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Promotion and protection of human rights: human rights questions, including alternative approaches for improving the effective enjoyment of human rights and fundamental freedoms

The right of everyone to the enjoyment of the highest attainable standard of physical and mental health

Note by the Secretary-General

The Secretary-General has the honour to transmit to the General Assembly the report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Tlaleng Mofokeng, in accordance with Human Rights Council resolution [51/21](#).

* [A/80/150](#).



Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Tlaleng Mofokeng

Health and care workers: the oath takers and defenders of the right to health

Summary

In the present report, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Tlaleng Mofokeng, focuses on health and care workers – the oath takers and defenders of the right to health – and explores how the right to health is enshrined in international law and is essential for the realization of peace, security and sustainable development, while recognizing that the effective and full implementation of the right to health framework is crucial to a life of dignity. She stresses that health and care workers are at the forefront of the operationalization of the right to health and sheds light on the interconnectedness of human rights, which is increasingly evident in the current global challenges.

She analyses how the social, political and commercial determinants of health work together to influence health and care workers' enjoyment of the right to health and other health-related rights, as rights holders, as well as their ability to provide accessible, available, acceptable and quality healthcare and to defend the right to health of all without discrimination. The Special Rapporteur also recognizes the importance of the right to health framework in addressing the challenges faced by health and care workers as key to peace, security and sustainable development.

In line with these assessments, the Special Rapporteur recommends a way forward for all relevant stakeholders, drawing from examples of good practices already being implemented.

Lastly, she emphasizes that societies that enjoy lasting peace and security are better able to build resilient health systems and achieve sustainable development. Conversely, strong health systems and a protected, empowered health workforce contribute to social cohesion, conflict prevention and long-term stability.

I. Introduction

1. The right to health is enshrined in international law and is essential for the realization of peace, security and sustainable development. The effective and full implementation of the right to health framework is crucial to a life of dignity. Health and care workers are at the forefront of the operationalization of the right to health. The interconnectedness of human rights is increasingly evident in the current global challenges.¹

2. The social, political and commercial determinants of health work together to influence health and care workers' enjoyment of the right to health and other health-related rights, as rights-holders, as well as their ability to provide accessible, available, acceptable and quality healthcare and to defend the right to health of all without discrimination. The Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Tlaleng Mofokeng, recognizes the importance of the right to health framework in addressing the challenges of health and care workers as key to peace, security and sustainable development.

3. In the Pact for the Future, States reaffirmed the need to build peaceful, just and inclusive societies. As noted by the Special Rapporteur, health and care workers are uniquely positioned to act as catalysts for health equity (see [A/HRC/59/48](#)). As such, the realization of the right to health of all individuals can be achieved only when the rights of health and care workers themselves are upheld, ensuring that they are enabled and empowered to carry out their vital work.

4. Health and care workers are the backbone of health systems and play a pivotal role in the realization of the right to health. Their dedication, expertise and compassion are vital in delivering essential health services, responding to emergencies and supporting the most vulnerable populations. In times of crisis – whether due to conflict, natural disasters, pandemics or environmental threats – health and care workers are on the front lines, risking their own safety to protect and care for others.

II. Methodology

5. Within the framework of the Commission on Human Rights resolution by which the mandate was created (resolution 2002/31), Human Rights Council resolution 6/29 by which the mandate was extended and the Council's most recent resolution to renew the mandate (resolution [51/21](#)), the Special Rapporteur identified health and care workers as a strategic priority for the realization of the right of everyone to the enjoyment of the right to health (see [A/HRC/47/28](#)).

6. In the present report, the Special Rapporteur builds on the report that she presented to the Human Rights Council at its fifty-ninth session, as well as on the work of her predecessors, who recognized health and care workers as an integral component of the right to health and medical education as a factor that influences their ability to fulfil States' obligations to provide healthcare that is available, accessible, acceptable and of good quality (see [A/HRC/59/48](#)).

7. In preparing the present report, the Special Rapporteur issued a call for input,² inviting stakeholders to share their lived experiences and knowledge, with a

¹ See www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdf.

² See www.ohchr.org/en/calls-for-input/2025/call-submissions-health-and-care-workers.

substantive equality lens, including an intersectional, anti-racist and anti-colonial approach.

III. Legal framework

A. International human rights law

8. In addition to the framework referred to and developed in the previous reports of the Special Rapporteur (*ibid.*), the right to health encompasses a broad range of socioeconomic factors that support conditions for a healthy life, such as access to safe and healthy working conditions and a healthy environment (E/C.12/2000/4, para. 4). This right also involves the participation of the population in all health-related decision-making at the community, national and international levels (*ibid.*, para. 17).

9. The 2030 Agenda for Sustainable Development reaffirms that States must respect, protect and promote human rights, without distinction of any kind as to race, colour, sex, language, religion, political or other opinions, national and social origin, property, birth, disability or other status. It emphasizes that the Sustainable Development Goals will not be achieved unless and until human rights and dignity are ensured for all individuals, everywhere, leaving no one behind.

10. The Special Rapporteur reiterates that in general comment No. 14, adopted by the Committee on Economic, Social and Cultural Rights, the Committee acknowledged the inclusive nature of the right to health, extending not only to timely and appropriate healthcare but also to the underlying determinants of health (*ibid.*, para. 11). General comment No. 14 further develops article 12 (2) of the International Covenant on Economic, Social and Cultural Rights referring to the right to healthy natural and workplace environments, which provides that the improvement of all aspects of environmental and industrial hygiene includes preventive measures related to occupational accidents and diseases; the requirement to ensure an adequate supply of safe and potable water and basic sanitation; and the prevention and reduction of the population's exposure to harmful substances that directly or indirectly impact upon human health (*ibid.*, para. 15). It also includes the prevention, treatment and control of diseases, among other things, which includes the prevention of behaviour-related health concerns and the promotion of social determinants of good health (*ibid.*, para. 16). Furthermore, according to article 12 (2) (d) of the Covenant, States must create the conditions which would assure to all medical service and medical attention in the event of sickness.

