

The Case for Investing in Primary Health Care Workers

Achieving Universal Health Coverage
and Improving Health Equity



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frontline
**HEALTH
WORKERS
COALITION**

Key Messages

- ▶ Adequate investment in health workers is crucial for achieving the United Nations' Sustainable Development Goal 3 (*Ensure healthy lives and promote well-being for all at all ages*), necessitating increased health financing for workforce recruitment, development, training, and retention.
- ▶ Weak primary health care systems worsened by the COVID-19 pandemic have caused a global decrease in life expectancy, disproportionately affecting low- and middle-income countries (LMICs) and vulnerable populations.
- ▶ Investing in primary health care and frontline health workers has the potential to save millions of lives, increase life expectancy by 3.7 years, and promote health equity.
- ▶ Despite a surplus of unemployed health workers in several LMICs, many countries struggle to meet the international minimum target of health workers per population with the World Health Organization (WHO) projecting a global shortage of 10 million by 2030.
- ▶ The primary health care workforce—the backbone of high-performing health systems—offers a strong return on investment, potentially up to 10:1, with community health workers offering high financial and social returns, preventing deaths, and contributing to economic growth.
- ▶ Investment in nurses and midwives, who are mostly female, yields improved health outcomes, education opportunities, job prospects, gender equity, and global health security.
- ▶ Governments must mobilize domestic resources for health workers to bridge funding gaps and meet the 15% Abuja Declaration target, and international donors can support these efforts.



Background

Weakened primary health care systems, strained by the COVID-19 pandemic, have resulted in a decrease in life expectancy globally. The effects of increased interruptions in service coverage and stalled efforts to combat infectious disease have been particularly acute in low- and middle-income countries (LMICs) and for women and children.^{1,2} Health workers face a disproportionate risk of exposure to illness during infectious disease outbreaks, reducing accessibility and quality of services and increasing countries' economic burden.³ Many countries in Africa have yet to meet the international target set out in the WHO Global Strategy on Human Resources for Health: Health Workforce 2030 of 44.5 doctors, nurses and midwives per 10,000 people, despite having a surplus of unemployed health workers.⁴ By 2030, the global shortage of employed health workers is estimated to be 10 million, with Africa representing nearly half of the shortage.⁵ Investing in primary health care over the same period could potentially save as many as 60 million lives and increase average life expectancy by 3.7 years.⁶

Nurses represent nearly 60% of all health professionals, but there is a gap of roughly 6 million nurses globally with 89% of the gap in LMICs. It is estimated that an additional 13 million nurses need to be trained and employed by 2030 to make up for resignations and retirements.^{7,8} And while community health workers (CHWs) have the potential to play a major role in accelerating quality primary care coverage and global health security activities, they remain underinvested in, undersupported, and overburdened.⁹ An estimated 86% of CHWs, most of whom are women, are not paid or are underpaid.¹⁰

Recent analysis in 20 African countries has shown that continued health workforce funding at current levels and a reliance on GDP growth to increase health worker salaries will result in an average government fiscal deficit of 43%. This would be insufficient to absorb all currently trained and available health workers, much less train additional health workers to meet the needs of growing populations.¹¹ Simultaneously, international debt financing mechanism requirements for LMIC governments to cut human resource and civil society budgets have reduced budgetary allocations for human resources for health (HRH). Governments must reach the Abuja Declaration target, allocating 15% to national health expenditures, and of that 57% should be spent on health workers. Gaps for health worker spending within government budgets should be an investment priority for international donors.



Photo: Abt Associates

Solution: Investing in Primary Health Care Workers

To improve global public health, investments in quality primary health care that reaches those in rural, remote, and underserved areas are critical. The United Nations' Sustainable Development Goal 3 target 3c calls for an increase in health financing for the recruitment, development, training, and retention of the health workforce. To achieve this goal and improve universal health coverage, investment in the health workforce, and primary health care workers in particular, is a best bet, with as much as a 10:1 return on investment (ROI).¹²

The simple truth is that there is no health without health and care workers. Frontline health workers are the first point of contact for individuals seeking health care services. The primary health care workforce is the backbone of high-performing health systems. Primary health care workers can help individuals adopt healthier behaviors, prevent chronic conditions, and identify health issues early on, leading to better health outcomes and reduced health care costs.

