challenges for future workforce planning, the skills needs and working conditions of these two groups. These concern, in particular, demographic changes and the ageing of the population, which significantly increases the need for the services of care workers such as nurses and domestic workers. For instance, functioning nursing care services for the elderly are increasingly important to relieve the burden on families and to enable, in particular, women to start or maintain work, especially against the backdrop of a growing shortage of skilled workers in many countries. Also, considering the divergency of existing definitions in Member States, while nursing personnel and domestic workers are categories of workers that play a crucial role in the functioning of the care economy, it needs to be recognized that the care economy also comprises professional groups not covered by Convention No. 149 and Recommendation No. 157, such as social workers and childcare workers. Domestic workers are not always involved in care work. The issues concerning nurses and domestic workers therefore do not fully reflect the situation of the care economy as a whole. Whilst the wider context of the care economy should be kept in mind, it should be recognized that our discussion in the Committee is specifically about the law and practice regarding four particular ILO instruments in both ratifying and non-ratifying countries. A discussion of the overall situation of the care economy and care economy workers in general would go beyond the scope of the present examination and would require much wider input and consultation than just the reports on these four instruments. Taking into account these general remarks, we would now like to provide more specific comments on the individual chapters of the General Survey.

First, on Convention No. 149 and Recommendation No. 157, we note that to date Convention No. 149 has been ratified by 41 Member States. Recommendation No. 157 complements the Convention, providing non-binding practical guidance for developing national law and policies on nursing personnel. In 2002, following the Cartier Working Party's recommendation, the ILO Governing Body classified both instruments as up-to-date technical instruments. The two instruments recognize the vital role of nursing personnel and other healthcare workers for the health and well-being of populations and cover problems affecting their employment conditions. They set minimum labour standards specifically designed to highlight the special conditions in which nursing work is carried out. These instruments were widely welcomed at the time of adoption in 1977. Whilst the majority of employers voted in favour of Convention No. 149 and Recommendation No. 157, the Employers' group expressed some reservations at the time of their adoption which are still valid today. With regard to Convention No. 149, the Employers' group considers that, in principle, the ILO should avoid drawing up conventions for specific occupational groups of workers, such as for nursing personnel, as this would weaken attempts to have general standards for all workers and lead instead to a proliferation of instruments which, in our view, would undermine the effectiveness of ILO standard setting. With regard to Recommendation No. 157, the Employer members feel that the Recommendation, which has 71 Paragraphs and an Annex on policy concerning nursing services and nursing personnel consisting of another 30 Paragraphs, is much too long and much too detailed, particularly in the parts relating to renumeration, working time and rest periods. In the Employers' group's view, flexibility in these areas, especially in the arrangement of working time, is important for employers to operate both productively and competitively and for workers' ability to balance their working and personal lives. Overly prescriptive provisions, even in a Recommendation, can make implementation unnecessarily difficult and as a result may discourage it. Regarding the conscience clause in Paragraph 18 of the Recommendation, which allows nursing personnel to claim exemption from performing specific duties without being penalized, where performance would conflict with their religious,

moral or ethical convictions, the Employer members note that this should be interpreted in such a way that a negative impact on the health of patients and/or discriminatory treatment of patients is avoided. Notwithstanding these comments, the Employer members are of the view that Convention No. 149 and Recommendation No. 157 provide relevant guidance that enables Member States to design policies and regulations on nursing personnel in a manner appropriate to their national conditions and in consultation with the most representative employers' and workers' organizations. A particularly relevant provision, for instance, is Article 2(2) of Convention No. 149 concerning the necessary measures that nursing personnel should be provided to make the profession attractive. For example, education and training appropriate to the exercise of their functions and employment and working conditions, including career prospects and renumeration. In terms of education and training for nursing personnel, the Employers' group would stress the importance of training on the use of digital devices and techniques. This is not only necessary to ensure high quality services, but also efficiency and productivity and to achieve cost containment in the care sector. Regarding employment and working conditions for nursing personnel, the Employers noted that, while there is a big difference amongst Member States, nursing personnel in certain countries have received above average wage increases in the past ten years, including during the COVID-19 crisis. Of course, more needs to be done to ensure fair working conditions for nursing personnel on a permanent basis so that it is likely to attract persons to the profession and retain them.

Turning to the Convention No. 189 and Recommendation No. 201, these lay down basic principles and measures regarding the promotion of decent work for domestic workers. They are classified as up-to-date technical instruments. To date, Convention No. 189 has been ratified by 35 Member States and is in force in 33 of them. In contrast to the instruments relating to nursing personal, Convention No. 189 and Recommendation No. 201 are seen more critically by the Employers' group. One particular concern is the issue of the treatment of working time under Article 10 of Convention No. 189, which requires that each ratifying country shall take measures towards ensuring equal treatment between domestic workers and workers generally in relation to normal hours of work and overtime compensation. The Employers' group notes that this is a very difficult issue as working time lies at the very heart of employment and is linked closely with remuneration, rest and leave. The Employer members would disagree with the assumption that ordinary hours of work and overtime arrangements that apply, for example, in factories or other commercial undertakings, could be imported into domestic employment. Applying the notion of overtime to work within family homes is highly problematic, particularly when the employee lives in the home and does not make a clear daily exit from the workplace. Another problematic issue is standby and on-call time under Article 10(3). In the Employers' view, the wording of the provision does not provide the necessary flexibility for Member States. The treatment of standby time as hours worked, as referred to in this provision, would likely cause practical problems in many national systems. For example, detailed time measurements for standby and on-call hours could be impossible to apply in most homes, as it is impractical for household employers to manage, monitor, administer and record such hours. The concepts of standby and on-call come from general industrial and commercial employment for very specific reasons and cannot be assumed to apply in domestic work.

The Employer members also see practical problems with treating specific periods during which domestic workers are not actively working, but remain at the disposal of the household, as working time. Such standby times, which can be significant, should be treated differently from periods of active work. If both are considered working time on an equal basis, it could have large implications, especially when domestic workers are paid on an hourly basis.

Furthermore, the Employer members do not find Paragraph 9 of Recommendation No. 201 helpful. This Paragraph complements Article 10(3) and provides various suggestions which governments may consider in regard to on-call and standby hours. Paragraph 9(1) of Recommendation No. 201 suggests regulating maximum hours, compensatory rest and the rate of remuneration of standby hours. The Employers' group considers that regulating these matters is unlikely to provide clarification for householders and offers little benefit to domestic workers. In addition, Article 2 of Convention No. 189 significantly limits opportunities for Member States to make exclusions from the scope of the Convention.

While Article 2(2) ensures that governments can exclude defined categories of workers after consultations with the most representative Employer and Worker representatives, Article 2(3) dictates that the exclusions must be accurately and comprehensively addressed during the first 12 months of operation of the Convention once ratified. This limited time frame means that there is no effective opportunity for governments to correct errors or to adapt to unforeseen approaches that could arise from judicial interpretation.

A final provision that the Employer members wish to highlight is Article 7 of Convention No. 189, which requires ratifying countries to ensure that domestic workers are informed of the various specific terms and conditions of their employment. The provision lists not less than 11 items, including basic information, such as the name and address of the employer and worker. Paragraph 6 of Recommendation No. 201 contains a further list of seven matters that should be addressed in the terms and conditions of employment, in addition to those listed in Article 7. We note that the cumulative effect of these obligations needs careful consideration, as the mandatory list under Article 7 of Convention No. 189 is quite extensive on its own.

Moving to the subject of freedom of association and collective bargaining, the Employer members note the provisions in the four instruments providing for freedom of association and the effective recognition of the right to collective bargaining for nursing personnel and domestic workers, as well as the efforts made by Member States to implement them that are set out in the General Survey. In this context, the Employer members note that the Committee of Experts stresses the importance of the establishment and growth of free independent and representative organizations of domestic employers and workers for the effective recognition of the right to collective bargaining. The Committee of Experts also considers that, beyond the mere removal of legal obstacles, active measures need to be taken to encourage and support the establishment of such organizations. While the Employer members can agree in principle with this concept, we must nevertheless point out that the initiative to set up or not an organization of domestic employers lies solely with the domestic employers at the national level. There should not be pressure or undue interference by authorities of the Member State in relation to this process. More than that, it is for domestic employers' organizations, in our view, to define their own mandate, which may or may not include collective bargaining.

The Employer members also note that various difficulties in collective bargaining exist in the domestic work sector in practice. While we agree that it is appropriate to encourage and facilitate collective bargaining, the Employers' group warns against mandatory collective bargaining. The Employer members have expressed strong concerns in the context of the Right to Organise and Collective Bargaining Convention, 1949 (No. 98), where the Committee of Experts has accepted the establishment of a legal obligation to bargain collectively as a possible measure of promoting it.

We also caution against extending collective agreements for domestic workers to the whole sector. This should only be done if the respective collective agreement already has a significant scope of coverage and thus is likely to contain rules and standards that are

realistically applicable across the sector. The Employers' group suggests that in the absence of an applicable collective agreement, domestic workers are not without protection according to the Convention. It is for governments, in consultation with the most representative employers' and workers' organizations, to ensure through law, regulation or other measures that domestic workers benefit from the protection that exists in the Convention that addresses their particular situation.

The Employer members note that, while the present ratification numbers for Convention Nos 149 and 189 are about average among ILO Conventions, the prospects for future ratification seem limited. In the case of Convention No. 149, one reason for this may be that the instrument was adopted 45 years ago and has fallen out of focus in recent years among the many other Conventions adopted in the meantime.

While Convention No. 189 is a more recent instrument and therefore at present has a greater ratification dynamic, the situation does not seem to be much different than that of Convention No. 149. According to the government feedback received, the potential for further ratifications also appears limited with respect to this instrument.

While a number of countries refer to concrete ratification obstacles in law or practice, it seems that overall lack of interest hinders further ratification. This is reflected in the General Survey, where reports reflect that ratification is currently not envisaged or is not necessary, or national legislation is already largely compliant with the provisions of the Convention. This may be ratification fatigue setting in. While the need to provide for adequate labour protection for nursing personnel and for domestic workers is not questioned by the Employers' group, there does appear to be hesitation to undergo the procedures and administration on the part of Member States related to the ratification of these instruments.

More generally it appears that there is limited interest by Member States in ratifying Conventions that address the working conditions of specific categories of workers, and further reflection on this is necessary. In order to get more clarity regarding the concrete reasons for non-ratification, the Employers suggest that the Office conduct research on this question and report the results to the ILO Governing Body, so that the necessary measures for future ILO standards policy can be considered.

The Employers' group would in this context also like to recall the importance of proper consultation on any possible ratification and implementation of Conventions with free, representative and independent employers' and workers' organizations. The value of ratifications by countries where freedom of association is restricted, and therefore no such independent workers' or employers' organizations exist, is significantly reduced.

In conclusion, the Employer members highlight the increasing importance of the care economy within the overall global economy and the important role that nursing personnel and domestic workers play in the care economy. With respect to nursing personnel, the Employers' group is of the view that there is a clear need for policies and measures that help attract competent nursing personnel and, in particular, a focus on lifelong training and fair employment conditions, while at the same time taking into account technological advances and cost containment. While visible progress in this regard has been achieved during the pandemic in some countries, more needs to be done in other Member States.

In respect of domestic workers, greater efforts need to be made to make their situation more transparent and to ensure that they can enjoy adequate and protective working conditions. Regardless of the fact that, in the Employers' view, standards for specific categories of workers lead to fragmentation of the body of international labour standards, and should be

avoided in the future, we do recognize that in this situation all the four instruments overall contain relevant guidance for Member States.

The Employers' group notes in closing that Convention No. 149 contains flexibility clauses for Member States that take into account the needs of workers and employers. This is in principle also true for Convention No. 189, even though the Employer members restate that it contains some ambiguous provisions which may hinder ratification and implementation in Member States.

The Employer members' view is that consultation and social dialogue with the most representative social partners should be taking place to take into account the needs of these workers within their national realities and that this is key for effective implementation. We look forward to the debate this afternoon and tomorrow which will hopefully provide a more meaningful picture of the current state of law and practice related to the four instruments in Member States.

