

Global health and care worker compact

technical guidance compilation

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Preventing harm

Providing support

Safeguarding rights

Inclusivity

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Endnotes

1. World Health Organization, The impact of COVID-19 on health and care workers: a closer look at deaths (2021). <https://www.who.int/publications/i/item/WHO-HWF-WorkingPaper-2021.1>.
2. Richard Horton, Edson C Araujo, Haroon Borat, et al., Final Report of the Expert Group to the High-Level Commission on Health Employment and Economic Growth (Geneva: WHO, 2016), at 14. <https://apps.who.int/iris/bitstream/handle/10665/250040/9789241511285-eng.pdf>.
3. World Health Organization, World Health Report 2006: Working Together for Health (2006), at 2 (“This report defines health workers to be all people engaged in actions whose primary intent is to enhance health”). https://www.who.int/whr/2006/whr06_en.pdf
4. International Labour Organization, ILO Sectoral Brief: COVID-19 and Care Workers Providing Home or Institution-Based Care (October 2020), at 1. https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/briefingnote/wcms_758345.pdf
5. ILO, Updating the International Standard Classification of Occupations: (ISCO): Draft ISCO-08, International Labour Office. Geneva: ILO, (2012). ISCO-08_vol1_web.pdf (ilo.org), Group Definitions: Occupations in Health (2007), at 3253 (“Community health workers provide health education, referral and follow-up, case management, basic preventive health care and home visiting referrals for a wide range of services to specific communities. They , and provide support and assistance to communities, families and individuals and families in navigating with preventive health measures and gaining access to appropriate curative health and social services. system. (...”). https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_172572.pdf. They create a bridge between providers of health, social and community services and communities that may have difficulty in accessing these services.”). <https://www.ilo.org/public/english/bureau/stat/isco/docs/health.pdf>.
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7. WHO, “WHO Calls for Healthy, Safe and Decent Working Conditions for All Health Workers, Amidst COVID-19 Pandemic,” April 28, 2020, <https://www.who.int/news/item/28-04-2020-who-calls-for-healthy-safe-and-decent-working-conditions-for-all-health-workers-amidst-covid-19-pandemic>.
8. UN Committee on Economic, Social and Cultural Rights, General Comment 14, The Right to the Highest Attainable Standard of Health (2000), Para. 33 (“The right to health, like all human rights, imposes three types or levels of obligations on States parties: the obligations to respect, protect and fulfil.”). <http://hrlibrary.umn.edu/gencomm/escgencom14.htm>.

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https://apps.who.int/gb/ebwha/pdf_files/WHA72-REC1/A72_2019_REC1-en.pdf#page=2.
10. World Health Assembly Res. 72.4 (2019): Preparation for the High-Level Meeting of the United Nations General Assembly on Universal Health Coverage, Para. 1(7) (urges member states “to invest in an adequate, competent and committed health workforce and promote the recruitment, development, training, and retention of the health workforce in developing countries, especially in least developed countries and small island developing States, by active implementation of the Global Strategy on Human Resources for Health: Workforce 2030”).
https://apps.who.int/gb/ebwha/pdf_files/WHA72-REC1/A72_2019_REC1-en.pdf#page=25.
11. High-Level Commission on Health Employment and Economic Growth, Working for Health and Growth: Investing in the Health Workforce (Geneva: WHO, 2016) at 12 (“Raise adequate funding from domestic and international sources, public and private where appropriate, and consider broad-based health financing reform where needed, to invest in the right skills, decent working conditions and an appropriate number of health workers.”).
<https://apps.who.int/iris/bitstream/handle/10665/250047/9789241511308-eng.pdf>.
12. High-Level Commission on Health Employment and Economic Growth, Working for Health and Growth: Investing in the Health Workforce (Geneva: WHO, 2016).
<https://apps.who.int/iris/bitstream/handle/10665/250047/9789241511308-eng.pdf>.
13. WHO Global Code of Practice on the International Recruitment of Health Personnel (2010), Art. 5(2) (“Member States should use this Code as a guide when entering into bilateral, and/or regional and/or multilateral arrangements, to promote international cooperation and coordination on international recruitment of health personnel. Such arrangements should take into account the needs of developing countries and countries with economies in transition through the adoption of appropriate measures. Such measures may include the provision of effective and appropriate technical assistance, support for health personnel retention, social and professional recognition of health personnel, support for training in source countries that is appropriate for the disease profile of such countries, twinning of health facilities, support for capacity building in the development of appropriate regulatory frameworks, access to specialized training, technology and skills transfers, and the support of return migration, whether temporary or permanent.”).
https://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-P4-en.pdf
14. WHO Global Code of Practice on the International Recruitment of Health Personnel (2010), Art. 5(1) (“Member States should discourage active recruitment of health personnel from developing countries facing critical shortages of health workers.”).
https://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-P4-en.pdf.

15. ILO, Declaration on Fundamental Principles and Rights at Work (1998).
<https://www.ilo.org/declaration/lang--en/index.htm>.
16. Occupational Safety and Health Convention, ILO No. C155 (1981), Arts. 4(1), 5(c), 14 (“4(1) Each Member shall, in the light of national conditions and practice, and in consultation with the most representative organisations of employers and workers, formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment... 5. The policy referred to in Article 4 of this Convention shall take account of the following main spheres of action in so far as they affect occupational safety and health and the working environment... (c) training, including necessary further training, qualifications and motivations of persons involved, in one capacity or another, in the achievement of adequate levels of safety and health... 14. Measures shall be taken with a view to promoting in a manner appropriate to national conditions and practice, the inclusion of questions of occupational safety and health and the working environment at all levels of education and training, including higher technical, medical and professional education, in a manner meeting the training needs of all workers... 19. There shall be arrangements at the level of the undertaking under which--... (d) workers and their representatives in the undertaking are given appropriate training in occupational safety and health;”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C155:NO.
17. Promotional Framework for Occupational Safety and Health Convention, ILO No. C187 (2006), Arts. 3-5 (“3(3). In formulating its national policy, each Member... and developing a national preventative safety and health culture that includes information, consultation and training. 4(3). The national system for occupational safety and health shall include, where appropriate... (c) the provision of occupational safety and health training. 5(2). The national programme shall: (b) contribute to the protection of workers by eliminating or minimizing, so far as is reasonably practicable, work-related hazards and risks, in accordance with national law and practice, in order to prevent occupational injuries, diseases and deaths and promote safety and health in the workplace”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C187:NO.
18. Right to Organise and Collective Bargaining Convention (1949) (No. 98).
https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-hanoi/documents/publication/wcms_721934.pdf.
19. UNAIDS, Eliminating Discrimination in Health Care: Stepping Stone Towards Ending the AIDS Epidemic (Geneva: UNAIDS, 2016), at 11 (“an absence of enabling working environments for health-care workers puts them at risk—it is estimated that more than 50 000 cases of hepatitis and 1000 cases of HIV occur in health-care workers globally every year because of needle-stick injuries. Inability to access personal protective equipment for compliance with universal precautions and lack of knowledge about the modes of HIV transmission exacerbate fear, and drive stigma and discrimination. It is important to address such drivers of discrimination and empower health-care workers, including through ensuring that their labour rights are fully respected, protected and promoted.”).
https://www.unaids.org/sites/default/files/media_asset/eliminating-discrimination-in-health-care_en.pdf.

20. Promotional Framework for Occupational Safety and Health Convention, ILO No. C187 (2006), Arts. 3-5 (“3(3). In formulating its national policy, each Member, in light of national conditions and practice and in consultation with the most representative organizations of employers and workers, shall promote basic principles such as assessing occupational risks or hazards. 4(3). The national system for occupational safety and health shall include, where appropriate: ... (f) a mechanism for the collection and analysis of data on occupational injuries and diseases, taking into account relevant ILO instruments. 5(2). The national programme shall: (b) contribute to the protection of workers by eliminating or minimizing, so far as is reasonably practicable, work-related hazards and risks, in accordance with national law and practice, in order to prevent occupational injuries, diseases and deaths and promote safety and health in the workplace.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C187:NO.
21. Promotional Framework for Occupational Safety and Health Convention, ILO No. C187 (2006), Arts. 3-5 (3(3). In formulating its national policy, each Member, in light of national conditions and practice and in consultation with the most representative organizations of employers and workers, shall promote basic principles such...combating occupational risks or hazards at source. 4(3). The national system for occupational safety and health shall include, where appropriate: ... (g) provisions for collaboration with relevant insurance or social security schemes covering occupational injuries and diseases. 5(2). The national programme shall: (b) contribute to the protection of workers by eliminating or minimizing, so far as is reasonably practicable, work-related hazards and risks, in accordance with national law and practice, in order to prevent occupational injuries, diseases and deaths and promote safety and health in the workplace.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C187:NO.
22. UN Committee on Economic, Social and Cultural Rights, General Comment 14, The Right to the Highest Attainable Standard of Health (2000), Para. 12 (“The right to health in all its forms and at all levels contains the following interrelated and essential elements, the precise application of which will depend on the conditions prevailing in a particular State party... (d) Quality....This requires, inter alia, skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe and potable water, and adequate sanitation.”).
<http://hrlibrary.umn.edu/gencomm/escgencom14.htm>.
23. UN General Assembly Res. 75/156 (2020): Strengthening National and International Rapid Response to the Impact of the Coronavirus Disease (COVID-19) on Women and Girls, Para. 5(d) (“providing appropriate personal protective equipment, including essential hygiene and sanitation items, and access to safe and affordable water, particularly for those female health workers quarantined.”).
<https://undocs.org/en/A/RES/75/156>.
24. UN Committee on Economic, Social and Cultural Rights, General Comment 23, The Right to Just and Favourable Conditions of Work (2016), Para. 30 (“Access to safe drinking water, adequate sanitation facilities that also meet women’s specific hygiene needs”).
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25. UN General Assembly Res. 75/156 (2020): Strengthening National and International Rapid Response to the Impact of the Coronavirus Disease (COVID-19) on Women and Girls, Para. 5(d) (“(d)... providing appropriate personal protective equipment, including essential hygiene and sanitation items, and access to safe and affordable water, particularly for those female health workers quarantined;”).
<https://undocs.org/en/A/RES/75/156>.
26. Occupational Safety and Health Convention, ILO No. C155 (1981), Art. 16 (“Employers shall be required to provide, where necessary, adequate protective clothing and appropriate protective equipment to prevent, so far as is reasonably practicable, risk of accidents or of adverse effects on health”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C155:NO.
27. World Health Assembly Res. WHA74.15 (2021): Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery, Para. 2(3) ((3)... to maximize the contributions of nurses and midwives in service delivery environments by seeking to ensure that practice regulations are up to date in order that nurses and midwives may practice at the pinnacle of their capability and that workplaces provide decent work, fair remuneration and working conditions, including appropriate leave entitlements, gender equity and balance, labour protection and rights, mental health and the prevention of violence and harassment, including sexual harassment and abuse;”).
https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R15-en.pdf.
28. Occupational Safety and Health Convention, ILO No. C155 (1981), Arts. 4(1), 5(c), 14 (“4(1) Each Member shall, in the light of national conditions and practice, and in consultation with the most representative organisations of employers and workers, formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment... 5. The policy referred to in Article 4 of this Convention shall take account of the following main spheres of action in so far as they affect occupational safety and health and the working environment... (c) training, including necessary further training, qualifications and motivations of persons involved, in one capacity or another, in the achievement of adequate levels of safety and health... 14. Measures shall be taken with a view to promoting in a manner appropriate to national conditions and practice, the inclusion of questions of occupational safety and health and the working environment at all levels of education and training, including higher technical, medical and professional education, in a manner meeting the training needs of all workers... 19. There shall be arrangements at the level of the undertaking under which--... (d) workers and their representatives in the undertaking are given appropriate training in occupational safety and health;”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C155:NO.
29. [29] Promotional Framework for Occupational Safety and Health Convention, ILO No. C187 (2006), Arts. 3-5 (“3(3). In formulating its national policy, each Member,...and developing a national preventative safety and health culture that includes information, consultation and training. 4(3). The national system for occupational safety and health shall include, where appropriate... (c) the provision of occupational safety and health training. 5(2). The national programme shall: (b) contribute to the protection of workers by eliminating or minimizing, so far as is

reasonably practicable, work-related hazards and risks, in accordance with national law and practice, in order to prevent occupational injuries, diseases and deaths and promote safety and health in the workplace”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C187:NO.

30. Occupational Safety and Health Convention, ILO No. C155 (1981), Arts. 4(1), 5(c), 14 (“4(1) Each Member shall, in the light of national conditions and practice, and in consultation with the most representative organisations of employers and workers, formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment... 5. The policy referred to in Article 4 of this Convention shall take account of the following main spheres of action in so far as they affect occupational safety and health and the working environment... (c) training, including necessary further training, qualifications and motivations of persons involved, in one capacity or another, in the achievement of adequate levels of safety and health... 14. Measures shall be taken with a view to promoting in a manner appropriate to national conditions and practice, the inclusion of questions of occupational safety and health and the working environment at all levels of education and training, including higher technical, medical and professional education, in a manner meeting the training needs of all workers... 19. There shall be arrangements at the level of the undertaking under which--... (d) workers and their representatives in the undertaking are given appropriate training in occupational safety and health;”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C155:NO.
31. Promotional Framework for Occupational Safety and Health Convention, ILO No. C187 (2006), Arts. 3-5 (“3(3). In formulating its national policy, each Member,...and developing a national preventative safety and health culture that includes information, consultation and training. 4(3). The national system for occupational safety and health shall include, where appropriate... (c) the provision of occupational safety and health training. 5(2). The national programme shall: (b) contribute to the protection of workers by eliminating or minimizing, so far as is reasonably practicable, work-related hazards and risks, in accordance with national law and practice, in order to prevent occupational injuries, diseases and deaths and promote safety and health in the workplace”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C187:NO.
32. Convention Concerning Occupational Health Services, ILO No, C161 (1985), Art. 13 (“All workers shall be informed of health hazards involved in their work.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C161:NO.
33. Convention Concerning Occupational Health Services, ILO No, C161 (1985), Art. 5 (“occupational health services shall have such of the following functions as are adequate and appropriate to the occupational risks of the undertaking... (d) participation in the development of programmes for the improvement of working practices as well as testing and evaluation of health aspects of new equipment... ”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C161:NO.

34. Occupational Safety and Health Convention, ILO No. C155 (1981), Arts. 4(1), 5(a) (“4(1) Each Member shall, in the light of national conditions and practice, and in consultation with the most representative organisations of employers and workers, formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment... 5. The policy referred to in Article 4 of this Convention shall take account of the following main spheres of action in so far as they affect occupational safety and health and the working environment... (a) design, testing, choice, substitution, installation, arrangement, use and maintenance of the material elements of work (workplaces, working environment, tools, machinery and equipment, chemical, physical and biological substances and agents, work processes”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C155:NO.
35. Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 Concerning Certain Aspects of the Organisation of Working Time, November 4, 2003, Arts. 1(1-3), 3-6, 8(a), 12, 17(1-4) (“1(1) This Directive lays down minimum safety and health requirements for the organisation of working time. (2) This Directive applies to: (a) minimum periods of daily rest, weekly rest and annual leave, to breaks and maximum weekly working time; and (b) certain aspects of night work, shift work and patterns of work. (3) This Directive shall apply to all sectors of activity, both public and private... 3. Daily rest: Member States shall take the measures necessary to ensure that every worker is entitled to a minimum daily rest period of 11 consecutive hours per 24-hour period. 4. Breaks: Member States shall take the measures necessary to ensure that, where the working day is longer than six hours, every worker is entitled to a rest break, the details of which, including duration and the terms on which it is granted, shall be laid down in collective agreements or agreements between the two sides of industry or, failing that, by national legislation. 5. Weekly rest period: Member States shall take the measures necessary to ensure that, per each seven-day period, every worker is entitled to a minimum uninterrupted rest period of 24 hours plus the 11 hours' daily rest referred to in Article 3. 6. Maximum weekly working time: Member States shall take the measures necessary to ensure that, in keeping with the need to protect the safety and health of workers: (a) the period of weekly working time is limited by means of laws, regulations or administrative provisions or by collective agreements or agreements between the two sides of industry; (b) the average working time for each seven-day period, including overtime, does not exceed 48 hours... 8. Length of night work: Member States shall take the measures necessary to ensure that: (a) normal hours of work for night workers do not exceed an average of eight hours in any 24-hour period... 12. Safety and health protection: Member States shall take the measures necessary to ensure that: (a) night workers and shift workers have safety and health protection appropriate to the nature of their work; (b) appropriate protection and prevention services or facilities with regard to the safety and health of night workers and shift workers are equivalent to those applicable to other workers and are available at all times... 17. Derogations: (1) With due regard for the general principles of the protection of the safety and health of workers, Member States may derogate from Articles 3 to 6, 8 and 16 when, on account of the specific characteristics of the activity concerned, the duration of the working time is not measured and/or predetermined or can be determined by the workers themselves,

and particularly in the case of: (a) managing executives or other persons with autonomous decision-taking powers; (b) family workers... (2) Derogations provided for in paragraphs 3, 4 and 5 may be adopted by means of laws, regulations or administrative provisions or by means of collective agreements or agreements between the two sides of industry provided that the workers concerned are afforded equivalent periods of compensatory rest or that, in exceptional cases in which it is not possible, for objective reasons, to grant such equivalent periods of compensatory rest, the workers concerned are afforded appropriate protection. (3) In accordance with paragraph 2 of this Article derogations may be made from Articles 3, 4, 5, 8 and 16... (i) services relating to the reception, treatment and/or care provided by hospitals or similar establishments, including the activities of doctors in training, residential institutions and prisons... (4)(a) in the case of shift work activities, each time the worker changes shift and cannot take daily and/or weekly rest periods between the end of one shift and the start of the next one").
<https://osha.europa.eu/en/legislation/directives/directive-2003-88-ec>.