11. The right to health also entails obligations of progressive realization and immediate effect. The term "progressive realization" mandates prompt and efficient progress towards that objective and imposes a non-retrogression obligation, unless it can be fully justified (E/1991/23-E/C.12/1990/8, E/1991/23/Corr.1-E/C.12/1990/8/Corr.1 and E/1991/23/Corr.2-E/C.12/1990/8/Corr.2, annex III, para. 9).

12. In the context of health and care workers and the right to just and favourable conditions of work (see A/HRC/59/48), reasonable limits on working hours are of special relevance. Long working hours can lead to burnout, fatigue or occupational distress, affecting health and care workers' mental health as well as the quality of care delivered.³ The Committee on Economic, Social and Cultural Rights allows flexibility according to the complexities of the field, such as shifts and on-call arrangements, but has called for compensation for longer working days with shorter working days not to exceed the general principle of eight hours per day (E/C.12/GC/23, para. 35).

³ See <https://iris.who.int/bitstream/handle/10665/351436/9789240040779-eng.pdf?sequence=1>, p. 1.

13. According to article 9 of the International Covenant on Economic, Social and Cultural Rights, the right to social security includes social insurance and is fundamental for the support of health and care workers' rights. This right is central in guaranteeing human dignity for all persons when they are faced with circumstances that deprive them of their capacity to fully realize their rights (E/C.12/GC/19, para. 1). States must implement the right to social security in a way that guarantees conditions that ensure life, health and a decent economic status, as well as "equal enjoyment of adequate protection from social risks and contingencies".⁴ All health and care workers should have access to a social protection system.

14. In line with article 15 (1) (b) of the International Covenant on Economic, Social and Cultural Rights, the right to health is also tied to the right to enjoy the benefits of scientific progress and its application. Scientific progress allows for the creation of medical applications (E/C.12/GC/25, para. 67) and imposes on States the duty to make them available and accessible to all people without discrimination (ibid., para. 70). This includes the use of scientific advancements to protect health and care workers from occupational hazards, as well as to improve patient care in fulfilling the duty of care (ibid., para. 52; and A/75/163, para. 58).

15. Article 7 of the World Health Organization (WHO) Pandemic Agreement refers specifically to health and care workers and stresses that appropriate measures should be taken with the purpose to "develop, strengthen, protect, safeguard, retain and invest in a [...] domestic health and care workforce to prevent, prepare for and respond to health emergencies, including in humanitarian settings, while maintaining essential health care services and essential public health functions at all times". It further stresses that appropriate "measures to ensure decent work, protect the continued safety, mental health, well-being, and strengthen capacity of its health and care workforce" should also be taken, as well as measures to ensure "decent work and a safe and healthy environment for other essential workers who provide essential public goods and services during pandemic emergencies". It also emphasizes the importance of eliminating all forms of inequality and discrimination, as well as addressing harassment, violence and threats.

B. International labour law

16. Occupational health encompasses many aspects related to health, including the dismantlement of physical hazards within the work environment, the prevention of violence and harassment in the workplace and addressing mental health problems that may arise due to working conditions.⁵ As a moving target, occupational health standards change in accordance with economic fluctuations, health emergencies and conflicts, and advancements in technology within Member States.⁶ These standards are enumerated in the Promotional Framework for Occupational Safety and Health Convention⁷ and the Promotional Framework for Occupational Safety and Health Recommendation.⁸

⁴ See www.corteidh.or.cr/docs/casos/articulos/seriec_375_ing.pdf, para. 187. See also www.corteidh.or.cr/docs/casos/articulos/seriec_394_esp.pdf and www.corteidh.or.cr/docs/casos/articulos/seriec_439_ing.pdf.

⁵ See www.ilo.org/sites/default/files/2024-04/ILO_1998_Declaration_EN.pdf, p. 4.

⁶ Ibid., p. 1.

⁷ See https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO::p12100_instrument_id:312332.

⁸ See https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312534:NO.

17. In addition to the Declaration on Fundamental Principles and Rights at Work and its Follow-up, the International Labour Organization has enacted numerous conventions that address specific labour rights and are binding on States Parties,⁹ as well as many non-binding recommendations that provide detailed guidance on approved approaches and best practices for fulfilling various State obligations under those conventions. It has also enacted standards that apply specifically to the health workforce, including the Nursing Personnel Convention,¹⁰ which acknowledges a specific shortage of nursing personnel and requires laws and regulations adapted to the unique conditions presented by healthcare settings. It also sets out detailed standards by which States must abide when developing policies in relation to nursing personnel.

C. International humanitarian law

18. There are contexts in which international human rights law applies in complementarity with international humanitarian law. This has been affirmed by the International Court of Justice,¹¹ human rights treaty bodies (see A/36/40, annex XIX,

⁹ See: https://normlex.ilo.org/dyn/nrmlx_en/f?p=1000:12100:0::NO::P12100_INSTRUMENT_ID,P12100_LANG_CODE:312256,en:NO, https://normlex.ilo.org/dyn/nrmlx_fr/f?p=1000:12100:0::NO::P12100_INSTRUMENT_ID,P12100_LANG_CODE:312245,en:NO, https://normlex.ilo.org/dyn/nrmlx_fr/f?p=1000:12100:0::NO::P12100_INSTRUMENT_ID,P12100_LANG_CODE:312243,en:NO, https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312232:NO, https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312280:NO, https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C1-55, https://normlex.ilo.org/dyn/nrmlx_fr/f?p=1000:12100:0::NO::P12100_INSTRUMENT_ID,P12100_LANG_CODE:312332,en:NO, https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312247:NO, https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312296:NO, https://normlex.ilo.org/dyn/nrmlx_fr/f?p=1000:12100:0::NO::P12100_INSTRUMENT_ID,P12100_LANG_CODE:312242,en:NO, https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312299:NO, https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C156, https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:3999810:NO, https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C1-83, https://normlex.ilo.org/dyn/nrmlx_fr/f?p=1000:12100:0::NO::P12100_INSTRUMENT_ID,P12100_LANG_CODE:2551460,en:NO, https://normlex.ilo.org/dyn/nrmlx_en/f?p=normlexpub:12100:0::no:12100:p12100_instrument_id:312306:no, https://normlex.ilo.org/dyn/nrmlx_fr/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312266, https://normlex.ilo.org/dyn/nrmlx_fr/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312273 and https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312275:NO.

