

**Frontline Health Workers Coalition Comments to the U.S. Department of Health and Human Services' Listening Session in Preparation for the 74th World Health Assembly
May 2021**

Agenda item 15: Health Workforce

The World Health Assembly (WHA) will consider the five-year action plan for health employment and inclusive economic growth (2017–2021) and the next steps to advance progress in this area, as well as [draft Strategic Directions for Nursing and Midwifery](#).

Vice President Harris has rightly stated that “Every country must have a strong health system that everyone can access and a workforce that can detect and stop unexpected threats.”

Investing in the health workforce should also be viewed as an investment in women's and young people's economic empowerment, since education and job creation in the health and social sectors can drive inclusive economic growth. Women currently constitute [70% of the global health workforce](#) and [90% of the nursing and midwifery workforce](#), and young people should be encouraged and supported to pursue health professional training and meet the need for more skilled health workers.

Before the pandemic, the world faced a shortage of [18 million health workers](#) and a shortage of [six million nurses](#), mostly in low- and middle-income countries. [New data](#) shows the world needs 900,000 midwives, mostly in low- and middle-income countries, and that [midwives are underrecognized and under supported](#) even though increased investment in midwives could avert 67% of maternal deaths, 64% of neonatal deaths, and 65% of stillbirths. Poor working conditions, along with insufficient and irregular payment, are contributing to attrition of staff and existing shortages could worsen in the wake of COVID-19.

Policy issues for the United States:

- The WHO is developing a new action plan for 2022 - 2030 to reach goals on workforce, and it will form a working group to develop a detailed plan. **The US should work to elevate the work of WHO in this area, ensure it is given a strong mandate and consider specific financial contributions to ensure its success.** The US should also support a thorough mapping of human resource needs and investments, to form the basis of an investment case that describes what the WHO needs to succeed in this area, as well as recommendations for key global institutions, donors and LMICs.
- Only [7% of all development assistance for health](#) went to support the health workforce between 1990-2016. Most resources went for short term project-based interventions, rather than investments in long-standing health workforce challenges. The Working for Health Multi-Partner Trust Fund, developed by WHO under the current workplan, received only about 10% of required resources. **The**

US should contribute financially to ensure that such a financing mechanism can succeed.

- The WHA will consider a proposal for a Care Compact to protect health and care workers' rights, decent work, and practice environments, to be issued at the UN General Assembly meeting this September. **The US should support this initiative and work in partnership with countries in the Africa region who are backing this proposal.** A resolution on the Care Compact **should include strong provisions** on fair pay, training, supportive supervision, freedom of association, and safe working environments for all cadres, including community health workers, as well as on the need for all countries, including donor countries, to contribute to the success of the initiative.
- We also urge the US to prioritize **ensuring that any resolution on nurse and midwives also includes strong provisions** on fair and reliable remuneration for these cadres as well as decent working conditions, respect for freedom of association, and freedom from violence and harassment.

Agenda Item 17.1: COVID-19 Response

During the COVID-19 emergency health workers have faced mental stress, overburdening due to understaffing and long work hours, a lack of personal protective equipment, risk of infection and death, quarantine, social discrimination and attacks, and responsibility to care for friends and family.

Poor working conditions are also leading to widespread strikes by health workers. [An independent analysis](#) has identified industrial disputes and strikes in 84 Member States since February 2020, with 38% due to indecent working conditions.

According to the [Institute of Health Measurement and Evaluation](#), an estimated 179,500 health workers globally have died as a result of COVID-19. According to WHO, only 40% of countries have started vaccinating health care workers against COVID-19 and globally only 5% of the global health workforce has been vaccinated.

The pandemic has further impacted the availability and capacity of health workers to preserve continuity of essential services. According to a [pulse survey released by the WHO in April 2021](#), substantial disruptions to essential health services persist across the globe--94% of countries participating in the survey reported disruption of services. 66% of countries cited insufficient staff availability (due to deployment of staff to provide COVID-19 relief or other needs), leading to disruptions impacting immunizations, maternal care, cancer screening, family planning services, HIV care, TB prevention and treatment, nutrition services, and more.

