

2.6 Health, Social Services and Care

Purpose of brief: to update EB on developments and PSI's work in the health and social services sector, including a progress report on the pandemic treaty and work achieved in the social care sector since EB-166.

Relates to: PoA Sections 7.2 Health and Social Services and 2.3 Mobilising and influencing and 3.2 Fighting for Gender Equality and Justice.

Background: The health and care sector and its workers face a series of attacks with sharp cuts in funding, including for international health. But there were inspiring moments, with fightbacks on the ground and some international resolutions of significance, such as the [adoption of the Pandemic Agreement](#). There are significant challenges for us in the sector. But there are also great opportunities. Within this context, the reorganisation of the HSS sectoral governance and dynamics will enable us to reinforce workers' power and visibility needed to fight to win. PSI produced an integrated health and care strategy to support affiliates in organising, campaigning, advocacy and unionisation work for care workers. The healthcare strategy presented to EB 166 identified nursing as the biggest group of healthcare workers PSI represents. PSI must work to increase engagement of our nursing members in health and care work and better involve them at a global and regional level on decisions relating to sector priorities.

Discussion:

- *World Health Organization (WHO):* The withdrawal of the United States of America on 20/01/2025, with its 18% annual Member States contribution, financially hurt the WHO badly. There have been cuts in WHO programmes, and departments merged and relocated. This set the context for both the [World Health Day](#) and discourse at the [78th World Health Assembly](#), WHA78 (19-27/05/2025). We organised a series of briefing meetings for affiliates before the WHA, on the Assembly's agenda. Based on this, the PSI delegation intervened on several agenda items, including the three on the health and care workforce, on Primary Health Care and Universal Health Coverage, climate change and health, and the health conditions in the occupied Palestinian territory (OPT).

We broadened the space for our intervention in Regional Organizations (ROs) of the WHO this year. For the first time, PSI participated with affiliates drawn from the Inter-America Region at a session of the Directing Council of the Pan American Health Organization (PAHO). Thus, the Eastern Mediterranean Regional Organization (EMRO) remains the only WHO RO we are yet to be active in. Steps are being taken to ensure we break through there as well by 2026.

The WHO Technical Advisory Group on Integrating the Health and Care Workforce met on 4-6/06/2025 to discuss provisional recommendations for strengthening primary healthcare at national levels. Policy options for governments will be arrived at before the end of 2025.

- *Pandemic Treaty:* One of the major highlights of WHA78 was the [historic adoption of the WHO Pandemic Agreement](#) on 20/05/2025¹. PSI was involved as the voice of the organised health and care workforce at each stage leading to and during the treaty negotiations. This also included direct engagement of affiliates with their governments, based on PSI guidance.

There are outstanding issues regarding the treaty. The Health Assembly set up an Intergovernmental Working Group (IGWG) to drive negotiations on these key components of the Pandemic Agreement, included as annexes. [PSI actively participated in the IGWG](#), where we demanded that the Pathogens Access and Benefit

Sharing (PABS) system not deepen global inequality, and that such access and benefits sharing be safeguarded as public goods rather than be informed by corporate interests.

- *United Nations University International Institute for Global Health UNU-IIGH*: PSI initiated collaboration with the UNU-IIGH by participating in their international symposium on improving global health governance by upholding the public interest and holding powerful private actors in the sector accountable (22-24/04/2025). We consolidated this by signing a Memorandum of Understanding "[on advancing health equity through the health and care workforce](#)" on 11/09/2025. This MoU will enable joint research and capacity-building activities that will be very beneficial to PSI affiliates.
- *Sectoral consultation, reorganisation & affiliates engagement* towards reorganising how we work in the sector, in line with the PSI Health and Care Sector Strategy adopted at EB-166, a consultative meeting was held on 21/08/2025. In light of the discussions, the [Health and Social Care Sector Task Force](#) is being reorganised, with an elected leadership that will be part of a Coordinating Committee that is representative of the regions. In fostering engagement with affiliates as well, [we participated in Congresses of affiliates in this period](#).
- *Nursing*: Since EB 166, we have developed global mapping, launched a network for nurses, supported the development of the [African Nurses Federation](#), conducted a global survey, and held focus groups with key affiliates.
- *Nurses Network*: On Thursday, 15 May, on International Nurses Day, [PSI launched the Nurses Network](#). The focus of the first session focused on how nurses and their unions are fighting and winning collective agreements and have been on the frontline of fighting back against short staffing, low pay and poor conditions facing nursing staff. We heard from nursing leaders from the Democratic Nursing Organisation of South Africa (DENOSA), the Fédération interprofessionnelle de la santé du Québec (FIQ) and the Norwegian Nurses Union. The new network will provide space for our members to coordinate collective action, set shared priorities, and strengthen the global voice of nursing on organising, working conditions, and healthcare policy.
- *Affiliate Engagement*: To ensure PSI's global healthcare work reflects the priorities of our nursing members, we have undertaken extensive engagement. We have held focus groups with key nursing unions and launched a [global survey](#) to understand how our affiliates are supporting their members, what challenges nurses are facing on the ground, and where unions need stronger global coordination. This process is informing the development of a unified nursing strategy, focused on improving pay and conditions, safe staffing, protection from violence and harassment, ethical recruitment, public healthcare and stronger nurses unions.
- *Care*: Globally, care systems remain dependent on feminised workforces in precarious conditions of employment with high psychosocial risks, and subject to violence and harassment.
 - We are currently developing occupational health and safety materials for care workers (both formal and informal). These materials will share best practices between unions, help us identify key issues, and assist us in developing and signposting to relevant training and resources. [In Latin America, we held a capacity building workshop for childcare workers](#) and in [South Africa PSI has a project supporting Community Health Workers](#), where tens of thousands won formal recognition and integration into the public health system.
 - We will utilise PSI's research on the conditions of care workers and reforms to care systems to influence multilateral institutions, such as the

WHO and ILO, and work towards securing international agreements and outcomes on occupational health and safety for care workers.

Budget implications: within approved 2025 budget.

Next steps:

- Reconstitute the Sectoral Task Force with a Coordinating Committee drawn from the regions and develop its plan of work
- Develop our global mapping of the nursing sector and of nursing unions which will help us increase the number of nurses unions affiliated to PSI
- Continue to support formal and informal care workers in their fight for better conditions and affiliates in organising and campaigning for accessible, quality public care systems and decent work for all care workers. PSI can have the greatest influence on three issues:
 1. Be the global voice for the industrial issues (rights, workplaces, conditions, etc.) facing care workers.
 2. Be a global voice for quality public care systems.
 3. Coordinate resources and provide intelligence on research and global trends.

It is recommended that EB:

1. Note the report.
2. Endorse the next steps.

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