36. International Covenant on Economic, Social, and Cultural Rights (1966), Art. 7(d) ("7. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular... (d) Rest, leisure and reasonable limitation of working hours and periodic holidays with pay, as well as remuneration for public holidays").
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.
37. UN Committee on Economic, Social and Cultural Rights, General Comment 23, The Right to Just and Favourable Conditions of Work (2016), Paras. 35-40 ("Working days spent in all activities, including unpaid work, should be limited to a specified number of hours. While the general daily limit (without overtime) should be eight hours, the rule should take into account the complexities of the workplace and allow for flexibility, responding, for example, to different types of work arrangements such as shift work, consecutive work shifts, work during emergencies and flexible working arrangements. Exceptions should be strictly limited and subject to consultation with workers and their representative organizations. Where legislation permits longer working days, employers should compensate for longer days with shorter working days so that the average number of working hours over a period of weeks does not exceed the general principle of eight hours per day. Requirements for workers to be on-call or on standby need to be taken into account in the calculation of hours of work. 36. Legislation should establish the maximum number of daily hours of work, which could vary in the light of the exigencies of different employment activities but should not go beyond what is considered a reasonable maximum work day... 37. The number of hours of work per week should also be limited through legislation. The same criteria as indicated for daily limits on working hours apply. The limitation should apply across all sectors and for all types of work, including unpaid work... Legislation should allow for some flexibility to go beyond the limited number of hours of work per week, corresponding to different working arrangements and sectors... 38. Rest during the day is important for the health and safety of workers and therefore legislation should identify and protect rest periods during the work day. Where workers operate machinery or undertake tasks that can affect the life and health of themselves and others, legislation should include mandatory rest periods. Legislation should also include specific regulations on rest periods for night workers and acknowledge certain situations, for example,

those of pregnant women, lactating women who may require rest periods in order to breastfeed, or workers undergoing medical treatment. Daily rest periods should take into account possibilities for flexible working arrangements which allow for extended working days in return for an additional day of rest in a weekly or fortnightly period. 39. All workers must enjoy weekly rest periods, in principle amounting to at least 24 consecutive hours every period of seven days, although two consecutive days of rest for workers is preferable as a general rule to ensure their health and safety... 40. Temporary exceptions should be permissible in certain cases such as accidents, force majeure, urgent work requirements and abnormal pressure of work...and where the nature of the service provided requires work on generally applied days of rest... In such cases, workers should receive compensatory rest as much as possible within the seven-day work period and for at least 24 hours. Any exceptions should be agreed through consultation with workers and employers and their representative organizations.”).

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx.

38. WHO, “WHO Calls for Healthy, Safe and Decent Working Conditions for All Health Workers, Amidst COVID-19 Pandemic,” April 28, 2020 (“Long working hours, shift work, high workload and other psychosocial hazards can lead to fatigue, occupational burnout, increased psychological distress or declining mental health - affecting the health of health workers, and the quality and safety of care delivered.”). <https://www.who.int/news/item/28-04-2020-who-calls-for-healthy-safe-and-decent-working-conditions-for-all-health-workers-amidst-covid-19-pandemic>.
39. Domestic Workers Convention, ILO No. C189 (2011), Art. 13(1) (“Every domestic worker has the right to a safe and healthy working environment. Each Member shall take, in accordance with national laws, regulations and practice, effective measures, with due regard for the specific characteristics of domestic work, to ensure the occupational safety and health of domestic workers.”). https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189.
40. Maternity Protection Recommendation, ILO No. R191 (June 15, 2000), Art. 6 (“(2)...where a significant risk has been identified... measures should be taken to provide, on the basis of a medical certificate as appropriate, an alternative to such work in the form of (a) elimination of risk; (b) an adaptation of her conditions of work”). https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_0_INSTRUMENT_ID:312529:NO.
41. Maternity Protection Convention, ILO No. C183 (2000), Art. 3 (“Each Member shall, after consulting the representative organizations of employers and workers, adopt appropriate measures to ensure that pregnant or breastfeeding women are not obliged to perform work which has been determined by the competent authority to be prejudicial to the health of the mother or the child, or where an assessment has established a significant risk to the mother's health or that of her child.”). https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C183:NO.
42. Occupational Safety and Health Convention, ILO No. C155 (1981), Art. 13 (“A worker who has removed himself from a work situation which he has reasonable justification to believe presents an imminent and serious danger to his life or health

shall be protected from undue consequences in accordance with national conditions and practice.”).

43. Promotional Framework for Occupational Safety and Health Convention, ILO No. C187 (2006), art. 3-5 (“3(1). Each Member shall promote a safe and healthy working environment by formulating a national policy. 4(1). Each Member shall establish, maintain, progressively develop and periodically review a national system for occupational safety and health, in consultation with the most representative organizations of employers and workers. 5(1). Each Member shall formulate, implement, monitor, evaluate and periodically review a national programme on occupational safety and health in consultation with the most representative organizations of employers and workers. 2. The national programme shall... (d) include objectives, targets and indicators of progress.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C187:NO.
44. Resolution WHA 60.26 (2007).
<https://www.who.int/publications/i/item/9789240011588>.
45. Placeholder for WHO-ILO Joint OHS guidance to be published in 2022.
46. Occupational Safety and Health Convention, ILO No. C155 (1981), Art. 11(c), 11(e) (“(c) the establishment and application of procedures for the notification of occupational accidents and diseases, by employers and, when appropriate, insurance institutions and others directly concerned, and the production of annual statistics on occupational accidents and diseases... (e) the publication, annually, of information on measures taken in pursuance of the [national] policy...and on occupational accidents, occupational diseases and other injuries to health which arise in the course of or in connection with work.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C155:NO.
47. UN Committee on Economic, Social and Cultural Rights, General Comment 23, The Right to Just and Favourable Conditions of Work (2016), Paras. 25, 28 (“[the] national policy for the prevention of accidents and work-related health injury... 28. should indicate specific actions required of employers in areas such as prevention and response to accidents and disease, as well as recording and providing notification about relevant data, given the fundamental responsibility of the employer to protect the health and safety of workers. It should also include a mechanism, which might be a central body, for coordination of policy implementation and support programmes and with the authority to undertake periodic reviews. To assist with the review, the policy should promote the collection and dissemination of reliable and valid data on the fullest possible range of occupational accidents and disease, including accidents involving workers while commuting to and from work.”).
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx.
48. [48] WHO, Coronavirus Disease (COVID-19) Outbreak: Rights, Roles and Responsibilities of Health Workers, Including Key Considerations for Occupational Safety and Health (2020), at 1-2 (“Health worker rights include that employers and managers in health facilities... provide a blame-free environment for workers to report on incidents, such as exposures to blood or bodily fluids from the respiratory system or to cases of violence, and to adopt measures for immediate follow-up,

including support to victims;”). <https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid-19.pdf>.

49. Convention Concerning Occupational Health Services, ILO No, C161 (1985), Arts. 1-3, 14-15 (“1. For the purpose of this Convention- (a) the term occupational health services means services entrusted with essentially preventive functions and responsible for advising the employer, the workers and their representatives in the undertaking on- (i) the requirements for establishing and maintaining a safe and healthy working environment which will facilitate optimal physical and mental health in relation to work; (ii) the adaptation of work to the capabilities of workers in the light of their state of physical and mental health. 2. In the light of national conditions and practice and in consultation with the most representative organisations of employers and workers, where they exist, each Member shall formulate, implement and periodically review a coherent national policy on occupational health services. 3(1). Each Member undertakes to develop progressively occupational health services for all workers, including those in the public sector and the members of production co-operatives, in all branches of economic activity and all undertakings. The provision made should be adequate and appropriate to the specific risks of the undertakings... 14. Occupational health services shall be informed by the employer and workers of any known factors and any suspected factors in the working environment which may affect the workers' health. 15. Occupational health services shall be informed of occurrences of ill health amongst workers and absence from work for health reasons, in order to be able to identify whether there is any relation between the reasons for ill health or absence and any health hazards which may be present at the workplace. Personnel providing occupational health services shall not be required by the employer to verify the reasons for absence from work.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:::NO:12100:P12100_ILO_CODE:C161:NO.
50. Promotional Framework for Occupational Safety and Health Convention, ILO No. C187 (2006), Arts. 4(1), 4(3)(f). (“4(1) Each Member shall establish, maintain, progressively develop and periodically review a national system for occupational safety and health, in consultation with the most representative organizations of employers and workers... 4(3). The national system for occupational safety and health shall include, where appropriate... (f) a mechanism for the collection and analysis of data on occupational injuries and diseases, taking into account relevant ILO instruments”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:::NO:12100:P12100_ILO_CODE:C187:NO.
51. WHO Global Code of Practice on the International Recruitment of Health Personnel (2010), Art. 4(6) (“All migrant health personnel should be offered appropriate induction and orientation programmes that enable them to operate safely and effectively within the health system of the destination country.
https://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-P4-en.pdf).
52. Occupational Safety and Health Convention, ILO No. C155 (1981), Arts. 19(b), 19(e) (“19. There shall be arrangements at the level of the undertaking under which--... (b) representatives of workers in the undertaking co-operate with the employer in the field of occupational safety and health;... (e) workers or their representatives and, as the case may be, their representative organisations in an undertaking, in

accordance with national law and practice, are enabled to enquire into, and are consulted by the employer on, all aspects of occupational safety and health associated with their work; for this purpose technical advisers may, by mutual agreement, be brought in from outside the undertaking”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C155:NO.

53. Promotional Framework for Occupational Safety and Health Convention, ILO No. C187 (2006), Art. 2 (“1. Each Member which ratifies this Convention shall promote continuous improvement of occupational safety and health to prevent occupational injuries, diseases and deaths, by the development, in consultation with the most representative organizations of employers and workers, of a national policy, national system and national programme.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C187:NO.
54. UN Committee on Economic, Social and Cultural Rights, General Comment 23, The Right to Just and Favourable Conditions of Work (2016), Para. 25, 29 (“[the] national policy for the prevention of accidents and work-related health injury... should incorporate appropriate monitoring and enforcement provisions, including effective investigations, and provide adequate penalties in case of violations, including the right of enforcement authorities to suspend the operation of unsafe enterprises.”).
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx.
55. Occupational Safety and Health Convention, ILO No. C155 (1981), Art. 9 (“1. The enforcement of laws and regulations concerning occupational safety and health and the working environment shall be secured by an adequate and appropriate system of inspection. 2. The enforcement system shall provide for adequate penalties for violations of the laws and regulations.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C155:NO.
56. UN Committee on Economic, Social and Cultural Rights, General Comment 23, The Right to Just and Favourable Conditions of Work (2016), Para. 29 (“Workers affected by a preventable occupational accident or disease should have the right to a remedy, including access to appropriate grievance mechanisms, such as courts, to resolve disputes. In particular, States parties should ensure that workers suffering from an accident or disease and, where relevant, the dependents of those workers, receive adequate compensation, including for costs of treatment, loss of earnings and other costs, as well as access to rehabilitation services.”).
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx.
57. Convention Concerning Occupational Health Services, ILO No. C161 (1985), Arts. 14-15 (“14. Occupational health services shall be informed by the employer and workers of any known factors and any suspected factors in the working environment which may affect the workers' health. 15. Occupational health services shall be informed of occurrences of ill health amongst workers and absence from work for health reasons, in order to be able to identify whether there is any relation between the reasons for ill health or absence and any health hazards which may be present at the workplace.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C161:NO.

58. Promotional Framework for Occupational Safety and Health Convention, ILO No. C187 (2006), Arts. 3(3)-4(2), 5(1-2) (“3(3). In formulating its national policy, each Member, in light of national conditions and practice and in consultation with the most representative organizations of employers and workers, shall promote basic principles such as...developing a national preventative safety and health culture that includes information, consultation and training. 4(1). Each Member shall establish, maintain, progressively develop and periodically review a national system for occupational safety and health, in consultation with the most representative organizations of employers and workers. 4(2). The national system for occupational safety and health shall include among others... (c) mechanisms for ensuring compliance with national laws and regulations, including systems of inspection; and (d) arrangements to promote, at the level of the undertaking, cooperation between management, workers and their representatives as an essential element of workplace-related prevention measures... .5(1). Each Member shall formulate, implement, monitor, evaluate and periodically review a national programme on occupational safety and health in consultation with the most representative organizations of employers and workers. 5(2). The national programme shall: (a) promote the development of a national preventative safety and health culture”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C187:NO.
59. Domestic Workers Convention, ILO No. C189 (2011), Art. 13(1) (“Every domestic worker has the right to a safe and healthy working environment. Each Member shall take, in accordance with national laws, regulations and practice, effective measures, with due regard for the specific characteristics of domestic work, to ensure the occupational safety and health of domestic workers.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189.
60. UN Committee on Economic, Social and Cultural Rights, General Comment 23, The Right to Just and Favourable Conditions of Work (2016), Para. 47(f) (“Domestic workers have the right to just and favourable conditions of work, including protection against abuse, harassment and violence, decent working conditions, paid annual leave, normal working hours, daily and weekly rest on the basis of equality with other workers, minimum wage coverage where this exists, remuneration established without discrimination based on sex, and social security. Legislation should recognize these rights for domestic workers and ensure adequate means of monitoring domestic work, including through labour inspection, and the ability of domestic workers to complain and seek remedies for violations;”).
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx.
61. Domestic Workers Convention, ILO No. C189 (2011), Art. 13(1) (“Every domestic worker has the right to a safe and healthy working environment. Each Member shall take, in accordance with national laws, regulations and practice, effective measures, with due regard for the specific characteristics of domestic work, to ensure the occupational safety and health of domestic workers.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189.
62. UN Committee on Economic, Social and Cultural Rights, General Comment 23, The Right to Just and Favourable Conditions of Work (2016), Para. 47(f) (“Domestic workers have the right to just and favourable conditions of work, including

protection against abuse, harassment and violence, decent working conditions, paid annual leave, normal working hours, daily and weekly rest on the basis of equality with other workers, minimum wage coverage where this exists, remuneration established without discrimination based on sex, and social security. Legislation should recognize these rights for domestic workers and ensure adequate means of monitoring domestic work, including through labour inspection, and the ability of domestic workers to complain and seek remedies for violations;”).

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx.

63. International Covenant on Economic, Social, and Cultural Rights (1966), Art. 12 (“1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. 2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child; (b) The improvement of all aspects of environmental and industrial hygiene; (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases; (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.”).
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.
64. United Nations Declaration on the Rights of Indigenous Peoples (2006).
https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf.
65. International Covenant on Economic, Social, and Cultural Rights (1966), Art. 12 (“1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. 2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child; (b) The improvement of all aspects of environmental and industrial hygiene; (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases; (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.”).
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>. ILO Occupational Health Services Convention, (1985) (No. 161).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C161.
66. UN General Assembly Res. 75/156 (2020): Strengthening National and International Rapid Response to the Impact of the Coronavirus Disease (COVID-19) on Women and Girls, Para. 5(d) (“Taking appropriate measures to address the specific physical, mental and psychological health needs of and psychosocial support for female front-line health workers and to create a safe, enabling and violence-free working environment for them.”). <https://undocs.org/en/A/RES/75/156>.
67. UN Committee on Economic, Social and Cultural Rights, General Comment 14, The Right to the Highest Attainable Standard of Health (2000), Para. 12 (“The right to health in all its forms and at all levels contains the following interrelated and essential elements, the precise application of which will depend on the conditions prevailing in a particular State party... b) Accessibility. Health facilities, goods and services have to be accessible to everyone without discrimination, within the jurisdiction of the State party. Accessibility has four overlapping dimensions...

Economic accessibility (affordability)... (c) Acceptability. All health facilities, goods and services must be respectful of medical ethics and culturally appropriate, i.e. respectful of the culture of individuals, minorities, peoples and communities, sensitive to gender and life-cycle requirements, as well as being designed to respect confidentiality and improve the health status of those concerned. (d) Quality. As well as being culturally acceptable, health facilities, goods and services must also be scientifically and medically appropriate and of good quality. This requires, inter alia, skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe and potable water, and adequate sanitation.”).

