The shortage of qualified HWs undermines PH system and the human right to health.

We welcome the creation of a toolkit for health labor market analysis. Investigating underlying labor dynamics in each country is important to understand HW shortages. It should be redundant for HW to migrate in pursuit of decent work. However, SAPs and austerity measures have undermined LMIC's ability to provide HW decent work conditions.

The increasing need to pay for their education leads to HW indebtedness which constrains their later employment choices, with many being forced to seek work in the private sector or abroad. HIC are aggressively recruiting HW from LMIC without reciprocity or financial compensation to source countries, undermining the development of PH systems in LMIC.

The Code doesn't bind MS to take responsibility for this "brain drain" and regulation of international recruitment remains elusive. We urge WHO to compile and release data monitoring trends in HW migration to assess the effectiveness of this Code, and to work with relevant agencies to create fiscal space in LMIC that facilitates local recruitment with decent work conditions. We are concerned that the analysis of national data blurs the distinction between source and destination countries. We cannot equate the burden of losing HWs in LMIC to the effects of migration occurring between HIC.

We appreciate WHO's recognition of CHWs as an integral part in ensuring H4A and the Guidelines with regard to remuneration of CHWs and urge MS to ensure living wages and regularisation for CHWs. Employment of CHWs results in significant economic benefits derived from averted serious illness and reduced hospitalization, as well as the 'multiplier' effect of employing poor women who spend their earnings in the local economy. We urge MS to address the importance of public funding for HWs in the political declaration of the HLM on UHC and the GAP.