Government member, France – I am speaking on behalf of the **European Union (EU) and its Member States**. The Candidate Countries, **Montenegro, Albania and Serbia,** and the EFTA country, **Norway**, member of the European Economic Area, as well as **Georgia**, align themselves with this statement.

At the outset, we would like to thank the Committee of Experts for the very well drafted General Survey. It not only provides a sound background for our discussions in this Committee, but also highlights the fundamental role this sector plays in our response to the COVID-19 pandemic and draws attention to the challenges encountered. This has been reconfirmed by the WHO designating 2020 as International Year of the Nurse and the Midwife, and 2021 as International Year of Health and Care Workers, in recognition of the millions of health and care workers at the frontlines of the COVID-19 pandemic.

We would also like to commend the input of constituents into this General Survey, which underlines their commitment to promoting decent work for workers that we all rely on.

The ILO estimates that care workers amount to approximately 381 million globally (11.5 per cent of total global employment), of whom 70 per cent are women. Accordingly, this highly feminized sector presents challenges that women workers face more generally, such as suffering gender segregation, low remuneration and poor working conditions.

Moreover, many care workers are migrant workers, who often face cross-sectional discrimination and are among the most vulnerable on the labour market.

In addition, the General Survey clearly recognizes that increasing investment in the care economy to achieve the Sustainable Development Goals (SDGs) will result in a total of 475 million jobs by 2030, or 117 million new jobs.

Similarly, the *State of the World's Nursing* report notes that nurses are critical to the global effort to achieve the SDGs, not only SDG 3 on ensuring healthy lives and promoting well-being or SDG 4 on education, but also SDG 5 on gender equality and SDG 8 on full and productive employment and decent work.

The General Survey highlights that the pandemic has exacerbated the difficult working conditions of care workers, leading many to leave the sector. The COVID-19 pandemic aggravated the situation of many categories of care workers, such as community health workers and workers engaged in providing personal care and long-term care, including domestic workers, who are not only understaffed but often work undeclared, suffering intense

workloads, poor remuneration, precarious employment and heightened exposure to health risks.

Even before the pandemic, the sector faced many uncertainties and pressures. Access, affordability and quality were among the key challenges in relation to the care sector, and an adequate workforce is vital not only to meet the rising demand for high-quality services, but above all to address the current general labour shortage which continues to intensify.

We must all commend care workers for their unmatched engagement and dedication, and we must ensure that these vital workers can perform their jobs under decent working conditions. We must not only raise awareness of the issues faced by care workers, but we must also increase investment in the care economy, reform the sector to address its structural weaknesses and to make it more resilient to future external shocks.

These premises are reflected in our COVID-19 recovery plan, NextGenerationEU. The forthcoming European Care Strategy will set a framework for policy reforms to guide the development of sustainable long-term care that ensures better and more affordable access to quality services for all, including by addressing workforce challenges.

Furthermore, we support these efforts globally as well, through the Team Europe Initiative. EU Member States coordinate their economic and employment policies through the European Semester. The Annual Sustainable Growth Strategy sets out sustainability, productivity, fairness and macroeconomic stability as the guiding principles underpinning national recovery and resilience plans.

The ILO plays a unique normative role in promoting decent work in the care economy, which the EU and its Member States continue to stand ready to support. The full realization of fundamental principles and rights at work in the context of the care sector is essential to ensuring decent work for these key workers. A few issues stand out in particular:

First, we need to meet the rising demand for care workers. This can support job growth and provide an opportunity for quality jobs, as well as help retain care workers. The provision of quality education and training are also important to provide stable career prospects. Increasingly complex skills requirements make finding staff increasingly difficult, but may also make the profession more attractive.

Second, the predominance of undeclared work in the care sector in many countries often comes with neglected costs and decent work deficits. For example, due to their informal status, many workers are often excluded from coverage by national OSH legislation, aggravating their already precarious and vulnerable situation. Moreover, the COVID-19 pandemic has exacerbated their situation, as they have too often not received any form of social protection.

Third, many undeclared care workers are also migrant workers. They tend to be employed in a wide range of care jobs, such as nurses, midwives and domestic workers. The Employers Sanctions Directive provides a European legal framework to prevent and respond specifically to challenges of illegal employment of irregular migrants, who are often in a more precarious and vulnerable situation. It also sets out measures to protect the rights of irregular migrants, establishing mechanisms to claim outstanding wages, facilitate complaints that can reveal situations of illegal employment and issue temporary residence permits to victims of particularly abusive employers to take part in criminal proceedings.

Fourth, migrant care workers who work in the formal economy often face other barriers, such as restrictions on their freedom of movement, in particular due to a lack of harmonization of qualification standards and recognition of credentials. In the EU, Directive 2005/36/EC on

the recognition of professional qualifications has consolidated a system of mutual recognition that provides for automatic recognition of a number of professions based on harmonized minimum training requirements.

Fifth, effective evidence-based policies should be firmly rooted in relevant good quality data. Although progress is being made in developing many common indicators in the care sector, important data gaps remain. The ILO needs to assist constituents in exploring the availability of comparable data on all key dimensions of the care sector. This is important not only for the identification of challenges and monitoring of trends, but most importantly for the elaboration of solutions and effective policies.

Finally, and very importantly, the EU and its Member States reiterate that social dialogue, freedom of association and collective bargaining are the cornerstone of decent work for care economy workers.

The pandemic has accelerated the already emerging profound changes in the world of work and in the care sector in particular. The EU and its Member States will continue to place decent work in the care economy among its priorities. We will continue to support the ILO and other States in their endeavours.

Government member, Denmark – I am speaking on behalf of the **Nordic Governments**. We align with the EU statement. The Nordic Governments welcome the General Survey presented for this years' Conference. It is an informative and thorough presentation of two important topics. We would like to complement the Office for bringing up this relevant and timely topic. The pandemic unfortunately has put the spotlight on already existing challenges that nursing personnel are facing, including stigmatization, harassment and discrimination.

We reiterate the importance of focusing on this group of workers and we urge Member States to address these challenges, especially during the pandemic, which has made us even more acutely aware of the dedication of health workers and their crucial role in our societies.

As with many other countries, the Nordic countries also have challenges due to the shortage of nursing personnel. The need to ensure sufficient numbers of nursing personnel and to invest in the care economy is greater than ever. Investing in the care economy is not only critical for ensuring decent working conditions for nursing personnel and the health and well-being of populations. It can also contribute to building back better and to a more gender equal world of work.

In the Nordic countries, comprehensive care policies and social infrastructure, in particular accessible and affordable childcare and elderly care of good quality, has increased women's labour force participation. When childcare and elderly care is insufficient, women's labour force participation suffers.

The Nordic Governments would also like to use this occasion to focus on the fundamental need for protection of domestic workers. Domestic workers are a particularly vulnerable group. The report shows that they are more exposed to becoming victims of forced labour and trafficking and also often lack the protection given to other workers. We also know that child labour often takes the form of domestic work. Many are denied the right to freedom of association and protection from abuse. The Nordic Governments would strongly encourage all Member States to address these important issues and to ensure fundamental rights for the many thousands of domestic workers living under unacceptable conditions today.

Convention No. 189 is an important instrument to help ensure domestic workers fundamental rights and a path to decent work for this group of workers. The various challenges

facing nursing personnel and domestic workers require resolute action by governments and social partners.

Government member, Türkiye – I would like to thank the Committee of Experts for their comprehensive and updated General Survey. First of all, please let me express my pleasure to see you all safe and sound and in this meeting. I would like to emphasize that the ILO plays a vital role in overcoming the problems and alleviating the burdens brought by the COVID-19 pandemic to all aspects of working life. As we know, the COVID-19 pandemic has taken a heavy toll on nursing personnel and other health workers, as well as domestic workers. We are all aware that many significant challenges, such as the lack of standardization, the changing nature of work and employment relationships, as well as a growing incidence of verbal and physical harassment and abuse during the pandemic, all affect care services in a negative manner. Moreover, the ageing of populations, climate change and globalization have profound and transformative impacts on the world of work. Under these circumstances, governments have the responsibility of developing and actively implementing occupational health and safety programmes for health workers. In this respect, we note that such programmes are a core element for effective management of occupational safety and health, as provided for under the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187). They provide an opportunity for coordinated action by all stakeholders through social dialogue towards common objectives for promoting decent work in the health sector and increasing the resilience of health institutions.

Türkiye is fully committed to the rights and principles established in the Declaration on Fundamental Principles and Rights, 1998, and the Declaration on Social Justice for a Fair Globalization, 2008, and has ratified all eight fundamental Conventions. In this context, in the strategic plan of the Turkish Ministry of Health, a document reflecting national health policy strategic objectives has been developed to strengthen the nursing profession and increase the quality of nursing services. The national policy on nursing services is coordinated with other aspects of healthcare services and with relevant policies and programmes within the scope of the mandate and responsibilities of other auxiliary healthcare personnel.

With respect to domestic work, there is no discrimination against migrant domestic workers in the Turkish legal system. In the social security system in Türkiye, there is no discrimination on the basis of nationality and sex. All workers are equal in terms of labour and social security rights and obligations. The statutory social insurance programme covers all the working population, including domestic workers. The National Employment Strategy was prepared and put into practice based on the Employment Policy Convention, 1964 (No. 122), and the European Employment Strategy, and aims to provide working opportunities to everyone, minimize unemployment and change the structure and quality of employment in a positive way.

We reaffirm our commitment to continue encouraging the promotion of fundamental principles and rights at work and decent work for care workers. We hope that coordinated action in collaboration with the social partners and consultation with other relevant stakeholders will be intensified and serve to promote social dialogue and decent work conditions for all. We believe that extensive cooperation with the social partners based on good governance on a country basis and their invaluable and diligent work and the multifaceted approach has a key role to play in promoting decent work for all care economy workers.

Employer member, United States of America – Throughout the pandemic, we have witnessed first-hand the critical role that healthcare and medical services staff have played on

the frontline of the response to COVID-19. Demographic changes, such as ageing populations and shortages of qualified nursing staff, also add to the timeliness of this General Survey.

I would like to draw attention to key examples of innovation and inclusion in the General Survey.

The health-necessitated lockdown has required fresh thinking and innovation to enable the safe delivery of critical nursing and midwifery education and training. As the General Survey notes, such programmes must recognize and take advantage of new information communication technology and fresh ways of reaching the students and professionals who need training, especially those living in rural and underserved areas.

One example cited from the United States is the Nurse Education, Practice, Quality and Retention Simulation Education Training Program, which is managed by the US Health Resources and Services Administration. This programme aims to enhance nurse education and strengthen the nursing workforce through the use of simulation-based technology to advance the health of patients, families and communities in rural and medically underserved areas experiencing diseases and conditions that affect public health.

Another innovative programme is the Nursing Workforce Diversity Program, also managed by the US Health Resources and Services Administration. This grant programme aims to increase nursing education opportunities for individuals who are from disadvantaged backgrounds, including racial and ethnic minorities who are under-represented among registered nurses.

The General Survey also draws attention to the risks faced by healthcare workers of exposure to violence and harassment, and the report highlights examples of innovative efforts in the United States aimed at supporting nurses and care providers in this regard. One example is an eLearning platform course, hosted by the US Center for Disease Control and Prevention (CDC), which aims to support nurses in developing comprehensive workplace violence prevention programmes. Another example comes from the US Trafficking Victims Protection Act, which requires United States embassies and consulates worldwide to provide a "Know your rights" pamphlet to applicants for temporary work and exchange visitor visas, including visas for domestic workers employed by diplomats or officials of international organizations.

In an example of cross-cutting collaboration, the example in the report from the United States of the Emergency Nurses Association and the American College of Emergency Physicians is an important one. Together, they jointly launched the "No Silence on ED Violence Campaign" in 2019 to raise awareness of the dangers faced in hospital emergency departments.

In conclusion, as the ILO continues to study the application and impacts of ILO instruments like the ones under discussion today, we reiterate the importance of inclusive social dialogue, best practice exchanges and recognition of the critical role of national employer organizations and sustainable enterprises in advancing our shared goals.