<http://hrlibrary.umn.edu/gencomm/escgencom14.htm>.

68. World Health Assembly Res. WHA74.15 (2021): Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery, Para. 2(3) ((3)... to maximize the contributions of nurses and midwives in service delivery environments by seeking to ensure that practice regulations are up to date in order that nurses and midwives may practice at the pinnacle of their capability and that workplaces provide decent work, fair remuneration and working conditions, including appropriate leave entitlements, gender equity and balance, labour protection and rights, mental health and the prevention of violence and harassment, including sexual harassment and abuse;”).
https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R15-en.pdf.
69. Employment Injuries Benefits Convention [Schedule 1 as Amended in 1980], ILO No. C122 (1964), Arts. 6, 9 (“6. The contingencies covered shall include the following where due to an employment injury: (a) a morbid condition; (b) incapacity for work resulting from such a condition and involving suspension of earnings, as defined by national legislation; (c) total loss of earning capacity or partial loss thereof in excess of a prescribed degree, likely to be permanent, or corresponding loss of faculty; and (d) the loss of support suffered as the result of the death of the breadwinner by prescribed categories of beneficiaries... 9(1) Each Member shall secure to the persons protected, subject to prescribed conditions, the provision of the following benefits: (a) medical care and allied benefits in respect of a morbid condition; (b) cash benefits in respect of the contingencies specified in Article 6, clauses (b), (c) and (d). (2) Eligibility for benefits may not be made subject to the length of employment, to the duration of insurance or to the payment of contributions: Provided that a period of exposure may be prescribed for occupational diseases.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312266:NO.
70. UN General Assembly Res. 60/262 (2006): Political Declaration on HIV/AIDS, Para. 35 (“Undertake to reinforce, adopt and implement, where needed, national plans and strategies, supported by international cooperation and partnership, to increase the capacity of human resources for health to meet the urgent need for the training and retention of a broad range of health workers, including community-based health workers; improve training and management and working conditions, including treatment for health workers; and effectively govern the recruitment, retention and deployment of new and existing health workers to mount a more effective HIV/AIDS response.”). <https://undocs.org/en/A/RES/60/262>.
71. WMA Statement on Physicians Well-Being (2015), Para. 2 (support for physicians’ well-being, including “referral to medical treatment, counselling, support networks, recognized physician health programs, occupational rehabilitation and primary

prevention programs including resiliency training, healthy lifestyles and case management”).

<https://www.wma.net/policies-post/wma-statement-on-physicians-well-being/>.

72. World Health Assembly Res. 73.1 (2020): COVID-19 Response, Para. 7(7) (“to provide access to safe testing, treatment, and palliative care for COVID-19, paying particular attention to the protection of those with pre-existing health conditions, older people, and other people at risk, in particular health professionals, health workers and other relevant frontline workers”).
https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf.
73. WHO, “Call to Action: Vaccine Equity,” 2021,
<https://www.who.int/campaigns/annual-theme/year-of-health-and-care-workers-2021/vaccine-equity-declaration>.
74. Protection of Worker’s Health Recommendation, ILO No. R97 (June 25, 1953), Sec. II (Paras. 8-9) (“National laws or regulations should contain special provisions concerning medical examinations in respect of workers employed in occupations involving special risks to their health... Medical examinations for the purposes of the foregoing Paragraph should be carried out with a view to-- (a) detecting as early as possible signs of a particular occupational disease, or of special susceptibility to that disease.”).
https://www.ilo.org/dyn/normlex/en/f?p=1000:12100::NO:12100:P12100_INSTRUMENT_ID:312435.
75. Joint WHO/ILO policy guidelines on improving health worker access to prevention, treatment and care services for HIV and TB (2010).
<https://www.who.int/publications/i/item/9789241500692>.
76. WMA Statement on Physicians Well-Being (2015), Para. 2 (support for physicians’ well-being, including “referral to medical treatment, counselling, support networks, recognized physician health programs, occupational rehabilitation and primary prevention programs including resiliency training, healthy lifestyles and case management”).
<https://www.wma.net/policies-post/wma-statement-on-physicians-well-being/>.
77. World Health Assembly Res. 73.1 (2020): COVID-19 Response, Para. 7(7) (“to provide access to safe testing, treatment, and palliative care for COVID-19, paying particular attention to the protection of those with pre-existing health conditions, older people, and other people at risk, in particular health professionals, health workers and other relevant frontline workers.”).
https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf.
78. WHO, “Call to Action: Vaccine Equity,” 2021,
<https://www.who.int/campaigns/annual-theme/year-of-health-and-care-workers-2021/vaccine-equity-declaration>.
79. International Covenant on Economic, Social, and Cultural Rights (1966), Art. 7 (“The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular: ... (b) Safe and healthy working conditions”).
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.
80. Violence and Harassment Convention, ILO No. C190 (2019), Art. 3 (“This Convention applies to violence and harassment in the world of work occurring in the course of, linked with or arising out of work: (a) in the workplace, including public and private spaces where they are a place of work; (b) in places where the worker is paid, takes

a rest break or a meal, or uses sanitary, washing and changing facilities; (c) during work-related trips, travel, training, events or social activities; (d) through work-related communications, including those enabled by information and communication technologies; (e) in employer-provided accommodation; and (f) when commuting to and from work.”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190.

81. Violence and Harassment Convention, ILO No. C190 (2019), Art 4 (“Each Member which ratifies this Convention shall respect, promote and realize the right of everyone to a world of work free from violence and harassment.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190.
82. UN General Assembly Res. 75/156 (2020): Strengthening National and International Rapid Response to the Impact of the Coronavirus Disease (COVID-19) on Women and Girls, Para. 5(d) (“Taking appropriate measures to address the specific physical, mental and psychological health needs of and psychosocial support for female front-line health workers and to create a safe, enabling and violence-free working environment for them.”). <https://undocs.org/en/A/RES/75/156>.
83. UN Committee on Economic, Social and Cultural Rights, General Comment 23, The Right to Just and Favourable Conditions of Work (2016), Para. 48 (“All workers should be free from physical and mental harassment, including sexual harassment. Legislation, such as anti-discrimination laws, the penal code and labour legislation, should define harassment broadly, with explicit reference to sexual and other forms of harassment, such as on the basis of sex, disability, race, sexual orientation, gender identity and intersex status.”).
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx.
84. World Health Assembly Res. WHA74.15 (2021): Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery, Para. 2(3), (4) ((3)... to maximize the contributions of nurses and midwives in service delivery environments by seeking to ensure that practice regulations are up to date in order that nurses and midwives may practice at the pinnacle of their capability and that workplaces provide decent work, fair remuneration and working conditions, including appropriate leave entitlements, gender equity and balance, labour protection and rights, mental health and the prevention of violence and harassment, including sexual harassment and abuse; (4) to ensure that nurses and midwives are supported, protected, motivated, sufficiently aided, trained and equipped to safely and effectively contribute in their practice settings and remove barriers to their practice, including impediments to gender equality, and mitigate their exposure to violence and harassment;).
85. Violence and Harassment Convention, ILO No. C190 (2019), Art. 3 (“This Convention applies to violence and harassment in the world of work occurring in the course of, linked with or arising out of work: (a) in the workplace, including public and private spaces where they are a place of work; (b) in places where the worker is paid, takes a rest break or a meal, or uses sanitary, washing and changing facilities; (c) during work-related trips, travel, training, events or social activities; (d) through work-related communications, including those enabled by information and communication technologies; (e) in employer-provided accommodation; and (f)

when commuting to and from work.”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190.

86. Violence and Harassment Convention, ILO No. C190 (2019), Art. 10 (“Each Member shall take appropriate measures to: (g) ensure that workers have the right to remove themselves from a work situation which they have reasonable justification to believe presents an imminent and serious danger to life, health or safety due to violence and harassment, without suffering retaliation or other undue consequences, and the duty to inform management.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190.
87. Violence and Harassment Convention, ILO No. C190 (2019), Art. 10 (“protect the privacy of those individuals involved and confidentiality, to the extent possible and as appropriate, and ensure that requirements for privacy and confidentiality are not misused; (e) provide that victims of gender-based violence and harassment in the world of work have effective access to gender-responsive, safe and effective complaint and dispute resolution mechanisms, support, services and remedies.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190.
88. UN Committee on Economic, Social and Cultural Rights, General Comment 23, The Right to Just and Favourable Conditions of Work (2016), Para. 48 (“All workers should be free from physical and mental harassment, including sexual harassment. Legislation, such as anti-discrimination laws, the penal code and labour legislation...A national policy to be applied in the workplace, in both the public and private sectors, should include at least the following elements... (c) identification of specific duties of employers, managers, supervisors and workers to prevent and, where relevant, resolve and remedy harassment cases; (d) access to justice for victims, including through free legal aid...(f) protection of victims, including the provision of focal points to assist them, as well as avenues of complaint and redress;”).
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx.
89. Violence and Harassment Convention, ILO No. C190 (2019), Art. 4 (“2. Each Member shall adopt, in accordance with national law and circumstances and in consultation with representative employers’ and workers’ organizations, an inclusive, integrated and gender-responsive approach for the prevention and elimination of violence and harassment in the world of work. Such an approach should take into account violence and harassment involving third parties, where applicable, and includes: (a) prohibiting in law violence and harassment; (b) ensuring that relevant policies address violence and harassment; (c) adopting a comprehensive strategy in order to implement measures to prevent and combat violence and harassment.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190.
90. Violence and Harassment Convention, ILO No. C190 (2019), Art. 9 (“Each Member shall adopt laws and regulations requiring employers to take appropriate steps commensurate with their degree of control to prevent violence and harassment in the world of work, including gender-based violence and harassment, and in particular, so far as is reasonably practicable, to: (a) adopt and implement, in consultation with workers and their representatives, a workplace policy on violence

and harassment.”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190.

91. Violence and Harassment Convention, ILO No. C190 (2019), Art. 4 (“Each Member shall adopt, in accordance with national law and circumstances and in consultation with representative employers’ and workers’ organizations, an inclusive, integrated and gender-responsive approach for the prevention and elimination of violence and harassment in the world of work.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190.
92. WMA Statement on Physicians Well-Being (2015), Para. 10 (“Medical staff should undergo training in recognizing, handling and communicating with potentially violent persons. Health care facilities should safeguard against violence including routine violence risk audits, especially in mental health treatment facilities and emergency departments. Staff members who are victims of violence or who report violence should be supported by management and offered medical, psychological and legal counselling.”)
<https://www.wma.net/policies-post/wma-statement-on-physicians-well-being/>.
93. Violence and Harassment Convention, ILO No. C190 (2019), Art 4 (“ensuring effective means of inspection and investigation of cases of violence and harassment, including through labour inspectorates or other competent bodies.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190.
94. Violence and Harassment Convention, ILO No. C190 (2019), Art 4 (“establishing or strengthening enforcement and monitoring mechanisms... providing for sanctions.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190.
95. Violence and Harassment Convention, ILO No. C190 (2019), Art. 4 (“ensuring access to remedies and support for victims”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190.
96. Violence and Harassment Convention, ILO No. C190 (2019), Art. 10 (“provide that victims of gender-based violence and harassment in the world of work have effective access to gender-responsive, safe and effective complaint and dispute resolution mechanisms, support, services and remedies.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190.
97. UN General Assembly Res. 75/156 (2020): Strengthening National and International Rapid Response to the Impact of the Coronavirus Disease (COVID-19) on Women and Girls, Art. 5(d) (“Taking appropriate measures to address the specific physical, mental and psychological health needs of and psychosocial support for female front-line health workers and to create a safe, enabling and violence-free working environment for them; providing appropriate personal protective equipment, including essential hygiene and sanitation items, and access to safe and affordable water, particularly for those female health workers quarantined; addressing the gender pay gap, where it exists, in the health sector; and ensuring their full,

- effective and meaningful participation in decision-making and response planning.”).
<https://undocs.org/en/A/RES/75/156>.
98. Convention on the Rights of Persons with Disabilities (2007), Art. 27(1)(b) (“Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances.”).
<https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx>.
99. WHO and Global Health Workforce Network, Youth and Decent Work in the Health and Care Sector: An Evidence Synthesis (2020), at 11.
<https://www.who.int/publications/m/item/youth-and-decent-work-in-the-health-and-social-care-sector>.
100. World Health Assembly Res. 73.1 (2020): COVID-19 Response, Para. 8(3) (“Calls on international organizations and other stakeholders...to address – where relevant, in coordination with Member States – the proliferation of disinformation and misinformation particularly in the digital sphere, as well as the proliferation of malicious cyber activities that undermine the public health response; and to support the timely provision of clear, objective and science-based data and information to the public.”). https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf.
101. Violence and Harassment Convention, ILO No. C190 (2019), Art. 4 (“developing tools, guidance, education and training, and raising awareness, in accessible formats as appropriate.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190.
102. Violence and Harassment Convention, ILO No. C190 (2019), Art. 11 (“employers and workers and their organizations, and relevant authorities, are provided with guidance, resources, training or other tools, in accessible formats as appropriate, on violence and harassment in the world of work, including on gender-based violence and harassment.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190.
103. Violence and Harassment Convention, ILO No. C190 (2019), Art. 10 (“provide that victims of gender-based violence and harassment in the world of work have effective access to gender-responsive, safe and effective complaint and dispute resolution mechanisms, support, services and remedies.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190.
104. WMA Statement on Physicians Well-Being (2015), Para. 10 (“Medical staff should undergo training in recognizing, handling and communicating with potentially violent persons. Health care facilities should safeguard against violence including routine violence risk audits, especially in mental health treatment facilities and emergency departments. Staff members who are victims of violence or who report violence should be supported by management and offered medical, psychological and legal counselling.”).
<https://www.wma.net/policies-post/wma-statement-on-physicians-well-being/>.
105. Adapted from 2286 OP2: “Demands that all parties to armed conflicts fully comply with their obligations under international law, including international human rights

- law, as applicable, and international humanitarian law, in particular their obligations under the Geneva Conventions of 1949 and the obligations applicable to them under the Additional Protocols thereto of 1977 and 2005, to ensure the respect and protection of all medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities". [https://undocs.org/S/RES/2286\(2016\)](https://undocs.org/S/RES/2286(2016)).
106. Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field (1949), Art. 24 ("Medical personnel...shall be respected and protected in all circumstances."). https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.30_GC-I-EN.pdf.
107. Convention (IV) Relative to the Protection of Civilian Persons in Time of War (1949), Art. 20 ("Persons regularly and solely engaged in the operation and administration of civilian hospitals, including the personnel engaged in the search for, removal and transporting of and caring for wounded and sick civilians, the infirm and maternity cases, shall be respected and protected."). https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.33_GC-IV-EN.pdf.
108. Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of International Armed Conflicts (Protocol I) (1977), Art. 15 ("Civilian medical personnel shall be respected and protected... If needed, all available help shall be afforded to civilian medical personnel in an area where civilian medical services are disrupted by reason of combat activity."). <https://www.ilsa.org/Jessup/Jessup11/basicmats/GenevaProtocol1.pdf>.
109. Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II) (1977), Art. 9 ("Medical and religious personnel shall be respected and protected and shall be granted all available help for the performance of their duties."). <https://www.ohchr.org/en/professionalinterest/pages/protocolii.aspx>.
110. Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I) (1977), Art. 15. "Civilian medical personnel shall be respected and protected... If needed, all available help shall be afforded to civilian medical personnel in an area where civilian medical services are disrupted by reason of combat activity."). <https://www.ohchr.org/EN/ProfessionalInterest/Pages/ProtocolI.aspx>.
111. Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II) (1977), Art. 9 ("Medical and religious personnel shall be respected and protected and shall be granted all available help for the performance of their duties."). <https://www.ohchr.org/en/professionalinterest/pages/protocolii.aspx>.
112. UN Security Council Res. 2439 (2018) on Condemning Attacks by Armed Groups in the Democratic Republic of the Congo and Their Role in Exacerbating the Ebola Virus Outbreak, Para. 6 ("all parties ensure full, safe, immediate and unhindered access for humanitarian and medical personnel, and their equipment, transport and supplies to the affected areas, and to respect and protect all civilians, including those in the region who are at risk of Ebola, and humanitarian and health workers; stresses that humanitarian response teams and hospitals and other medical facilities providing life-saving assistance and relief to those in need must be respected and

protected, and that they must not be a target, in accordance with international law.”).

[https://undocs.org/S/RES/2439\(2018\)](https://undocs.org/S/RES/2439(2018)).

