Call for Input: Human Rights Council resolution 54/6 on the centrality of care and support from a human rights perspective

**Contribution from UNI Care/UNI Global Union**

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UNI Global Union places care workers at the center of any care economy infrastructure to ensure the delivery of high-quality services, promote gender equality, and reduce inequality and poverty. Our affiliates and members fight daily against the chronic human rights abuses in the care economy, particularly in relation to Article 23, Right to work:

1. Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.
2. Everyone, without any discrimination, has the right to equal pay for equal work.
3. Everyone who works has the right to just and favourable remuneration, ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
4. Everyone has the right to form and to join trade unions for the protection of his interests.

For all care workers, especially in home-based care and in community health care, recognition as workers and the **formalization** of their employment contracts; **training** and professional development; and **unionization** are foundations for the protection, promotion, and fulfillment of care workers’ human rights. Ensuring safe **staffing** levels is also essential for decent work and for quality care.

**FORMALIZATION**

*Creating care economies and building integrated systems of care should contribute to the consolidation of labor structures, which includes recognition of the value of care workers and the formalization of their employment contracts, which are, in turn, best executed through a public employment structure.*

The most efficient and direct way to ensure formal and consolidated employment is a single **employment structure, where care workers and caregivers are employed either directly by the government where they provide services or through a regulated private employer and where working conditions are negotiated collectively**. This employment structure ensures greater public accountability over the use of funds, eliminates speculation that can occur without proper regulation, and allows local control to drive systems change consistently across a broad population. Additionally, care workers and caregivers will have access to social security and other social welfare programmes. Finally, this employment structure allows people with disabilities or older adults to choose their own caregiver, including hiring family members, by simply enrolling their chosen caregiver in the programme, allowing their chosen caregiver or family member to access training and support programmes that they would not otherwise have.

Community health workers (CHW) must also be recognized as part of the labor structure as they are often defined as volunteers who provide primary health care services to rural and marginalized communities. In Asia, our CHW affiliates in Sri Lanka and Pakistan have salaries and wages, but social protection and other aspects of decent work have yet to be addressed. We are organizing community health workers (CHW) so that they can demand to have formalized work contracts reflecting internationally agreed labor standards. The Lady Health Workers of Pakistan formed associations and unions and worked collectively to demand higher wages for the services they perform. Their success [inspired](https://www.nytimes.com/2023/09/21/health/community-health-worker-pay.html) Nepal’s female community health volunteers (FCHV) to fight to be recognized as workers and demand improvements to the benefits they receive. For example, the health authorities of Nepal’s second most populous province, the Bagmati Province, granted a [special financial reward](https://uniglobalunion.org/news/nepalfchv/) of NRP5,000 for every worker last December 2023. This special award builds upon the Bagmati government’s previous commitment to [cover half of the cost of the contributory Family Health Insurance Scheme](https://uniglobalunion.org/news/nepalfchv/). These efforts are further bolstered by [strengthening social dialogue](https://uniglobalunion.org/news/raising-standards-in-nepals-health-sector-through-social-dialogue/) among health care workers, government officials, and employers, such as [this forum](https://uniglobalunion.org/news/raising-standards-in-nepals-health-sector-through-social-dialogue/) that opened up opportunities for stakeholders to discuss the use of employment contracts, getting workers’ representation involved in the development of health and workplace policies, eliminating violence and harassment at work, and addressing the shortage of nurses to improve the health worker-to-patient ratio. In India, Anganwadi (community care) workers and Poshan Sakhi (nutrition) workers also [used social dialogue to get a commitment from the State of Jarkhand](https://uniglobalunion.org/news/jharkhands-social-welfare-minister-commits-to-addressing-anganwadi-workers-concerns/) to address the need for augmented central share funding, timely salary disbursements with the clearance of arrears, and revised pay scales inclusive of comprehensive benefits, as well as the reinstatement of retrenched workers.

Meanwhile, in the Philippines, a Magna Carta of Barangay Health Workers (BHWs), has [entered its first reading in the Senate of the Republic](https://uniglobalunion.org/news/phi-bhw-senate/), that is expected to provide a package of benefits, such as hazard allowances, transportation allowances, subsistence allowances, one-time retirement cash incentives, health benefits, insurance coverage, vacation and maternity leave benefits, cash bonuses, disability pay, and conferring Civil Service Eligibility for BHWs who have rendered at least five years of continued service.

