



INB Bureau Co-Chairs  
Ms Precious Matsoso and Mr Roland Driece  
C/O World Health Organization Secretariat  
Avenue Appia 20  
1211 Geneva 27  
Switzerland

1 December 2022

## **Open letter on the conceptual zero draft of the future WHO international instrument on pandemic prevention, preparedness and response**

Dear Ms Matsoso and Mr Driece,

The WHPA speaks for more than 41 million health professionals worldwide, assembling essential knowledge and experience from the key health professions in more than 130 countries. At least one of the five WHPA organizations (see footer) is represented in 87% of WHO member states, and in more than 20% of WHO member states all five WHPA partners have member organizations.

Health and care workers bore the brunt of the COVID-19 pandemic and they will be at the forefront of future pandemics. As such, the WHPA is a key stakeholder in the development of the future WHO international instrument on pandemic prevention, preparedness and response. Through its close relations with national associations of health professionals in all WHO regions the WHPA is uniquely placed to provide evidence-based input and feedback based on the lived experience of the frontline workers in its member organizations.

WHPA members have been active in the consultations and debates on the development of the instrument so far and we are pleased to note that health care workers are included more prominently in the conceptual zero draft released on 18 November 2022 than in previous drafts. We particularly welcome the inclusion of Article 11. *Strengthening and sustaining a skilled and competent health workforce*; specifically Paragraphs 11.1 and 11.2(d) excerpted below for ease of reference.

Nevertheless, there are areas where we can still see room for improvement. The essential role of health and care workers in all areas of pandemic prevention, preparedness and response is not yet fully reflected and would like to see more references to the role of the health care workforce



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throughout the document. It is particularly crucial that health professions are equal partners in the co-development of national pandemic prevention, preparedness and response policies and are fully included in planning and financial decision making, as well as implementation and monitoring.

To this end, Annex 1 contains specific suggestions for changes to the wording of Article 10 on health systems, Article 11 on the health workforce and Article 13 on coordination, collaboration and cooperation. I would especially like to highlight the need to add measures to help the health and care workforce to recover from exhaustion, mental health traumas and burn out, given the huge toll on the mental health of health workers of the COVID-19 pandemic; and the urgent need to protect health workers from violence at all times. We also think that Article 9 on fair, equitable and timely access and benefit-sharing needs to refer to the removal of trade barriers to ensure adequate access to pandemic response products, please see Annex 1 for suggested wording.

Investing in the health workforce is a cross-cutting approach that strengthens multiple pillars of global health policy making. It will help drive gender equity by supporting and protecting a workforce which is 70% female; and it is vital for health security and patient safety, which are essential to minimize the danger and impact of acute public health events such as pandemics. The future WHO instrument on pandemic prevention, preparedness and response must reflect this emphasis on support for the health workforce if we are to learn the lessons from COVID-19 and protect public health.

We look forward to our continued collaboration on this vital instrument.

Sincerely,

Enzo Bondioni  
WHPA Chair and Executive Director of FDI World Dental Federation

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NOTE

We particularly welcome the inclusion of Article 11. *Strengthening and sustaining a skilled and competent health workforce*; specifically Paragraphs 11.1 and 11.2(d):





**Article 11. *Strengthening and sustaining a skilled and competent health workforce***

**Paragraph 11.1**

1. The Parties [shall]/[should] strengthen and sustain an adequate, skilled, trained, competent and committed health workforce, with due protection of their employment, civil and human rights and well-being, consistent with relevant codes of practice, including at the frontline of pandemic prevention, preparedness, response and recovery of the health system.

**Paragraph 11.2(d)**

2. Towards this end, each Party [shall]/[should]:

(...)

(d) Provide better opportunities and working environments for health workers, notably women, to ensure their role and leadership in the health sector, with a view to increasing the meaningful representation, engagement, participation and empowerment of all health workers, while addressing discrimination, stigma and inequality and eliminating bias, including unequal remuneration, while also noting that women still often face significant barriers to taking leadership and decision-making roles.