113. UN Security Council Res. 2286 (2016) on the Protection of the Wounded and Sick, Medical Personnel, and Humanitarian Personnel in Armed Conflict, Para. 4 (“Strongly urges States and all parties to armed conflict to develop effective measures to prevent and address acts of violence, attacks and threats against medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities in armed conflict, including, as appropriate, through the development of domestic legal frameworks to ensure respect for their relevant international legal obligations, the collection of data on obstruction, threats and physical attacks on medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and medical facilities, and to share challenges and good practice in this regard.”).
- [https://undocs.org/S/RES/2286\(2016\)](https://undocs.org/S/RES/2286(2016)).
114. UN General Assembly Res. 69/132 (2015): Global Health and Foreign Policy, Para. 13 (“Urges Member States, in cooperation, as appropriate, with relevant international organizations and relevant non-State actors, to develop effective preventive measures to enhance and promote the safety and protection of medical and health personnel, as well as respect for their respective professional codes of ethics, including but not restricted to:
 - (a) Clear and universally recognized definitions and norms for the identification and marking of medical and health personnel, their means of transport and installations;
 - (b) Specific and appropriate educational measures for medical and health personnel, State employees and the general population;
 - (c) Appropriate measures for the physical protection of medical and health personnel, their means of transport and installations;
 - (d) Other appropriate measures, such as national legal frameworks where warranted, to effectively address violence against medical and health personnel;
 - (e) Collection of data on obstruction, threats and physical attacks on health Workers.”).<https://undocs.org/en/A/RES/69/132>edical and health personnel, their means of transport and installations;
- (c) Specific and appropriate educational measures for medical and health personnel, State employees and the general population; (c) Appropriate measures for the physical protection of medical and health personnel, their means of transport and installations; (d) Other appropriate measures, such as national legal frameworks where warranted, to effectively address violence against medical and health personnel; (e) Collection of data on obstruction, threats and physical attacks on health Workers.”).
- <https://undocs.org/en/A/RES/69/132>.
115. UNSC Res. 2286 (2016) OP 2. [https://undocs.org/S/RES/2286\(2016\)](https://undocs.org/S/RES/2286(2016)).
116. Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field (1949), Art. 19 (“Fixed establishments and mobile medical units of the Medical Service may in no circumstances be attacked, but shall at all times be respected and protected by the Parties to the conflict.”).

https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.30_GC-I-EN.pdf.

117. Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field (1949), Art. 24 (“Medical personnel...shall be respected and protected in all circumstances.”).
https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.30_GC-I-EN.pdf.
118. Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field (1949), Art. 20 (“Hospital ships entitled to the protection of the Geneva Convention for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea of August 12, 1949, shall not be attacked from the land.”).
https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.30_GC-I-EN.pdf.
119. Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I) (1977), Art. 15. “Civilian medical personnel shall be respected and protected... If needed, all available help shall be afforded to civilian medical personnel in an area where civilian medical services are disrupted by reason of combat activity.”).
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/ProtocolI.aspx>.
120. Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II) (1977), Art. 9 (“Medical and religious personnel shall be respected and protected and shall be granted all available help for the performance of their duties.”).
<https://www.ohchr.org/en/professionalinterest/pages/protocolii.aspx>.
121. UNSC Res. 2286 (2016)OP4. [https://undocs.org/S/RES/2286\(2016\)](https://undocs.org/S/RES/2286(2016)).
122. Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field (1949), Art. 19 (“Fixed establishments and mobile medical units of the Medical Service may in no circumstances be attacked, but shall at all times be respected and protected by the Parties to the conflict.”).
https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.30_GC-I-EN.pdf.
123. UN Security Council Res. 2439 (2018) on Condemning Attacks by Armed Groups in the Democratic Republic of the Congo and Their Role in Exacerbating the Ebola Virus Outbreak, Para. 6 (“all parties ensure full, safe, immediate and unhindered access for humanitarian and medical personnel, and their equipment, transport and supplies to the affected areas, and to respect and protect all civilians, including those in the region who are at risk of Ebola, and humanitarian and health workers; stresses that humanitarian response teams and hospitals and other medical facilities providing life-saving assistance and relief to those in need must be respected and protected, and that they must not be a target, in accordance with international law.”). [https://undocs.org/S/RES/2439\(2018\)](https://undocs.org/S/RES/2439(2018)).
124. UN Security Council Res. 2286 (2016) on the Protection of the Wounded and Sick, Medical Personnel, and Humanitarian Personnel in Armed Conflict, Para. 4 (“Strongly urges States and all parties to armed conflict to develop effective measures to prevent and address acts of violence, attacks and threats against medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other

medical facilities in armed conflict, including, as appropriate, through the development of domestic legal frameworks to ensure respect for their relevant international legal obligations, the collection of data on obstruction, threats and physical attacks on medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and medical facilities, and to share challenges and good practice in this regard.”).

[https://undocs.org/S/RES/2286\(2016\)](https://undocs.org/S/RES/2286(2016)).

125. UN Security Council Res. 2439 (2018) on Condemning Attacks by Armed Groups in the Democratic Republic of the Congo and Their Role in Exacerbating the Ebola Virus Outbreak, Para. 6 (“all parties ensure full, safe, immediate and unhindered access for humanitarian and medical personnel, and their equipment, transport and supplies to the affected areas, and to respect and protect all civilians, including those in the region who are at risk of Ebola, and humanitarian and health workers; stresses that humanitarian response teams and hospitals and other medical facilities providing life-saving assistance and relief to those in need must be respected and protected, and that they must not be a target, in accordance with international law.”). [https://undocs.org/S/RES/2439\(2018\)](https://undocs.org/S/RES/2439(2018)).
126. UN General Assembly Res. 69/132 (2015): Global Health and Foreign Policy, Para. 13 (“Urges Member States, in cooperation, as appropriate, with relevant international organizations and relevant non-State actors, to develop effective preventive measures to enhance and promote the safety and protection of medical and health personnel, as well as respect for their respective professional codes of ethics, including but not restricted to:
 - (a) Clear and universally recognized definitions and norms for the identification and marking of medical and health personnel, their means of transport and installations;
 - (b) Specific and appropriate educational measures for medical and health personnel, State employees and the general population;
 - (c) Appropriate measures for the physical protection of medical and health personnel, their means of transport and installations;
 - (c) Other appropriate measures, such as national legal frameworks where warranted, to effectively address violence against medical and health personnel;
 - (e) Collection of data on obstruction, threats and physical attacks on health workers.”). <https://undocs.org/en/A/RES/69/132>.
127. UN Committee on Economic, Social and Cultural Rights, General Comment 23, The Right to Just and Favourable Conditions of Work (2016), Para. 47(b) (“All workers should be protected against age discrimination. Young workers should not suffer wage discrimination, for example, being forced to accept low wages that do not reflect their skills. An excessive use of unpaid internships and training programmes, as well as of short-term and fixed-term contracts that negatively affect job security, career prospects and social security benefits, is not in line with the right to just and favourable conditions of work... Older workers should receive fair wages and equal remuneration for work of equal value and have equal opportunity for promotion based on their experience and know-how.”). https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx.
128. Committee on Economic, Social and Cultural Rights, General Comment No. 20, Non-Discrimination in Economic, Social and Cultural Rights (art. 2, para. 2), Paras. 15-35 (“15. Article 2(2) lists the prohibited grounds of discrimination as “race, colour, sex,

language, religion, political or other opinion, national or social origin, property, birth or other status". The inclusion of "other status" indicates that this list is not exhaustive and other grounds may be incorporated in this category. The express grounds and a number of implied grounds under "other status" are discussed below. The examples of differential treatment presented in this Section are merely illustrative and they are not intended to represent the full scope of possible discriminatory treatment under the relevant prohibited ground, nor a conclusive finding that such differential treatment will amount to discrimination in every situation.

16. Membership in a group. In determining whether a person is distinguished by one or more of the prohibited grounds, identification shall, if no justification exists to the contrary, be based upon self-identification by the individual concerned. Membership also includes association with a group characterised by one of the prohibited grounds (e.g. the parent of a child with a disability) or perception by others that an individual is part of such a group (e.g., a person has a similar skin colour or is a supporter of the rights of a particular group or a past member of a group).

17. Multiple discrimination. Some individuals or groups of individuals face discrimination on more than one of the prohibited grounds, for example women belonging to an ethnic or religious minority... A.

Express grounds

18. The Committee has consistently raised concern over formal and substantive discrimination across a wide range of Covenant rights against indigenous peoples and ethnic minorities amongst others.

19. 'Race and colour'. Discrimination on the basis of 'race and colour', which includes an individual's ethnic origin...

20. Sex. The Covenant guarantees the equal right of men and women to the enjoyment of economic, social and cultural rights.¹ Since the adoption of the Covenant, the notion of the prohibited ground 'sex' has evolved considerably to cover not only physiological characteristics but also the social construction of gender stereotypes, prejudices and expected roles, which have created obstacles to the equal fulfilment of economic, social and cultural rights...

21. Language. Discrimination on the basis of language or regional accent is often closely linked to unequal treatment on the basis of national or ethnic origin... Therefore, information about public services and goods, for example, should be available, as far as possible, also in languages spoken by minorities and States parties should ensure that any language requirements relating to employment and education are based on reasonable and objective criteria.

22. Religion. This prohibited ground of discrimination covers the profession of religion or belief of one's choice (including the non-profession of any religion or belief), that may be publicly or privately manifested in worship, observance, practice and teaching...

23. Political or other opinion. Political and other opinions are often grounds for discriminatory treatment and include both holding and not-holding, as well as expression of views or membership within opinion-based associations, trade unions or political parties...

24. National or social origin. 'National origin' refers to a person's State, nation, or place of origin 'Social origin' refers to a person's inherited social status, which is discussed more fully below in the context of 'property' status, descent-based discrimination under 'birth' and 'economic and social status'.

25. Property. Property status, as a prohibited ground of discrimination, is a broad concept and includes real property (e.g., land ownership or tenure) and personal property (e.g., intellectual property, goods and chattels, and income), or the lack of it...

26. Birth. Discrimination based on birth is prohibited and Article 10(3) specifically states, for

example, that special measures should be taken on behalf of children and young persons “without any discrimination for reasons of parentage”. Distinctions must therefore not be made against those who are born out of wedlock, born of stateless parents or are adopted or constitute the families of such persons. The prohibited ground of birth also includes descent, especially on the basis of caste and analogous systems of inherited status....B. Other status... 27. The nature of discrimination varies according to context and evolves over time. A flexible approach to the ground of “other status” is thus needed to capture other forms of differential treatment that cannot be reasonably and objectively justified and are of a comparable nature to the expressly recognised grounds in Article 2(2). These additional grounds are commonly recognised when they reflect the experience of social groups that are vulnerable and have suffered and continue to suffer marginalisation. The Committee’s General Comments and Concluding Observations have recognised various other grounds and these are described in more detail below. However, this list is not intended to be exhaustive. Other possible prohibited grounds could include the denial of a person’s legal capacity because he or she is in prison, or is involuntarily interned in a psychiatric institution, or the intersection of two prohibited grounds of discrimination, e.g., where access to a social service is denied on the basis of sex and disability. 28. Disability. In General Comment No. 5, the Committee defined discrimination against persons with disabilities as “any distinction, exclusion, restriction or preference, or denial of reasonable accommodation based on disability which has the effect of nullifying or impairing the recognition, enjoyment or exercise of economic, social or cultural rights.”... 29. Age. Age is a prohibited ground of discrimination in several contexts. The Committee has highlighted the need to address discrimination against unemployed older persons in finding work, or accessing professional training or re-training... 30. Nationality. The ground of nationality should not bar access to Covenant rights, e.g., all children within a State, including those with an undocumented status, have a right to receive education and access to adequate food and affordable health care. The Covenant rights apply to everyone including non-nationals, such as refugees, asylum-seekers, stateless persons, migrant workers and victims of international trafficking, regardless of legal status and documentation. 31. Marital and family status... Marital and family status may differ between individuals because, inter alia, they are married or unmarried, married under a particular legal regime, in a de facto relationship or one not recognized by law, divorced or widowed, live in an extended family or kinship group or have differing kinds of responsibility for children and dependents or a particular number of children. Differential treatment in access to social security benefits on the basis of whether an individual is married must be justified on reasonable and objective criteria... 32. Sexual orientation and gender identity “Other status” as recognized in article 2(2) includes sexual orientation... In addition, gender identity is recognized as among the prohibited grounds of discrimination; for example, persons who are transgender, transsexual or intersex often face serious human rights violations, such as harassment...in the work place. 33. Health status. Health status refers to a person’s physical or mental health. States parties should ensure that a person’s actual or perceived health status is not a barrier to realizing the rights under the Covenant. The protection of public health is often cited by States as a basis for restricting human rights in the context of a person’s health status. However, many such restrictions are discriminatory, for

example, when HIV status is used as the basis for differential treatment with regard to access to...employment, health care...social security...States parties should also adopt measures to address widespread stigmatisation of persons on the basis of their health status, such as mental illness, diseases such as leprosy and women who have suffered obstetric fistula, which often undermines the ability of individuals to enjoy fully their Covenant rights... 34. Place of residence. The exercise of Covenant rights should not be conditional on, or determined by, a person's current or former place of residence; e.g., whether an individual lives or is registered in an urban or a rural area, in a formal or an informal settlement, is internally displaced or leads a nomadic lifestyle... 35. Economic and social situation. Individuals and groups of individuals must not be arbitrarily treated on account of belonging to a certain economic or social group or strata within society. A person's social and economic situation when living in poverty or being homeless may result in pervasive discrimination, stigmatisation and negative stereotyping... .").

<http://hrlibrary.umn.edu/gencomm/escgencom20.html>.

129. Migration for Employment Convention (Revised), ILO No. C97 (1949), Art. 6 ("Each Member for which this Convention is in force undertakes to apply, without discrimination in respect of nationality, race, religion or sex, to immigrants lawfully within its territory, treatment no less favourable than that which it applies to its own nationals.").
130. WHO Global Code of Practice on the International Recruitment of Health Personnel (2010), Art. 4(5) ("Member States should ensure that, subject to applicable laws, including relevant international legal instruments to which they are a party, migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce in all terms of employment and conditions of work.").
131. WHO Global Code of Practice on the International Recruitment of Health Personnel (2010), Arts. 3(5), 4(4-6) ("3(5). International recruitment of health personnel should be conducted in accordance with the principles of transparency, fairness and promotion of sustainability of health systems in developing. 4(4). Member States should, to the extent possible under applicable laws, ensure that recruiters and employers observe fair and just recruitment and contractual practices in the employment of migrant health personnel and that migrant health personnel are not subject to illegal or fraudulent conduct. Migrant health personnel should be hired, promoted and remunerated based on objective criteria, such as levels of qualification, years of experience and degrees of professional responsibility on the basis of equality of treatment with the domestically trained health workforce. Recruiters and employers should provide migrant health personnel with relevant and accurate information about all health personnel positions that they are offered. 4(5). Member States should ensure that, subject to applicable laws, including relevant international legal instruments to which they are a party, migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce in all terms of employment and conditions of work. 4(6). Member States and other stakeholders should take measures to ensure that migrant health personnel enjoy opportunities and incentives to strengthen their professional education, qualifications and career progression, on the basis of equal

treatment with the domestically trained health workforce subject to applicable laws. All migrant health personnel should be offered appropriate induction and orientation programmes that enable them to operate safely and effectively within the health system of the destination country.”).

https://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-P4-en.pdf.

132. UN Committee on Economic, Social and Cultural Rights, General Comment 23, The Right to Just and Favourable Conditions of Work (2016), Para. 47(e) (“Laws and policies should ensure that migrant workers enjoy treatment that is no less favourable than that of national workers in relation to remuneration and conditions of work. Internal migrant workers are also vulnerable to exploitation and require legislative and other measures to ensure their right to just and favourable conditions of work;”).
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx.
133. Convention on the Rights of Persons with Disabilities (2007), Art. 27 (“Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others.”).
<https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx>.
134. WHO Global Code of Practice on the International Recruitment of Health Personnel (2010), Art.4(4) (“Migrant health personnel should be hired, promoted and remunerated based on objective criteria, such as levels of qualification, years of experience and degrees of professional responsibility on the basis of equality of treatment with the domestically trained health workforce.”).
https://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-P4-en.pdf.
135. International Convention on the Elimination of All Forms of Racial Discrimination (1965), Art. 5 (“The right to form and join trade unions.”).
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx>.
136. International Convention on the Protection of the Rights of All Migrant Workers and Their Families (1990), arts. 26, 40 (“26(1). States Parties recognize the right of migrant workers and members of their families: (b) To join freely any trade union and any such association as aforesaid, subject only to the rules of the organization concerned. 40(1). Migrant workers and members of their families shall have the right to form associations and trade unions in the State of employment for the promotion and protection of their economic, social, cultural and other interests.”).
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CMW.aspx>.
137. Discrimination (Employment and Occupation) Convention, ILO Conv. No. C111 (1958), Arts. 1-2 (“1(1). For the purpose of this Convention the term discrimination includes-- (a) any distinction, exclusion or preference made on the basis of race, colour, sex, religion, political opinion, national extraction or social origin, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation; (b) such other distinction, exclusion or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation as may be determined by the Member concerned after consultation with representative employers' and workers' organisations, where such exist, and with other appropriate bodies. 1(2). Any distinction, exclusion or preference in respect of a particular job based on the inherent requirements thereof shall not be deemed to be discrimination. 1(3). For the purpose of this Convention the terms employment and occupation include access to vocational

training, access to employment and to particular occupations, and terms and conditions of employment. 2. Each Member for which this Convention is in force undertakes to declare and pursue a national policy designed to promote, by methods appropriate to national conditions and practice, equality of opportunity and treatment in respect of employment and occupation, with a view to eliminating any discrimination in respect thereof.”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C111:NO.