**TRAINING**

*Strong regulations focused on care worker training and* *good quality care ensure cost-effectiveness and fair administration of services while providing opportunities for upward social mobility.*

For a publicly funded programme to provide cost-effective and fair administration of services to the elderly and people with disabilities, there must be an **independent evaluation entity to determine eligibility for services based on functional need.**

To ensure quality care and efficient support for care workers, **a standardized pre-service orientation, training, and certification requirement should be mandatory for all care workers.** All caregivers, to provide safe care, must receive home health and safety training; and training in universal precautions; first aid and CPR; fraud, abuse, and negligence; activities of daily living and instrumental activities of daily living; nutrition; aging and mental health. Better training leads to greater job satisfaction and commitment and improves the quality of care by preparing workers for the evolution of the sector as technology and advances in treatments.

Once a caregiver has completed their required orientation and training, promoting caregiver retention requires a career path that allows caregivers to continue expanding their skills and earning potential in the healthcare field.For example, our affiliate SEIU775 in Washington, USA [provides multiple basic learning skills, occupational health and safety, and continuing education courses](https://www.myseiubenefits.org/caregiversupport/) while giving care workers access to health benefits and secure retirement benefits. Holders of certification can be entered into a publicly **available registry to help those in need of the service find job seekers while verifying** caregiver eligibility. Our affiliate in the Dominican Republic, *Federacion Nacional de Mujeres Trabajadoras* (FENAMUTRA), recently [signed an agreement](https://uniglobalunion.org/news/dominican-republic-new-agreement-sets-path-for-formalization-of-care-workers/) with the government agency dealing with elderly care to provide training to participants of the “*Familias de Cariño*” programme. We hope to expand this training programme and involve the union in delivering these services.

Successful publicly funded home care programmes around the world often have a **formal advisory board that not only include unions but also people with disabilities, elder advocates, and women's rights organizations** supporting the government on the development of the programme, giving a voice to those who use the service and those who share the objectives of gender equality and reducing inequality.

**UNIONIZATION**

*Care workers’ rights to form and to join trade unions for the protection of their interests, and the right to collective bargaining at both enterprise and sectoral levels, are key to securing sustainability and resilience of health and care systems, especially under conditions of war and pandemics.*

Too often, care workers’ rights to freedom of association and to join a union are impeded by employers, but when care workers can and do organize, they win.

Care unions in Australia recently won their fight for equal pay for aged care workers. In a landmark decision, Australia’s Fair Work Commission acknowledged that “the work of aged care sector employees has historically been undervalued, because of assumptions based on gender.” After a 4-year legal battle, the resolution [increased the hourly wage rate](https://uniglobalunion.org/news/oz-care-win/) for direct care providers by 28.5% and support service workers by 6.8%.

**Union engagement with investors and real estate investment trusts promotes and protects** **human rights of residents and workers in long-term care.**

As of April 2024, the Investor Initiative for Responsible Care (IIRC), now has 168 investors with USD$4.3 trillion in assets under management. The group engages with both nursing home operators and Real Estate Investment Trusts (REITs), that own the property on which long-term care homes are built. The IIRC have set out their [expectations](https://uniglobalunion.org/wp-content/uploads/Investor-statement_updated-signatories-07.02.24.pdf) of companies in a public statement, focusing on safe staffing levels, occupational health and safety, wages and contracts, freedom of association and collective bargaining, and ensuring high quality of care. Investment of any kind – public or private – [should be held accountable](https://uniglobalunion.org/news/uni-at-who-quality-care-jobs/) to ensure that the care jobs it creates are jobs with dignity.  Greater transparency is needed among operators in long-term care homes to appropriately assess whether [expectations set out in the IIRC](https://uniglobalunion.org/wp-content/uploads/Investor-statement_updated-signatories-07.02.24.pdf) are being met, thus providing greater clarity on risks to human rights of residents and workers, as shown in this update since the investors continue to engage with publicly listed companies to encourage increased disclosure on these topics. The IIRC contributed significantly into three (3) policy consultations related to human rights and corporate accountably in the nursing home sector that favorably reflected the need to improve workers’ rights fulfillment, focusing on the need to address labor turnover, improved staffing levels, and ensure freedom of association and the right to collective bargaining. The three policy consultations were on the: EU Care Strategy consultation; US ‘Disclosures of Ownership and Additional Disclosable Parties Information for Skilled Nursing Facilities and Nursing Facilities’ consultation; and the US Center for Medicare & Medicaid Services (CMS) ‘Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Transparency Reporting’ consultation.