¹⁰ See https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312294:NO.

¹¹ See www.icj-cij.org/case/131, para. 112, and www.icj-cij.org/case/116, para. 216.

and [E/C.12/1/Add.69](#)), regional bodies such as the European Court of Human Rights¹² and domestic courts.¹³

19. The Special Rapporteur reiterates that international humanitarian law obligations derived from the Geneva Conventions and rules of customary international law apply equally to all parties involved in a conflict, regardless of who is considered the aggressor or the level of aggression displayed by the other side. For the rights of health and care workers, the principles of distinction and military necessity are of particular significance. The principle of distinction requires parties to an armed conflict never to attack civilian objects – including hospitals, health facilities and civilian health and care workers. The principle of military necessity permits conduct needed to accomplish a legitimate military purpose not otherwise prohibited by law, and requires parties to conflict to prevent superfluous injury and unnecessary suffering.¹⁴

20. In line with these principles under international humanitarian law, all parties must take the steps necessary to spare hospitals and places where the sick and wounded are located from violence and attacks, provided that the facilities are not being used at the time for military purposes (art. 27 of the Hague Convention IV of 1907 and art. 5 of the Hague Convention IX of 1907 on naval bombardment). The Geneva Conventions address health and care workers through a series of provisions that identify categories of “protected persons” who must be respected and safeguarded at all times, including medical personnel, nurses, staff of recognized national Red Cross societies and voluntary aid societies, as well as persons regularly and solely engaged in civilian hospitals (arts. 24–26 of Geneva Convention I, art. 36 of Geneva Convention II and art. 20 of Geneva Convention IV).

21. Parties to conflict must hold similar respect for hospitals and health facilities and are prohibited from attacking fixed establishments and mobile medical units of the military service, hospital ships, the transport of the wounded and sick and medical equipment, medical aircraft, military hospital ships, hospital ships used by national Red Cross societies, relief societies or private persons, civilian hospitals, convoys for the sick and wounded, and aircraft for the sick and wounded (arts. 19, 20, 35 and 36 of Geneva Convention I, arts. 22, 24 and 29 of Geneva Convention II and arts. 18, 21 and 22 of Geneva Convention IV).

22. If medical personnel or staff of recognized national Red Cross societies and voluntary aid societies, among others, are captured, they must be retained only insofar as the state of health and number of prisoners of war require and, if retained, they must not be deemed prisoners of war but be accorded at least all the provisions applicable to prisoners of war (art. 28 of the Geneva Convention). Attacks and threats on medical personnel that impede their ability to fulfil their medical duties undermine the right to the enjoyment of the highest attainable standard of health and access to universal health services (see General Assembly resolution [69/132](#)). States should ensure that the legal framework protects the ability of medical personnel to provide care without distinction.

23. Reporting mechanisms and monitoring systems play an important role in collecting data and ensuring accountability and enable parties to conflict, as well as independent enforcement mechanisms, to investigate attacks against healthcare ([S/2016/722](#), annex, para. 29).¹⁵ Victims of violations of international humanitarian

¹² See [https://hudoc.echr.coe.int/eng#{%22itemid%22:\[%22001-58007%22\]}](https://hudoc.echr.coe.int/eng#{%22itemid%22:[%22001-58007%22]}), para. 44.

¹³ See <https://ihl-databases.icrc.org/en/national-practice/public-committee-against-torture-israel-et-al-v-government-israel-et-al-supreme>, para. 18.

¹⁴ See www.icj-cij.org/sites/default/files/ase-related/95/095-19960708-ADV-01-00-EN.pdf, para. 78.

¹⁵ See also <https://international-review.icrc.org/sites/default/files/irrc-889-coupland.pdf>.

law – including medical personnel – should be fairly and adequately compensated (ibid., para. 36).

IV. Health and care workers for sustainable development

24. Target 3.8 of the Sustainable Development Goals was established to achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all, and remains a compass.

25. The interconnected nature of today's world has brought populations and countries closer together, facilitating the exchange of ideas, scientific advancements and tools. However, as cities become more congested, mass travel persists, migration between countries intensifies and climate change disrupts global ecosystems, the threats of infectious diseases also rise.¹⁶ While the Goals are aimed at ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases by 2030 (target 3.3), many countries remain “ill-prepared to respond effectively to infectious disease threats”.¹⁷

26. Robust governance requires the adoption and implementation of comprehensive frameworks and policy tools tailored to the context-specific dynamics of the health and care workforce.¹⁸ Furthermore, addressing the challenges faced by health and care workers and ensuring that their occupational environments are conducive to the enjoyment of their rights and those of all individuals, and in living up to their role as duty bearers under international law, States must safeguard health and care workers' rights as this unleashes their potential as key defenders of the right to health and other health-related rights, engaging with relevant stakeholders in a way that accounts for historic and lasting power imbalances.

27. The anti-racist and anti-colonial analysis remains key, and power dynamics that perpetuate inequity must be interrogated with regard to how they hamper the attainment of the right to health between and within countries.¹⁹ Women, persons with disabilities, migrants and those working in rural, remote and underserved communities are too often sidelined, undermining the actions for achieving health equity.

28. Using the frameworks of intersectionality, the Special Rapporteur has examined the global health impact on racialized people of the living legacy of past and ongoing forms of racism, apartheid, slavery, coloniality and oppressive structures and asserts that health systems and health delivery are not exempt from these power asymmetries.²⁰

29. The Special Rapporteur emphasizes the importance of decriminalization among other things. In this regard, to share all the information necessary to receive adequate health services, patients must trust health and care workers,²¹ including during challenging contexts. The fear of having confidential information revealed negatively affects health outcomes, leading individuals to be less willing to share information

¹⁶ Lawrence Gostin, *Global Health Security: A Blueprint for the Future* (Harvard University Press, 2021), p. 17.

¹⁷ Ibid.