138. International Covenant on Economic, Social, and Cultural Rights (1966), Art. 7 (“The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular: (a) Remuneration which provides all workers, as a minimum, with: (i) Fair wages and equal remuneration for work of equal value without distinction of any kind, in particular women being guaranteed conditions of work not inferior to those enjoyed by men, with equal pay for equal work; (ii) A decent living for themselves and their families in accordance with the provisions of the present Covenant; (b) Safe and healthy working conditions; (c) Equal opportunity for everyone to be promoted in his employment to an appropriate higher level, subject to no considerations other than those of seniority and competence; (d) Rest, leisure and reasonable limitation of working hours and periodic holidays with pay, as well as remuneration for public holidays.”).
- <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.
139. Domestic Workers Convention, ILO No. C189 (2011), Art. 11 (“Each Member shall take measures to ensure that domestic workers enjoy minimum wage coverage, where such coverage exists, and that remuneration is established without discrimination based on sex.”).
- https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189.
140. International Convention on the Elimination of All Forms of Racial Discrimination (1965), Art. 5 (“The rights to work, to free choice of employment, to just and favourable conditions of work, to protection against unemployment, to equal pay for equal work, to just and favourable remuneration.”).
- <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx>.
141. Migration for Employment Convention (Revised), ILO No. C97 (1949), Art. 6 (“1. Each Member for which this Convention is in force undertakes to apply, without discrimination in respect of nationality, race, religion or sex, to immigrants lawfully within its territory, treatment no less favourable than that which it applies to its own nationals in respect of the following matters: (a) in so far as such matters are regulated by law or regulations, or are subject to the control of administrative authorities-- (i) remuneration, including family allowances where these form part of remuneration, hours of work, overtime arrangements, holidays with pay, restrictions on home work, minimum age for employment, apprenticeship and training, women's work and the work of young persons;”).
- https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C097.
142. WHO Global Code of Practice on the International Recruitment of Health Personnel (2010), Art. 4(4) (“Migrant health personnel should be hired, promoted and remunerated based on objective criteria, such as levels of qualification, years of

experience and degrees of professional responsibility on the basis of equality of treatment with the domestically trained health workforce.”).

https://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-P4-en.pdf.

143. Equal Remuneration Convention, ILO Conv. No. C100 (1951), Art. 2 (“Each Member shall, by means appropriate to the methods in operation for determining rates of remuneration, promote and, in so far as is consistent with such methods, ensure the application to all workers of the principle of equal remuneration for men and women workers for work of equal value.”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312245:NO.

144. International Covenant on Economic, Social, and Cultural Rights (1966), Art. 7 (“The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular: a) Remuneration which provides all workers, as a minimum, with: (i) Fair wages and equal remuneration for work of equal value without distinction of any kind, in particular women being guaranteed conditions of work not inferior to those enjoyed by men, with equal pay for equal work.”).

<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.

145. Equal Remuneration Recommendation, ILO No. R90 (June 29, 1951), Arts. 1, 3 (“1. Appropriate action should be taken, after consultation with the workers' organisations concerned or, where such organisations do not exist, with the workers concerned-- (a) to ensure the application of the principle of equal remuneration for men and women workers for work of equal value to all employees of central Government departments or agencies. 3(1). Where appropriate in the light of the methods in operation for the determination of rates of remuneration, provision should be made by legal enactment for the general application of the principle of equal remuneration for men and women workers for work of equal value.”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312428:NO.

146. International Covenant on Economic, Social and Cultural Rights (1966), Art. 9 (“The States Parties to the present Covenant recognize the right of everyone to social security, including social insurance.”). <http://hrlibrary.umn.edu/instree/b2esc.htm>.

147. Migrant Workers Recommendation, ILO No. R151 (June 24, 1975), Art. 2 (“conditions of work, including hours of work, rest periods, annual holidays with pay, occupational safety and occupational health measures, as well as social security measures and welfare facilities and benefits provided in connection with employment.”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312489:NO.

148. Migration for Employment Convention (Revised), ILO No. C97 (1949), Art. 6 (“social security (that is to say, legal provision in respect of employment injury, maternity, sickness, invalidity, old age, death, unemployment and family responsibilities, and any other contingency which, according to national laws or regulations, is covered by a social security scheme.”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C097.

149. Domestic Workers Convention, ILO No. C189 (2011), Art. 14 (“(1) Each Member shall take appropriate measures, in accordance with national laws and regulations and

with due regard for the specific characteristics of domestic work, to ensure that domestic workers enjoy conditions that are not less favourable than those applicable to workers generally in respect of social security protection, including with respect to maternity.”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189.

150. Domestic Workers Convention, ILO No. C189 (2011), Art. 13 (“(1) Every domestic worker has the right to a safe and healthy working environment.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189.
151. International Covenant on Economic, Social, and Cultural Rights (1966), Art. 7 (“The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular... (d) Rest, leisure and reasonable limitation of working hours and periodic holidays with pay, as well as remuneration for public holidays”).
<http://hrlibrary.umn.edu/instree/b2esc.htm>.
152. Convention on the Elimination of All Forms of Discrimination Against Women (1979), Art. 11 (“The right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave.”).
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx>.
153. UN Committee on Economic, Social and Cultural Rights, General Comment 23, The Right to Just and Favourable Conditions of Work (2016), Paras. 41, 44 (“All workers, including part-time and temporary workers, must have paid annual leave. Legislation should identify the entitlement, at a minimum, of three working weeks of paid leave for one year of full-time service. Workers should receive at least the normal pay for the corresponding period of holidays. Legislation should also specify minimum service requirements, not exceeding six months, for paid leave. In such situations, the worker should nonetheless enjoy paid leave proportionate to the period of employment. Leave due to illness or other justified reasons should not be deducted from paid annual leave... 44. Legislation should identify other forms of leave, in particular entitlements to maternity, paternity and parental leave, to leave for family reasons and to paid sick leave.”).
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx.
154. UN Committee on Economic, Social and Cultural Rights, General Comment 23, The Right to Just and Favourable Conditions of Work (2016), Para. 30 (“Paid sick leave is critical for sick workers to receive treatment for acute and chronic illnesses and to reduce infection of co-workers.”).
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx.
155. Domestic Workers Convention, ILO No. C189 (2011), Art. 10 (“(1) Each Member shall take measures towards ensuring equal treatment between domestic workers and workers generally in relation to normal hours of work, overtime compensation, periods of daily and weekly rest and paid annual leave in accordance with national laws, regulations or collective agreements, taking into account the special characteristics of domestic work.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189.

156. International Covenant on Economic, Social, and Cultural Rights (1966), Art. 7 (“The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular... (b) Safe and healthy working conditions”).
<http://hrlibrary.umn.edu/instreetree/b2esc.htm>.
157. International Convention on the Protection of the Rights of All Migrant Workers and Their Families (1990), arts. 25 (“1. Migrant workers shall enjoy treatment not less favourable than that which applies to nationals of the State of employment in respect of remuneration and: (a) Other conditions of work, that is to say, overtime, hours of work, weekly rest, holidays with pay, safety, health, termination of the employment relationship and any other conditions of work which, according to national law and practice, are covered by these terms;”).
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CMW.aspx>.
158. Convention on the Rights of Persons with Disabilities (2007), Art. 27(1) (“States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, inter alia: (a) Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions; (b) Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances; (c) Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others; (d) Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training; (e) Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment; (f) Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business; (g) Employ persons with disabilities in the public sector; (h) Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures; (i) Ensure that reasonable accommodation is provided to persons with disabilities in the workplace; (j) Promote the acquisition by persons with disabilities of work experience in the open labour market; (k) Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.”).
<https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx>.
159. WHO Global Code of Practice on the International Recruitment of Health Personnel (2010), Art.4(6) (“Member States and other stakeholders should take measures to ensure that migrant health personnel enjoy opportunities and incentives to

strengthen their professional education, qualifications and career progression, on the basis of equal treatment with the domestically trained health workforce subject to applicable laws.”). https://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-P4-en.pdf.

160. World Health Assembly Res. 29.43 (1976): International Women’s Year, Para. 1(3) (“to encourage greater participation by women at all levels in the health sector by expanding policies of training, recruitment and promotion of women health workers, by eliminating discrimination against women, where it exists, and by promoting the active participation of women in the activities of WHO, including the constitutional bodies of the Organization.”).
https://apps.who.int/iris/bitstream/handle/10665/86029/Official_record233_eng.pdf.
161. WHO Global Code of Practice on the International Recruitment of Health Personnel (2010), Art.4(4) (“Migrant health personnel should be hired, promoted and remunerated based on objective criteria, such as levels of qualification, years of experience and degrees of professional responsibility on the basis of equality of treatment with the domestically trained health workforce.”).
https://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-P4-en.pdf.
162. International Covenant on Economic, Social, and Cultural Rights (1966), Art. 7 (“The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular... (c) Equal opportunity for everyone to be promoted in his employment to an appropriate higher level, subject to no considerations other than those of seniority and competence;”). <http://hrlibrary.umn.edu/instree/b2esc.htm>.
163. Convention on the Elimination of All Forms of Discrimination Against Women (1979), Art. 11(d) (“The right to equal remuneration, including benefits, and to equal treatment in respect of work of equal value, as well as equality of treatment in the evaluation of the quality of work.”).
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx>.
164. Convention on the Elimination of All Forms of Discrimination Against Women (1979), Art. 11 (“The right to free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training and recurrent training.”).
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx>.
165. International Convention on the Protection of the Rights of All Migrant Workers and Their Families (1990), Art. 25 (“1. Migrant workers shall enjoy treatment not less favourable than that which applies to nationals of the State of employment in respect of remuneration and: (a) Other conditions of work, that is to say...termination of the employment relationship”).
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CMW.aspx>.
166. Maternity Protection Convention, ILO No. C183 (2000), Art. 8 (“It shall be unlawful for an employer to terminate the employment of a woman during her pregnancy or absence on leave referred to in Articles 4 or 5 or during a period following her return to work to be prescribed by national laws or regulations, except on grounds unrelated to the pregnancy or birth of the child and its consequences or nursing.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C183:NO.

167. HIV and AIDS in the Workplace Recommendation, ILO No. R200 (June 17, 2010), Arts. 10-13 (10. Real or perceived HIV status should not be a ground of discrimination preventing the recruitment or continued employment, or the pursuit of equal opportunities consistent with the provisions of the Discrimination (Employment and Occupation) Convention, 1958. 11. Real or perceived HIV status should not be a cause for termination of employment. Temporary absence from work because of illness or caregiving duties related to HIV or AIDS should be treated in the same way as absences for other health reasons, taking into account the Termination of Employment Convention, 1982. 12. When existing measures against discrimination in the workplace are inadequate for effective protection against discrimination in relation to HIV and AIDS, Members should adapt these measures or put new ones in place, and provide for their effective and transparent implementation. 13. Persons with HIV-related illness should not be denied the possibility of continuing to carry out their work, with reasonable accommodation if necessary, for as long as they are medically fit to do so. Measures to redeploy such persons to work reasonably adapted to their abilities, to find other work through training or to facilitate their return to work should be encouraged, taking into consideration the relevant International Labour Organization and United Nations instruments.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:2551501:NO.
168. Maternity Protection Convention, ILO No. C183 (2000), Art. 8 (“A woman is guaranteed the right to return to the same position or an equivalent position paid at the same rate at the end of her maternity leave.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C183:NO.
169. WMA Statement on Gender Equality in Medicine (2018), Para. 15 (“It should be illegal for employers to ask applicants about pregnancy and/or family planning in relation to work.”).
<https://www.wma.net/policies-post/wma-statement-on-gender-equality-in-medicine/>.
170. Public Services International Programme of Action 2018-2022 (2017), Para. 3.6.4 (“PSI and affiliates have worked to empower LGBTQI voices, both within the trade union movement and more broadly. PSI will continue to break down stereotypes, promote policies that respect diversity and ensure more inclusive and respectful workplaces, public services, unions and societies.”).
https://pop-umbrella.s3.amazonaws.com/uploads/2d8c7e54-ee41-4baa-9cad-76560ac4fa95_EN-Vol-1-Draft-PoA-adopted-by-Congress-Nov-2017.pdf.
171. Convention on the Rights of Persons with Disabilities (2007), Art. 27 (“Ensure that reasonable accommodation is provided to persons with disabilities in the workplace.”).
<https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx>.
172. UN Committee on Economic, Social and Cultural Rights, General Comment 23, The Right to Just and Favourable Conditions of Work (2016), Para. 47(c) (“At times, workers with disabilities require specific measures to enjoy the right to just and favourable conditions of work on an equal basis with others... They should benefit from an accessible work environment and must not be denied reasonable

- accommodation, like workplace adjustments or flexible working arrangements. They should also enjoy equal remuneration for work of equal value and must not suffer wage discrimination due to a perceived reduced capacity for work.”).
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx.
173. HIV and AIDS in the Workplace Recommendation, ILO No. R200 (June 17, 2010), Arts. 10-13 (“10. Real or perceived HIV status should not be a ground of discrimination preventing the recruitment or continued employment, or the pursuit of equal opportunities consistent with the provisions of the Discrimination (Employment and Occupation) Convention, 1958. 11. Real or perceived HIV status should not be a cause for termination of employment. Temporary absence from work because of illness or caregiving duties related to HIV or AIDS should be treated in the same way as absences for other health reasons, taking into account the Termination of Employment Convention, 1982. 12. When existing measures against discrimination in the workplace are inadequate for effective protection against discrimination in relation to HIV and AIDS, Members should adapt these measures or put new ones in place, and provide for their effective and transparent implementation. 13. Persons with HIV-related illness should not be denied the possibility of continuing to carry out their work, with reasonable accommodation if necessary, for as long as they are medically fit to do so. Measures to redeploy such persons to work reasonably adapted to their abilities, to find other work through training or to facilitate their return to work should be encouraged, taking into consideration the relevant International Labour Organization and United Nations instruments.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:2551501:NO.
174. Discrimination (Employment and Occupation) Convention, ILO Conv. No. C111 (1958), Art. 3 (“Each Member for which this Convention is in force undertakes, by methods appropriate to national conditions and practice-- (a) to seek the co-operation of employers' and workers' organisations and other appropriate bodies in promoting the acceptance and observance of this policy; (b) to enact such legislation and to promote such educational programmes as may be calculated to secure the acceptance and observance of the policy; (c) to repeal any statutory provisions and modify any administrative instructions or practices which are inconsistent with the policy; (d) to pursue the policy in respect of employment under the direct control of a national authority; (e) to ensure observance of the policy in the activities of vocational guidance, vocational training and placement services under the direction of a national authority; (f) to indicate in its annual reports on the application of the Convention the action taken in pursuance of the policy and the results secured by such action.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C111:NO.
175. World Health Organization, WHO Global Strategic Directions for Nursing and Midwifery 2021-2025 (2021) (“Enforce zero tolerance policies for gender discrimination and verbal, physical and sexual harassment.”).
https://cdn.who.int/media/docs/default-source/health-workforce/who_strategic-directions-for-nursing-and-midwifery-2021-2025.pdf.
176. Domestic Workers Convention, ILO No. C189 (2011), Art. 17(2) (“Each Member shall develop and implement measures for labour inspection, enforcement and penalties

with due regard for the special characteristics of domestic work, in accordance with national laws and regulations.”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189.