Worker member, Sweden – I am speaking on behalf of the Nordic trade unions. The past two years have reminded us, if proof were needed, that the care sector plays a central role in the organization of our societies and their capacity to survive in the face of global phenomena, like the COVID-19 pandemic. Across the globe, the care sector is growing continuously, and its importance cannot be overstated. Care economy workers provide direct care like nursing services, childcare and personal care for ill persons, those with disabilities and the elderly, or indirect care including things like cooking and cleaning. Current and future global factors of change, such as an ageing global population, climate change, migration and technological

advances, have and will continue to have a significant impact on societies' needs for healthcare and on public sector policies in response to these changes.

At present, the global nursing workforce totals 27.9 million, but the lack of qualified nurses is huge and demand for health workers is expected to almost double by 2030, leading to a shortfall of 13 million nurses. Similarly, the demand for domestic workers has continued to increase in recent decades due to the growing participation of women in the labour force and international migration, as well as inadequate policies to enable workers to combine paid work with family responsibilities. We need to be ready to meet these challenges. Care workers have faced severe hardships during the pandemic, but their difficulties are long-standing. Care workers are overworked, underpaid and unprotected. We are witnessing a systematic devaluation of work performed mainly by women. We must address nurses' poorly remunerated and challenging work and employment conditions, which lead to low job satisfaction and persistent shortages of nurses. We also have a duty to significantly improve the employment, working and living conditions of domestic workers, one of the most unregulated and undervalued professions.

We note with deep concern the increased risk of violence and harassment for nurses and domestic workers. It is therefore important to rectify and implement the Violence and Harassment Convention (No. 190) and the Violence and Harassment Recommendation, 2019 (No. 206).

The care sector has considerable potential as a major source of decent work and employment, especially for women workers, who constitute the majority of the sectors' workforce. Adequate public investment in the care economy would stimulate economic development. Research shows how investing 2 per cent of GDP in public care services can create millions of quality jobs, narrow the gender pay gap, reduce overall inequality, help redress the exclusion of women from decent jobs and contribute to inclusive economic development.

Within the ILO, we have made repeated commitments to promote and invest in the care economy, most recently in the 2019 Global Commission on the Future of Work, the 2019 Centenary Declaration for the Future of Work, the 2021 ILO Global Call to Action for a human-centred recovery from the COVID-19 crisis, and the conclusions concerning the second recurrent discussion on social protection, adopted by the International Labour Conference in June 2021. Now it is time to act together on these commitments.

Government member, Morocco – I have the honour to take the floor on behalf of the Government of Morocco to thank the Governing Body for having decided to schedule the discussion on the application of two Conventions (Convention No. 149 and Convention No. 189) and their two Recommendations (Recommendation No. 157 and Recommendation No. 201), in tribute to the millions of health and care workers who found themselves on the front line of the fight against the COVID-19 pandemic. I would also like to commend the Committee of Experts for the quality of the General Survey, which focusses, among other things, on the following issues.

Firstly, the importance of care work and services to individuals, which are also crucial to ensuring the health, education and well-being of the current and future workforce, and adequate care for the growing numbers of older people in many countries.

Secondly, the importance of care work for women, given that women undertake the majority of unpaid care work in the home and that paid care work offers them opportunities to enter, progress and remain in the active population.

Thirdly, the need for an adequate supply of qualified nurses, especially in the context of the pandemic.

And, fourthly, the fact that most domestic workers are women who are often in informal employment and a number of them are also migrants, often in informal and precarious employment, which increases their risk of exploitation and abuse.

As for the national context, it should be noted that Morocco has a specific legal framework for nurses and midwives and a health plan to be implemented by 2025 based on three essential pillars: the first pillar concerns the organization and development of healthcare provision to improve access to health services; the second pillar concerns the strengthening of national health programmes and disease control programmes; and the third pillar concerns the development of governance, the rationalization of resource use, the expansion of basic health coverage, and the reduction of human resource shortages.

Furthermore, this year the Moroccan Government has concluded an agreement with all the trade unions representing the health sector following several sessions of sectoral social dialogue, which culminated in compromises on a number of priority demands, chief among them the improvement of the situation of nursing personnel.

In 2016, the Kingdom of Morocco adopted a specific legal framework for domestic workers under Act No. 19-12. Since the entry into force of this Act in 2018, domestic workers have benefited from the same rights as other employees in terms of wages, working hours, rest, severance pay and social and medical coverage.

It should also be noted that this category of workers was the focus of the round of social dialogue held this year between the Government and the social partners, which resulted in the signature of a three-year social agreement committing the Government to cover the social contributions for families employing domestic workers.

In conclusion, aware that it is only through adequate investment that universal health coverage can be achieved and that strengthened health systems can be guaranteed to meet current and future health challenges, Morocco has embarked on a policy of generalized social protection and the reform of its health system.

Employer member, Argentina – In Chapter 12 on freedom of association and collective bargaining for care economy workers, in its analysis of the articulation between the various sources and levels of regulation, the Committee of Experts comments on the application of the “most favourable rule” principle in the Argentine Act on labour contracts. In this regard, Argentine employers believe that it is important to clarify that the favourability rule is not absolute in our legislative framework, and we therefore believe it appropriate to make certain clarifications.

The principle established in the Act on labour contracts adopts the “institutional overview” interpretation, under which, among others, the favourability of standards must not be compared either abstractly or individually, but rather within the framework regulating each labour law institution taking into account the dynamic aspect of collective agreements, which can include part of the law by which they are governed. In any case, there is a certain arbitrary aspect to the scope and definition of labour law institutions, depending on the case law in each instance.

It is important to highlight that the positive assessment made in the General Survey of the effects of this principle in national case law is not universally accepted, resulting in the failure to recognize the validity of certain agreed standards.

It is important to recall that a collective predisposition is part of the freedom to negotiate recognized in Convention No. 98. Such collective predisposition includes the freedom to negotiate and works in both directions, encompassing the scope of the bargaining autonomy of both employers and workers' organizations.

The restrictions adopted to address the health crisis have had repercussions on the organization of work, resulting in a reconfiguration of both the health sector and the care economy, for example accelerating the adoption of new technologies. Some of these changes not only avoided greater job losses, but have also led to relevant developments to guarantee safe and healthy working spaces in these activities, by helping to limit the exposure of staff to risks.

The employers agree with the Committee of Experts that "the importance of freedom of association and collective bargaining cannot be overstated as the cornerstone of decent work for care economy workers". We agree with this statement because free and voluntary collective bargaining is an appropriate tool for dealing with these new realities in a different and balanced way, directly including workers and employers in decision-making about the regulation of a specific activity, branch of activity or workplace.

From an employer's perspective, a misguided interpretation of the favourability rule could be prejudicial to collective bargaining, for example if the collective autonomy of the parties is disregarded. Such an approach would obstruct the adaptation of labour standards and the updating of legislative frameworks to the rapid changes occurring in the labour market as a result of the implementation of new technologies and the restructuring of production.

In brief, we would like to emphasize that a national legislative framework should not, in any event, obstruct free and voluntary collective bargaining. In any case, whenever necessary and in accordance with fundamental Convention No. 98, measures should be adopted to encourage and promote the full development and utilization of machinery for voluntary negotiation with a view to the regulation of terms and conditions of employment by means of collective agreements. It is our understanding that a reading that goes against what we are suggesting, far from defending fundamental principles and values, would tend to enshrine a rigid structure that would not therefore be consistent with the underlying dynamic of adaptation to new realities that is facilitated, not prevented, by collective bargaining.

Worker member, Ghana – The care economy is all about human welfare and we all know the important role of nursing personnel and domestic workers in the provision of quality healthcare. There is no doubt that COVID-19 has highlighted a number of strengths and weaknesses in our healthcare system.

While there has been a general improvement in the health workforce as a result of various interventions, including national legislation and programmes, we are still faced with an unequal distribution of health personnel leading to unfavourable differences in health status between urban and rural populations. We are also faced with the phenomena of the brain drain and migration. Every year thousands of healthcare workers leave their country because of a lack of professional opportunities, low income or the pressures of armed conflict, in search of favourable working conditions in other countries.

Considering the potential of the care economy as a major source of decent work and employment, especially for women, there is a need to urgently address without delay the many decent work deficits affecting nursing personnel and domestic workers.

There are good examples that we can learn from. In Ghana, for instance, there are incentives to promote the education and employment of nursing personnel in rural and

remote communities. For example, nursing personnel working in rural communities are eligible for promotion after three years' service, compared with five years for their counterparts in urban areas. There are also various educational support programmes to foster skills development, including doctoral programmes in nursing and scholarships.

Domestic workers have not been left out. We have the Labour (Domestic Workers) Regulations 2020, with the purpose of protecting the rights of domestic workers, which provide for a defined employment relationship between domestic workers and employers.

I would like to stress the important role of trade unions in organizing and collective bargaining for the attainment of decent work in the care economy. In line with this, the Trades Union Congress of Ghana organizes both nurses and domestic workers.

We therefore call for more efforts towards the formalization of the informal economy, which employs most domestic workers and other caregivers in Ghana. We also call for more public investment in the health sector, in accordance with the call made in the Abuja Declaration to allocate at least 15 per cent of the Government's annual budget to the health sector.

Government member, Algeria – The Algerian delegation considers that the General Survey covers one of the most important issues to be examined during this session, because of the vital role played by nursing personnel and domestic workers, which assumes crucial importance in light of the particular context of the COVID-19 health crisis.

This is shown by the WHO designating 2021 as the International Year of Health and Care Workers, in recognition of the sacrifices made by these professions during the pandemic, despite the difficult conditions.

Furthermore, Algeria pays tribute to the Committee of Experts for its excellent work in helping to develop the capacity of all Member States to share equally policies to promote decent work for nursing personnel and domestic workers, and consequently to share the future of the personal care and services sector and the provision of health services. The Algerian delegation is convinced that the recommendations made by the Committee of Experts will receive broad support among Member States.

Our country is committed to regulating domestic work, with the aim of developing the labour market for such jobs as child-care workers, assistants for the elderly and paramedical staff, making them more attractive and protective to become an important segment of the employment market, with the objectives of reinforcing social security financing and combating informal work.

In the context of fulfilling the social role of the State by guaranteeing of overall health protection for all citizens under all circumstances, Algeria has also long been committed to ensuring social protection for its citizens, without any discrimination, by guaranteeing medical services and social assistance, and adapting and promoting medical care through the legislative reform adopted in 2018.

Nurses are covered by a specific status which governs their professional career in terms of categories and grades, their conditions of recruitment, their remuneration, and also the bonuses and allowances allocated to them and the regulatory provisions governing them. It should be noted that, in recognition of their selflessness in their work during the pandemic, nurses in Algeria have been accorded a salary increase in addition to the readjustment of their wage system, by decision of the President of the Republic.

Moreover, Algeria has several training centres across the country for paramedics specializing in various disciplines or types of care, and they receive training and further training during their professional career.

With regard to social dialogue, it should be noted that a number of trade union organizations cover this professional health category and participate at various levels in social dialogue in the health sector.

The Algerian delegation welcomes the recommendations of the Committee of Experts, which it supports unreservedly. It notes in particular the recommendations on regulatory matters, in particular to achieve decent working and living conditions for nursing personnel and domestic workers, especially women, in terms of employment relationships and conditions of work which link them to their employer(s) in order to ensure their fundamental rights, as set forth in Conventions Nos 149 and 189.

Before concluding, I would like to emphasize that this is a period when, in view of the vital importance of these professions in shaping major areas of employment policies, the ILO is being asked to do more and more. This is on account of the speed of technical progress, which, in our view, requires particular attention to be given to the future of work for these categories of workers, which will be reflected in various ways in the ILO Programme and Budget.

Finally, I would like to pay resounding tribute to care workers, and particularly nurses, as well as to domestic workers.

Employer member, Germany – Since the COVID-19 outbreak in early 2020, healthcare and medical services have been at the forefront of pandemic response, making them the global central services. This is also reflected in the fact that the remuneration situation for nursing personnel in Germany has improved significantly in recent years, without the intervention of the State. However, with the Act on the further development of healthcare of 11 July 2021, authorized care establishments have been obliged to pay their employees a wage at least equal to the collective wage agreement as of 1 September 2022.

This is a minority collective agreement which was created with considerable political interference, was imposed by law on an entire extremely heterogeneous sector, and therefore interferes with the collective bargaining autonomy of the social partners.