By investing in health workers—especially community health workers, nurses, and midwives—governments and international donors can create a sustainable and equitable health system that leaves no one behind. To do this requires adequate funding for:

- ▶ recruitment, training, and retention of health workers to meet growing demand and reduce patient backlogs
- ▶ health worker salaries, supplies, and supervision to improve access to care, especially among underserved populations
- ▶ professional development programs to enhance health worker knowledge, skills, and care quality
- ▶ better and more conducive working conditions and infrastructure to attract workers to rural areas and promote health equity.

Reframing the economic value of the health workforce from a budgetary cost to a human capital investment that generates income as a result of employment and empowerment of women and youth—with a triple return for health, economic growth, and global health security—can spur additional funding. Aligning funding priorities to current population health needs and stimulating additional smart investments in the health workforce, as outlined in the 2023 Africa Health Workforce Investment Charter, can help reverse the economic downturn following the COVID-19 pandemic and increase the speed at which service coverage rates are improved in LMICs.¹³

The Case for Investing

Investment in the health care workforce includes addressing the education and training, recruitment, motivation, and retention of health workers, and providing a supportive workplace environment to provide quality care. Education and training investments such as preservice scholarships or low interest rate loans, post-graduate fellowships, and clinical mentorship can improve on-time graduation, opportunities for internship, and timely licensure and employment. Consistent payment of salaries, benefits, and incentives to deploy, along with non-remuneration strategies such as adequate housing, availability of work tools and supplies to effectively provide care, advancement opportunities, and positive work environments have been shown to increase retention in underserved areas.¹⁴

Investments in CHWs have repeatedly been shown to have a high financial ROI as well as a strong social ROI. Investments in a community-based health workforce at scale in sub-Saharan Africa could produce an estimated annual economic return of 10:1 and could prevent up to 3 million deaths annually.¹⁵ Country-specific examples in practice support these findings. In Kenya, the

Ministry of Health estimates a 9.4:1 financial ROI of its CHW program and found evidence of community benefits including empowerment of youth and women, increased knowledge and capacity in the community, and secondary impacts on child protection, school enrollment, and sanitation.¹⁶ Ethiopia's community-based health extension program yielded a return of between \$1.54 and \$3.26 for every dollar invested, with quantified benefits for gender equity, women's empowerment, health employment, and productivity.¹⁷ In Mali, the government has recently legally recognized the importance of the work of CHWs, paving the way for salarizing them and solidifying the ROI of integrated community case management delivered by CHWs in reducing under-five mortality.¹⁸

Financial ROI in nurses and midwives has been less well quantified, but given the size of the workforce, which is overwhelmingly female, returns can be measured in improved health outcomes for the majority of the world's population, millions of educational and job opportunities, particularly for women and young people, and improved global health security.¹⁹

One assessment in Bangladesh calculated that the beneficial impact of midwives is comparable to that of child immunization, with a 16-fold ROI primarily as a result of improved maternal and newborn health.²⁰ The 2021 State of Midwifery report noted the limited quantified financial ROI but highlights several social benefits of investing in midwives in addition to improved health outcomes: these investments augment the labor supply and economic activity, favor inclusive and equitable growth from decent work for women, facilitate economic stabilization as fewer health jobs are lost during economic downturns, and can have a more positive macroeconomic impact than investments in other sectors of the economy.

Across southern Africa, HIV treatment scale-up was only possible through the consistent and substantial investment in improving frontline health worker capacity in tandem with health systems strengthening. Despite early skepticism and without a vaccine and relying largely on frontline generalists, nurses, and community health workers, African nations are on the path to achieving epidemic control and the 2025 UNAIDS 95-95-95 targets. This investment in the workforce has allowed HIV to become a manageable chronic disease.

The Philippines' experience offers a roadmap for other LMICs to plan and implement health workforce investments for primary health care. Bringing together researchers and policymakers to co-create a health workforce planning process, the country projected needs for ten primary health worker professions to inform the development of the National Human Resources for Health Master Plan.²¹ The projections guided recommendations to address issues related to health workforce quantity, skill mix, and distribution, including task shifting, expanding scholarships and deployment, and reforming health professionals' education, providing a successful example of whole-of-government planning to ensure availability of a primary health workforce that meets the needs of the population.

Policy Recommendations for Health Worker Investments



Photo: Palladium

1

Invest in increased, dedicated funding for long-term health systems and health workforce strengthening.