177. Convention on the Rights of Persons with Disabilities (2007), Art. 27(b) (“Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances.”).
<https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx>.
178. Domestic Workers Convention, ILO No. C189 (2011), Art. 17(1) (“Each Member shall establish effective and accessible complaint mechanisms and means of ensuring compliance with national laws and regulations for the protection of domestic workers.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189.
179. Equal Remuneration Recommendation, ILO No. R90 (June 29, 1951), Arts. 5, 6 (“5. Where appropriate for the purpose of facilitating the determination of rates or remuneration in accordance with the principle of equal remuneration for men and women workers for work of equal value, each Member should, in agreement with the employers' and workers' organisations concerned, establish or encourage the establishment of methods for objective appraisal of the work to be performed, whether by job analysis or by other procedures, with a view to providing a classification of jobs without regard to sex; such methods should be applied in accordance with the provisions of Article 2 of the Convention. 6. In order to facilitate the application of the principle of equal remuneration for men and women workers for work of equal value, appropriate action should be taken, where necessary, to raise the productive efficiency of women workers by such measures as-- (a) ensuring that workers of both sexes have equal or equivalent facilities for vocational guidance or employment counselling, for vocational training and for placement; (b) taking appropriate measures to encourage women to use facilities for vocational guidance or employment counselling, for vocational training and for placement; (c) providing welfare and social services which meet the needs of women workers, particularly those with family responsibilities, and financing such services from general public funds or from social security or industrial welfare funds financed by payments made in respect of workers without regard to sex; and (d) promoting equality of men and women workers as regards access to occupations and posts without prejudice to the provisions of international regulations and of national laws and regulations concerning the protection of the health and welfare of women.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312428:NO.
180. Convention on the Rights of Persons with Disabilities (2007), Art. 27(1)(i) (“Ensure that reasonable accommodation is provided to persons with disabilities in the workplace”).
<https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx>.

181. International Covenant on Economic, Social, and Cultural Rights (1966), Art. 7 (“The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular: (a) Remuneration which provides all workers, as a minimum, with: (i) Fair wages and equal remuneration for work of equal value without distinction of any kind, in particular women being guaranteed conditions of work not inferior to those enjoyed by men, with equal pay for equal work; (ii) A decent living for themselves and their families in accordance with the provisions of the present Covenant;”).
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.
182. World Health Assembly Res. 73.1 (2020): COVID-19 Response, Para. 7(8) (“to take measures for their protection at work, facilitating their access to work and ensuring their adequate remuneration.”).
https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf.
183. UN Committee on Economic, Social and Cultural Rights, General Comment 23, The Right to Just and Favourable Conditions of Work (2016), Paras. 10-12, 14-15, 18 (“10. All workers have the right to a fair wage. The notion of a fair wage is not static since it depends on a range of non-exhaustive objective criteria, reflecting not only the output of the work but also responsibilities of the worker, the level of skill and education required to perform the work, the impact of the work on health and safety of the worker, specific hardships related to the work and impact on the worker’s personal and family life. Any assessment of fairness should also take into account the position of women workers, particularly where their work and pay has traditionally been undervalued... Employers are prohibited from restricting the freedom of workers to dispose of their remuneration....For the clear majority of workers, fair wages are above the minimum wage. Wages should be paid in a regular, timely fashion and in full. 11. Not only should workers receive equal remuneration when they perform the same or similar jobs, but their remuneration should also be equal even when their work is completely different but nonetheless of equal value when assessed by objective criteria. This requirement goes beyond only wages or pay to include other payments or benefits paid directly or indirectly to workers. Although equality between men and women is particularly important in this context and even merits a specific reference in article 7(a)(i), the Committee reiterates that equality applies to all workers without distinction based on race, ethnicity, nationality, migration or health status, disability, age, sexual orientation, gender identity or any other ground. 12. The extent to which equality is being achieved requires an ongoing objective evaluation of whether the work is of equal value and whether the remuneration received is equal. It should cover a broad selection of functions. Since the focus should be on the “value” of the work, evaluation factors should include skills, responsibilities and effort required by the worker, as well as working conditions. It could be based on a comparison of rates of remuneration across organizations, enterprises and professions... 14. Equal remuneration for work of equal value applies across all sectors. Where the State has direct influence over rates of remuneration, equality should be achieved in the public sector as rapidly as possible, ensuring equal remuneration for work of equal value in the civil service at the central, provincial and local levels, as well as for work under public contract or in enterprises either fully or partially owned by the State. 15. Remuneration set through collective agreements should be aimed at ensuring equality for work of equal value. States parties should adopt legislation and other

measures to promote equal remuneration for work of equal value, including in the private sphere, for example, by encouraging the establishment of a classification of jobs without regard to sex; fixing time-bound targets for achieving equality, and reporting requirements designed to assess whether targets have been met; and requiring progressive decreases in the differentials between rates of remuneration for men and women for work of equal value... 18. Closely linked to the notions of fairness and equality, “remuneration” must also provide a “decent living” for workers and their families. While fair wages and equal remuneration are determined by reference to the work performed by an individual worker, as well as in comparison with other workers, remuneration that provides a decent living must be determined by reference to outside factors such as the cost of living and other prevailing economic and social conditions. Thus, remuneration must be sufficient to enable the worker and his or her family to enjoy other rights in the Covenant, such as social security, health care, education and an adequate standard of living, including food, water and sanitation, housing, clothing and additional expenses such as commuting costs.”).

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx.

184. WHO, WHO Guideline on Health Policy and System Support to Optimize Community Health Worker Programmes: Selected Highlights (WHO, 2018), at 6.
<https://www.who.int/publications/i/item/WHO-HIS-HWF-CHW-2018.1>.
185. Nursing Personnel Recommendation, ILO No. R157 (June 21, 1977), Art. 25 (“(1) The remuneration of nursing personnel should be fixed at levels which are commensurate with their socio-economic needs, qualifications, responsibilities, duties and experience, which take account of the constraints and hazards inherent in the profession, and which are likely to attract persons to the profession and retain them in it. (2) Levels of remuneration should bear comparison with those of other professions requiring similar or equivalent qualifications and carrying similar or equivalent responsibilities. (3) Levels of remuneration for nursing personnel having similar or equivalent duties and working in similar or equivalent conditions should be comparable, whatever the establishments, areas or sectors in which they work. (4) Remuneration should be adjusted from time to time to take into account variations in the cost of living and rises in the national standard of living. (5) The remuneration of nursing personnel should preferably be fixed by collective agreement.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312495:NO.
186. International Labour Organization, ILO Sectoral Brief: COVID-19 and care workers providing home or institution-based care (October 2020), at 10 (“Conditions that are of particular concern during the pandemic include: hours of work, including regulation and compensation of overtime, inconvenient hours and shift work; weekly rest periods; maternity leave; sick leave; and social security.”).
https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/briefingnote/wcms_758345.pdf.
187. Domestic Workers Convention, ILO No. C189 (June 16, 2011), Art. 10(1) (“Each Member shall take measures towards ensuring equal treatment between domestic workers and workers generally in relation to normal hours of work, overtime compensation, periods of daily and weekly rest and paid annual leave in accordance with national laws, regulations or collective agreements, taking into account the

special characteristics of domestic work.”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189.

188. WHO, Global Health Workforce Network and Women in Global Health, Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce: Human Resources for Health Observer Series No. 24 (Geneva: WHO, 2019), at 36 (“Women make up 70% of the global health workforce but occupy only 25% of leadership roles.”). <https://www.who.int/docs/default-source/nursing/delivered-by-women-led-by-men.pdf>.
189. Nursing Personnel Convention, ILO No. C149 (1977), Art 6 (“Nursing personnel shall enjoy conditions at least equivalent to those of other workers in the country concerned in the following fields: (a) hours of work, including regulation and compensation of overtime, inconvenient hours and shift work; (b) weekly rest; (c) paid annual holidays; (d) educational leave; (e) maternity leave; (f) sick leave; (g) social security.”). https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C149.
190. International Covenant on Economic, Social, and Cultural Rights (1966), Art. 7 (“The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular: (a) Remuneration which provides all workers, as a minimum, with: (i) Fair wages and equal remuneration for work of equal value without distinction of any kind, in particular women being guaranteed conditions of work not inferior to those enjoyed by men, with equal pay for equal work.”). <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.
191. UN Committee on Economic, Social and Cultural Rights, General Comment 23, The Right to Just and Favourable Conditions of Work (2016), Para. 47(a) (“Particular attention is needed to address occupational segregation by sex and to achieve equal remuneration for work of equal value, as well as equal opportunity for promotion, including through the introduction of temporary special measures. Any assessment of the “value” of work must avoid gender stereotypes that could undervalue work predominantly performed by women.”). https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx.
192. UN General Assembly Res. 75/156 (2020): Strengthening National and International Rapid Response to the Impact of the Coronavirus Disease (COVID-19) on Women and Girls, Para. 5(d) (“addressing the gender pay gap, where it exists, in the health sector.”). <https://undocs.org/en/A/RES/75/156>.
193. International Labour Organization, “These Occupations Are Dominated by Women,” ILOSTAT blog, March 6, 2020, <https://ilostat.ilo.org/these-occupations-are-dominated-by-women/>.
194. Nursing Personnel Recommendation, ILO No. R157 (June 21, 1977), Art. 29 (“Work clothing, medical kits, transport facilities and other supplies required by the employer or necessary for the performance of the work should be provided by the employer to nursing personnel and maintained free of charge.”). https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312495:NO.

195. Nursing Personnel Recommendation, ILO No. R157 (June 21, 1977), Art. 27 (“Nursing personnel who work in particularly arduous or unpleasant conditions should receive financial compensation for this.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312495:NO.
196. Gemma A. Williams, Giada Scarpetti, Alexia Bezzina, et al., “How Are Countries Supporting Their Health Workers During COVID-19?” *Eurohealth* (2020) 26(2): 58-62, <https://apps.who.int/iris/bitstream/handle/10665/336298/Eurohealth-26-2-58-62-eng.pdf>.
197. UN General Assembly Res. 70/1 (2015): Transforming Our World: The 2030 Agenda for Sustainable Development, at SDG target 5.4 (“Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.”).
<https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>.
198. UN General Assembly Res. 70/1 (2015): Transforming Our World: The 2030 Agenda for Sustainable Development, at SDG target 5.4 (“Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.”).
<https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>.
199. Medical Care and Sickness Benefits Recommendation, ILO No. R134, Arts. 2, 11 (“2. Members should extend the application of their legislation providing for the medical care referred to in Article 8 of the Medical Care and Sickness Benefits Convention, 1969, by stages, if necessary, and under appropriate conditions-- (a) to persons whose employment is of a casual nature; (b) to members of the employer's family living in his house, in respect of their work for him; (c) to all economically active persons; (d) to the wives and children of the persons specified in clauses (a) to (c) of this Paragraph; and (e) to all residents. 11. Members should extend the application of their legislation providing for the sickness benefit referred to in Article 18 of the Medical Care and Sickness Benefits Convention, 1969, by stages, if necessary, and under appropriate conditions-- (a) to persons whose employment is of a casual nature; (b) to members of the employer's family living in his house, in respect of their work for him; and (c) to all economically active persons.”).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312472:NO.
200. Social Security (Minimum Standards) Convention, ILO No. C102 (1952).
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312247:NO. (NOTE: Given the relevance of the entire Convention, we are not quoting it here. The social security benefits it covers are medical care, sickness benefits, unemployment benefits, old-age benefits, employment injury benefits, family benefits, maternity benefits, invalidity benefits, and survivors' benefits.)
201. Social Security (Minimum Standards) Convention, ILO No. C102 (1952), Arts. 7-9 (“7. Each Member for which this Part of this Convention is in force shall secure to the persons protected the provision of benefit in respect of a condition requiring

medical care of a preventive or curative nature in accordance with the following Articles of this Part. 8. The contingencies covered shall include any morbid condition, whatever its cause, and pregnancy and confinement and their consequences. 9. The persons protected shall comprise-- (a) prescribed classes of employees, constituting not less than 50 per cent. of all employees, and also their wives and children; or (b) prescribed classes of economically active population... ”). https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312247:NO.

202. Medical Care and Sickness Benefits Convention, ILO No. C130 (1969), Arts. 4(1), 7-9 (“4(1) Any Member which ratifies this Convention may, by a declaration accompanying its ratification, exclude from the application of the Convention... (b) public servants, where these categories are protected by special schemes which provide in the aggregate benefits at least equivalent to those required by this Convention... 7. The contingencies covered shall include--(a) need for medical care of a curative nature and, under prescribed conditions, need for medical care of a preventive nature; (b) incapacity for work resulting from sickness and involving suspension of earnings, as defined by national legislation. 8. Each Member shall secure to the persons protected, subject to prescribed conditions, the provision of medical care of a curative or preventive nature in respect of the contingency referred to in subparagraph (a) of Article 7. 9. The medical care referred to in Article 8 shall be afforded with a view to maintaining, restoring or improving the health of the person protected and his ability to work and to attend to his personal needs.”). https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312275:NO.
203. Invalidity, Old Age and Survivors’ Benefits Convention, ILO No. C128 (1967), Arts. 20-21 (“20. Each Member for which this Part of this Convention is in force shall secure to the persons protected the provision of survivors' benefit in accordance with the following Articles of this Part. 21(1). The contingency covered shall include the loss of support suffered by the widow or child as the result of the death of the breadwinner.”). https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312273:NO.
204. Maternity Protection Convention, ILO No. C183 (2000), Arts. 4-7 (“4(1). On production of a medical certificate or other appropriate certification, as determined by national law and practice, stating the presumed date of childbirth, a woman to whom this Convention applies shall be entitled to a period of maternity leave of not less than 14 weeks. 5. On production of a medical certificate, leave shall be provided before or after the maternity leave period in the case of illness, complications or risk of complications arising out of pregnancy or childbirth. The nature and the maximum duration of such leave may be specified in accordance with national law and practice. 6(1). Cash benefits shall be provided, in accordance with national laws and regulations, or in any other manner consistent with national practice, to women who are absent from work on leave referred to in Articles 4 or 5. 6(2). Cash benefits shall be at a level which ensures that the woman can maintain herself and her child in proper conditions of health and with a suitable standard of living... 6(5). Each Member shall ensure that the conditions to qualify for cash benefits can be satisfied by a large majority of the women to whom this Convention applies. 6(6). Where a woman does not meet the conditions to qualify for cash benefits under national

laws and regulations or in any other manner consistent with national practice, she shall be entitled to adequate benefits out of social assistance funds, subject to the means test required for such assistance. 6(7). Medical benefits shall be provided for the woman and her child in accordance with national laws and regulations or in any other manner consistent with national practice. Medical benefits shall include prenatal, childbirth and postnatal care, as well as hospitalization care when necessary. 7(1). A Member whose economy and social security system are insufficiently developed shall be deemed to be in compliance with Article 6, paragraphs 3 and 4, if cash benefits are provided at a rate no lower than a rate payable for sickness or temporary disability in accordance with national laws and regulations.”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C183:NO.

205. Maternity Protection Recommendation, ILO No. R191 (June 15, 2000) Maternity Protection Recommendation, ILO No. R191 (June 15, 2000), Arts. 1-2 (encourages at least 18 weeks maternity leave, with cash benefits equivalent to previous earnings). https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312529:NO.
206. International Covenant on Economic, Social, and Cultural Rights (1966), Art. 7 (“The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular: (a) Remuneration which provides all workers, as a minimum, with: (i) Fair wages and equal remuneration for work of equal value without distinction of any kind, in particular women being guaranteed conditions of work not inferior to those enjoyed by men, with equal pay for equal work.”). <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.
207. Convention on the Elimination of All Forms of Discrimination Against Women (1979), Art. 11 (“2. In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States Parties shall take appropriate measures: (b) To introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances.”). <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx>.
208. Workers with Family Responsibilities Recommendation, ILO No. R165 (June 23, 1981), Art. 22(1) (“With a view to protecting part-time workers, temporary workers and homeworkers, many of whom have family responsibilities, the terms and conditions on which these types of employment are performed should be adequately regulated and supervised.”). https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312503:NO.
209. Social Security (Minimum Standards) Convention, ILO No. C102 (1952), Arts. 13-14, 19-20, 25-26 (“19. Each Member for which this Part of this Convention is in force shall secure to the persons protected the provision of unemployment benefit in accordance with the following Articles of this Part. 20. The contingency covered shall include suspension of earnings, as defined by national laws or regulations, due to inability to obtain suitable employment in the case of a person protected who is capable of, and available for, work. 25. Each Member for which this Part of this Convention is in force shall secure to the persons protected the provision of old-age

benefit in accordance with the following Articles of this Part. 26(1). The contingency covered shall be survival beyond a prescribed age. 26(2). The prescribed age shall be not more than 65 years or such higher age as may be fixed by the competent authority with due regard to the working ability of elderly persons in the country concerned. 26(3). National laws or regulations may provide that the benefit of a person otherwise entitled to it may be suspended if such person is engaged in any prescribed gainful activity or that the benefit, if contributory, may be reduced where the earnings of the beneficiary exceed a prescribed amount and, if non contributory, may be reduced where the earnings of the beneficiary or his other means or the two taken together exceed a prescribed amount.”).

<https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100 INSTRUMENT ID:312247:NO>.