The Confederation of German Employers' Associations has therefore opposed a compulsory pay rate for the nursing sector introduced via the Act, in particular, because of constitutional objections. These objections still persist. The linking of supply contracts for care facilities through a collectively paid wage is an encroachment on freedom of association and the freedom to exercise one's profession.

Skilled workers in old people's and nursing homes earn more on average than skilled workers in the national economy. The salaries of skilled workers in the nursing sector have risen more than in all other sectors.

In the discussion concerning plans to improve remuneration in long-term care, it should be taken into consideration that the wage policy evaluation of certain activities is not the task of politics. The setting of wages in care for the elderly should be left exclusively to the competent counterparts in the care sector. With the Care Commission, there is already a body that has been successfully and conscientiously shaping a minimum wage for care workers for years. Elderly care does not need political activism, but rather an honest and sustainable reform with a future-oriented financing concept.

Instead of strangling the care market with more and more regulation and collective bargaining constraints, it would be better to provide incentives for investment in the urgently needed development of the care infrastructure. If good management is possible in care services, this will continue to have a positive impact on wages in the whole sector.

Worker member, France – As we speak, emergency hospital services are being forced to close at night and on weekends: at least 120 emergency units are facing serious "difficulties" before the summer, "unheard of" according to the headline of the major French daily newspaper *Le Monde* on 20 May. With a shortage of doctors, nurses, nurses' aides and beds, these units represent almost 20 percent of the emergency services in France. No area is spared, with 60 departments affected in all regions.

Despite multiple attempts to encourage people to join the nursing profession, 60,000 jobs remain vacant. Why is there such a lack of interest? COVID-19 is cited as one of the reasons, but it is not the root cause. Problems relating to recruitment and resignation were already there. The hospital, health and social sectors had already been hit by many strikes in 2018 and 2019. In an article in the newspaper *Le Monde*, an intensive care anaesthetist denounced a management of public hospitals focused solely on financial profitability as the primary cause of their poor organization and staffing tensions. In addition, a 2018 survey by the Federation of Health and Social Services of the French Democratic Confederation of Labour (CFDT), "Let's talk about staff" (*Parlons effectifs*), highlights the shortcomings suffered by staff in terms of working conditions. There are a shockingly high number of corroborating reports that specifically demonstrate non-compliance with Article 2 of Convention No. 149.

Too many patients assigned to each staff member, a permanent race against the clock that gives rise to frustration, dissatisfaction and a risk of involuntary mistreatment. The inordinate mental load on these personnel causes exhaustion, burnout and work stoppages that are not covered in an increasingly vicious circle. The required versatility exhausts and devalues the profession.

Last-minute changes to schedules to make up for absences do not respect prior notice requirements. How, then, can personal and professional life be reconciled? Carers, although aware of their mission in relation to human who are suffering, also have families and their health to preserve. In this respect, trade unions note that night work has the disastrous consequence of reducing life expectancy. So, caring for others means jeopardizing one's own health? This is what happened in France at the beginning of the pandemic, 80 per cent of which was managed by public hospitals.

While the *Ségur de la santé* consultations in 2020 led to a resumption of social dialogue, France still has a long way to go to move up in the rankings of the Organisation for Economic Co-operation and Development (OECD) health survey, which ranks France near the bottom in terms of the salaries of paramedical staff.

Despite the alarming situation in these sectors, the French Government continues to reduce the number of beds per capita on the grounds that the problems are due to a lack of organization. In the name of its accounting policy, the hospital in Nancy even removed beds in the midst of a pandemic.

Reviewing and even reforming training, reinforcing a feeling of recognition, reducing physical pressure (which results in musculoskeletal disorders) and psychological pressure, which leads to burnout, are all challenges to be addressed in order to rekindle interest in these professions, which are all essential. This is the road map! Rekindle interest.

The Declaration of Philadelphia reminds us that work is not a commodity, and it must be emphasized that a hospital is not a business and cannot be organized as such. Care is not a consumer product that can be exchanged between the private and public sectors. And what this General Survey reveals, as the pandemic has demonstrated in practice, as if that were necessary, is that global public health is at stake. It would be blind not to appreciate its importance, and the consequences would be unforgivable.

The French Government has tasked the General Inspectorate of Social Affairs (IGAS) with the mission of reflecting on tangible ways of making the nursing profession more attractive. The trade unions have been heavily involved in this mission. They have expressed numerous demands in this regard that need to be taken into account urgently and in full.

Government member, Belgium – Belgium aligns itself with the EU Declaration. As one of the Member States that has ratified both Convention No. 149 and Convention No. 189, Belgium welcomes, with great appreciation, the General Survey.

As the COVID-19 pandemic clearly demonstrated, care economy workers play a crucial role in all societies and labour markets. Nevertheless, we must acknowledge that this vital category of workers find themselves too often in a vulnerable position, and that in many places they carry out their work in ungrateful circumstances and under unsatisfactory working conditions. This is particularly the case of migrant live-in domestic workers.

The General Survey is a vital piece of work outlining in great detail the current state of affairs in which care economy workers perform their duties. It offers a unique overview of the problems these workers are confronted with, and it is therefore a very valuable tool for policymakers, both nationally and internationally. Of particular importance is the observation that the demand for care workers and health professionals will almost double by 2030, significantly exacerbating already existing shortages of qualified personnel. However, care work throughout the world is categorized by a range of decent work deficits largely attributable to gender bias, undervaluation and discrimination. If we want to be able to meet the enormous challenges that lie ahead of us, we will have to ensure that enough people are attracted and motivated to do this kind of work. To achieve this, it is necessary to improve the situation of nursing personal and domestic workers and other care economy workers, to promote respect for their labour rights and ensure their access to decent work in line with the ILO standards. It is also important to ensure optimal education and training of care economy workers by expanding opportunities for access to quality education and lifelong learning for all categories of staff in this sector.

All of us will need care at different times in our lives. Care work is also crucial to ensure the health, education and well-being of the current and future workforce in many countries. Investment in the care economy should therefore be recognized as a driving force for economic growth, rather than as a drain on national economies. To ensure resilient and sustainable health systems, it is essential to make appropriate public and private investments in all health systems so that they can recruit, deploy and retain sufficient numbers of well-trained, supported and motivated staff.

From this perspective, Belgium fully supports the content of the General Survey and the recommendations made by the Committee of Experts. Together with the Committee of Experts, Belgium expresses the hope that this General Survey will contribute to the development and effective implementation of measures to guarantee decent work for all workers in the care sector and that the General Survey will thus encourage ILO Member States to ratify Conventions Nos 149 and 189 as widely as possible.

Government Member, Senegal – The Government of Senegal would like to begin by congratulating the Chairperson and the distinguished members of the Committee of Experts on the quality of the General Survey, which deals with the care economy, a sector that is constantly growing and is a major source of employment. This is the first time that a General Survey has addressed instruments related to nursing and decent work for domestic workers.

Senegal wishes to reiterate its firm commitment to guaranteeing decent work for all workers, irrespective of the sector in which they work. This guarantee is assured to workers in the care economy as well as in other sectors.

It is with this in mind that a number of measures have been taken to guarantee equality in employment and occupation in order to combat discrimination at work more effectively. These measures relating to non-discrimination at work, on the one hand, and harassment and violence in the workplace, on the other, have been incorporated into the national inter-occupational collective agreement, which was updated in 2019. These issues are now taken explicitly into account in our legislation.

In addition, two laws were adopted in April 2022, one on the protection of pregnant women and the other on non-discrimination at work, which supplement certain provisions of the Labour Code. Under the latter law, the National Observatory on Discrimination at Work has been established within the Ministry of Labour.

Women have a strong presence in the care economy sector, hence the importance of recalling that Senegal has also ratified the Maternity Protection Convention, 2000 (No. 183).

In addition, a national policy on nursing services and personnel has been formulated and measures have been taken and implemented. These include: increased recruitment; the adoption of a national programme based on competency-based approach to the exercise of the profession; and the inclusion of programme standards and protocols into training curricula.

Some measures have been taken to promote the education and training of nurses in rural areas. The most successful example is the establishment of seven regional training centres in remote areas to encourage trained personnel to remain in their regions of origin. The impact of this initiative has been the availability of State nurses in remote areas.

In addition to increasing the hierarchical status of cohorts of State nurses and midwives, the adoption of a decree in 2019 should be noted establishing the Care Administrator Corps, enabling State nurses to access master's degrees. These measures have led to a substantial increase in incomes for State nurses following their reclassification into the civil service.

In addition, the Ministry of Health and Social Action organized a workshop in 2019 to reflect on the occupational hygiene, safety and health conditions of all health and social action personnel. The conclusions of this workshop have been integrated into the national plan for the development of human resources in the health sector.

Despite this progress, it should be noted that the care economy sector in Senegal is experiencing a number of difficulties. Indeed, private sector nurses are not yet covered by sector-specific agreements.

Domestic workers are governed by a decree dating back to 1968, which it is planned to update as part of the ongoing reform of the Labour Code to better in order to respond to the expectations of those involved. Senegal has not yet ratified the two relevant Conventions, which are intended to promote access to decent and productive work in the care economy. However, in order to better guarantee decent work in this sector, the Government of Senegal

is counting not only on the help and assistance of the ILO, but also on the collaboration of the social partners. Through a dynamic partnership, this ILO assistance will undoubtedly enable our country to fill the gap in order to better guarantee decent work for nurses and care economy workers. Accordingly, following this collaboration, care work will be carried out under better working and employment conditions. In addition, workers in the care economy, especially domestic workers, will have better access to social protection.

Employer member, Mexico - I endorse the statements made yesterday by the Employer members. As an industry, we recognize the important work contained in the General Survey of the Committee of Experts. With regard to the references made to our country in certain paragraphs of the General Survey, we consider it necessary to make some comments in the interests of transparency. Paragraph 737 of the report on the burden of proof indicates that the lack of a written contract means that the burden of proving the existence of an employment relationship rests on the domestic worker. We therefore consider it opportune to clarify that a written employment contract is not required to formalize the employment relationship; and that not having one is to the detriment of the employer, since, although the burden of proving the employment relationship effectively rests on the worker, the employer bears the burden of attesting to all the working conditions that must be included in that document. In addition, the law establishes a presumption of employment between a person who provides a service and the person who receives it.

In addition, paragraph 1024 indicates that in Mexico, a proposal is under consideration to amend Part IV, section 64, of the General Health Act to provide training to strengthen the technical competencies of traditional midwives, who only participate in the event of childbirth, which calls for them to receive a decent wage in recognition of their work. It would undoubtedly be a fair demand to be recognized with a decent wage if they were bound by an employment relationship.

However, the National Minimum Wage Commission is the tripartite constitutional body that analyses whether the minimum wage of persons exercising this profession should be protected, and it has not issued an opinion on this matter. In addition, in our country, there is a process by which the general minimum wage has been adjusted annually and progressively since 2017, with the goal of ensuring that those who receive such a wage can cover the food and non-food needs of their families.

Paragraph 1054 indicates that the Government of Mexico has declared its intention to ratify Convention No. 149. In this respect, we would like to point out that to date there has been no tripartite dialogue in which the representative organizations of employers and workers have been invited to meetings or discussions on this subject, which would allow effective consultation and, where appropriate, provide the basis for deciding the measures that could be taken to promote its implementation. This social dialogue is the tool through which we can decide whether or not to promote the ratification of this Convention.

Worker member, Australia – On behalf of the Australian Council of Trade Unions (ACTU), I would like to thank the Committee of Experts for preparing the General Survey, and stress the pivotal role that governments must play in securing decent work for nursing personnel.

The Committee of Experts observes that the COVID-19 pandemic has exacerbated the existing shortage of health workers, including nursing personnel, and notes that there will be an estimated global shortfall of 13 million nurses by 2030. This makes the objectives of Convention No. 149 – for Member States to provide education and training, and employment and working conditions to attract and retain nursing personnel – more relevant than ever.

The report notes that Australia is among the top OECD destination countries for foreign-trained migrant nurses, along with New Zealand, Switzerland, the United Kingdom of Great Britain and Northern Ireland, Canada, Germany and the United States. The number of migrant nurses and doctors within the OECD has grown by 60 per cent since 2004, with Australia registering among the highest proportion of foreign-born nurses in the OECD at more than 30 per cent. Australia has a long-term reliance on international nurses, who make an enormous contribution to our care economy – but migration should not be a substitute for proper domestic workforce planning.

