



Background Paper for a Health and Social Care Sector Consultative Meeting

Date: 21 August 2025

Time: 13h00-16h00 CEST

Key objectives

- *Identify the most important issues for our affiliates and their members.*
- *Arrive at an understanding of how we could best involve affiliates in our international work to synchronise with their priorities, and in line with our objective to help unions grow their power, with PSI as the voice of health and care workers in international institutions.*
- *Set out suggestions for consultation with all affiliates in the sector on international, regional and sub-regional structures and thematic issues that would be pivotal to meeting strategic aims and objectives of the sector.*

Introduction

Workers in the health and care sector, majority of whom are women, face severe challenges. Austerity measures by governments, privatisation by corporations and financialisation of health and care by a broad array of for-profit actors and the increasing role of philanthrocapitalist foundations have translated into unjust remuneration, understaffing and increased workload, job insecurity, deteriorating working conditions, violence and harassment.

These have debilitating impact on the physical and psychosocial wellbeing and mental health of health and care workers. They also result in fragmented and poorly resourced public health and social care systems, undermining the delivery of quality health and care to the populations of people that we serve, as a fundamental human right. Further, work in the sector becomes increasingly unattractive to younger people, while many older people that can find alternative means of livelihood sadly leave, despite their passion for delivering health and care and the skills they have acquired over the years for this. The global health and social care workforce is deeply embedded in transnational migration chains that reflect and reproduce longstanding patterns of inequality. These labour chains are predominantly sustained by women, particularly those from the Global South and racialised communities, who migrate to meet the increasing demand for health and care.

Within these mix of challenges, there are specific concerns that emerge as concrete priorities for different affiliates in their different contexts. And in their different ways, our affiliates and their members are taking action. Their fightback in some instances has involved engaging governments and employers directly with strikes, policy and legislative advocacy and other forms of organising and mobilizational activities that have helped frame negotiations. In others, our affiliates have worked in alliance with civil society allies and the communities they serve, building worker & trade union power as the hegemonic force for defending and fighting for the extension of access to quality public health, in addition to the struggle for decent work for health and care workers. In yet others, either of these approaches has been under the most challenging circumstances of right-wing or tyrannical regimes and worse still in conflict zones or the midst of brutal wars as we see in the Democratic Republic of Congo, Ukraine and Palestine.

As the global union federation that is representative of health and care workers bringing together almost half of the entire membership of PSI affiliates, it is crucial that have a clear perspective of the broad array of issues that are of concern to our affiliates and their members; distil out the key priorities arising from these concerns; learn from and also support our affiliates in their struggles, including by

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facilitating sharing and collaboration with affiliates in similar situations as well as helping to concretely deepen international solidarity amongst affiliates; and have a more systematic approach to the involvement of affiliates in our work at regional and global levels in ways that help them grow their power.

Health and Care Sector Strategy & Governance

In the light of the foregoing, the 166th Executive Board meeting which held on 3-4/12/2024 adopted a PSI Health and Social Care Sector strategy. The strategy aims at centring our work in the sector to support affiliates with tools, and concrete expressions of solidarity, and sharing of experiences, in building workers power on the ground, within the context of the current global conjuncture. Internationally, it would also reinforce the place of PSI as *the* global body of organised labour in the health and care sector, as demonstrated by our official relations with the World Health Organization (WHO) and our leadership of the Workers' Group in health and care related tripartite bodies of the International Labour Organization (ILO).

For us to effectively do this, we need to listen to and learn more from the affiliates, as well as provide as much support as we feasibly can, in a timely manner, for their organising, campaign, and policy work. These would require more one-on-one direct engagement with affiliates as well as the reinvention and alignment of the PSI health and care sectoral governance dynamics, at the global and regional levels with these aims and objectives.

The sectoral governance has gone through several iterations over the years. The Health and Social Services Task Force (HSSTF) has always brought together some of the most important affiliates in the sector, from all the regions, since the turn of the century. There were efforts to set up working groups on thematic and occupational bases in the early 2010s. These were around Safe and Effective Staffing for Health (SESH) and a network for nursing affiliates. More recently networks and working groups have been put together on migration and on long-term care.

After a hiatus between 2011 and 2016, the HSSTF resumed its meetings. But, the involvement of a broad array of affiliates which was meant to be a temporary arrangement, became a feature of Task Force meetings. This necessitated the constitution of an HSSTF Steering Committee with four members from each of the four regions. Sectoral governance networking and governance in the regions have also evolved along different lines in this period.

In line with the new strategic thrust of work in the sector, as captured in the strategy document, a consultative meeting of some of the key affiliates from all the regions, and in as representative a manner as possible is being convened to deliberate on how our work based on the health and social care strategy will be best taken forward structurally. Subsequent to this, there will be a broader meeting open to all affiliates in the sector at the end of the year.

Coordination, Networks and Working Groups

There is a need to recalibrate the Task Force and its coordination. This will entail a new approach to defining what constitutes the Task Force as a mechanism within the sectoral body of all affiliates, in ways that optimise the involvement of affiliates and the different cadres of their membership.

