

FRONTLINE HEALTH WORKERS COALITION

Statements during the 144th Session of the Executive Board
January 2019



The Frontline Health Workers Coalition (FHWC) shared the following statements during the World Health Organization Executive Board Agenda Items 5.1 (Proposed Programme Budget 2020–2021), 5.2 (Public Health Preparedness and Response), 5.5 (Universal Health Coverage), 6.3 (Human Resources for Health), and 6.6 (Patient Safety).

5.1: Proposed Programme Budget 2020–2021

The Frontline Health Workers Coalition commends the WHO for its work to respond to global health security threats, including providing vaccination to contacts and frontline health workers within 10 days of declaring the ongoing Ebola outbreak in northeastern DRC.

However, an urgent imperative remains to increase investment and coordination in IHR capacity building and protection of frontline health workers in the world’s most at-risk communities to infectious disease outbreaks. [As we wrote to the Executive Board in January 2015](#), ensuring access to “competent and supported health workers can no longer be allowed to languish as a global health policy afterthought. The heroic sacrifices of frontline health workers must be met with honor, compassion and support for their efforts. Investments must be made in equipment, supplies, training, effective management and financial support for the retention of health workers to ensure that every community has the workforce needed to save lives, and the robust systems to support those workers in detecting, analyzing and responding to new and emerging public health threats like Ebola.”

We commend WHO and leaders around the world to improve the security situation in the DRC, as cease-fires are critical for frontline health workers to quash this outbreak. But [attacks on health workers and facilities are far from confined to the DRC](#) and are occurring in at least 23 countries in conflict around the world. Far greater action for monitoring and accountability of attacks on health workers is paramount for efforts public health response efforts to be effective.

We urge the Executive Board to direct the WHO secretariat to firmly embed policies and investments that frontline health workforce teams in every community are connected to the information, training, and equipment they need to respond to global health security threats and that they are able to safely perform their work.

5.2: Public Health Preparedness and Response

The Frontline Health Workers Coalition commends the WHO for its work to respond to global health security threats, including providing vaccination to contacts and frontline health workers within 10 days of declaring the ongoing Ebola outbreak in northeastern DRC, an area in active conflict.

However, an urgent imperative remains to increase investment and coordination in IHR capacity building and protection of frontline health workers in the world’s most at-risk communities to

infectious disease outbreaks. [As we wrote to the Executive Board in January 2015](#), ensuring access to “competent and supported health workers can no longer be allowed to languish as a global health policy afterthought. The heroic sacrifices of frontline health workers must be met with honor, compassion and support for their efforts. Investments must be made in equipment, supplies, training, effective management and financial support for the retention of health workers to ensure that every community has the workforce needed to save lives, and the robust systems to support those workers in detecting, analyzing and responding to new and emerging public health threats like Ebola.”

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5.5: Universal Health Coverage

The Frontline Health Workers Coalition commends the WHO’s continued focus on achieving universal health coverage as a central driver for achieving SDG3. We make the following comments on components of this agenda item:

- Primary health care (PHC) towards universal health coverage (UHC)
 - We commend the emphasis on PHC to get to UHC but we believe that language needs to be more explicit—that PHC must go beyond the facility level to the community and frontline health workforce teams.
 - We commend the operational framework’s emphasis on inclusion and accountability. PHC must address the specific barriers, such as inadequate frontline health workforce, to access for underserved populations and ensure that their essential needs for health and wellbeing are being met at the primary level.
 - UHC must refer to access to “quality services” (per SDG 3.8), in addition to coverage and financing.
 - We applaud the report’s encouragement of the Executive Board to focus on the interlinkages between PHC reforms and health workforce development.
 - All countries, particularly LMICs, should be supported to implement comprehensive PHC through UHC. These health services must be age appropriate, evidence based, and cost effective.
 - UHC should be developed to include capacity-building at the national level to promote a health workforce that can deliver essential health services for all age groups.
- Community health workers delivering primary health care: Opportunities and challenges
 - We commend this report and encourage the Executive Board to take up the recommended focal areas for discussion, centrally the “the national planning and

resource allocation processes the corresponding governance, management and financing implications.”

- CHWs must be equipped with the appropriate training, tools, and technology.
- Team-based service delivery, and task-sharing approaches should be integrated to promote access to the full spectrum of health care providers needed to deliver essential services.

6.3: Human Resources for Health

The Frontline Health Workers Coalition applauds the WHO’s increased attention to the most acute issues facing the global health workforce, as evidenced by the third round of national reporting on the Global Code of Practice on the International Recruitment of Health Personnel and the report on progress toward implementation of the Workforce 2030 strategy.

The effort to streamline and simplify international recruitment of health personnel data and reporting processes is much needed and commended. Accurate reporting of access to frontline health workforce teams is crucial to the WHO and Member States’ efforts to meet goals set in the Workforce 2030 strategy.

We note with concern that many countries that have been identified as having critical gaps in access to trained and supported health workers have not submitted national reports. FHWC implores the WHO to provide technical support for reporting and data collection to countries that have not yet identified a Designated National Authority so a much more accurate picture of access to health workers can be accurately foreseen and deficiencies addressed.

FHWC also supports attention paid to the threat of antimicrobial resistance and hopes that further action will be taken to support the development of water, sanitation, and hygiene principles in health facilities, as well as strengthened diagnostic systems and workforce, to enable implementation.

FHWC urges the WHO in its ongoing data collection to ensure all cadres of health workers, including community health workers, are included in reports. Frontline health workers are essential to ensuring that health needs of the population are met, including the needs of the most vulnerable. Data for all cadres of health workers must be available so policymakers have accurate information to address gaps in access and provide a reference point on the path to health for all.

6.6: Patient Safety

The Frontline Health Workers Coalition welcomes the report 144/30 under agenda item 6.6 on Patient Safety.

As noted in the Director-General’s report, adequate water, sanitation, and hygiene in health care facilities is critical to quality care and infection prevention, yet too many health facilities still don’t meet basic standards. A 2018 study of nearly 130,000 health facilities in 78 low- and middle-income countries found half lacked access to piped water, a third were without access to improved toilets, and 39% did not have facilities for handwashing with soap.

These circumstances present unacceptable risks to frontline health workers and their patients. An estimated 15% of patients develop one or more infections during a hospital stay, and new mothers and newborns are especially vulnerable. More than 1 million deaths each year are associated with unclean

births.

Recurrent infections due to poor WASH also result in increased prophylactic use of antibiotics, contributing to antimicrobial resistance. Beyond the implications for disease transmission, unsafe and unhygienic conditions in health care facilities negatively impact health worker attendance, morale, retention, and safety.

We applaud WHO and UNICEF's leadership and efforts to date on this issue. While incremental progress has been made, ongoing challenges include poor coordination between the WASH and health sectors, a lack of political will and financing, and inadequate infrastructure and health worker training at the facility level. Additional country support, prioritization, and commitment is needed to achieve change at the scale needed to meet the Sustainable Development Goals.

We call on member states, the WHO, and partners to support the draft resolution on WASH in health care facilities put forward by the Governments of Tanzania, Zambia, and eSwatini, and urge the Executive Board to include it as part of the agenda for the 72nd World Health Assembly.

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The Frontline Health Workers Coalition is an alliance of 41 United States-based organizations urging greater and more strategic investment 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.

For more information about the Coalition and its recommendations, please contact Vince Blaser, FHWC Director, at +1 202-407-9444 or vblaser@intrahealth.org.