**For care workers in institutional and facilities-based settings, including those owned, operated, or controlled by private corporations and firms or through platforms and placement agencies, we must continue to strengthen social dialogue mechanisms and processes.**

* Global agreements with multinational corporations secure freedom of association and the right to collective bargaining.

Following several years of campaigning, [UNI signed a global agreement with Orpea](https://uniglobalunion.org/workers-rights/global-agreements/) (rebranded to eimis), the world’s largest private operator of nursing homes, in April 2022. OPZZ union in Poland, working in an Orpea-owned home, experienced a long struggle having begun their campaign for union recognition in 2018 and have no won recognition and are currently bargaining their first agreement. Before the agreement was signed, OPZZ’s union leader was fired in 2019, but has since been reinstated and now has an agreement with the company for half time union leave. The [campaign for improvements in working conditions and higher quality care](https://uniglobalunion.org/news/polish-care-workers-launch-campaign/) in Poland will continue potentially benefiting more than 55,000 care workers in this sector.

Other multinational corporations [refuse to negotiate a global agreement](https://uniglobalunion.org/news/quiron-salud-no-negocia/) even when [labor violations](https://uniglobalunion.org/news/fresenius-ph/) and [evasion of responsibility to workers](https://uniglobalunion.org/news/fresenius-philippines/) in health care clinics have been exposed.

**Care workers’ rights need to be protected and fulfilled even under conditions of armed conflict.**

* Job security is the most serious concern among care workers in Ukraine.

Job security is the biggest fear for workers in the healthcare sector in Ukraine as they know that they can easily be replaced by other health workers who have been displaced from war-torn areas and or are out of work for other reasons. The workers who participated in a [training](https://uhr.org.pl/en/training-for-ukrainian-trade-unions-organisation-be-like-nina-24-26th-february/) provided by UNI’s project [Unions Help Refugees](https://uhr.org.pl/en/) (UHR) based in Warsaw report shadowy wage policies and an unequal status between nurses versus doctors, with nurses being used as scapegoats for medical mistakes and accusations of bullying by some doctors and employers. Furthermore, wages were already very low in the sector, but now with prices rising due to the war, it is even harder to make ends meet.

To add to the challenges facing healthcare workers, Members of Parliament in Ukraine [voted to legalize zero-hours contracts](https://www.socialeurope.eu/ukraine-to-pass-laws-wrecking-workers-rights) in July 2022, and passed legislation that will remove 70 per cent of the country’s workforce from protections guaranteed by national labor law. Martial law, declared soon after the Russian invasion, has also increased maximum working time from 40 hours to 60 hours a week and the weekly minimal rest period has been reduced to 24 hours.

However, the healthcare workers who are from [Be Like Nina](https://uhr.org.pl/en/be-like-nina/), a mass movement of 80,000 people, and registered as a union called Lviv Regional Trade Union of Medical and Health Care Workers, continue to fight for better conditions and getting the attention of employers and government alike. They have successfully fought for reinstatement of health workers who were fired illegally, held several demonstrations before the war, and are pushing for fairer pay. UHR began work with Be Like Nina through its [trainings on Polish labor laws and unions for Ukrainian refugees](https://www.uni-europa.org/news/uni-partners-with-unhcr-in-poland-to-expand-knowledge-on-labour-rights/).

* Occupational safety and health must address the increased workload and higher stresses due to war conditions.

Healthcare workers who attended the UHR-organized training reported common symptoms of anxiety, fatigue and reduced concentration brought on by the strain of war and heavy workload. One nurse said her hands shake making it difficult to carry out x-rays she has been doing for 30 years with the necessary precision. Her anxiety is compounded by the worry that she will be reprimanded by her employers. UHR psychologists shared strategies with the Ukrainian health care workers on dealing with the mental strain of living and working in wartime.

**The mobilization of health and care workers to respond to epidemics and pandemics must provide labor** **protections as the risks faced by workers increase.**

The COVID19 global health emergency lasted more than three years, from March 11, 2020, up to May 5, 2023. UNI Care’s 2021 survey of 3,000 care workers in 36 countries revealed that they are facing persistent staffing shortages, low pay, and poor safety conditions. At least [17,000 health workers died](https://www.amnesty.org/en/latest/press-release/2021/03/covid19-health-worker-death-toll-rises-to-at-least-17000-as-organizations-call-for-rapid-vaccine-rollout/) in the pandemic’s first year. [Mental health](https://uniglobalunion.org/wp-content/uploads/03_31_22-UNIGlobal_saferstronger_english_FINAL.pdf) was a key area of concern, with many facing violence and harassment, including from customers and clients and their families. UNI Global Union has been supporting the ratification of ILO Convention No. 190. In Chile, the government recognized this issue in 2021 by providing public health care workers two weeks of rest but the [health and pharmacy workers](https://uniglobalunion.org/news/victory-in-chile/) in the private sector did not receive this benefit until 2023 UNI Care affiliate, FENASSAP, lead [a national campaign and mobilization](https://uniglobalunion.org/es/news/victory-in-chile/) demanding equality of treatment. In the Philippines, health care workers in the private sector have yet to receive the [Health Emergency Allowance](https://uniglobalunion.org/news/healthcare-workers-demand-hea-arrears/) promised by the government to compensate for their work during the pandemic.