¹⁸ See www.paho.org/en/documents/cd606-policy-health-workforce-2030-strengthening-human-resources-health-achieve-resilient; and Angelica Sousa and others, “A comprehensive health labour market framework for universal health coverage”, *Bull World Health Organization*, vol. 91, No. 11 (2013).

¹⁹ See www.ohchr.org/en/documents/thematic-reports/a77197-report-special-rapporteur-right-everyone-enjoyment-highest.

²⁰ Ibid.

²¹ See www.corteidh.or.cr/docs/casos/articulos/seriec_441_ing.pdf, para. 203.

with health and care workers and potentially deterring them from seeking healthcare altogether, in many instances endangering their lives, or due to stigmatization (A/54/38/Rev.1, para. 12 (d), and A/64/272, para. 75).²² In this sense, criminalization obstructs the provision of information and contributes to lower availability of trained health and care workers,²³ including by generating a chilling effect on them.²⁴

30. Despite the potential of health and care workers to be enablers of all individuals' sexual and reproductive rights, laws and policies can curtail their ability to do so. Restrictive legal frameworks tied to contraception, emergency contraception, abortion or third-party authorizations become access barriers to reproductive health.²⁵

31. Occupational and patient safety are closely related.²⁶ One cannot be achieved without the other. Yet in 2024 WHO reported attacks on healthcare and deaths and injuries of health workers during ongoing conflicts in Afghanistan, Burkina Faso, the Central African Republic, the Democratic Republic of the Congo, Haiti, Israel, Lebanon, Mali, Myanmar, Nigeria, the Occupied Palestinian Territory, Somalia, the Sudan, the Syrian Arab Republic and Ukraine.²⁷ Healthcare systems in conflict-affected areas are being overwhelmed by violence, infrastructure destruction, health worker shortages and large-scale displacement. Some health systems that were once resilient are overwhelmed or non-functional, and the most vulnerable people – children, women, older persons and the chronically ill – are disproportionately affected.

32. These episodes directly and indirectly affect access to healthcare (see General Assembly resolution 69/132), hampering the enjoyment of the right to health and other health-related rights for health and care workers and all individuals. The accessibility and acceptability of health facilities, goods and services are critical to the enjoyment of the right to health. This situation negatively affects efforts to achieve sustainable development.

33. Despite the fact that international humanitarian law sets out a number of obligations for both State and non-State actors, in situations of conflict hospitals continue to be evacuated, closed or destroyed, further straining the availability of healthcare and sometimes depriving individuals of access for several hundreds of kilometres (see S/2024/385). The accessibility and acceptability of health facilities, goods and services are critical and in times of conflict; in particular, a functioning health system, including the protection of health and care workers, is vital to the enjoyment of the right to health of people affected by and/or involved in conflict.

34. The health and well-being of societies often depend on unpaid and informal work, which disproportionately falls on women and girls, especially in humanitarian crises and conflict settings.²⁸ Furthermore, maternity-related discrimination is a reality that remains overlooked, undocumented and unaddressed. All over the world, women who are mothers are discriminated against in accessing the labour force, pay, career advancement and decision-making positions – the so-called “motherhood penalty”.²⁹

²² See also <https://idpc.net/publications/2019/09/what-does-universal-health-coverage-mean-for-people-who-use-drugs-a-technical-brief> and <https://doi.org/10.1016/j.ijgo.2010.11.001>.

²³ See <https://gh.bmj.com/content/7/12/e010409>.

²⁴ Michelle Oberman and Lisa Soleymani Lehmann, “Doctors’ duty to provide abortion information”, *Journal of Law and the Biosciences*, vol. 10, No. 2 (2023).

²⁵ See https://iris.who.int/bitstream/handle/10665/126383/9789241507424_eng.pdf.

²⁶ See www.who.int/news-room/detail/17-09-2020-keep-health-workers-safe-to-keep-patients-safe-who.

²⁷ See https://extranet.who.int/ssa/LeftMenu/Index.aspx?utm_source=Stopping%20attacks%20on-%20health%20care%20statistics&utm_medium=link&utm_campaign=Link_who.

²⁸ Anna Barford and others, *Volunteering, Unpaid Care Work, and Gender in Lower-Income Countries* (United Nations Volunteers and International Labour Organization, 2024).

²⁹ Submission from Make Mothers Matter.

35. For sustainable development under the right to health, strategies must focus on converting unpaid and informal roles into formal jobs by ensuring fair wages, social protection and legal recognition, while implementing safeguards to prevent the regression of formal jobs into precarious work.³⁰ Building on roots of colonialism and slavery, Black women and Indigenous Peoples face further barriers and challenges in training, recruitment and growth opportunities.³¹

36. Critical to good governance and ensuring enabling environments is the meaningful participation of health and care workers. By engaging the health and care workforce at all levels – from policy formulation to implementation and evaluation – Governments and stakeholders can foster policies that are more equitable, practical and sustainable. Rooted in the right to participation in public affairs – both as a stand-alone right as enshrined in article 25 (a) of the International Covenant on Civil and Political Rights and as a central component of the right to health (E/C.12/2000/4, para. 54) – such action ensures that policies and practices reflect the needs and experiences of those directly involved in healthcare delivery, which is also known to improve rates of health policy implementation.³²

37. The aggregate size of the world's health sector is over \$5.8 trillion per year, and as such health is a “key economic sector and job generator”.³³ Rather than being a financial burden, investing in health systems and workers is a significant factor for inclusive growth.³⁴ Economic growth and development depend on a healthy population, which in turn depends on health and care workers.

38. Failure to adequately invest in the health and care workforce will perpetuate inefficiencies, hinder access to care and undermine public health and economic growth. Inequities will persist, preventing progress and affecting social mobility.³⁵

V. Health and care workers for peace and security

39. Peace is a fundamental precondition for human social and economic development. Sustainable Development Goal target 16.1 seeks to significantly reduce all forms of violence and related death rates everywhere. Without sustainable peace, societies are often plagued by conflict, violence and instability, which can hinder progress and result in the loss of lives and resources.