Regional representation is important and should remain a key defining element of task force membership. But, there is a need to include other defining elements that bind affiliates in the sector together as occupational groups or on the basis of shared thematic interests.

Establishing networks of cadres and occupational groups and their involvement in the task force and its coordination would thus be invaluable. This would enhance the collective power we bring to bear as the Task Force, and the support that the Task Force and our global sectoral work provides for affiliates and what they do as trade unions in their countries.

Working Groups, to address thematic concerns also have to be a key component of the Task Force, going forward. Already as earlier mentioned, there are the migration and long-term care networks, and we will be kicking off the mental health working group as well. These would have a core representative body for their coordination. But they will be open to all affiliates that wish to engage in their work.

Multilateral organisations

As the global union federation of health and care workers, PSI has been the leading voice for workers in the sector international, including in the multilateral organisations, particularly in the United Nations system. For decades, we have led the Workers' group in tripartite meetings and processes of the International Labour Organisation (ILO). And since 2018 when we entered into official relations as a non-State actor with the World Health Organization (WHO), PSI and its affiliates have been deepened our relations with the WHO.

We have been able to intervene in decision-making process of the statutory governing bodies of WHO as well as its more ad-hoc bodies and negotiation processes both globally, and at the regional level, albeit with different extents of successes in different regions. Taking things forward, we will also be leveraging on this relationship to buttress PSI affiliates with country offices of the WHO at the national level.

To enable greater involvement of affiliates in PSI' health and social care engagement in multilateral organisations, particularly the World Health Organisation, there will more intentional consultation with affiliates, including on agenda items of governing bodies.

Furthermore, the Task Force and consultation with affiliates will inform the triennial PSI-WHO collaboration plans. This was the case with the first of these plans in 2018. But that has not subsequently been sustained.

PSI will also support the sectoral regional networks for policy advocacy with the regional institutions as well as the WHO Regional Organisations: AFRO, EMRO, EURO, PAHO, SEARO and WPRO.

Further, the United Nations Commission on the Status of Women (UNCSCW) has increasingly recognised the central role of the health and care workforce, and has called on governments to improve working conditions, wages, and social protections for health and care workers. PSI, as an organisation with ECOSOC consultative status, has actively participated in these discussions, amplifying the voices and representation of women's health and care workers and advocating for rebuilding the social organisation of care as a key driver of transformative change.

Multilateral spaces outside the United Nations system like the OECD are less pivotal to our work. We have thus not focused as much attention on them as with WHO, for example. But, noting that there are affiliates in the member states of such a body who could find use with policy engagement within it, we will facilitate continued access to, and engagement on the basis of our shared perspectives and programme as PSI in it.

Equally, we need to engage, as much as necessary, with other relevant multilateral organisations programmes and positions, where these contribute to shaping or impacting on health policies internationally and in countries of affiliates. These include the Bretton Woods Institutions of the World Bank Group and the International Monetary Fund (IMF).

Civil society collaboration

We have a long history of collaboration with the broader civil society that are equally committed to the struggle for universal access to quality public health and care. This has taken several shapes including bilateral collaboration, networking, alliances and coalition-building.

Some of our key allies are: the People's Health Movement (PHM), Medicus Mundi International (MMI), Medico International (MI), Global Initiative for Economic, Social & Cultural Rights (GI-ESCR), Society for International Development (SID) and the Rebuilding the Social Organisation of Care Manifesto Core Group.

Alliance/coalition platforms we are engaged in are: the Geneva Global Health Hub (G2H2), Consortium Against the Commercialisation of Health (CACH) and the Health Workers for All (HW4All) Coalition.

The Task Force would be more involved in our work within these bodies, as part of intentional steps to deepen affiliates involvement in the sectoral work.

Conclusion: consultation with affiliates

In light of the foregoing background, the need for consultation with affiliates cannot be overemphasized. This has to go beyond the traditional sense of an HSSTF or HSSTF SC meeting. Nor would a broad sectoral meeting be the right place to start from, for focussed discussion. We envisage a multilayered approach which would include some one-on-one discussions with affiliates in each of the regions; a series of consultative meetings, starting with some of the affiliates in each of the regions, that have been active in the HSSTF over the years, to be held on 21 August 2025; a survey that would be co-developed with these representative affiliates and which will be shared with all affiliates in the sector after the first of the consultative meetings; engagement with affiliates on this process at sectoral meetings in the forthcoming regional conferences and; an online sectoral meeting with all affiliates before the end of the year.

Provisional Agenda

Time	Agenda Item
13:00 – 13:15	Welcome and opening remarks <i>To set context and introduce the PSI Health and Care Sector strategy</i>
13:15-14:00	Centring affiliates in PSI's international work as the global voice of health and care workers. <i>Towards enhancing affiliates involvement in PSI's work as global voice of health & care workers:</i>
14:00-15:00	Solidarity and support for affiliates in building health and care workers' power in a challenging time. <i>To identify affiliates key priorities & how PSI could better support these</i>
15:00-15:10	Health break
15:10-16:00	Reflections on how to better organise the sector globally and regionally (in line with the new strategy), next steps, wrap up & closure <i>To arrive at shared view of affiliates on governance/structural dynamics best suited for the collective work at hand</i>