



Joint demands of Community Health Workers in the time of Covid-19

We, unions representing Community Health Workers (CHWs) across South Asia have come together to develop a charter of demands that must be part of governments' Covid-19 response and recovery strategies. These demands are designed to improve public health for all people as well as our rights as workers delivering a critical component in our public health systems. These are our joint demands:

1 - Recognition as public health workers

The pandemic has illustrated the importance of a robust public health system supported by public health workers. While Community Health Workers have been included in Covid response plans, governments in India and Nepal are failing to recognise us as workers. We demand:

- payment of an adequate living wage that is not below the minimum wage of equivalent workers;
- timely payment of wages;
- overtime pay as per country laws;
- a higher pay scale depending on educational qualification and years of service;
- social security entitlements, pension payments, parental/carers/sick leave entitlements, as per country labour codes; and
- additional pandemic payments.

2- A collective voice in decision-making processes

Public Health policies are better when workers contribute to them. We demand:

- a democratic voice through our collective representation in the decision-making process;
- a space for our representatives in national and policymaking committees for Covid response and recovery plans;
- consultations for practical recommendations in designation of essential services in communities;
- recognition of CHW unions as a social dialogue partner; and
- a mandatory social dialogue process in resolving health intervention implementation and monitoring issues.

3-Occupational safety and health protection

Governments have an obligation to ensure the safety and wellbeing of workers, including CHWs, as they perform their job. We demand:

- adequate safety protocols as well as adequate personal protective equipment (PPE), following WHO or government standards, whichever is higher;
- PPEs made suitable for women who comprise 70 percent of the global health and social care workforce;
- guidelines and protocols for COVID-19 care, personal safety, infection risk management, and the use of PPE, developed specifically for CHWs, and training for all these, accessible in all local languages and means, inclusive to all members of the workforce and community;
- declaration of Covid-19 as an occupational disease under the [WHO guidelines](#) and ILO Conventions 155 and 161 and Recommendations 164, 171 and 194, and a right to compensation and rehabilitation should we be infected in the course of performing our duties;

- an expansion of the definition of our 'workspace' to include the homes, health posts, communities that we serve, and transport to these communities;
- transport facilities or fuel and transport costs allowance;
- proper accommodations and nutritious food while in self-quarantine post-work;
- measures to protect us against discrimination and forced work in unsafe working conditions.

4-Dignity at work

When governments treat CHWs as simply volunteers, and not critical public health workers, they are exposed to higher levels of risk, harassment and marginalisation. We demand:

- a work environment free of harassment and violence;
- a dedicated helpline for health workers where we can receive information and support relating to public health as well as problems we are facing;
- a grievance redressal mechanism to ensure timely action and resolution of grievances;
- a strong media campaign to explain to the community the role that CHWs play in the response to Covid-19 in order to help counter the stigma attached to the work that we do during this pandemic; and
- proper menstrual health management for female frontline health care providers, as well as free menstrual hygiene products.

(5) Care for Us

CHWs have a Right to Health. Appropriate steps should be taken to ensure that we also receive care and protection. We demand:

- comprehensive healthcare and life insurance coverage;
- regular free testing, free treatment, care and support for CHWs infected with Covid-19;
- paid Covid leave without reduction in income during the treatment and recovery period, including enough time-off to rest and recover;
- guaranteed compensation and life insurance in case of death or permanent injury of any workers, including from contracting Covid-19 in the course of work;
- mental and psychosocial support with regular mental health check-ups, support and counselling sessions, to cope with the severe mental and physical exhaustion and anxiety faced due to overburdening work stress during this Covid-19 crisis;
- a manageable workload and work-schedule with weekly maximum number of hours as per law, and compensatory time-offs;
- arrangements for crèche and childcare within the communities in which we work;
- exemption from Covid-19 duties for pregnant, lactating, CHWs of a certain age or with existing health risks;
- priority Covid-19 immunisation when a vaccine is available, as well as strict protocols and guidelines for CHWs who will be engaged in the immunisation drive; and
- nutritious food/meals at the health posts or a food allowance.

(6) A people-centred healthcare system

The Covid pandemic has highlighted the failure of governments to properly fund public health care system in our countries. We demand:

- an increase in budgetary allocations for public health to at least 5 percent of the country's gross domestic product (GDP);
- Covid Recovery Plans that are built around the concept that all people can and must be cared for;
- adequate budgetary allocations to increase CHW workforce; a monitoring and revision of arbitrary recruiting process, and a dismissal of intermediary recruitment groups; and
- governments to fix the broken tax systems that fuel inequalities and diminish our common good.