Policy Recommendations for Sustainable Health Workforce Teams to Respond to COVID-19

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More than eight months into the COVID-19 pandemic, immediate policy changes and investments are still needed to surge frontline health workforce capacity, ensure health workers' safety and well-being, equip them with the supplies needed to do their work, recognize their commitment and personal sacrifices, and make certain their stories are heard and acted on by policymakers.

Governments, donors, and implementing partners must prioritize low- and middle-income countries to protect and support sustainable frontline health workforce teams so they can continue responding to COVID-19, while simultaneously ensuring uninterrupted access to essential health services for all people.

Reports from the World Health Organization (WHO) and other agencies show at least 44,000 health workers in Africa, 12,000 health workers in Asia, and 570,000 health workers in Latin America and the Caribbean have been infected with COVID-19, threatening their lives and overall health system capacity. According to the WHO, 90% of countries have experienced disruption of essential health services—including for communicable diseases; noncommunicable diseases; mental health; and reproductive, maternal, newborn, child and adolescent health, and nutrition services—with low- and middle-income countries reporting the greatest difficulties.

The Frontline Health Workers Coalition calls on governments, donors, and implementing partners to prioritize and invest in the following actions to support frontline health workers—including community health workers—in low- and middle-income countries in their efforts to control the spread of COVID-19. These recommended actions will strengthen national health systems by making them more resilient and ready to prevent, detect, and respond to future global health threats.

Immediate needs for frontline health workers

Coordination among countries, donors, and implementers
- Align with country-led strategies and build on existing health systems.
- Provide technical assistance and resources for country governments to implement COVID-19 response action plans and monitor implementation.
- Coordinate and support investments that will contribute to strengthening countries' health systems over the long-term.

National and regional health workforce planning
- All countries should develop and implement comprehensive national plans for COVID-19 response, including distribution of a COVID-19 vaccine when available, and long-term pandemic preparedness that ensure access to well-trained, supported, and protected frontline health workforce teams.
- Align with WHO guidance, including the Workforce 2030 Global Strategy for Human Resources for Health, the Access to COVID-19 Tools (ACT) Accelerator, and the Africa Joint Continental Strategy for COVID-19 Outbreak.

Occupational safety and support for health workers' well-being
- Make [WHO]- or [CDC]-recommended personal protective equipment (PPE) available, as well as needed testing and treatments, for every health worker, including community health workers.
  - Maintain adequate stockpiles of PPE and equitably distribute PPE according to need.
  - Waive national and donor procurement restrictions to ensure timely delivery of PPE.
  - Rapidly and substantially increase production, address supply chain blockages, and end export bans to secure adequate supplies and stocks of PPE.
  - Routinely fit-test PPE for all groups, particularly women, as they make up the majority of health workers.
  - Facilitate deployment of rapid diagnostic tests (RDTs) with frontline health workers prioritized in testing rollout, and routinely test health workers responding to COVID-19 at no personal cost.
- Prioritize frontline health workers in future COVID-19 vaccine distribution.
- Ensure [International Labour Organization standards of decent work] for all frontline health workforce teams, including voluntary health workforce placements, and prioritize fair remuneration for workers currently classified as "volunteers."
- Ensure availability of water, sanitation, and hygiene (WASH) services—including adequate clean water supplies and soap—and training on WASH, as well as personal hygiene products for frontline health workers, who often work long shifts in continuous PPE.
- Promote proper mask adherence through social behavior change interventions in all public areas, including health centers and hospitals.
- Prioritize improvements to ventilation systems in health centers and hospitals, knowing that COVID-19 and other respiratory illnesses are less likely to be transmitted in rooms with sufficient air flow.
- Provide additional support and compensation for frontline health workers as needed, particularly for unpaid health workers, including on- or near-site temporary housing, childcare, hazard pay, meals, safe transportation that allows for social distancing, airtime for telemedicine visits, and funds for health-related expenses such as mental health services.
- Provide access to mental health and social support services for health workers, including advice on work-life balance, as [recommended by the WHO].
- Thank health workers and acknowledge their contributions, challenges, and sacrifices.

Surge Capacity
- Ensure fiscal capacity and real-time health workforce data to plan, allocate, and manage a health workforce surge in COVID-19 hotspots.
- Employ innovation and flexibility to increase the number of available frontline health workers, such as recruitment of retired health workers and certified health workers currently in different fields, waiver of non-competency/practice-related requirements for students to ensure completion of needed training, fast tracking professional licensure for graduated students, and directives allowing certified health workers to practice across geographies.
- Invest in telemedicine platforms that are accessible to all communities, especially those with least access to essential services.
- Limit the number of health workers with direct exposure to COVID-19 by expanding isolation spaces for COVID-19 patients and assigning specific staff to

closed COVID-19 wards.
- Set up treatment units in remote and rural areas, with housing for corresponding health workers to limit transmission via transportation.

Appropriate training on COVID-19 prevention, control, and treatment
- Provide large-scale, rapid, and up-to-date COVID-19-specific training to frontline health workforce teams, including training and resources for infection prevention and control.
- Provide essential triage training in pre-hospital settings (e.g., emergency tents and field hospitals) for health auxiliaries.
- Train health workers on transitioning in-person health services to virtual telemedicine, supporting airtime and data costs.