40. Violence also affects children's health, development and well-being and their ability to thrive. It causes trauma and weakens social inclusion that further affects society in the mid-to-long term. Structural injustices, inequalities and emerging human rights challenges are putting peaceful and inclusive societies further out of reach. To meet Goal 16 by 2030, action is needed to restore trust and strengthen the capacity of institutions to secure justice for all and facilitate peaceful transitions to sustainable development.

41. Goal 17 stresses the importance of revitalizing the global partnership for sustainable development. The 2030 Agenda and, most recently, the Pact for the Future, which are universal, call for action by all States to ensure that no one is left behind.

³⁰ International Labour Organization, *Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204): Workers' Guide* (2017).

³¹ Ohile Okoro, Omolayo Umaru and Meghana Ray, “Women of color in the health professions: a scoping review of the literature”, *Pharmacy*, vol. 12, No. 1 (2024).

³² See www.sciencedirect.com/science/article/pii/S0168851015002468?via%3Dihub, p. 1648.

³³ See <https://iris.who.int/bitstream/handle/10665/250047/9789241511308-eng.pdf?sequence=1>, p. 9.

³⁴ Ibid., p. 16.

³⁵ Ibid., p. 22.

42. Indirectly, regulation can influence workforce demand and supply, manage education costs, improve geographic practitioner distribution and enable or deter international mobility.³⁶ It plays a vital role in guaranteeing access to and the quality of health and care services and reducing instances of patient harm, while also striking a balance with access to healthcare services.

43. As health and care workers migrate out of their countries of origin, challenges in health attributed to workforce shortages are exacerbated, creating a pervasive cycle.³⁷ In 2020, WHO, the International Labour Organization and the Organisation for Economic Co-operation and Development developed the International Platform on Health Worker Mobility, which focuses on facilitating “the robust policy dialogue and action on health labour mobility through strengthened monitoring, country support, knowledge generation and sharing”.³⁸ These instruments work together to support States in fulfilling their obligations to migrant workers and to promote sustainable recruitment strategies that minimize harm to the countries facing the most severe health and care worker shortages.³⁹

44. Health and care workers with sexual orientations and gender identities that are often discriminated against “disproportionately experience discrimination in health care settings”, facing fear of job loss or potential violence and harassment.⁴⁰ Widespread and continued employment discrimination negatively affects the “health, wages, job opportunities, productivity in the workplace, and job satisfaction” of LGBTIQ+ persons in all sectors, the health workforce included.⁴¹ Stigma and prejudice persist, resulting in social exclusion for these health and care worker groups.⁴²

45. Workplace violence in health and care settings poses a significant health risk to health and care workers and is also a grave concern.⁴³ In accordance with the legal framework previously outlined (see in particular A/HRC/59/48), States are obligated to enact and enforce laws prohibiting discrimination, harassment and violence and must take proactive measures to prevent and investigate such conduct through measures such as awareness campaigns, rights-based education and accessible complaint mechanisms.⁴⁴

46. Conflict has negative repercussions on other underlying determinants, as it can result in a breakdown in systems and infrastructures, including health systems. Conflicts can also result in worsening public health conditions due to physical injuries, poor mental health, an increase in malnutrition, particularly among children, and outbreaks of communicable diseases.⁴⁵

³⁶ Arvo Kuddo and others, *Balancing Regulations to Promote Jobs* (World Bank Group, 2015); and International Labour Organization, *World Employment and Social Outlook: Trends 2021* (2021) pp. 114 and 115.

³⁷ See www.who.int/teams/health-workforce/migration.

³⁸ See www.who.int/publications/m/item/the-international-platform-onhealth-worker-mobility.

³⁹ Ibid., sects. A.iii and iv.

⁴⁰ See <https://pmc.ncbi.nlm.nih.gov/articles/PMC9007258>.

⁴¹ Brad Sears and Christy Mallory, “Employment discrimination against LGBT people: existence and impact”, in *Gender Identity and Sexual Orientation Discrimination in the Workplace* (2014), p. 40-2.

⁴² See <https://doi.org/10.1080/00918369.2011.614902>.

⁴³ Mei Ching Lim and others, “Workplace violence in healthcare settings: the risk factors, implications and collaborative preventive measures”, *Annals of Medicine and Surgery* (2022).

⁴⁴ International Labour Organization, Violence and Harassment Convention, 2019 (No. 190), arts. 2 and 4–11; and Convention on the Elimination of Discrimination Against Women.

⁴⁵ World Health Organization, “Briefing note on the potential impact of conflict in Iraq: March 2003” (Geneva, 2003), p. 1.

47. States are under the obligation to ensure that health facilities are not harmed as a consequence of conflict. However, a number of physical barriers are deployed in times of conflict, which severely affect access to health facilities and services. Obstacles such as forcible detours, arbitrary stops at checkpoints, imposition of travel permits and interrogation of patients result in worsening medical conditions for patients. In some cases, several health workers were reportedly explicitly questioned regarding their treatment of wounded individuals.⁴⁶

48. The former Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover, reported that the obligation to fulfil the right to health by facilitating, providing and promoting conditions conducive to its enjoyment may also be difficult in conflict due to resource constraints or security reasons (see [A/68/297](#)). States should, however, make available essential and minimum levels of health facilities, goods and services. This is of special significance in protracted conflict situations, post-conflict situations, areas with a constant military presence and areas under occupation.

49. Within these intricate systems, a robust and well-supported workforce is of paramount importance. As populations grow and societal demographics change, the need for available and quality healthcare will increase, enhancing the relevance of the health sector within societies.⁴⁷ Without strategic actions in the global health workforce, health and development objectives will remain unattainable, leaving societies vulnerable to growing health emergencies.⁴⁸

50. Areas plagued by armed conflict are also more vulnerable to overlapping crises. Armed conflicts overburden and weaken health systems and undermine health and care workers' ability to respond to health crises (see Security Council resolution [2439 \(2018\)](#)) and their work to maintain basic functions even with the ongoing targeting of medical facilities.⁴⁹

51. In July 2024, a monkeypox outbreak was declared in the Central African Republic after cases spread to the capital, Bangui. Flooding during the summer months reportedly destroyed 1,700 houses.⁵⁰ Displacement into the country from conflicts in neighbouring States further increased demands on the humanitarian system. Some 2.8 million people – 46 per cent of the population of the Central African Republic – will be extremely vulnerable, to the extent that humanitarian aid alone will not be enough for their well-being.⁵¹

52. Acceptability requires health facilities, goods and services to be in line with medical ethics. Medical impartiality in treating wounded people is also mandated by international humanitarian law.⁵² Therefore, health professionals have obligations vis-à-vis the provision of health services to people affected and/or involved in conflict. Refusal to treat persons wounded in conflict or providing preferential treatment to people of the same allegiance constitutes a direct violation of the right to health.