The over-reliance on an international workforce for the care economy, the Committee of Experts notes, may exacerbate already acute shortages of nurses in some countries, particularly low-income countries. The WHO notes that nursing shortages are mainly concentrated in low- and lower-middle income countries. The goal should be for countries to develop a sustainable care workforce – and central to that is domestic workforce planning, education and training, and attraction and retention strategies that will reduce the need to rely systematically on other countries to meet the need for domestic nursing personnel. Cross-border dialogue between destination and sending countries is also critical to ensure labour supply in all countries and it is critical that measures are implemented to protect migrant workers from exploitation.

Governments must invest in training more nurses domestically and support their transition into the care sector, and retain them in the sector by ensuring decent pay and working conditions, secure jobs, and career progression. Governments must also do much more to increase women's participation, including through the provision of accessible and affordable childcare.

Finally, I want to elaborate on a point made in the General Survey regarding aged care. The Committee of Experts notes that the work of carers providing institutional care, such as in aged care facilities, has been acutely affected by the pandemic, with a high proportion of infections and fatalities and the work is seriously undervalued. Governments must address the systemic undervaluation of nursing and care work which is closely linked to the high proportion of women in the sector. The Committee of Experts also refers to the Australian Royal Commission into Aged Care Quality and Safety, which was established in 2018 to inquire into the quality and safety of aged care and submitted its report in 2021. The Commission found that aged care in Australia is understaffed and the workforce is undervalued. Its recommendations include increased training and professional development for the workforce, and improved wages and labour standards for aged care workers.

Unions had been urging the last Australian Government to act on these recommendations and implement a plan to fix the systemic issues in the sector through mandating minimum staffing levels; a required mix of skills and qualifications; mandated training requirements; and decent work, including increased pay to value the important work of aged care workers.

I am pleased to say that, on 21 May, Australians elected a new Government, which is committed to ensuring there are more carers who have more time to care, ensuring a skills mix, including registered nurses to be on site 24/7 at aged care facilities, and support for a pay rise for aged care workers. We expect that these measures, once implemented, will be a significant step towards meeting the objectives set out in Convention No. 149 to provide appropriate education, training, employment and working conditions to attract and retain nursing personnel.

Government member, Côte d'Ivoire – Côte d'Ivoire would like to praise the quality of the General Survey presented by the ILO and welcome the theme addressed by the General Survey at this Conference.

Côte d'Ivoire would also like to welcome the efforts made by all constituents to promote social justice through decent work. The right to decent work stems from Goal 8 of the Sustainable Development Goals, which invites States to review and reorganize their economic and social policies with a view to contributing to the complete elimination of poverty.

In this regard, the Ivorian Government is working on the basis of mature and dynamic tripartism to develop social dialogue, which is key to the consolidation of social democracy. As a result, social dialogue mechanisms are now functional and allow the in-depth discussion of urgent matters related to the world of work, such as those covered by this session.

In its awareness of the difficulties faced daily by care workers in general and nursing personnel in particular, as key actors in the care economy, and of the importance for nursing personnel to have decent work, the Government of Côte d'Ivoire has established two cycles of the National Health Development Plan (2021–2025) which aims, among other objectives, to strengthen the quality of institutions and good governance, and to accelerate the development of human capital and social well-being.

This plan, building upon the progress made though the first plan in 2011, has resulted in the massive recruitment of healthcare personnel to make up for the human resources shortfall. In this way, the ratio of nurses to population has risen from 1 nurse per 6,467 population in 2011 to 1 nurse per 2,202 population in 2019, which meets the standards set by WHO of 1 nurse for every 5,000 population.

The wages of nursing personnel have been improved and, even better, the regulatory bodies have been strengthened through the creation of the Côte d'Ivoire National Order of Nursing Personnel.

Moreover, the Government has adopted Act No. 2019-677 of 23 July 2019 setting out the direction of public health policy in Côte d'Ivoire, based on the principles of equity, equality, social justice, ethics, national solidarity, rigour, transparency and innovation.

The national health policy guarantees every citizen the right to health. It provides guidance on prevention and health promotion, as well as measures to offer the community on a permanent basis quality healthcare that is universally acceptable and accessible by all.

The Act on hospital reform in Côte d'Ivoire has also been adopted, in the framework of the implementation of new hospital governance system.

Finally, several health facilities have been repaired, building on the momentum of the roll-out of universal health coverage.

With regard to domestic workers, it is admittedly true that such work, instead of being a means of personal development, in certain situations, appears to be a vector for the resurgence of practices that may appear similar to "modern slavery", but the Government of Côte d'Ivoire is sparing no effort to include their concerns in its action. This renewed willingness, especially during the period of recovery from the COVID-19 crisis, has taken the form of: the implementation of the Government social programme known as PSGOUV, with priorities 3, 4 and 5 in the second cycle; the development of human capital by including each citizen as an actor in their personal development and contributing to creating the wealth of national development through their work and an effective quality system; and basing the sector's programmes and policies on the ILO Transition from the Informal to the Formal

Economy Recommendation, 2015 (No. 204), which has resulted in the implementation of an integrated national strategy for the transition from the informal to the formal economy through the acceleration of the process of updating the legislative and regulatory framework relating to the world of work.

There are many challenges to overcome. They range from strengthening the capacity of our administrations to taking these issues into account in our national systems in light of the national situation. The synergy of action recommended in the General Survey of the Committee of Experts offers an opportunity to be seized, and Côte d'Ivoire is determined to take it.

Finally, for African countries, and for Côte d'Ivoire in particular, there will be no economic development without improved productivity, but there can be no improved productivity without decent jobs and better social protection for all, without distinction on the basis of their jobs.

Employer member, Belgium – This General Survey provides tremendous leverage for the massive ratification by States of Conventions Nos 149 and 189, and the implementation of the related Recommendations. The ratification rates for both these Conventions remain particularly low. In the meantime, COVID-19 has demonstrated the key role of the nursing and domestic work professions in providing care for others, and even, on a wider scale, for maintaining economic activity throughout society.

Belgium is 1 of 13 countries which have already ratified these two Conventions, and where the national legislation is in line with them. With reference to Belgium, the General Survey highlights a number of good practices.

Firstly, the service voucher system, which exists in the three regions of the country. The work of domestic assistants who take care of the needs of households is governed by a set of sectoral collective agreements, as explained in the General Survey. Funding takes two forms: firstly, subsidies from the regional public authorities and, secondly, a contribution of €9 an hour from beneficiary households. This system is widespread and highly appreciated: it helps beneficiaries to organize better their professional and family lives, and it has put an end to informal work, creating over 150,000 regular jobs. However, many challenges remain, as it is a subsidized and strictly regulated sector.

The General Survey goes on to emphasize that other types of domestic workers are protected by law and that their conditions of work are governed by collective agreements, concluded in three joint commissions other than the one concerned with service vouchers. These commissions are advisory, quasi-regulatory bodies composed of representatives of employers and unions (there are 170 joint commissions in Belgium, but here the Committee of Experts identifies those with specific competence for activities such as gardening, concierge services and caring for the sick).

We emphasize the fact that nursing personnel in Belgium enjoy very broad protection from a series of laws and sectoral collective agreements. The challenges highlighted by the General Survey concerning nursing personnel also apply in our country.

In particular, we underline the following challenges: the doubling of healthcare needs by 2030, in just eight years; the shortage of skills, already an insoluble problem, which runs the risk of jeopardizing the quality of care in the short term; the attraction of a distant foreign workforce, while bearing in mind that migration is not a miracle solution as it creates shortages in the country of origin; and the improvement of working conditions, which remains a crucial

challenge, including in industrialized countries, where both public and private hospitals are facing rising fixed costs.

In our ageing societies, the prevention of illness must become a political priority, while personal care must be valued and seen as an investment in society, rather than a mere cost that places a strain on the public budget.

As the Employers' group has already emphasized during the general discussion, it is crucial for national social partners to be able to make use of the flexibility clause in Article 4 of Convention No. 98, which allows employers and workers, in sectors and enterprises, to find the means to apply standards that are adapted to national conditions, practices and industrial relations traditions.

Government member, Colombia – For Colombia, the care economy is vitally important. In our country, 30 million people carry out care work of children, young persons, adults, older persons and persons with disabilities. For this reason, care work is established as a priority in the National Development Plan.

It is important to note that, as indicated in the General Survey, women domestic workers play a fundamental role in the care economy. Hence, in our country, we have adopted significant measures in law and practice to ensure decent work, as called for by Convention No. 189, ratified by Colombia.

We have a dialogue round table on the implementation of the Convention and have also provided training for mobile inspection units, in a programme implemented by the Ministry of Labour over the whole of the national territory. Its objective is to achieve the dissemination of labour guarantees and provide information to the various social actors on fundamental rights. We have thus encouraged full compliance by the social partners by training workers, employers and the community in general. Through this approach, over 726 domestic workers have been trained through various events held in 22 departments and 29 municipalities, including broad coverage through various municipal media directly covering domestic workers.

What domestic workers lacked in order to enjoy equal conditions with other workers was the service bonus, which has been granted to these workers since 2016.

In view of the vulnerability of migrant workers in our country in this context, significant efforts have been made for their protection. Temporary protection regulations were issued, granting special authorization to access work under equal conditions as nationals, and we also have a socio-economic integration strategy. Labour inspectors have also been trained in this area.

With regard to nursing personnel, we wish to emphasize the importance of this group of workers. The pandemic highlighted the need to guarantee that healthcare workers enjoy working conditions that continue to improve. In Colombia, Act No. 2-6 of 1996 governs the exercise of the nursing profession, defines the nature and purpose of the profession, determines the scope of the exercise of the profession, sets out the principles governing the activity, and determines the bodies responsible for the management, organization, accreditation and monitoring of professional activity, and the related obligations and rights.

The conditions related to working hours, weekly rest, paid annual leave, maternity leave and sick leave are regulated by the Colombian Substantive Labour Code and are guaranteed through the inspection, monitoring and supervisory functions of the Ministry of Labour, as established in sections 485 and 486 of the Substantive Labour Code. In light of all these

considerations, our country has decided to ratify Convention No. 149, and we believe that this will continue to ensure decent work for nursing personnel.

In addition, and before concluding, I wish to share with you that the national State agreement, concluded in Colombia in August 2021, agreed on the submission of a Bill, agreed by the signatory organizations, proposing a new administrative career regime for the health sector, from which nursing personnel will benefit, which seeks to ensure the stability of these professionals in the health sector in Colombia, as we are all aware of their essential work.

Worker member, Republic of Korea – As the Committee of Experts points out, the care economy has potential as a major source of employment and decent work opportunities, especially for women. The outbreak of the COVID-19 pandemic provided an opportunity to revisit the social perception of care work, which has been undervalued. The health and social crises, managed thanks to the immense sacrifice of care workers, brought to light various problems in the care economy.

I would like to highlight some issues examined by the Committee of Experts, based on the situation in the Republic of Korea.

First, the Committee of Experts suggests a strong and complex correlation between the poor working conditions of nursing personnel, low job satisfaction and the persistent shortages of nurses. This is exactly what happens in the Republic of Korea. The problem is not an absolute shortage of nurse licence holders, but low activity rates among them. According to the statistics of the Ministry of Health and Welfare, only 51.9 per cent of nurse licence holders are active in hospitals and medical institutions. This ratio is even lower for nursing assistants, at 26 per cent, and only 8 per cent for midwives. The resignation rates of nurses stand at 15.2 per cent, three times higher than the average for all occupations. According to the Korean Health and Medical Workers' Union (KHMU) and the Korean Public Service and Transport Workers' Union (KPTU) the proportion of those with less than three years of career among all nurses who resigned in 2009 was 67 per cent. It is believed that the reasons for the resignation of nursing personnel are poor working conditions, low wages and high work intensity. Among other factors, unpredictable schedules and frequent night work also explain the high resignation rates of nursing professionals. In this situation, trade unions and civil society organisations are jointly campaigning to improve the healthcare services, as well as the working conditions of nursing personnel, by setting legal obligations to meet a certain nurse-to-patient ratio. The introduction of such a legal framework is a role that the Government must play.