In an [accompanying paper](#) to the main report, the Independent Panel for Pandemic Preparedness and Response stated that "health workforce challenges during COVID-19 include low staffing levels (particularly among nurses) and uneven geographical distribution." The paper states that "Our review highlights that resilient health systems

are those that not only invest in pandemic-related planning and training of health workers, but also ensure their physical, mental and economic protection in the workplace and beyond."

Unless adequately addressed, understaffing, as well as inadequate remuneration, and poor working conditions, will jeopardize the rollout of COVID-19 tools, such as vaccines, and the ability of countries to restore critical health services. In some countries authorities have not been able to administer vaccines before expiration and have had to destroy the doses. **The US should take a leadership role in implementing an immediate policy response.**

Policy issues for the United States:

- The WHA will discuss the recommendations of the Independent Panel for Pandemic Preparedness and Response to improve the response to COVID-19 and future public health emergencies. The Panel rightly calls for a strong and well-supported health workforce, including community health workers. This is a welcome recommendation, yet **the needs of the workforce are an urgent, immediate issue** as well as an issue for the longer term.
- WHO, GAVI and UNICEF published an [estimate in February 2021](#) that the COVID vaccine delivery and human resource surge costs would total **\$3 billion, above what is included in the COVAX budget**, and this is just to vaccinate the first 20% of the population in AMC participating countries. This amount includes the WHO-estimated cost of 1.1 million health workers needed to administer the vaccines. However, these institutions will issue a revised estimate in June 2021 based on the experience to date in administering COVID vaccines.
- The workforce administering the vaccines must receive fair pay, adequate training and supervision and safe and supportive work environments, including for community health workers who are at the frontlines of delivery and can help reach rural, underserved communities. [A CARE Report](#) estimates that the total cost of vaccine administration will be five times the cost of vaccine purchases, translating to an estimated \$190 billion to achieve global herd immunity.
- Recognizing the challenges to date with rollout of COVID tools, and the risk of wastage, the ACT-A has stated that the Health Systems Connector will be country-oriented going forward, in order to address critical gaps and bottlenecks. Since the WHO lacks sufficient resources to support adequate country-level technical assistance, Canada has recently stepped forward with a pledge of \$100 million to support the WHO's work in the Health System Connector.
- To date, the US has provided \$75 million through USAID, plus the US is expected to provide another \$100 million via USAID and \$500 m for Gavi to address COVID vaccine delivery needs. **The US should use the opportunity of the WHA to announce it will take a much greater leadership role in strengthening the Health Systems Connector of the ACT Accelerator to reach at least 70% vaccine coverage, including to accelerate vaccination of health workers.**

- The Panel rightly states that “Where community structures, such as cadres of community health workers, have been mobilized, they have made a critical difference in establishing trust in government instructions, extending services, and in relaying scientific information.” Yet, **it is unclear to what extent the International Pandemic Financing Facility proposed by the Panel would strengthen the community health workforce, nurses or other crucial cadres.** In fact, public health functions are not delivered by one occupation or group; rather, they are performed by multiple health personnel, including health personnel with clinical roles who integrate a public health approach in their broader responsibilities (e.g. general practitioners, nurses and community health workers.)
- To provide maximum benefit the US should urge that **such a Fund go beyond typical global health security workforce investments, such as training field epidemiologists, to address the needs of a broader range of health workers at all levels of the health system needed for pandemic preparedness and response.**
- The Panel calls attention to the fact that while women constitute 70% of the health workforce, they were not included in most of the COVID-19 response structures. Unfortunately, the Panel stops short of any specific action recommendations to remedy this problem or the fact that some cadres of health workers are under-represented in decision making, such as nurses and midwives. **The US should consider ways to use its influence through bilateral and multilateral funding mechanisms to open more opportunities for women’s leadership** and work closely with France, WHO and Women in Global Health in the [Gender Equal Health and Care Workforce Initiative](#).
- The Panel states that the funding decisions of the International Pandemic Financing Facility would be governed by a Global Health Threats Council, and it includes civil society representation in the design of the proposed Council. **The US should ensure that representation on this or similar bodies include independent health worker representatives with real influence over funding and policy decisions.** Civil society can help guarantee sustainable, long term funding for such financing facilities, as the world has seen in the case of [advocacy for the Global Fund](#), but only if it has an independent and meaningful role.