⁴⁶ Submission from Addameer.

⁴⁷ High-Level Commission on Health Employment and Economic Growth, *Working for Health and Growth: Investing in the Health Workforce* (2016), p. 4.

⁴⁸ World Health Organization, *Global Strategy on Human Resources for Health: Workforce 2030* (2016), p. 11.

⁴⁹ Submission from Professor Arawi.

⁵⁰ See <https://insecurityinsight.org/wp-content/uploads/2025/04/2024-SHCC-CAR.pdf>.

⁵¹ See www.unocha.org/publications/report/central-african-republic/central-african-republic-humanitarian-response-plan-january-2024.

⁵² See www.icrc.org/en/publication/4104-health-care-danger-responsibilities-health-care-personnel-working-armed-conflicts, p. 35.

53. In a statement, the Independent Expert on the situation of human rights in Haiti noted that “only 37 per cent of health facilities in the capital, Port-au-Prince, [were] fully functional and [were] difficult for people to access due to security concerns”.⁵³ Insecurity from attacks also results in an exodus of health or care personnel, further overburdening the remaining staff (see [S/2024/385](#)). These attacks weaken the functioning of health systems and make health and care workers more vulnerable. In 2023 alone, at least 600 incidents were perpetrated by both State and non-State actors, which damaged or destroyed healthcare facilities in conflict.⁵⁴

54. In addition, armed conflict propagates mass movements, poor sanitation and housing, and inadequate nutrition, which lead to increased instances of infectious diseases and put conflict-ridden areas at a higher risk for outbreaks of endemic and epidemic diseases.⁵⁵ In turn, disease outbreaks and poor health outcomes lead to social and political instability, fuelling further conflicts.⁵⁶ This perpetuates a vicious cycle, exacerbating ongoing conflict and further undermining efforts to bring peace and security (see Security Council resolution [2286 \(2016\)](#)).

55. Globally, systematic attacks on medical personnel and facilities resulted in the death of 925 workers in 2024.⁵⁷ Health workers have been killed inside their homes, in hospitals and in transit on duty,⁵⁸ through abductions, assault and violence.⁵⁹

56. The reported killing of 500 health workers between October 2023 and June 2024 against the backdrop of systematic attacks on hospitals and medical facilities by Israeli Defense Forces in Gaza drew particularly strong international reactions, including a call to “cease the killing of protected people, including healthcare workers, and calls for an “immediate and impartial investigation into these killings and accountability for the perpetrators” by the Office of the United Nations High Commissioner for Human Rights.⁶⁰

57. These episodes directly and indirectly affect access to healthcare (see General Assembly resolution [69/132](#)), hampering the enjoyment of the right to health and other health-related rights for health and care workers and all individuals.

VI. Challenges, intimidation and possible reprisals against health and care workers

58. Health and care workers, including allied health professionals, are retaliated against for their advocacy on a global scale. They have been the target of violence, including hospital and jail bombs, in war areas because they treat all patients. The right to health is being undermined, those health and care workers who support fair policies in authoritarian countries risk being silenced and torture of detained health

⁵³ See www.ohchr.org/en/press-releases/2025/01/haiti-un-expert-william-oneill-says-deeply-concerned-attacks-health-care.

⁵⁴ See <https://insecurityinsight.org/wp-content/uploads/2024/05/2023-SHCC-Critical-Conditions.pdf>, p. 13.

⁵⁵ See [www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(02\)11807-1.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(02)11807-1.pdf).

⁵⁶ See www.un.org/peacebuilding/sites/www.un.org.peacebuilding/files/un_pb_review_-_who_health_peace_thematic_paper_final_0.pdf.

⁵⁷ See https://extranet.who.int/sssa/LeftMenu/Index.aspx?utm_source=Stopping%20attacks%20on-%20health%20care%20statistics&utm_medium=link&utm_campaign=Link_who.

⁵⁸ See <https://insecurityinsight.org/wp-content/uploads/2024/05/2023-SHCC-Critical-Conditions.pdf>, p. 8.

⁵⁹ See https://extranet.who.int/sssa/LeftMenu/Index.aspx?utm_source=Stopping%20attacks%20on-%20health%20care%20statistics&utm_medium=link&utm_campaign=Link_who.

⁶⁰ See www.un.org/unispal/wp-content/uploads/2024/06/Statement-on-the-killing-and-arbitrary-detention-of-health-workers-in-Gaza-25-June.pdf.

workers has been widespread and methodical. Testimonies have revealed the use of stress positions, electric shock, sexual violence, prolonged blindfolding and denial of food and sleep in certain cases.⁶¹ Health professionals in several African countries, for instance, were reportedly imprisoned in 2024 for demonstrating against underpaid salaries, which made it difficult for them to provide care.⁶²

59. Community stigma and lack of legal support for victims can lead to threats against workers who advocate justice. These acts reflect systemic power structures that perpetuate disadvantage, in particular for women and low-income communities, highlighting the need for protective mechanisms for health workers as human rights defenders.