Second, as the Committee of Experts emphasizes, the increase in non-standard forms of employment in the care economy causes decent work deficits. In the Republic of Korea, due to precarious employment, care workers who are working for various institutions or in individual homes face insecurity and low wages, discrimination, weak protection from occupational safety and health risks and violence and harassment at work. New legislation on the improvement and protection of domestic workers was adopted in May 2021 and will come into force soon. However, it only covers domestic workers employed by an enterprise certified by the Government and provides for a lower level of rights and protection compared to other workers. Domestic workers working with individual contracts, through unincorporated institutions or online platforms, etc. are still excluded from the new legislation, as well as from the existing Labour Standards Act. Recalling that Conventions Nos 149 and No. 189 and their related Recommendations provide for the equal treatment of domestic workers and nursing personnel compared to other workers. I would like to emphasize that labour protections, including social security, must be provided for all nursing personnel and domestic workers as

defined in the Conventions, irrespective of their employment status and working arrangements.

Lastly, both Conventions Nos 149 and 189 highlight the importance of freedom of association and collective bargaining as a cornerstone of decent work for care economy workers, and the Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87) and Convention No. 98 also apply to all domestic workers and nursing personnel. In the Republic of Korea, the latter two Conventions took effect on 20 April 2022. However, there are still legal and practical obstacles to the full enjoyment of these rights by nursing personnel and domestic workers. For example, with the broad definition of "essential public businesses", which include private and public hospitals and the "maintenance of essential services" system, which is unfairly operated, the current law puts excessive restrictions on the constitutional right to collective action of nursing personnel. The new legislation on domestic workers does not clearly mention the right to join and form unions and to collective bargaining and most domestic workers are still excluded from this new law, making it impossible for these workers to exercise their rights. Once again, the right to freedom of association and the right to collective bargaining are enabling rights. To address the prevailing decent work deficit in the care economy, these rights should be guaranteed for all domestic workers and nursing personnel without any distinction, including on the basis of employment status.

Government member, Argentina – I commend the Committee of Experts for the General Survey under discussion, which undoubtedly provides an exhaustive analysis of the situation with regard to the law and practice for workers in the care economy, with reference to the Nursing Personnel Convention (No. 149) and the Nursing Personnel Recommendation, 1977 (No. 157).

The pandemic has highlighted the essential nature of this necessary work for life to even continue, thereby clearly demonstrating our interdependence as persons who need care and to provide care so that society can exist, with all the effort that this implies. This work, which has long been invisible, has taken its place in the centre of public awareness, and the General Survey has arrived at an opportune moment.

The COVID-19 pandemic highlighted at the global level the important function fulfilled by nursing personnel and other workers in the health sector. With regard to nursing personnel, emphasis has been placed on: the essential role played by nursing personnel and midwives in the provision of community health services; the crucial need to resolve the persistent shortage of nursing personnel throughout the world; and the need to ensure the availability of sufficient numbers of qualified nursing personnel.

Nursing personnel are the most numerous occupational group in the health sector, representing around 59 per cent of the workforce in the sector. Women account for 89 per cent of nursing personnel throughout the world. Women are more exposed to the risk of infection, stress and other hazards due to their greater presence in health occupations in the first line of care provision: nurses, nursing auxiliaries, technicians, assistants, gerontologists. It is estimated that the demand for workers in the health sector will practically double by 2030, which will significantly aggravate existing deficits of qualified nursing personnel. The General Survey observes that the fact that high-income countries are excessively dependent on migrant nursing personnel is detrimental to the supply of nursing personnel in lower-income countries, which could undermine healthcare systems in the latter, resulting in a serious shortage of personnel and worse health outcomes. Health and healthcare systems throughout the world are experiencing a rapid turnover of nursing personnel and other health workers leading to common problems and concerns arising out of these changes.

With regard to women and men domestic workers, the COVID-19 pandemic has highlighted the vulnerability of the over 75 million domestic workers throughout the world. The majority of domestic workers are women, and 76.2 per cent are in informal work. Many domestic workers are also migrants, frequently in precarious informal work, which increases the risk of exploitation and abuse. Moreover, migrant domestic workers, who often originate from underprivileged populations, are much more likely to be victims of discrimination, thereby increasing their vulnerability. It has been seen that domestic workers have been particularly vulnerable to exposure to COVID-19, and have often not had adequate access to personal protective equipment or health services, nor to social protection in the event of infection. During the pandemic, many domestic workers in households who were migrants were dismissed without notice by their employers out of fear of infection, and many of them were left abandoned to their own ends in the street, frequently without the means to be able to return to their countries of origin. In contrast, other workers in the same situation were forbidden to leave their employers' households, resulting in them often having to work an excessive number of hours without breaks or being able to dispose freely of their time off. In general, domestic workers, both nationals and migrants, have been acutely affected by the pandemic, which has aggravated existing problems, such as the conditions of poor workers, violence and abuse.

The percentage of women with protective equipment is lower than that of men. In this situation, as rapidly summarized, emphasis should be placed on the central role that Governments must play in improving the employment, working and living conditions of men and women nurses and domestic workers through: solid legislative and institutional frameworks applying tangible corrective measures, including in relation to gender inequality; effective monitoring of the application of laws and policies; and accessible and effective remedies for all workers.

Special attention needs to be paid to the gender dimension, as well as the nature and impact of changes in the structure and organization of work in the care economy. The percentage of informality is higher for women than for men, which implies lower access to essential protection measures (occupational accidents and diseases). The State has the responsibility to ensure equality of opportunity and rights for everyone. It is therefore essential to promote public policies addressing key equality issues.

The problems of violence and inequality in the sector must never be seen as individual issues, but are and must be of public and political interest for society as a whole. All the ILO instruments under examination establish the principle of equality of treatment for domestic workers and nurses with other workers. Labour protection must therefore apply to all domestic workers and all nurses, irrespective of their nationality, status or labour regime.

Argentina protects the right to establish and join unions, as well as the right to collective bargaining, which it understands must be guaranteed to all workers without distinction and irrespective of their labour situation or nationality. Consequently, as soon as it took office, the Government decided to place care work at the centre of its public policies.

In accordance with the various national provisions, women and men nurses are able to participate in the various policy areas. I wish to emphasize that Argentina, at the beginning of the pandemic, was facing a difficult situation, with a very difficult economic structure. Active policies were adopted to protect workers in domestic service and the health service. The value of health has been preserved by taking care of people.

The Government has adopted active policies and the necessary measures to contribute to guaranteeing decent work for nursing personnel and domestic workers. Argentina welcomes

the work of the Committee of Experts and hopes that the General Survey will contribute to improving the situation of key actors in the personal care economy.

Government member, Cuba – The Government of Cuba welcomes the decision to include these instruments in the General Survey of the Committee of Experts, fundamentally because it is our duty to extol the role of these workers in confronting the COVID-19 pandemic, in spite of the risks to which they were exposed. The General Survey is a working tool.

Cuba is in compliance with the provisions of Convention Nos 149 and 189 and has the legislation to implement both instruments. Cuba's health system is universal, free and accessible to all citizens. The organization of public health is the responsibility of the State, through the Ministry of Public Health and other institutions.

We have a National Department of Nursing, which is an organizational unit that carries out standardization, methodological and monitoring functions, as well as nursing practice regulations at all levels of the National Health System. In my country, nursing staff benefit from labour and salary protections, including when they work at night and under special working conditions, as well as social security coverage.

Domestic workers in the non-State sector are also protected. Their labour relations are formalized by an employment contract or equivalent document, which specifies the clauses and conditions that have been agreed. Their fundamental labour rights are guaranteed and the minimum rights are established that employers have to guarantee, such as a daily 8-hour working day and a limit of 44 hours per week that must not be exceeded. Remuneration cannot be lower than the minimum wage, with 1 day of rest a week and a minimum of 7 calendar days of paid annual leave a year. Occupational safety and health conditions are also guaranteed, as laid down in the Cuban Labour Code.

As part of the objectives of the National Economic and Social Development Plan for 2030, progress is being made in the decent work programme and the unpaid work project, which includes establishing the basis for a national comprehensive lifelong care system.

Cuba is committed to continue complying with the text of Conventions Nos 149 and 189, even though our country is not a party to them.

Worker member, Argentina – Labour standards, and social protection in general, are the result of a need arising from the prejudicial situation of the weaker party to the contractual relationship. Labour law is not a laboratory science. It is very difficult to foresee an outcome and devise a provision before a dispute arises that requires a legal remedy. The problem always comes first, followed by the struggle, because power never grants rights without a struggle, with the right being won to repair the damage and establish justice. In 2018, in this Committee, we analysed the General Survey *Ensuring decent working time for the future*, and despite the warning by the Committee of Experts of the imminence of serious labour disputes because of the impact of digitalization, we did not take the time to make proposals on the needs for the regulation of telework.

At the time, it did not seem to be a problem that called for a specific solution. But only a few months later, we were caught up in an emergency which obliged us to engage in teleworking on a massive scale, under the worst conditions and without any respect for labour rights.

We failed. We cannot repeat that experience in this discussion. This time we cannot plead a degree of ignorance which hampers us from taking decisions in real time. Today we are

examining a General Survey which sets out a need that was already known to us before the pandemic, but which has without any doubt been magnified by the health crisis.

We are faced with an urgent current conflict which has blown up in our faces. Those who were and are on the front line caring for us in the hospitals and in our homes, those who will take care of us in the event of imminent new problems, are working under horrible conditions, are over-exploited, with gruelling working days and low wages. We cannot wait, we have to do something now, we need to adopt agreements and active policies. The General Survey inspires us to ensure decent work for nursing personnel, domestic workers and carers.

Let's do it. We must not be bogged down in documents and speeches, or lost in bureaucracy. We have to adopt decisions and activate the standard-setting role of the ILO in all its vigour, driven by tripartite consensus. Let us care for those who care for us. Let us give back a little of what we received during the pandemic. Let the nightly applause of gratitude for care workers in capitals across the world be turned into a protective blanket that keeps them warm and cares for them.

The General Survey is clear: (1) working conditions are bad in the nursing and care sector; (2) there is a clear need for public investment in the sector. Both statements by the Committee of Experts are categorical, and leave no room for reflective discussions; (3) on a positive note this time, the Committee of Experts assures us that if we do things right we will have enormous potential for employment, especially for working women – I stress, if we do things well.

Proposals: we must revise the ILO instruments quickly to bring them up to date and provide additional protection for this group of workers. Governments must make binding commitments within these walls in order to make significant changes that improve the employment, working and living conditions of nursing personnel, care workers and domestic workers. With appropriate technical cooperation and institutionalized social dialogue processes, we need to design robust legal and institutional frameworks and specific remedial measures at the national level. We need to consider the particular characteristics of a sector with a high incidence of work by migrants, involving high levels of informality and a majority of women, in which all the variables of gender inequality are at play. And, of course, we must ensure the right to establish and join trade unions, as well as the right to collective bargaining and the exercise of the right to strike.

Through the conclusions of this discussion, we must encourage the Governing Body to turn this important and comprehensive General Survey by the Committee of Experts into a guide for setting priorities on the ILO agenda and we must make significant progress in caring for those who care for us.

Government member, Kenya – The examination of Convention No. 149 and its Recommendation No. 157, and Convention No. 189 and its Recommendation No. 201, in the General Survey is very timely. It offers us an opportunity to examine the status of Member States' application, in both law and in practice, of the two Conventions, at a time when there is an increasing demand for care services arising from multiple challenges in the world of work and the pressure from the COVID-19 pandemic.

We note that, despite the important contribution of care workers to the economy, in general, they are faced with various decent work deficits, ranging from inadequate labour rights protections, discrimination, gender pay gaps, sexual harassment, psychological pressure from overwork, lack of representation and collective bargaining, among others.

The discussion will help us to examine why the instruments have received relatively low ratification from Member States despite being in force for quite some time now. There are

41 ratifications for Convention No. 149 and 35 ratifications for Convention No. 189. This is concerning when taking into account the large and growing number of workers in the care economy and the difficult role they have continued to play as frontline workers in the fight against the COVID-19 pandemic.