210. Invalidity, Old Age and Survivors' Benefits Convention, ILO No. C128 (1967), Arts. 7-8, 14-15 (“7. Each Member for which this Part of this Convention is in force shall secure to the persons protected the provision of invalidity benefit in accordance with the following Articles of this Part. 8. The contingency covered shall include incapacity to engage in any gainful activity, to an extent prescribed, which incapacity is likely to be permanent or persists after the termination of a prescribed period of temporary or initial incapacity. 14. Each Member for which this Part of this Convention is in force shall secure to the persons protected the provision of old-age benefit in accordance with the following Articles of this Part. 15(1). The contingency covered shall be survival beyond a prescribed age. 15(2). The prescribed age shall be not more than 65 years or such higher age as may be fixed by the competent authority with due regard to demographic, economic and social criteria, which shall be demonstrated statistically. 15(3). If the prescribed age is 65 years or higher, the age shall be lowered, under prescribed conditions, in respect of persons who have been engaged in occupations that are deemed by national legislation, for the purpose of old-age benefit, to be arduous or unhealthy.”).

<https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100 INSTRUMENT ID:312273:NO>.

211. Workers with Family Responsibilities Recommendation, ILO No. R165 (June 23, 1981), Art. 6 (“With a view to creating effective equality of opportunity and treatment for men and women workers, each Member should make it an aim of national policy to enable persons with family responsibilities who are engaged or wish to engage in employment to exercise their right to do so without being subject to discrimination and, to the extent possible, without conflict between their employment and family responsibilities.”).

<https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100 INSTRUMENT ID:312503:NO>.

212. Workers with Family Responsibilities Recommendation, ILO No. R165 (June 23, 1981), Art. 25 (“The competent authorities should, in co-operation with the public and private organisations concerned, take appropriate steps to ensure that child-care and family services and facilities meet the needs and preferences so revealed; to this end they should, taking account of national and local circumstances and possibilities, in particular-- (a) encourage and facilitate the establishment, particularly in local communities, of plans for the systematic development of child-care and family services and facilities, and (b) themselves organise or encourage and facilitate the provision of adequate and appropriate child-care and family services

and facilities, free of charge or at a reasonable charge in accordance with the workers' ability to pay, developed along flexible lines and meeting the needs of children of different ages, of other dependants requiring care and of workers with family responsibilities.”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312503:NO.

213. ILO Social Protection Floors Recommendation, 2012 (No. 202), Art. 4 (“(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.”).
- https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:3065524.
214. Employment Injuries Benefits Recommendation, ILO No. R121 (July 8, 1964), Art. 3 (“(1) Each Member should, subject to prescribed conditions, secure the provision of employment injury or analogous benefits, if necessary by stages and/or through voluntary insurance, to-- (c) certain categories of persons working without pay, which should include-- (iii) other categories of persons not otherwise covered who are active in the public interest or engaged in civic or benevolent pursuits, such as persons volunteering their services for public office, social service or hospitals.”).
- https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312459:NO.
215. Employment Injuries Benefits Convention [Schedule 1 as Amended in 1980], ILO No. C122 (1964), Arts. 4(1), 6, 9(1) (“4(1). National legislation concerning employment injury benefits shall protect all employees, including apprentices, in the public and private sectors, including co-operatives, and, in respect of the death of the breadwinner, prescribed categories of beneficiaries. 6. The contingencies covered shall include the following where due to an employment injury: (a) a morbid condition; (b) incapacity for work resulting from such a condition and involving suspension of earnings, as defined by national legislation; (c) total loss of earning capacity or partial loss thereof in excess of a prescribed degree, likely to be permanent, or corresponding loss of faculty; and (d) the loss of support suffered as the result of the death of the breadwinner by prescribed categories of beneficiaries. 9(1). Each Member shall secure to the persons protected, subject to prescribed conditions, the provision of the following benefits: (a) medical care and allied benefits in respect of a morbid condition; (b) cash benefits in respect of the contingencies specified in Article 6, clauses (b), (c) and (d).”).
- https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312266:NO.
216. Convention Concerning Occupational Health Services, ILO No. C161 (1985), Art. 5(h) (“occupational health services shall have such of the following functions as are adequate and appropriate to the occupational risks of the undertaking... (h) contribution to measures of vocational rehabilitation”).
- https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C161:NO.

217. International Labour Organization, ILO Sectoral Brief: COVID-19 and Care Workers Providing Home or Institution-Based Care (ILO, October 2020), at 8-9 (“Furthermore, some countries have recognized COVID-19 as an occupational disease in order to facilitate the provision of governmental support and provide more robust social protections if workers contract the virus. For example, the Malaysian Social Security Organisation (SOCSO) has categorized COVID-19 as an occupational disease. As a consequence, individuals contracting the virus are eligible for workers’ compensation under the 5th Schedule of the Employees’ Social Security Act 1969....On International Workers’ Memorial Day on 28 April 2020, the Council of Global Unions issued a statement in which it called upon governments and occupational health and safety bodies around the world to recognize COVID-19 as an occupational disease.”). https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/briefingnote/wcms_758345.pdf.
218. UN General Assembly Res. 60/262 (2006): Political Declaration on HIV/AIDS, Para. 35 (“Undertake to reinforce, adopt and implement, where needed, national plans and strategies, supported by international cooperation and partnership, to increase the capacity of human resources for health to meet the urgent need for the training and retention of a broad range of health workers, including community-based health workers; improve training and management and working conditions, including treatment for health workers; and effectively govern the recruitment, retention and deployment of new and existing health workers to mount a more effective HIV/AIDS response.”). <https://undocs.org/en/A/RES/60/262>.
219. WHO Global Strategy on Human Resources for Health: Workforce 2030 (Geneva: WHO, 2016), Para. 32 (“Optimize health workforce performance through a fair and formalized employment package, within an enabling and gender-sensitive working environment. This includes providing health workers with clear roles and expectations, guidelines, adequate work processes, gender-balanced opportunities to correct competency gaps, supportive feedback, group problem-solving, and a suitable work environment and incentives.”). <https://apps.who.int/iris/bitstream/handle/10665/250368/9789241511131-eng.pdf>.
220. WMA Resolution on Medical Workforce (2009), Para. 2 (“respective governments [should] ensure that the education, training and development of healthcare professionals meets the highest possible standards including...Ensuring clear definitions of scope of practice and conditions for adequate support and supervision”). <https://www.wma.net/policies-post/wma-resolution-on-medical-workforce/>.
221. International Confederation of Midwives: Bill of Rights for Women and Midwives (2017), Midwives' Rights 1 (“Every midwife has the right to a midwifery-specific education that will enable her to develop and maintain competency as a midwife”). https://www.internationalmidwives.org/assets/files/general-files/2019/01/cd2011_002-v2017-eng-bill_of_rights-2.pdf.
222. World Health Assembly Res. WHA74.15 (2021): Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery, Para. 2(5) ((5)... to equip nurses and midwives with the requisite competencies, and professionalism, aiming to fully meet health system needs, through a scale-up of education tailored to current and future population health needs, including, but not

limited to, collaborating with the WHO Academy;”).

https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R15-en.pdf.

223. World Health Assembly Res. WHA74.15 (2021): Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery, Para. 2(6) ((6)... to facilitate the practice of nursing and midwifery professionals to the full extent of their education and training while also providing for sufficient oversight and mentoring and for lifelong in-service training and further skills development in the workplace;”). https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R15-en.pdf.
224. Nursing Personnel Convention, ILO No. C149 (1977), Arts. 2(1-2), 6 (“2(1). Each Member which ratifies this Convention shall adopt and apply, ...a policy concerning nursing services and nursing personnel designed... to provide the quantity and quality of nursing care necessary for attaining the highest possible level of health for the population. 2(2). In particular, it shall take the necessary measures to provide nursing personnel with-- (a) education and training appropriate to the exercise of their functions; and (b) employment and working conditions, including career prospects and remuneration, which are likely to attract persons to the profession and retain them in it.6. Nursing personnel shall enjoy conditions at least equivalent to those of other workers in the country concerned in the following fields: (a) hours of work, including regulation and compensation of overtime, inconvenient hours and shift work; (b) weekly rest; (c) paid annual holidays; (d) educational leave; (e) maternity leave; (f) sick leave; (g) social security.”). https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C149.
225. World Health Assembly Res. 64.6 (2011): Health Workforce Strengthening, Para. 1(8) (urges states to recruit and retain “health workers in rural areas, including: improved living conditions; safe and supportive working environments; outreach support; career development and advancement programmes; supporting professional networks; and social recognition of dedicated health personnel;”). https://apps.who.int/gb/ebwha/pdf_files/WHA64-REC1/A64_REC1-en.pdf#page=21.
226. Workers with Family Responsibilities Convention, ILO No. C156 (1981), Arts. 3(1), 4, 5 (“3(1). With a view to creating effective equality of opportunity and treatment for men and women workers, each Member shall make it an aim of national policy to enable persons with family responsibilities who are engaged or wish to engage in employment to exercise their right to do so without being subject to discrimination and, to the extent possible, without conflict between their employment and family responsibilities. 4. With a view to creating effective equality of opportunity and treatment for men and women workers, all measures compatible with national conditions and possibilities shall be taken-- (a) to enable workers with family responsibilities to exercise their right to free choice of employment; All measures compatible with national conditions and possibilities shall further be taken-- (a) to take account of the needs of workers with family responsibilities in community planning.”). https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C156:NO.
227. Workers with Family Responsibilities Convention, ILO No. C156 (1981), Art. 8 (“Family responsibilities shall not, as such, constitute a valid reason for termination

of employment.”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C156:NO.

228. World Health Assembly Res. 72.4 (2019): Preparation for the High-Level Meeting of the United Nations General Assembly on Universal Health Coverage, Para. 1(8) (urges member states “to promote access to affordable, safe, effective, and quality medicines, vaccines, diagnostics, and other technologies”).
https://apps.who.int/gb/ebwha/pdf_files/WHA72-REC1/A72_2019_REC1-en.pdf#page=25.
229. World Health Assembly Res. 64.6 (2011): Health Workforce Strengthening, Para. 1(8) (urges member states to recruit and retain “health workers in rural areas, including: improved living conditions; safe and supportive working environments; outreach support; career development and advancement programmes; supporting professional networks; and social recognition of dedicated health personnel;”).
https://apps.who.int/gb/ebwha/pdf_files/WHA64-REC1/A64_REC1-en.pdf#page=21.
230. International Covenant on Civil and Political Rights (1966), Art. 22 (“1. Everyone shall have the right to freedom of association with others, including the right to form and join trade unions for the protection of his interests. 2. No restrictions may be placed on the exercise of this right other than those which are prescribed by law and which are necessary in a democratic society in the interests of national security or public safety, public order (ordre public), the protection of public health or morals or the protection of the rights and freedoms of others. This article shall not prevent the imposition of lawful restrictions on members of the armed forces and of the police in their exercise of this right.”).
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx>.
231. International Covenant on Economic, Social, and Cultural Rights (1966), Art. 8(1) (“The States Parties to the present Covenant undertake to ensure: (a) The right of everyone to form trade unions and join the trade union of his choice, subject only to the rules of the organization concerned, for the promotion and protection of his economic and social interests. No restrictions may be placed on the exercise of this right other than those prescribed by law and which are necessary in a democratic society in the interests of national security or public order or for the protection of the rights and freedoms of others; (b) The right of trade unions to establish national federations or confederations and the right of the latter to form or join international trade-union organizations; (c) The right of trade unions to function freely subject to no limitations other than those prescribed by law and which are necessary in a democratic society in the interests of national security or public order or for the protection of the rights and freedoms of others; (d) The right to strike, provided that it is exercised in conformity with the laws of the particular country.”).
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.
232. Right to Organize and Collective Bargaining Convention, ILO No. C98 (1949), Arts. 2-3 (“2(1). Workers' and employers' organisations shall enjoy adequate protection against any acts of interference by each other or each other's agents or members in their establishment, functioning or administration. 2(2). In particular, acts which are designed to promote the establishment of workers' organisations under the domination of employers or employers' organisations, or to support workers' organisations by financial or other means, with the object of placing such

organisations under the control of employers or employers' organisations, shall be deemed to constitute acts of interference within the meaning of this Article. 3. Machinery appropriate to national conditions shall be established, where necessary, for the purpose of ensuring respect for the right to organise as defined in the preceding Articles.”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C098.

233. Workers' Representatives Convention, ILO No. C135 (1971), Art. 1 (“Workers' representatives in the undertaking shall enjoy effective protection against any act prejudicial to them, including dismissal, based on their status or activities as a workers' representative or on union membership or participation in union activities, in so far as they act in conformity with existing laws or collective agreements or other jointly agreed arrangements.”).
- https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C135:NO.
234. Freedom of Association and Protection of the Right to Organize Convention,, ILO No. C87 (1948), Arts. 1, 6 (“1(1). Workers shall enjoy adequate protection against acts of anti-union discrimination in respect of their employment. 1(2). Such protection shall apply more particularly in respect of acts calculated to-- (a) make the employment of a worker subject to the condition that he shall not join a union or shall relinquish trade union membership; (b) cause the dismissal of or otherwise prejudice a worker by reason of union membership or because of participation in union activities outside working hours or, with the consent of the employer, within working hours. 6. This Convention does not deal with the position of public servants engaged in the administration of the State, nor shall it be construed as prejudicing their rights or status in any way.”).
- https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312243.
235. (Public Service) Convention, ILO No. C151 (1978), Arts. 1(1), 4 (“1(1). This Convention applies to all persons employed by public authorities, to the extent that more favourable provisions in other international labour Conventions are not applicable to them... (4(1). Public employees shall enjoy adequate protection against acts of anti-union discrimination in respect of their employment. 4(2). Such protection shall apply more particularly in respect of acts calculated to-- (a) make the employment of public employees subject to the condition that they shall not join or shall relinquish membership of a public employees' organisation; (b) cause the dismissal of or otherwise prejudice a public employee by reason of membership of a public employees' organisation or because of participation in the normal activities of such an organisation.”).
- https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C151.
236. Collective Bargaining Convention, ILO No. C154 (1981), Arts. 1, 2, 5 (“1(1). This Convention applies to all branches of economic activity. 1(2). The extent to which the guarantees provided for in this Convention apply to the armed forces and the police may be determined by national laws or regulations or national practice. 1(3). As regards the public service, special modalities of application of this Convention may be fixed by national laws or regulations or national practice. 2. For the purpose of this Convention the term collective bargaining extends to all negotiations which

take place between an employer, a group of employers or one or more employers' organisations, on the one hand, and one or more workers' organisations, on the other, for-- (a) determining working conditions and terms of employment; and/or (b) regulating relations between employers and workers; and/or (c) regulating relations between employers or their organisations and a workers' organisation or workers' organisations. 5(1). Measures adapted to national conditions shall be taken to promote collective bargaining... 2. The aims of the measures referred to in paragraph 1 of this Article shall be the following: (a) collective bargaining should be made possible for all employers and all groups of workers in the branches of activity covered by this Convention; (b) collective bargaining should be progressively extended to all matters covered by subparagraphs (a), (b) and (c) of Article 2 of this Convention; (c) the establishment of rules of procedure agreed between employers' and workers' organisations should be encouraged; (d) collective bargaining should not be hampered by the absence of rules governing the procedure to be used or by the inadequacy or inappropriateness of such rules; (e) bodies and procedures for the settlement of labour disputes should be so conceived as to contribute to the promotion of collective bargaining.”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C154.

237. Council of Europe, Recommendation CM/Rec(2017)7 of the Committee of Ministers to Member States on the Protection of Whistleblowers (2014), Arts. 21-22 (“21. Whistleblowers should be protected against retaliation of any form, whether directly or indirectly, by their employer and by persons working for or acting on behalf of the employer. Forms of such retaliation might include dismissal, suspension, demotion, loss of promotion opportunities, punitive transfers and reductions in or deductions of wages, harassment or other punitive or discriminatory treatment. 22. Protection should not be lost solely on the basis that the individual making the report or disclosure was mistaken as to its import or that the perceived threat to the public interest has not materialised, provided he or she had reasonable grounds to believe in its accuracy.”).
238. Iheb Chalouat, Carlos Carrión-Crespo and Margherita Licata, Law and Practice on Protecting Whistle-Blowers in the Public and Financial Services Sectors, ILO Working Paper No. 328 (Geneva: ILO, 2019), at 6, 22 (“United Nations Convention against Corruption: “any person who reports in good faith and on reasonable grounds to the competent authorities any facts concerning offences established in accordance with this Convention” (UNODC, 2015)... Civil Law Convention on Corruption (European Union Treaty No. 174, 2003): “employees who have reasonable grounds to suspect corruption and who report in good faith their suspicion to responsible persons or authorities” (Council of Europe, 2003)... The 2009 Organisation for Economic Co-operation and Development (OECD) Recommendation of the Council for Further Combating Bribery of Foreign Public Officials in International Business Transactions (OECD, 2009) does not explicitly define whistle-blowing but introduces the notion of protection in its recommendations, namely protection from discriminatory or disciplinary action for public and private sector employees who report in good faith and on reasonable grounds to the competent authorities. Here, whistle-blowing is understood to mean an act of reporting suspected acts of bribery in international business transactions to competent authorities in good faith and on reasonable

grounds by both public and private sector employees... The requirement that whistle-blower disclosures are made in “good faith” is a principal component of much of the whistle-blower protection legislation. As such, protection is only provided if the whistle-blower acts with the belief, “on reasonable grounds”, that a violation or a breach has occurred. Protection is granted if the above-mentioned condition is met, even if the allegation is unfounded... The good faith requirement is meant to allow employers to focus on correcting wrongdoing that is alleged mainly with the public interest in mind... However, most national whistle-blower legislations include the notion of “good faith” and rely on it, at least partly.”).

https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/publication/wcms_718048.pdf.