60. Incidents of violence affecting healthcare have been systematically documented by the Safeguarding Health in Conflict Coalition for several years, with approximately 3,623 global incidents in 2024.⁶³ While documented incidents already paint a grim picture, the actual scale of the problem is far greater. Many attacks go unreported due to insecurity, censorship or fear of reprisal, among others. In some cases, especially in conflicts in which healthcare has repeatedly come under attack, health and care workers have come to accept these risks as part of their job, continuing their work under threat without adequate protection.⁶⁴

61. Many perpetrators of attacks and threats against health and care workers, in clear violation of human rights law, are not held accountable. The lack of justice for these crimes creates an environment of impunity and leaves health and care workers feeling abandoned and unprotected.⁶⁵

62. In the Sudan, civilians in search of safety have reportedly found themselves subjected to egregious human rights violations, including sexual and gender-based violence, and deprived of vital necessities, such as food, water, reproductive healthcare, and fuel and other basic commodities.⁶⁶ Health facilities in the city have been damaged multiple times,⁶⁷ including children's health facilities, medical centres and an immunization centre. Ambulance drivers, doctors, gynaecologists, medical students, nurses, pharmacists, vaccinators and other healthcare staff have reportedly been shot and killed in their homes during wider attacks on civilians or in hospital bombings.⁶⁸

63. In Gaza, health and care workers are forced to work under very insecure and dangerous conditions. With a dearth of supplies, food, fuel and water, they continue to defend the right to health by providing healthcare for the injured. In its advisory opinion rendered on 19 July 2024, the International Court of Justice determined, *inter alia*, that the continued presence of Israel in the Occupied Palestinian Territory was illegal.⁶⁹

⁶¹ Submission from Addameer.

⁶² See <https://actionaid.org/news/2025/crippling-budget-cuts-leave-africas-public-sector-workers-underpaid-overworked-and>.

⁶³ Submission from Researching the Impact of Attacks on Healthcare project.

⁶⁴ Submission from Insecurity Insight.

⁶⁵ Ibid.

⁶⁶ United Nations, Office of the United Nations High Commissioner for Human Rights, "Statement by Tlaleng Mofokeng, Chair of the Coordination Committee, at the thirty-sixth special session of the Human Rights Council on the human rights impact of the ongoing conflict in the Sudan", 11 May 2023. Available at www.ohchr.org/en/special-procedures-human-rights-council/coordination-committee-outreach-archive.

⁶⁷ See https://youtu.be/8aYE6sN-rak?si=mC5_B8q6yG-GnDAn.

⁶⁸ See <https://insecurityinsight.org/wp-content/uploads/2025/06/57.-11-24-June-2025-Attacks-on-Health-Care-in-Sudan.pdf>.

⁶⁹ Available at www.icj-cij.org/node/204176.

64. Furthermore, in an urgent appeal⁷⁰ to Israel by various mandate holders, and in submissions received for the present report, stakeholders have noted recent human rights violations related to offensive and targeted attacks by Israel.⁷¹ Between October 2023 and 2 July 2025, at least 479 humanitarian aid workers, including 326 United Nations staff, were killed in Gaza.⁷²

65. WHO has recorded 735 attacks on healthcare infrastructure in Gaza between 7 October 2023 and 11 June 2025.⁷³ At least 96 healthcare workers who had been released have testified that they were subjected to torture, ill treatment, deprivation of food and water, threats of rape and sexual violence, and degrading treatment while in Israeli detention.⁷⁴

66. As health and care workers endure genocide themselves (see [A/HRC/59/23](#)), they are working tirelessly to provide medical care under an inhumane Israeli siege that deliberately prevents access to critical medical supplies, electricity and clean water in Gaza. Amid their own struggle for survival, Palestinian healthcare workers continue to uphold the right to health and to life itself.⁷⁵

67. More generally, even after conflicts end, the state of healthcare and of health and care workers remains in despair (see [S/2024/385](#)). The cumulative impact of these challenges underscores the urgent need for comprehensive strategies to restore and strengthen the healthcare system amid ongoing violence and political turmoil. The challenges of operating healthcare systems in situations of conflict means that staff are often not paid, or are paid late, compounding this burden.⁷⁶ Ongoing threats to health and care workers not only endanger their safety and dignity but also represent a direct assault on fundamental human rights and the humanitarian principles of impartiality and neutrality.⁷⁷

VII. Good practices

68. In addition to performing clinical tasks, the idea of health and care workers as advocates of the right to health has expanded to include advocacy, systemic change and community empowerment.⁷⁸

69. In Peru, using the intersectoral mechanism for the protection of human rights defenders, in which it is recognized that health and care workers, “could be considered as human rights defenders, as long as they carry out activities to promote,

⁷⁰ Available at <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=29643> and <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=28640>.

⁷¹ Available at <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=29757> and <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=29387>.

⁷² See www.ochaopt.org/content/humanitarian-situation-update-302-gaza-strip. See also Médecins sans frontières, “Why we won’t accept the narrative of ‘regrettable incidents’ in Gaza”, 18 February 2025.

⁷³ Available at www.emro.who.int/images/stories/palestine/Sitrep_61.pdf.

⁷⁴ See www.emro.who.int/images/stories/Sitrep_46b.pdf?Ua=1; “Nearly 600 attacks on healthcare in Gaza and West Bank since war began: WHO”, available at <https://news.un.org/en/story/2024/01/1145317>; and www.hrw.org/news/2024/08/26/israel-palestinian-healthcare-workers-tortured.

⁷⁵ Submission from Al-Haq.

⁷⁶ Submission from Researching the Impact of Attacks on Healthcare project.

⁷⁷ Submission from International Planned Parenthood Federation.

⁷⁸ Submission from Derrick Mark Wasike.

protect and/or defend human rights, including the right to health and life” and, as such, has registered and attended cases from June 2019 using this framework.⁷⁹

70. In Chile, health and care workers in primary healthcare act as mediators between different social actors, facilitating dialogue and collaborative work to improve living and health conditions. Strategies have been developed, including the prioritization of financial resources totalling \$1,081,000,000, through the local management support programme.⁸⁰

71. In Mexico, through preventive and corrective actions, occupational health surveillance and a strategy for safe and healthy work environments, safer, fairer and healthier work environments have been strengthened. This not only reduces accidents and diseases but also improves the work environment, promotes respect for labour rights and favours social and economic stability in companies and communities.⁸¹

72. In Guatemala, following the coronavirus disease (COVID-19) pandemic, biosafety standards were strengthened, which had a positive impact on the health of staff, their families and patients. Recognizing the importance of self-care for health personnel to ensure high-quality care, the Guatemalan Social Security Institute has implemented specific measures, including mandatory annual medical check-ups and mental health training.⁸²