Aid LMICs' health system reforms to build and sustain their health workforce, including nurses, midwives, and CHWs. Ensure collaboration among national-level stakeholders, including ministries of health, ministries of education, ministries of finance, and the private sector to expand fiscal space and align and sustain budgeting for the health workforce needed to achieve universal health coverage. Use HRH planning tools such as national health workforce accounts, health labor market analysis, and Workload Indicators of Staffing Need, as well as human resources information systems or other repositories to generate evidence for decision-making and increase funding for the health workforce and the systems that support it. Coordinate funding toward clear, costed, and prioritized national and sub-national health services strategies to fully integrate all health and care workers into the formal health system, especially at the primary health care level.

2

Invest in health workforce education to train and employ new health workers and retain existing health workers to meet health needs.



Photo: IntraHealth International

Provide fair and timely pay and career advancement opportunities. Establish career development pathways and professional growth opportunities for all health workers, especially for women and those from rural and remote areas, including mentorship programs, leadership training, and specialized certifications. Ensure gender-equitable preservice training, recruitment, and compensation. Provide supportive supervision, continuing in-service education, work tools, supplies, and commodities to enable health workers to deliver high-quality, responsive health services and improve population health outcomes. Define workforce standards with a gender lens and include responsibilities and tasks, and develop or review education curricula and guidelines and minimum competency requirements. Using HRH data and evidence generated, advocate for increased government fiscal absorptive capacity to hire new staff and motivate and retain the existing workforce.

3

Invest in safe and decent work for all health workers, including women and community health workers.



Photo: GAIA Global Health

Provide health workers reasonable work hours, adequate protection, including personal protective equipment, and ensure adequate water, sanitation, and hygiene services. Address violence against health workers and foster policies and investments that improve their working conditions, including by preventing and addressing discrimination, gender-based exploitation, abuse, and harassment. Ensure adequate infrastructure and access to health services for all health workers—including programs to support health and care workers’ physical and mental health. Implement gender-sensitive policies that address the unique needs and challenges faced by female health workers, such as maternity leave, childcare support, and protection against workplace harassment and discrimination. Promote equal opportunities for female health workers in leadership positions and traditionally male-dominated specialties.



Photo: IntraHealth International

4

Invest in community health workers by integrating them into national health systems and paying them fairly.

Affirm an integrated approach toward health service delivery and include CHWs in national HRH and health sector plans, including national disease strategies, implementation, technology, governance, and program monitoring. Invest in National Georeferenced Community Health Worker Master Lists to effectively identify, describe, enumerate, locate, and contact all CHWs in a country. Pay community health workers a regular, competitive wage, with the same legal rights and benefits of other health workers. Include CHWs in health systems planning to ensure that they are adequately provided with the required medicines and supplies to fulfill their role. Collect data on all health workers disaggregated by gender, age, cadre, location, and contract; track service delivery and health outcome information; and use data for better informed workforce planning.

5

Invest in frontline health workers—including women, nurses, midwives, and community health workers—by involving them in decision-making processes.



Photo: Abt Associates

Establish and strengthen mechanisms for health workers, especially women health workers, to contribute to national and sub-national health decision-making and policy development, including emergency response committees, budget planning, and donor consultations, so that their expertise, needs, and lived realities are considered. Ensure global and national health initiatives include frontline health workers in health policy planning bodies, such as in Global Fund Country Coordinating Mechanisms, and ensure frontline health workers are included in key planning processes, such as the development of PEPFAR Country Operational Plans and proposals to the Pandemic Fund.



Photo: ICAP

Conclusion

Investing in health workers is imperative for achieving Sustainable Development Goal 3, as it underpins universal health coverage and enhances health equity. Despite the availability of unemployed health workers in certain parts of the world, a projected global shortage of 10 million health workers looms by 2030. The investment in health workers offers a significant return of up to 10:1, with community health workers, nurses, and midwives playing a pivotal role. Governments must increase their spending on health workers and start viewing them as a human capital investment, rather than a budgetary cost, and donors can and should support them to do so. This investment is crucial for building resilient primary health care systems, promoting global health security, and ensuring a healthier, more equitable future for all. The time to prioritize investing in health workers is now. It is essential to our collective well-being, social and economic development, and the realization of universal health coverage.

ENDNOTES

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ABOUT THIS REPORT

This analysis was produced by members of the Frontline Health Workers Coalition, an alliance of more than 40 United States-based and international organizations working together to urge greater and more strategic investments from the US government and multilateral funders in frontline health workers in low- and middle-income countries as a cost-effective way to save lives and foster a healthier, safer, and more prosperous world.

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