S-E European Conference
Workforce Migration in the Health Care Sector

Bucharest, 20-21 February 2013

Head Office presentation on the PSI *Programme of Action 2013-2017* and *2013 Priorities* for work on Migration and Health and Social Care sectors
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Resolution N° 1: Programme of Action 2013-2017
Social Justice through Trade Union Rights and Quality Public Services

New area of work: The Social Protection Floor (SPF)

• The United Nations Chief Executive Board’s (UNCEB) Social Protection Floor (SPF) initiative is an important opportunity arising from increased awareness of the harm of globalization.

• Co-led by the ILO and WHO, and involving 17 collaborating agencies including the international financial institutions (IMF and WB), the SPF is a set of integrated strategies to provide access to basic social security rights and transfers worldwide.
The Social Protection Floor

Provides for guarantees of two types (ILO):

1. • Basic income security, in the form of various social transfers (in cash or in kind), such as pensions for the elderly and persons with disabilities, child benefits, income support benefits and/or employment guarantees and services for the unemployed and working poor.

2. • Universal access to essential affordable social services in the areas of health, water and sanitation, education, food security, housing, and others defined according to national priorities.

• The SPF is one of four pillars in the ILO Decent Work Agenda and a core part of the Global Jobs Pact.

• The term “social protection floors” refers to the intention that each country will adapt the concept to their circumstances.

• Various UN agencies have calculated that a basic floor of social transfers is globally affordable at practically all stages of economic development, even where the necessary funding is not yet available.

• Ensuring that the SPF delivers for the world’s working poor is an important priority for PSI and our Quality Public Services-Action Now! Campaign.
ILO Social Protection Floors
Recommendation, 2012 (No. 202)

Article §4 “Members should, in accordance with national circumstances, establish as quickly as possible and maintain their social protection floors comprising basic social security guarantees. The guarantees should ensure at a minimum that, over the life cycle, all in need have access to essential health care and to basic income security which together secure effective access to goods and services defined as necessary at the national level” (underlining added)

Article §5 “The social protection floors referred to in Paragraph 4 should comprise at least the following basic social security guarantees:
(a) access to a nationally defined set of goods and services, constituting essential health care, including maternity care, that meets the criteria of availability, accessibility, acceptability and quality”[...]

Article §8 “When defining the basic social security guarantees, Members should give due consideration to the following:
(a) persons in need of health care should not face hardship and an increased risk of poverty due to the financial consequences of accessing essential health care. Free prenatal and postnatal medical care for the most vulnerable should also be considered” [...] (underlining added)
Implementing Social protection floors

1. Promote public services and combat privatization, especially in the context of austerity.
2. Advocate for the benefits of public service delivery and implementation of social protection floors, for true universality and greater efficiency.
3. Work to promote fair taxation, including progressive income tax and the Financial transactions tax, to finance social protection services and transfers.
4. Advocate for the affordability of social protection floors.
5. Advocate for the economic benefits of reducing inequality.
6. Promote the social justice of social protection floors.
7. Support health and social care workers rights, working conditions and employment conditions.
8. Support the role of health and social care workers in care decision-making, e.g. nurse-patient ratios.
9. Advocate for fair salaries for health and social care workers’ in order to:
   • Increase the number of workers in health and social occupations
   • Reduce the deficit in health and social care workers everywhere
10. Promote the growth in number and qualifications of social system administrators.
Affiliate resolutions on Migration adopted by Congress (with amendments)

Resolution N° 35: “Congress resolves that the Migration Programme in Ghana and Kenya should be continued [...] PSI should ensure its mandate on the Migration Programme e.g. to be spearheaded by affiliates from the health unions in the sub-region (extract)

Resolution N° 36: “People arriving in a new country to work shall not be discriminated against but have the same rights and obligations as everyone else in the country. This is a fundamental principle” (extract)

Resolution N° 37: “Private recruitment and staffing agencies have helped to accelerate migration trends and contributed to the privatization of public jobs and services. They have found new ways to extract private profit from public systems by collecting exorbitant fees from employers and/or migrant workers themselves [...] Congress resolves that PSI encourage affiliates to take a leadership role in the development at national level of standards for the ethical recruitment of health and other public service workers and seek all available means to monitor and enforce those standards” (extract)
Affiliate resolutions on health adopted by Congress (with amendments)

Resolution N° 7: “Congress resolves that PSI should develop a campaign that advocates for the universal access to healthcare for all irrespective of their political, social and economic standing” (extract)

Resolution N°9: “To promote quality public health services and reject public policies that promote the transfer of health service provision to the private sector” (extract)

Resolution N°10: “Nurses must have sufficient control over working and practising conditions to allow for unfettered, independent determination and provision of care in the exclusive interests of patients, which can only occur when staffing levels permit the full exercise of clinical judgement” (extract)

Resolution N°29: “Congress resolves that PSI put pressure on governments, public bodies and international institutions to ensure that public education, health and social services systems, as well as accessible, universal social security measures be developed or reinforced in every country in order to put genuine social protection floors into place” (extract)
Migration in 2013

• PSI to develop specific strategies to address migration issues in all sectors
• PSI to continue the Programme on Migration in the Health and Social Care sectors with the inclusion of new countries to tackle challenges of:
  • demographic change
  • privatization (outsourcing)
  • precarious work
  • gender inequity
  • ethical recruitment
Migration in 2013

• Linked to the *Quality Public Services* campaign, further develop PSI’s *Ethical Recruitment* campaign, focusing on the implementation of the WHO Code of Practice by:
  • multi-sectoral alliance building
  • mapping of recruitment practices and of patterns of labour brokers, and
  • protecting migrant workers’ rights.
• Coordinate PSI affiliates’ action at the Third Global Forum for Human Resources in Health in November in Brazil to oppose outsourcing and support better remuneration for health workers.
• Prepare a detailed analysis of the trends in the health and social services sector, mapping the major threats and opportunities, our allies, potential union affiliates, enemies and identify where we will make the biggest impact.
  
  **EB 2014 will be presented with detailed options for action.**

• The health sector will be a significant trial for the organizing of professional sub-networks within the sectors, including the mobilization of nurses. These networks will deal with issues specific to their profession, such as health and safety working conditions and employment conditions.

• Begin mapping our members and their issues in the social services sector. **A strategy for social services work will be presented to the 2013 Steering Committee meeting.**