While many Member States appreciate the critical contribution of these workers to their national economies and are taking measures to improve their working conditions, not many have expressed a desire to ratify the two instruments. It behoves us as an organization to examine the provisions of the instruments within the framework of the Standards Review Mechanism with a view of taking the necessary action to promote their ratification.

Kenya proposes the provision of technical corporation assistance to Member States willing to consider ratification, as well as an increase in the Organization's programme and budget targeting promotional and awareness-raising campaigns.

In conclusion, and as a way of addressing the identified gaps in the instruments and taking into account the low ratifications in the context of rapidly increasing migration flows, Kenya calls for the Organization to be ready to provide guidance and technical assistance to Member States wishing to enter into bilateral and multilateral frameworks aimed at addressing decent work deficits facing migrant workers, domestic workers and nursing personnel during the migration cycle.

Worker member, South Africa – Over ten years have now passed since the adoption of Convention No. 189 and Recommendation No. 201. The General Survey allows us to take stock of the progress made in implementing their provisions. Unfortunately, the situation for many domestic workers in the world remains bleak. Domestic work is generally undervalued and poorly regulated, resulting in millions of domestic workers being overworked, underpaid and unprotected.

In practice, most national legislations are failing domestic workers:

- Almost half of all domestic workers globally are not covered by legal limits on normal hours of work and the countries in which domestic workers are excluded from weekly rest are also those with the largest number of domestic workers.
- Globally, only 35 per cent of domestic workers are entitled to a minimum wage that is at least equal to that of other workers. More generally, remuneration in the domestic work sector is substantially lower than in any other sector. An undervaluation of domestic work and the gendered perception of women's roles in society contribute to this situation.
- While in most countries domestic workers are covered by the general OSH legislation, the mere application of general legislation is not sufficient and measures must be adapted to the specific characteristics of domestic work and domestic workplaces.
- Effective social protection coverage of domestic workers is still rare. All social security branches cover only 6 per cent of domestic work. Domestic workers are often excluded from coverage because they do not meet the minimum number of hours or earnings threshold that is established.

So, informality is one of the main causes of these decent work deficits. As the Committee of Experts rightly recalls in this General Survey, 81.2 per cent of all domestic workers are in informal employment, that is almost twice the share of informal employment of other employees.

As long as domestic work is depreciated, undervalued and concealed in the informal sector, domestic workers will suffer from poor employment, working and living conditions.

In South Africa, our affiliates have fought for efforts to ensure legal protection and to raise the visibility of domestic workers to improve their working conditions:

- And, for example in South Africa, the 1997 Sectoral Determination on the Domestic Worker Sector provides that an employer must supply a domestic worker, when the worker starts work, with certain particulars in writing and that if the domestic worker "is not able to understand the written particulars, the employer must ensure that they are explained to the domestic worker in a language and in a manner that the domestic worker understands".
- The same Sectoral Determination lays out working time limits.
- Another important area of progress worth mentioning is that domestic workers now have access to unemployment insurance benefits and efforts are being made to ensure they are also covered in the event of employment injuries.

So, we recall that the objective of Convention No. 189 and Recommendation No. 201 is to ensure that domestic workers, one of the most vulnerable categories of workers, enjoy the same labour rights and working conditions as those of other workers.

Now corrective measures are long overdue to ensure that their rights are fully recognized and protected. Governments should therefore adopt legislative provisions guaranteeing equal rights and protections to domestic workers and, given the gaps in practice, ensure the application of this principle through stronger enforcement measures.

So, in this regard, formalization is both a means of, and a necessary condition for, achieving decent work and living conditions for domestic workers. We call on governments to take the necessary measures, in collaboration with the social partners, to address informality, its negative consequences and its root causes, in line with Recommendation No. 204.

Finally, we want to emphasize the crucial role of collective bargaining to improve working conditions in the domestic work sector and the need to increase efforts to ensure that domestic workers can exercise their rights to form and join unions and to collective bargaining.

Worker member, Greece – Recalling our comments to the Committee of Experts, the Greek General Confederation of Labour (GSEE) reiterates its concern regarding persistent gaps in the protection and rights of long-term care workers, including nursing personnel, and paid and unpaid (family) care providers.

The care sector in Greece faces major challenges, mainly staff shortages, low pay, arduous working conditions and underfunding, largely due to social and health budget cuts during the economic crisis. Greece remains at the bottom of European Union rankings in terms of public funding and health coverage and benefits, with poor access to long-term care, as noted in the 2020 report of the EU Social Protection Committee.

Citizens in need of health practitioners often resort to informal/illegal payments (known as "little envelopes") that represent over a quarter of out-of-pocket payments, severely compromising equitable access to healthcare, financial protection and professional standards. Exacerbated by the pandemic, such problems will not go away, but will only deteriorate further due to the impact of the war in Ukraine and the energy crisis. We therefore recall that investment in the care economy and infrastructure is crucial to ensure a transformative approach to addressing persistent care gaps and decent work deficits through innovative care policies that ensure access for all, and enhance gender equality and women's access to labour

markets. Greece direly needs such a transformative shift, as women remain the principal caregivers in both formal and informal settings.

Regrettably, however, the Greek Government has failed to respect its obligations under Convention No. 149, which it has ratified. This has adversely affected nursing personnel.

While the Convention mandates collective bargaining and the full participation of workers with their representatives, no sectoral collective agreements have been concluded in the private sector since 2016.

Public healthcare workers since 2009 have suffered degradation in terms of pay and working conditions, with unilaterally imposed pay and pension cuts. Meanwhile, employers in the sector are failing to guarantee an adequate nurse-to-patient ratio and often impose minimum wage pay rates. The situation can only worsen with the recent transformation of the Labour Inspectorate into an independent entity, free from any accountability or social control.

Excessive hours, shift rotation, low pay, harsh working conditions, as well as recruitment and training deficits are placing a heavy personal and professional burden on nursing personnel generally and on female nurses in particular.

Under the current legislation, for example, we have three consecutive eight-hour shifts, with two to four nurses on the morning shift and only one on the afternoon and night shifts. Previously, morning shifts at public hospitals deployed four to six nurses, afternoon shifts three–four and night shifts two-three nurses. As shown by studies and evidence we have already provided, such conditions have caused numerous chronic cognitive and bodily ailments and disorders, including job stress, anxiety and ultimately burnout.

To our utmost concern, Greece lacks a universal statutory scheme for long-term care, implying heavy reliance on informal care administered as atypical or unpaid family care. Over 30 per cent of the total adult population provides informal care at least once a week. Mostly undeclared, unskilled female domestic workers provide live-in care. They are from migrant groups or mobile citizen categories and are hired by families on the basis of oral agreements.

We reiterate our strong objection to the “exclusive” nurse practice. These are mostly female migrant workers employed in a quasi-nursing capacity. We have also noted that patients’ families providing informal hospital services are increasingly tolerated in public facilities. During the pandemic, such unacceptable practices gained traction, rather than diminishing.

These grey areas require a cohesive policy approach, with due attention to skills certification, regularization, and/or resident permit procedures. We reiterate the need for Greece to ratify and implement Convention No. 189, alongside a comprehensive nursing personnel policy and national care strategy.

Worker member, Brazil – I would like to begin by recalling that the first person to die as a result of COVID-19 in Brazil, Cleonice Gonçalves, was a domestic worker who caught the virus from her employers, who were returning from a trip to Europe.

In Brazil, during the pandemic, workers’ average income fell by 8 per cent. In the last few years, the Brazilian currency has lost more than 30 per cent of its purchasing power. The increase in the cost of the basic food basket has been even greater: in São Paulo it was almost 50 per cent. The price of gas for cooking, another basic commodity, is the highest it has been this century and accounts for nearly 10 per cent of the minimum wage, which stands at around US$220 today.

Brazil is a rare case of a country with high rates of inflation, interest and unemployment. The unemployment rate stands at over 11 per cent. Informal work is at record levels and involves nearly 50 per cent of the active population.

In Brazil, the number of men and women domestic workers fell from 6.4 million in 2019 to 4.9 million last year. It is important to note that women represent over 90 per cent of domestic workers and over 60 per cent of them are Black. These are important factors to underscore since they relate to a totally unequal situation without historical precedent or social justice.

Data from the Brazilian Institute of Geography and Statistics (IBGE) show that the national average wage for men and women domestic workers decreased from 924 Brazilian reais (BRL) to BRL876, less than US$200, and less than the minimum wage. It is important to emphasize that informal domestic workers, both women and men, earn around 40 per cent less than formal domestic workers, and Black domestic workers, both women and men, earn on average up to 15 per cent less.

Average weekly working time for domestic workers is 52 hours. In addition, in 2022, around 30 per cent of women domestic workers had been working for less than a year and in most regions of Brazil there was an increase in the number of women domestic workers who are heads of households.

In addition to the economic disaster, the political project of the current Government is the destruction of all the social and labour rights won through the struggles of the Brazilian working class. The Government has also pushed for cuts in spending on education and health; a pension reform that conflicts with the right to a decent pension; privatizations, historic retrograde steps in the fight against child labour and slave labour; attacks on social movements and trade unions and the fomenting of anti-union practices; a lack of political coordination and a policy of denial during the pandemic, resulting in over 666,000 deaths to date.

The trademark of the present Government is the flexibilization of environmental legislation; the closure of councils for social participation; initiatives to promote the use of arms and police violence; disparagement of policies aimed at reducing racial and gender inequalities; a prejudiced narrative against the LGBTQIA+ population; and, above all, systematic attacks on democracy, human rights and the democratic rule of law.

Worker member, Indonesia – Indonesia has one of the largest migrant workforces across the globe, of which migrant domestic workers represent the largest group. About 4.5 million Indonesian domestic workers work abroad, that is over a third of all Indonesian migrant workers. An overwhelming majority of them are women.

In search of better paying jobs to create a better life for themselves and their families, they obtain employment in South-East Asia, the Gulf countries or Europe. Sadly, for many of them, the working and living conditions they find in their country of destination is far from what they were promised.

Some migrant domestic workers experience abuse right from the beginning of their journey, when employment agencies engage in unethical practices, including: providing false information regarding the type of employment and the conditions to be expected in the destination country; imposing illegal recruitment fees, which often lead migrants to incur large debts; confiscation of identity documents; and threats, intimidation and the withholding of wages.

Upon arrival in the country of destination, migrant domestic workers are particularly vulnerable to unacceptable practices by employers, such as debt bondage and forced labour, especially in countries where their migration status is linked to the employer; the withholding of wages, the late payment or underpayment of wages and benefits; the confiscation of identity documents and labour contracts; and the threat of denunciation to national authorities.

Their plight is further compounded by the persistence of the most atrocious forms of abuse and exploitation. Deprivation of food and sleep, physical, psychological and sexual harassment, forced labour, repeated beatings and violence, rape, murder – there is no shortage of examples.

How long can we turn a blind eye to the ordeals of migrant domestic workers? Countries must scale up measures at the national level and cooperate at the regional and global levels to ensure safe migration paths from the moment of departure from the country of origin, during transit through other countries and arrival in the country of destination, as well as in relation to repatriation.

Measures must be adopted to provide migrant domestic workers with the necessary protections under national labour and social protection laws and ensure equal treatment with nationals, in particular with regard to wages, safety and health measures, social protection and other conditions of work.

Concrete steps must be taken to detect, identify and address abusive practices against migrant workers, especially forced labour and child labour, and to detect and address unethical and abusive practices by private employment agencies.

Finally, targeted measures should be implemented to ensure that the legal, administrative and practical obstacles to the full enjoyment of the right to freedom of association and the right to collective bargaining by domestic workers, especially migrant domestic workers, are removed.

ILO instruments, including Convention No. 189, the ILO migration instruments, that is, the Migration for Employment Convention (Revised), 1949 (No. 97), and the Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143), Convention No. 190 and the Private Employment Agencies Convention, 1997 (No. 181), must guide these efforts to achieve decent work for domestic workers, regardless of their nationality or country of origin.

Observer, World Health Organization (WHO) – The WHO welcomes the General Survey of the Committee of Experts. As recognized by the United Nations High-level Commission on Health Employment and Economic Growth in 2016, the health and care sector is a key economic sector that provides an increasing number of decent work opportunities. For nursing, which is the largest professional occupational category of health workers globally, the creation of decent jobs particularly benefits women, who make up nine out of ten nurses globally. Indeed, the health and care sector is particularly important for women's economic empowerment and labour market participation.

