

**Statement to the 70th World Health Assembly  
on agenda item 13.1 Human Resources for Health**

MMI would like to take this opportunity to address agenda item 13.1. Our statement is supported by PHM and Wemos.

We welcome the Commission's emphasis on expanding human resources for health (HRH) in low- and middle-income countries, as articulated in the report and the action plan. However, it is problematic that the Commission prioritizes the economic "payoffs" of investing in HRH. Investing in HRH is inherently valuable when it strengthens health systems, encourages public provision of health services, and creates decent jobs for health workers.

In a context of withdrawing or flat-lining international aid for health without credible alternatives, reliance on domestic funding to assure adequate recruitment and retention in public services remains an idle hope. The critical role of the health workforce to ensure accessible quality services and contribute to UHC will be put at risk.

The Commission is silent on the fact that many community health workers (CHWs) are called "volunteers" and receive no salaries or benefits. The draft plan fails to recognize and reckon this type of work and its contribution to advancing health. We believe that CHWs should be recognized as HRH and should be on a pay-roll. They should not be used as unpaid or cheap labour.

Fiscal space for HRH in the public sector should be created to absorb trained health workers (professionals and CHWs) into the formal health system. It should be unnecessary for health workers to migrate to earn a decent salary, or be commodified by governments. High-income countries should build their own health workforce.

Without the rights to unionize and engage in collective bargaining, health workers remain vulnerable to exploitation by their employers and sometimes also governments. We would like to add that labour rights should be retained and respected as well as unionization and the right to organize.

*Words: 297*

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