Education, health workforce pipeline, and e-learning
- Enable health worker students to continue their rotations/practicums involving on-the-job learning whenever feasible.
- Scale up e-learning and other methods that allow for continued learning during pandemic suppression/mitigation procedures.
- Rapidly make available the latest health workforce guidance and tools from the WHO and other leading response agencies in multiple languages.

Real-time health workforce data
- Provide transparent and timely data on the number of health worker infections and deaths, and notify health workers of each infection in their facility.
- Disaggregate health workforce data by sex, age, and comorbidities.
- Provide data showing staff and key medical supplies at each facility, including availability of PPE, ICU and regular hospital beds, and ventilators, to ensure supply needs of frontline health workers are immediately known by policymakers. Ensure community health workers are accounted for in these data.
- Utilize and expand human resources information systems (HRIS) as needed to ensure adequate health workforce planning and tracking, while adhering to Principles of Digital Development and avoiding parallel data streams.
- Every country should provide the criteria for COVID-19 testing and number of tests available.
- Advocate for establishing a global database of COVID-19 health workforce data at the WHO.

Address gender-related inequalities and barriers
- Support the distinct needs of women in the workplace, who make up 70% of the health workforce (e.g., ensure a safe space and time to breastfeed and provide menstrual products).
- Support health facilities to provide free and safe childcare for health workers and provide economic relief for emergency childcare for health workers when normal child care operations cease.
- Address gender inequities in remuneration, recognizing that there is an average gender pay gap of around 28% in the health workforce.
- Ensure policy and response working groups are gender equal, as diverse perspectives are necessary.

Address stigma, attacks, and harassment
- Adopt a zero-tolerance policy toward harassment of or violence against health workers, as approximately 400 reported incidents of violence related to COVID-19

have affected health workers or health care in at least 16 low- and middle-income countries.

- <u>Governments should</u> work with partners and communities to leverage media and communication channels to promote messages about protecting health workers as a national and community asset.
- Invest in collecting data on harassment of or violence against health workers and rapidly report incidents of harassment of or violence against health workers to the WHO.
- Encourage community members and health workers to report incidents of stigma, harassment, or violence and to share their stories to directly address stigma and psychosocial issues.
- Investigate and respond to reports of harassment or violence and hold perpetrators accountable. Take strong diplomatic actions against perpetrators through public condemnations, demarches, and other mechanisms.

Policy changes and investments needed

Commitment of new, long-term funding for frontline health workers as part of COVID-19 response
- Prioritize funding to support immediate needs and sustainable frontline health workforce strengthening in countries identified as pandemic hot spots or countries with low capacity to respond to outbreaks and high vulnerability based on the Infectious Disease Vulnerability Index.
- Target investment toward health worker education in communities with least access to essential health services to increase production and recruitment of frontline health workers from the communities with greatest need.

US global health programs
- Lift any restrictions on US foreign aid funding that inhibit needed support, including salary support, to strengthen the frontline health workforce.
- Work with other governments and the WHO to coordinate PPE procurement to ensure equal access to needed supplies.
- Provide training to health workers supported through US-funded programs on use of US-donated commodities (e.g., ventilators, oxygen tanks, etc.).
- Supplement global health funding with an emphasis on needed investments in the workforce and systems so the COVID-19 pandemic does not set back efforts in other global health programs. Make global health security programming responsive to long-term development programming and vice versa to prevent duplication of efforts and ensure sustainable investments.
- Release a cross-agency, multi-year strategy detailing how relevant agencies will utilize existing flexibilities to implement integrated and cross-sectoral programming across global health accounts to strengthen local frontline health workforce teams and the systems supporting them. The strategy should include concrete targets and clear accountability mechanisms and align with WHO and national strategies.

Multilateral support
- <u>Governments and donors should</u> invest in the <u>COVID-19 Solidarity Response Fund</u> to ensure low- and middle-income countries can receive needed assistance.
- <u>Governments and donors should</u> invest in the <u>Working for Health Multipartner Trust Fund</u> to ensure a sustainable workforce is able to deliver essential services; spark economic growth; and prevent, detect, and respond to disease outbreaks.

- Push for financing from the World Bank and other multilateral funds (including Global Fund and Global Financing Facility) and financing institutions to prioritize needs of and support to frontline health workers.
- Governments and donors should join the WHO COVAX alliance to ensure that people in all corners of the world, including frontline health workers, get access to a safe and reliable COVID-19 vaccine once it is available.
- Take part in global campaigns to honor frontline health workers and amplify their stories, including 2021: The Year of the Health and Care Worker recently declared by the WHO and the World Health Assembly.

Global Health Security Agenda (GHSA) targets and focus on the global frontline health workforce
- Amend the GHSA Workforce Development Action Package target for health workforce to be inclusive of all cadres of health workers, with an emphasis on frontline providers in remote/neglected communities. The target should focus on population access to providers with International Health Regulations competency, rather than a provider ratio for particular cadres. It should also include adequate financing for priority health workforce strengthening efforts.

The Frontline Health Workers Coalition is an alliance of United States-based organizations working together to urge greater and more strategic investments 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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