73. In Malaysia, there is growing recognition of the broader responsibilities of advocating and upholding the right to health at various levels. Internationally, Malaysia has sent healthcare personnel, including nurses, to assist in humanitarian efforts relating to the Rohingya refugee crisis.⁸³

74. In India, health and care workers are not only medical professionals – they are educators, advocates, peacebuilders and defenders of human rights, and their role is deeply embedded in national health policy frameworks.⁸⁴

75. In Burundi, healthcare professionals have increasingly been made aware that their role is not limited to providing medical care and includes defending patients’ rights to dignified, fair and respectful treatment. In this regard, the Special Rapporteur has been informed that health providers referred victims of gender-based violence to listening and care services and that nurses and doctors began to make patients aware of their rights to information, informed consent and confidentiality.⁸⁵

76. In several countries, health workers are being trained to address the social determinants of health, such as poverty and inequality, which are critical to promoting health equity. Health and care workers also participate in multisectoral actions, including collaboration with civil society and unions, to improve access to medicines and better working conditions.⁸⁶

77. The International Council of Nurses *Caring with Courage* film series increases the visibility of the multifaceted roles of nurses in addressing the world’s greatest health challenges, including increasing mental illness. The Council’s #NursesforPeace campaign provides essential humanitarian resources, mental health support, and

⁷⁹ Submission from Peru.

⁸⁰ Submission from Chile.

⁸¹ Submission from Mexico.

⁸² Submission from Guatemala.

⁸³ Submission from Malaysia.

⁸⁴ Submission from India.

⁸⁵ Submission from Burundi.

⁸⁶ Submission from International Planned Parenthood Federation.

emergency preparedness and leadership training to both individual nurses and nursing organizations.⁸⁷

VIII. Conclusion

78. Entitlements under the right to health include the right to a system of health protection (i.e. healthcare and the underlying social determinants of health) that provides equality of opportunity to enable people to enjoy the highest attainable standard of health.

79. Moreover, the Committee on Economic, Social and Cultural Rights defines the obligations that States Parties must fulfil in order to implement the right to health (see [E/C.12/2000/4](#)).

80. The obligation to respect the right to health requires States to, inter alia, refrain from denying or limiting the equal access of all persons and abstain from imposing discriminatory practices relating to women's health status and needs.⁸⁸

81. The minimum core obligations include deliberate, concrete and targeted steps towards the full realization of the right to health, such as the preparation of a national public health strategy and plan of action.⁸⁹

82. The obligation to protect includes, inter alia, the duties of States to adopt legislation or to take other measures that ensure equal access to healthcare and health-related services provided by third parties. States should also ensure that third parties do not limit people's access to health-related information and services.⁹⁰

83. In the context of health and care workers as key to sustainable development, States also have the obligation to take positive measures that enable and help individuals and communities to enjoy the right to health.

IX. Recommendations

84. In line with the reaffirmation by States that all human rights are universal, indivisible, interrelated, interdependent and mutually reinforcing,⁹¹ the Special Rapporteur asserts that health and care workers are key defenders of the right to health.

85. While only States are Parties to the International Covenant on Economic, Social and Cultural Rights, and are thus ultimately accountable for compliance therewith, all members of society – individuals, including health professionals, families, local communities, intergovernmental and non-governmental organizations, and civil society organizations, as well as the private business sector – have responsibility for the realization of the right to health.

86. Societies that enjoy lasting peace and security are better able to build resilient health systems and achieve sustainable development. In the same vein, strong health systems and a protected, empowered health workforce contribute to social cohesion, conflict prevention and long-term stability.

⁸⁷ Submission from the International Council of Nurses.

⁸⁸ See www.ohchr.org/en/special-procedures/sr-health/about-right-health-and-human-rights.

⁸⁹ Ibid.

⁹⁰ Ibid.

⁹¹ See www.un.org/sites/un2.un.org/files/sotf-pact_for_the_future_adopted.pdf.

87. In line with these assessments, the Special Rapporteur wishes to make the following recommendations to all relevant stakeholders:

(a) States should adopt the right to health framework and develop further protective frameworks to enable them to use their expertise and skills to expeditiously realize a world of universal respect for and promotion of human rights and human dignity, the rule of law, justice, equality and non-discrimination;⁹²

(b) Stakeholders should strengthen the role of health and care workers in high-level political forums on peace, security and sustainable development and should facilitate transparent mechanisms for engagement and sustained feedback loops for health and care worker participation. The relevant stakeholders in health governance are essential to ensure that participation translates into rights promotion and supportive work environments;⁹³

(c) States, professional councils and regulatory authorities should adopt effective advocacy and establish multi-disciplinary strategies for violence, harassment and harm prevention against health and care workers;

(d) Health and care workers have the authority and credibility to work constructively on issues related to peacebuilding and conflict resolution, and their participation must be encouraged and meaningful, including those from groups in vulnerable situation;

(e) Stakeholders should expand initiatives and train health workers in peace and conflict mediation and advocacy, enhancing their role in peacebuilding and sustainable development;

(f) Sustained investment is needed in legal frameworks, social protection, fair remuneration and systemic support to ensure that health workers can continue to act as the defenders of the right to health for everyone, everywhere;

(g) In crisis, conflict, war and genocide, States must apply both international humanitarian law and human rights law, as they share the aim of protecting all persons and are grounded in the principle of respect for the life, well-being and human dignity of the person;

(h) Stakeholders should ensure the effective monitoring of violations of the right to health. Independent investigations, access to justice and accountability mechanisms should place the prevention power of early warning and human rights at the forefront;

(i) States Parties should provide an environment that facilitates the discharge of these responsibilities (see [E/C.12/2000/4](#)), including to ensure the availability, accessibility and acceptability of high-quality health facilities, goods and services.

⁹² Ibid.

⁹³ Tim Martineau and others, “Improving health workforce governance: the role of multi-stakeholder coordination mechanisms and human resources for health units in ministries of health”, *Human Resources for Health*, 26 May 2022.