For many health and care workers, unions became their only voice, where both government responses and the employer responses were perceived to be highly inadequate. Union affiliates reached out to fellow health and care workers through the various cycles of isolation and quarantine measures and [worked with patient groups](https://uniglobalunion.org/wp-content/uploads/03_31_22-UNIGlobal_saferstronger_english_FINAL.pdf), as in the case of New Zealand. But in a Slovakian care home, [workers were fired after exposing abusive treatment of persons with disabilities](https://uniglobalunion.org/news/uni-europa-denounces-union-busting-in-slovakian-care-home/) in a facility. Not only was worker action needed to obtain personal protection equipment (PPE), but unions were also able to gain improvements in pay in [Mongolia](https://uniglobalunion.org/news/mongolian-health-workers-union-win-fairer-deal-for-health-workers/), receive pandemic hazard pay in [Argentina](https://uniglobalunion.org/news/mongolian-health-workers-union-win-fairer-deal-for-health-workers/), get paid sick leave, as well as improvements in safety protocols. This agreement guaranteed freedom of association and the right to collective bargaining that led to the recognition of UZO [ALICE in the Czech Republic](https://uniglobalunion.org/news/essential-workers-win-first-agreement-at-czech-nursing-home/) as the first union in the country’s largest nursing home operator, which signed its first collective bargaining agreement in April 2022 that included a 7.5% wage increase covering more than 900 employees two years after it started unionization efforts at the height of COVID19 pandemic. In hospitals in Nepal, OSH committees have become critical in organizing healthcare workers. Frustrated by the fact that an OSH law passed by the government in 2016 had never been fully implemented, an affiliate began [training workers about health and safety in 2021 that led to the establishment of OSH committees at every workplace](https://uniglobalunion.org/news/iwmd23/). Recently, in the UK, 19,000 care workers [won paid sick days](https://uniglobalunion.org/news/gmb-wins-day-one-sick-leave/) in the country’s largest long-term care provider, thus reducing risks of infection.

**STAFFING**

A key tenet of quality care is safe and sustainable staffing levels. Improving wages and conditions (including **the right to rest and leisure, and an adequate standard of living**) for care and support workers to help attract and retain an adequate number of appropriately skilled people is key to achieving safe staffing. Minimum carer-to-patient ratios and ensuring appropriate policies and support for migrant care workers are also critical to resolving the staffing crisis in the care economy.

**Addressing severe labor shortages combined with high turnover in the long-term care sector depends on improving working conditions and improving migration policies, including the ratification of ILO Convention No. 189.**

UNI Europa’s [RETAIN Project](https://uniglobalunion.org/wp-content/uploads/RETAIN-project-EN.pdf) recommends elimination of the precarious nature of long-term care work to increase care work’s attractiveness to job seekers.

* Care workers demand fewer administrative tasks, shorter travel times between clients, greater autonomy over their functions, and improvements in staff-to-resident ratios.
* The conditions attached to public funding must include respect for workers’ rights, especially mandatory collective bargaining agreements, and sanctions for violators.

**Post-pandemic, many countries have turned to migrant care workers to help address local care and support worker shortages. As a result, UNI Affiliates have seen an increasing number of cases akin to modern slavery amongst migrant care workers.**

Consolidation of labor structures must extend to migrant care workers who [require supportive policies](https://www.uni-europa.org/news/retain-project-key-documents/) that include the recognition of foreign qualifications, access to language training, and upskilling and reskilling opportunities. Domestic, community and home care should admit migrants under general work permit schemes, while work permit renewals should be of reasonable duration, allow a period of unemployment, followed by pathways to settlement and obtaining long-term care resident status. Incentives for the regularization of undeclared work, including simplifying the administrative procedures, providing fiscal incentives to households, tax and social security exemptions, among other measures, should be considered. Migrant care workers should also have freedom of association, access to union membership, and be required to receive local labor rights education.