239. Occupational Safety and Health Recommendation, ILO No. R164 (June 22, 1981), Para. 17 (“No measures prejudicial to a worker should be taken by reference to the fact that, in good faith, he complained of what he considered to be a breach of statutory requirements or a serious inadequacy in the measures taken by the employer in respect of occupational safety and health and the working environment.”).
- https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312502:NO.
240. Violence and Harassment Convention, ILO No. C190 (2019), Arts. 4(1), 10(b)(iv) (“Each Member which ratifies this Convention shall respect, promote and realize the right of everyone to a world of work free from violence and harassment... (b) ensure easy access to appropriate and effective remedies and safe, fair and effective reporting and dispute resolution mechanisms and procedures in cases of violence and harassment in the world of work, such as: (iv) protection against victimization of or retaliation against complainants, victims, witnesses and whistle blowers.”).
- https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190.
241. UN Committee on Economic, Social and Cultural Rights, General Comment 23, The Right to Just and Favourable Conditions of Work (2016), Para. 48 (“All workers should be free from physical and mental harassment, including sexual harassment. Legislation, such as anti-discrimination laws, the penal code and labour legislation...A national policy to be applied in the workplace, in both the public and private sectors, should include at least the following elements... (g)explicit prohibition of reprisals;”).
- https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx.
242. WHO, International Health Regulations (2005), Art. 9(1) (“WHO may take into account reports from sources other than notifications or consultations and shall assess these reports according to established epidemiological principles and then communicate information on the event to the State Party in whose territory the event is allegedly occurring. Before taking any action based on such reports, WHO shall consult with and attempt to obtain verification from the State Party in whose territory the event is allegedly occurring in accordance with the procedure set forth in Article 10. To this end, WHO shall make the information received available to the States Parties and only where it is duly justified may WHO maintain the confidentiality of the source.”).
- <https://www.who.int/publications/i/item/9789241580496>.

243. United Nations Convention Against Corruption (2004), Art. 33 (“Each State Party shall consider incorporating into its domestic legal system appropriate measures to provide protection against any unjustified treatment for any person who reports in good faith and on reasonable grounds to the competent authorities any facts concerning offences established in accordance with this Convention.”).
https://www.unodc.org/unodc/corruption/tools_and_publications/UN-convention-against-corruption.html.
244. Iheb Chalouat, Carlos Carrión-Crespo and Margherita Licata, Law and Practice on Protecting Whistle-Blowers in the Public and Financial Services Sectors, ILO Working Paper No. 328 (Geneva: ILO, 2019), at 2, 6-9 (“Workers in the public and financial services who report illicit actions – including corruption, money-laundering, tax evasion, drug trafficking, environmental crimes, safety violations and illicit trade – are an important element in improving public or financial sector governance... Accordingly, whistle-blower protection from retaliation, disproportionate punishment, unfair treatment and other challenges is essential, as it allows employees to use appropriate channels to speak out against wrongdoing... the reporting by employees or former employees of illegal, irregular, dangerous or unethical practices by employers.” [Further information on pages 6-9, with a table of various definitions of whistleblowers drawn from different sources.]).
https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/publication/wcms_718048.pdf.
245. Iheb Chalouat, Carlos Carrión-Crespo and Margherita Licata, Law and Practice on Protecting Whistle-Blowers in the Public and Financial Services Sectors, ILO Working Paper No. 328 (Geneva: ILO, 2019), at 6-9
(https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/publication/wcms_718048.pdf).
246. WHO, International Health Regulations (2005), Art. 9(1) (“WHO may take into account reports from sources other than notifications or consultations and shall assess these reports according to established epidemiological principles and then communicate information on the event to the State Party in whose territory the event is allegedly occurring. Before taking any action based on such reports, WHO shall consult with and attempt to obtain verification from the State Party in whose territory the event is allegedly occurring in accordance with the procedure set forth in Article 10. To this end, WHO shall make the information received available to the States Parties and only where it is duly justified may WHO maintain the confidentiality of the source.”).
<https://www.who.int/publications/i/item/9789241580496>.
247. Council of Europe, Recommendation CM/Rec(2017)7 of the Committee of Ministers to Member States on the Protection of Whistleblowers (2014), Art. 17 (“Whistleblowers should be entitled to have the confidentiality of their identity maintained, subject to fair trial guarantees.”).
https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=09000016805c5ea5.
248. World Medical Association Declaration of Geneva (1948, as amended and revised) (“As a member of the medical profession: I solemnly pledge to dedicate my life to the service of humanity; The health and well-being of my patient will be my first consideration; I will respect the autonomy and dignity of my patient; I will maintain the utmost respect for human life; I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual

orientation, social standing or any other factor to intervene between my duty and my patient; I will respect the secrets that are confided in me, even after the patient has died; I will practise my profession with conscience and dignity and in accordance with good medical practice; I will foster the honour and noble traditions of the medical profession; I will give to my teachers, colleagues, and students the respect and gratitude that is their due; I will share my medical knowledge for the benefit of the patient and the advancement of healthcare; I will attend to my own health, well-being, and abilities in order to provide care of the highest standard; I will not use my medical knowledge to violate human rights and civil liberties, even under threat;”). <https://www.wma.net/policies-post/wma-declaration-of-geneva/>.

249. World Medical Association Medical Code of Ethics (1949, as amended). <https://www.wma.net/policies-post/wma-international-code-of-medical-ethics/>. [NOTE: Not providing quotation as entire Code contains principles of medical ethics.]
250. World Medical Declaration of Cordoba on Patient-Physician Relationship (2020). (“The patient-physician relationship is a moral activity that arises from the obligation of the physician to alleviate suffering and respect the patient’s beliefs and autonomy. It is usually initiated by mutual consent – expressed or implied – to provide quality medical care. The patient-physician relationship...has a universal scope and aims at improving a person’s health and wellbeing. This is made possible by knowledge sharing, common decision making, patient and physician autonomy, help, comfort and companionship in an atmosphere of trust. Trust is an inherent component of the relationship that can be therapeutic in and of itself. The patient-physician relationship is essential to patient-centred care. It requires both the physician and the patient to be active participants in the healing process. While the relationship encourages and supports collaboration in medical care, competent patients make decisions that direct their care. The relationship may be terminated by either party. The physician must then assist the patient in securing transfer of care and refer the patient to another physician with the necessary ability to continue the care.”). <https://www.wma.net/policies-post/wma-declaration-of-cordoba-on-patient-physician-relationship/>.
251. Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I) (1977), Art. 15. “Civilian medical personnel shall be respected and protected... If needed, all available help shall be afforded to civilian medical personnel in an area where civilian medical services are disrupted by reason of combat activity.”). <https://www.ohchr.org/EN/ProfessionalInterest/Pages/ProtocolI.aspx>.
252. Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I) (1977), Art. 16 (“Under no circumstances shall any person be punished for carrying out medical activities compatible with medical ethics, regardless of the person benefiting therefrom... Persons engaged in medical activities shall not be compelled to perform acts or to carry out work contrary to the rules of medical ethics or to other medical rules designed for the benefit of the wounded and sick or to the provisions of the Conventions or of this Protocol, or to refrain from performing acts or from carrying out work required by those rules and provisions... No person engaged in medical activities shall be compelled to give to anyone belonging either to an adverse Party, or to his own Party except as required by the law of the latter Party, any information

concerning the wounded and sick who are, or who have been, under his care, if such information would, in his opinion, prove harmful to the patients concerned or to their families.”).

<https://www.ohchr.org/EN/ProfessionalInterest/Pages/Protocoll.aspx>.

253. Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II) (1977), Art. 9 (“Medical and religious personnel shall be respected and protected and shall be granted all available help for the performance of their duties.”).
<https://www.ohchr.org/en/professionalinterest/pages/protocolii.aspx>.
254. Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II) (1977), Art. 10 (“Under no circumstances shall any person be punished for having carried out medical activities compatible with medical ethics, regardless of the person benefiting therefrom... The professional obligations of persons engaged in medical activities regarding information which they may acquire concerning the wounded and sick under their care shall, subject to national law, be respected... Subject to national law, no person engaged in medical activities may be penalized in anyway for refusing or failing to give information concerning the wounded and sick who are, or who have been, under his care.”).
<https://www.ohchr.org/en/professionalinterest/pages/protocolii.aspx>.
255. Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I) (1977), Art. 15 (“Civilian medical personnel shall be respected and protected... If needed, all available help shall be afforded to civilian medical personnel in an area where civilian medical services are disrupted by reason of combat activity.”).
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/Protocoll.aspx>.
256. Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II) (1977), Art. 10 (“Under no circumstances shall any person be punished for having carried out medical activities compatible with medical ethics, regardless of the person benefiting therefrom... The professional obligations of persons engaged in medical activities regarding information which they may acquire concerning the wounded and sick under their care shall, subject to national law, be respected... Subject to national law, no person engaged in medical activities may be penalized in anyway for refusing or failing to give information concerning the wounded and sick who are, or who have been, under his care.”).
<https://www.ohchr.org/en/professionalinterest/pages/protocolii.aspx>.
257. International Covenant on Civil and Political Rights (1966), Art. 6(1) (“Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.”).
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx>.
258. UN General Assembly, Report of the Special Rapporteur of the Human Rights Council on Extrajudicial, Summary or Arbitrary Executions, Saving Lives Is Not a Crime, A/73/314.
https://www.ohchr.org/Documents/Issues/Executions/A_73_42960.pdf.
259. Declaration of Tokyo – Guidelines for Physicians Concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment (1975, as revised), Arts. 1-8 (“1. The physician shall not countenance,

condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, whatever the offense of which the victim of such procedures is suspected, accused or guilty, and whatever the victim's beliefs or motives, and in all situations, including armed conflict and civil strife. <P> 2. The physician shall not provide any premises, instruments, substances or knowledge to facilitate the practice of torture or other forms of cruel, inhuman or degrading treatment or to diminish the ability of the victim to resist such treatment. <P> 3. When providing medical assistance to detainees or prisoners who are, or who could later be, under interrogation, physicians should be particularly careful to ensure the confidentiality of all personal medical information. A breach of the Geneva Conventions shall in any case be reported by the physician to relevant authorities. <P> 4....as an exception to professional confidentiality, physicians have the ethical obligation to report abuses, where possible with the subject's consent, but in certain circumstances where the victim is unable to express him/herself freely, without explicit consent. 5. The physician shall not use nor allow to be used, as far as he or she can, medical knowledge or skills, or health information specific to individuals, to facilitate or otherwise aid any interrogation, legal or illegal, of those individuals. 6. The physician shall not be present during any procedure during which torture or any other forms of cruel, inhuman or degrading treatment is used or threatened. 7. A physician must have complete clinical independence in deciding upon the care of a person for whom he or she is medically responsible. The physician's fundamental role is to alleviate the distress of his or her fellow human beings, and no motive, whether personal, collective or political, shall prevail against this higher purpose. 8. Where a prisoner refuses nourishment and is considered by the physician as capable of forming an unimpaired and rational judgment concerning the consequences of such a voluntary refusal of nourishment, he or she shall not be fed artificially... The decision as to the capacity of the prisoner to form such a judgment should be confirmed by at least one other independent physician. The consequences of the refusal of nourishment shall be explained by the physician to the prisoner.”). <https://www.wma.net/policies-post/wma-declaration-of-tokyo-guidelines-for-physicians-concerning-torture-and-other-cruel-inhuman-or-degrading-treatment-or-punishment-in-relation-to-detention-and-imprisonment/>.

260. World Medical Association Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects (1964, as amended). <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects>. [NOTE: Not providing quotation as entire Declaration lays out principles. Areas include risks, burdens, and benefits; vulnerable individuals and groups; scientific requirements and research protocols; research committees; privacy and confidentiality; informed consent; use of placebo; post-research provisions; research registration and publication and dissemination of results, and unproven interventions in clinical practice.]
261. World Health Assembly Res. 64.7 (2011): Strengthening Nursing and Midwifery, Para. 1(9) (“including nurses and midwives in the development and planning of human resource programmes that support incentives for recruitment and retention, and strategies for improving workforce issues, such as remuneration, conditions of employment, career development and advancement, and development of positive work environments.”).

https://apps.who.int/gb/ebwha/pdf_files/WHA64-REC1/A64_REC1-en.pdf#page=21.

262. UN Committee on Economic, Social and Cultural Rights, General Comment 14, The Right to the Highest Attainable Standard of Health (2000), Para. 11 (“11. The Committee interprets the right to health, as defined in article 12.1, as an inclusive right...A further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels.”). <http://hrlibrary.umn.edu/gencomm/escgencom14.htm>.
263. International Covenant on Economic, Social, and Cultural Rights (1966), Art. 2(1) (“Each State Party to the present Covenant undertakes to take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realization of the rights recognized in the present Covenant by all appropriate means, including particularly the adoption of legislative measures.”). <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.
264. World Health Assembly Res. 64.7 (2011): Strengthening Nursing and Midwifery, Para. 1(9) (“including nurses and midwives in the development and planning of human resource programmes that support incentives for recruitment and retention, and strategies for improving workforce issues, such as remuneration, conditions of employment, career development and advancement, and development of positive work environments.”). https://apps.who.int/gb/ebwha/pdf_files/WHA64-REC1/A64_REC1-en.pdf#page=21.
265. UN Committee on Economic, Social and Cultural Rights, General Comment 14, The Right to the Highest Attainable Standard of Health (2000), Para. 11 (“11. The Committee interprets the right to health, as defined in article 12.1, as an inclusive right...A further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels.”). <http://hrlibrary.umn.edu/gencomm/escgencom14.htm>.
266. Public Services International, “Community Health Workers in Pakistan – a Struggle for Union Registration,” April 2, 2019, <http://www.world-psi.org/en/community-health-workers-pakistan-struggle-union-registration>.
267. ILO, Care Work and Care Jobs and the Future of Decent Work, at 328. (“In line with the Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87), as well as Conventions No. 143 on migrant workers and No. 89 on domestic workers, it is essential that all care workers can join unions and organizations that represent their interests. However, union membership rates are generally low in care sectors, in particular when public provision is limited. It is therefore crucial that capacity building of unions is encouraged and cooperation is promoted.”). https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf.
268. WHO Global Code of Practice on the International Recruitment of Health Personnel (2010), Art. 10 (“10.1 Member States and other stakeholders should collaborate directly or through competent international bodies to strengthen their capacity to implement the objectives of the Code. 10.2 International organizations, international donor agencies, financial and development institutions, and other relevant organizations are encouraged to provide their technical and financial support to assist the implementation of this Code and support health system

strengthening in developing countries and countries with economies in transition that are experiencing critical health workforce shortages and/or have limited capacity to implement the objectives of this Code. Such organizations and other entities should be encouraged to cooperate with countries facing critical shortages of health workers and undertake to ensure that funds provided for disease-specific interventions are used to strengthen health systems capacity, including health personnel development. 10.3 Member States either on their own or via their engagement with national and regional organizations, donor organizations and other relevant bodies should be encouraged to provide technical assistance and financial support to developing countries or countries with economies in transition, aiming at strengthening health systems capacity, including health personnel development in those countries.”).

https://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-P4-en.pdf.

269. WHO Global Code of Practice on the International Recruitment of Health Personnel (2010), Art. 5(1) (“Member States should discourage active recruitment of health personnel from developing countries facing critical shortages of health workers.”).

https://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-P4-en.pdf.

270. Discrimination (Employment and Occupation) Convention, ILO Conv. No. C111 (1958), Art. 3 (“Each Member for which this Convention is in force undertakes, by methods appropriate to national conditions and practice--

- (a) to seek the co-operation of employers' and workers' organisations and other appropriate bodies in promoting the acceptance and observance of this policy;
- (b) to enact such legislation and to promote such educational programmes as may be calculated to secure the acceptance and observance of the policy... (e) to ensure observance of the policy in the activities of vocational guidance, vocational training and placement services under the direction of a national authority;”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:::NO:12100:P12100_ILO_CODE:C111:NO.

271. Violence and Harassment Convention, ILO No. C190 (2019), Art. 11(b) (“employers and workers and their organizations, and relevant authorities, are provided with guidance, resources, training or other tools, in accessible formats as appropriate, on violence and harassment in the world of work, including on gender-based violence and harassment.”).

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0:::NO::P12100_ILO_CODE:C190.