However, the COVID-19 pandemic has greatly impacted the sector. We note demanding and deteriorating working conditions. We estimate that 115,000 health and care workers lost their lives to COVID-19 between January 2020 and May 2021, and there are increasing reports of stress, burnout, mental health conditions and violence in the workplace. The WHO will continue to monitor these trends. There is a risk that the gains made by the sector over the past decade may be reversed and this must be acted upon. We stress that we need to improve the capacity of health workforce information systems to collect, analyse and monitor

employment and working conditions and their impact in terms of workers' health, well-being and equity.

Ministers of Health and national delegates were in Geneva last week to attend the Seventy-fifth World Health Assembly. National delegates passed a resolution which calls on Member States to make the best use of the WHO's Global health and care worker compact to inform national reviews, action and implementation to protect and support health and care workers.

This Compact, developed with inputs from the ILO and Public Services International (PSI), consolidates legal instruments and policies to protect and safeguard health and care workers in a single tool. Ministers and national delegates also adopted the Working for Health Action Plan as a platform for accelerating investment in health and care workers education, skills and jobs, as well as safeguarding and protecting those workers who do so much to care for us and our economies.

This Action Plan will serve as a mechanism to advance progress within and across Member States, especially for countries on the WHO Health Workforce Support and Safeguards List, which comprises the 47 countries facing the most pressing health workforce challenges.

Both the Compact and the Action Plan need to be rooted in multisectoral partnership and coordination with governments, workers, employers and United Nations bodies. The WHO values its strong collaboration with the ILO in this multisectoral partnership and we look forward to continued collaboration through the UN Common Agenda, the Global Accelerator for Jobs and Social Protection, the Working for Health Action Plan and our shared inter-agency data exchange and technical reports, such as the forthcoming ILO and WHO report on gender pay gaps in the health and care sector.

Multisectoral collaboration at the national, regional and international levels needs to be at the core of securing decent work for nurses and all healthcare workers, as well as for the entirety of the care economy.

Observer, Public Services International (PSI) – PSI welcomes the General Survey prepared by the Committee of Experts. As the only workers' organization in official relations with the WHO, PSI was pleased to draw attention to the work of the Committee of Experts at the Steering Committee of the International Year of Health and Care Workers and in the development of the Global health and care worker compact.

As a global union representing workers in health and social care, we will confine our comments to workers classified as nursing personnel, who for this purpose include social care workers and community health workers. We thank the Committee of Experts for reflecting our concerns at the growing precariousness in health and social care work and the brutal conditions that health and care workers have faced during the COVID-19 pandemic, such as extreme under-staffing, violations of the right to unionize and bargain, wide-scale occupational safety and health deficits, and a large gender pay gap in the sector which derives from, but also ring-fences the undervalued nature of care work.

We appreciate the specific reference to the conditions faced by community health workers (CHWs), in particular, those who have been denied the right to be recognized as workers or to receive a wage, as well as the recognition that social care workers providing long-term care have been neglected and under-valued for too long.

We support the recommendation of the Committee of Experts that all countries should assess the nursing workforce and develop a strategic workforce plan together with the social

partners. Staff shortages are more likely to occur without accurate and regular workforce assessment.

We also agree with the recommendation of the Committee of Experts to ensure optimal education and training for nursing personnel by expanding opportunities for access to high-quality education and lifelong learning across all categories of nursing. However, we stress the critical need for this to be public education developed in collaboration with nurses' unions. In too many countries, privatized nursing education is leading to unscrupulous practices, resulting in poor quality education. This is further exacerbated when nursing education is targeted at migrant workers.

The principal objective of Convention No. 149 is to ensure the availability of sufficient numbers of adequately trained and motivated nurses when and where they are needed. However, the world is facing another health crisis – a health worker shortage crisis. It is projected that 13 million nurses will be needed by 2030, a figure likely to be a large underestimate given the large number of nurses who have left the profession as a result of the pandemic. The only way to recruit more workers and retain them in the profession is to dramatically improve wages and decent working conditions, ensure that nurses have job security, safety at work, legislate nurse–to–patient ratios, end the gender pay gap and, most importantly, ensure they have a collective voice in relation to both working conditions and health policy.

As the Committee of Experts notes, undue discrimination is particularly the case in the nursing sector, where precarious forms of employment are prevalent and where reprisals frequently take the form of the non-renewal of fixed-term contracts. We also remain concerned that Convention No. 149 and Recommendation No. 157 do not adequately protect health and social care workers from systemic and serious violations of their labour rights and that, despite the sacrifices they have made to keep the public safe over the past three years, Governments are failing to respect their rights. At the present time, the instruments are not sufficiently fit for purpose and further work needs to be undertaken to stop the proliferation of precarious work.

We would also like to propose in this regard that a review is undertaken of the 2002 *Framework guidelines for addressing workplace violence in the health sector*, jointly developed by the International Council of Nurses (ICN), WHO, PSI and the ILO; and a review of the extent of the implementation of the recommendations made by the ILO Tripartite Meeting on Improving Employment and Working Conditions in Health Services, held in April of 2017.

Employer members –The Employer members have made comprehensive submissions on the General Survey. We have agreed with the Committee of Experts on many points, and in certain areas have expressed our disagreement with some of the views and findings. We have listened very carefully to all of the submissions today and appreciate the contributions that the various speakers have made to our understanding of the instruments reviewed in the General Survey. In doing so, we have come to the table in the spirit of contributing to a broader debate and we thank those who have done so as well.

We continue to emphasize from our perspective that it is important to provide proper attention to, and clearly articulate, the needs of sustainable enterprises, including in the discussion of the General Survey. The main messages of the Employers' group with respect to the General Survey can be summarized as follows:

Throughout the pandemic, we have witnessed the critical role that nursing personnel have played on the front lines of the response to COVID-19. Today's discussion was therefore

of timely relevance. Demographic changes also, such as ageing populations and the shortages of qualified nursing personnel, add to the General Survey's timeliness. The Employer members are of the view that Convention No. 149 and Recommendation No. 157 provide relevant and important guidance that enables Member States to design policies and approaches on nursing personnel in a manner appropriate to their national conditions and in consultation with the most representative employers' and workers' organizations.

In respect of nursing personnel, Convention No. 149 provides for a wide definition, which is a necessary element of flexibility in view of the very different nursing care and care economy concepts existing in ILO Member States. While the Convention covers nursing personnel, whatever the category of employment is, in our view, it does not apply to sole entrepreneurs, self-employed and independent contractors in this sector.

There is a need for policies and measures that help attract competent nursing personnel, in particular, lifelong training and fair employment conditions. Digitalization is of key importance here and also of key importance is ensuring the efficiency and quality of nursing services, as well as dealing with the ever-rising costs in this sector. While visible progress in this regard has been achieved during the pandemic in some countries, more work needs to be done in other Member States.

In summary, in respect of the issues surrounding domestic workers addressed in the General Survey, the Employer members note that greater efforts need to be made to make their situation more transparent and to ensure that domestic workers can enjoy fair working conditions.

Worker members – I would like to thank all those who have taken the floor during the discussion. The discussion that has just been held has offered an opportunity to provide clarifications which can supplement the General Survey. I would first like to come back to certain elements raised during the debate.

The Employers' group maintained, among other views, that it is not necessary to have specific instruments for specific categories of workers. In the view of the Workers' group, that is a rather surprising claim. On the one hand, instruments dedicated to specific categories of workers have been in existence for as long as the ILO itself. To our knowledge, that has never been considered to be a problem. Moreover, these instruments contain specific provisions that are not found anywhere else. For example, Convention No. 149 contains provisions on the planning of nursing services and personnel, which are not found in any other ILO standard.

We have also heard it said that the section of the General Survey covering working conditions is too long and the provisions on working time must take into account the need for flexibility and enable productivity objectives to be achieved.

It seems to us that some of these terms are ill-suited when referring to a sector where the objective is to improve the health of the population. Is it reasonable to speak of flexibility and productivity in a care unit? This regrettable vocabulary maintains a type of confusion and leads to the logic of profit and returns being applied completely inappropriately. It is necessary to emphasize strongly that there are sectors which fortunately escape this logic and follow a different rationale. The health sector is the best example.

The issue of working time for domestic workers also merits additional comments. In contrast with the views expressed, it is not because workers provide services in a household that a distinction cannot be drawn as to what is and is not working time. This is particularly the case for on-call time when workers are not able to dispose freely of their time. Looking

carefully, rules on working time are even more important in this sector in light of the difficulties reported in the General Survey.

We also wish to come back to what has been said concerning the ratification of the Conventions under examination. We do not share the interpretations made concerning the supposed low number of ratifications. In addition to what we said in our introductory remarks, it seems to us to be risky to link the lack of ratification solely to subjective factors in each country.

Let us confine ourselves to a specific example. The Minimum Age Convention, 1973 (No. 138), had only received 69 ratifications in 2001. They now number 174. It is certainly not possible to believe that that is due to some law of nature which suddenly accelerated the process. No, it was in particular broad and intense international mobilization that led to this result.

To draw all the conclusions from our discussion, the Worker members would like to see the Office establish a specific plan of action with priority measures to be taken for each of the categories of workers concerned.

For nursing personnel, our proposals are as follows. Work needs to be undertaken for the development of a universal definition of the concept of "nurse", possibly in cooperation with the WHO. It would also be useful to coordinate efforts with the WHO with a view to combating the causes and consequences of the shortages that are likely to become worse over the coming years. The ILO has a very important, relevant and legitimate role to play in this respect.

An evaluation of the links between working conditions and the consequences for the quality of health systems would be particularly edifying. A detailed analysis should also be undertaken of obstacles to freedom of association, with suggestions on the manner in which they are to be overcome. Reflection should also be pursued on the specific means of ensuring that the supply of training matches the specific needs of countries suffering from a chronic lack of training supply. Specific measures should also be developed and suggested to prevent at source the effects of arduous work, including long hours of work. All of this action should clearly be the subject of social dialogue with all the representatives of the sector.

Finally, with reference to the domestic work sector, we have identified many areas to work on, but I will confine myself to coming back to three aspects. The promotion of freedom of association is an absolute priority, and is a prerequisite for the defence of other rights.

It is therefore essential to further explore the avenues suggested in the General Survey to overcome the current difficulties.

The issue of informality is also a problem in itself and is covered by its own instrument. However, in view of the extent of the phenomenon in the domestic work sector, the levers that can be used to formalize the work relationship need to be identified and promoted in the various countries.

The third element is that the effective application of rights depends on the capacity to control their sound implementation. In addition to reinforcing the capacities of inspection services, it is essential to identify good practices which allow respect for privacy to be reconciled with effective compliance with workers' rights.

Chairperson – The Government of Brazil has requested to exercise its right of reply.

Government member, Brazil – The Worker member from Brazil has referred to a long series of issues that are not related to any individual case related to Brazil before the Committee because there are no cases concerning Brazil after two years of pandemic.

Brazil believes that constituents should engage in technical discussions rather than in the politics of political interests. I should recall as per the instructions in document D.1 that the discussion of the General Survey should be structured around three generic questions:

(1) progress and challenges in the implementation of the instruments under examination;

(2) measures to be taken to promote Conventions and their ratification in the light of the good practices and obstacles identified;

(3) pathways for future ILO standards action and technical assistance.

None of these issues have been addressed by Ms Batista.

I will restrain myself to reminding the Committee that Brazil has been recovering at a faster pace than the majority of countries of the world. The Government measures taken during the pandemic were exceptional and were adopted under exceptional circumstances. Actually, they were similar to the policies adopted by many other countries around the world. The pandemic and its dire consequences should not be used for political reasons. Brazil has been able to preserve thousands of jobs due to the economic policy adopted during the sanitary crisis: 10 million workers were supported by the income support programme, and over 60 million informal workers were supported by the emergency cash transfer programme. Many other protective measures concerning the labour realm have been taken by the Government. Brazil strongly believes that the Committee should remain a forum for technical discussions.

Chairperson – We have completed the discussion of the General Survey. The outcome of the discussion will be adopted on the afternoon of Thursday 9 June.