frontline HEALTH WORKERS COALITION

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Frontline Health Workers Coalition

Public consultation on the Global Strategy on Human Resources for Health: Workforce 2030 (GSHRH)

1. Do you have any comments on the vision, overall goal and principles? (Page 2)

The Frontline Health Workers Coalition commends the draft vision, the overall goal and the principles of Workforce 2030. We support the systems approach of the strategy, integration of health and social services, and the strategies' focus on alignment of HRH investment frameworks and on "performing health systems."

We offer the following suggestions for consideration:

- **Vision:** We suggest more active and stronger language, such as "Everyone worldwide has access to the skilled health workers with a minimum core set of competencies needed to achieve the Sustainable Development Goals and to stop existing and emerging public health threats."

- **Overall Goal:** We suggest opening with "To improve health outcomes by ensuring availability…" We also suggest changing "adequate investments" to "robust investment of at US$XX billion in 2017 and annually adjusted annually thereafter to meet demand." The initial estimate could come from the GHWA-commissioned HRH economic analysis.

- **Principle #2:** We suggest broadening "gender discrimination" to "all forms of discrimination, including gender discrimination."

- **Principle #3:** We suggest including "civil society" in addition to "public and private" entities.

2. Does the "overview" well articulate the arguments in support of

the objectives of the GSHRH? (Pages 4-6)

Yes, the overview well articulates the arguments. We offer the following recommendations:

1. "Quality" and "acceptability" at the end of the first sentence should be changed to: "ability to deliver accepted, quality services" to reflect that services delivered by health workers (not health workers themselves) are what is being addressed in this point.

2 & 6. The point on political will and resource allocation is critical, but it's not the only thing that prevents appropriate resource allocation. The roles of multilateral agencies, civil society, the private sector, academia and foundations in support of improved resource allocation should be reflected in these points.

3. The SDG sentence will need to be updated post SDG adoption. After the description of target 3.C, it should also include workforce implication of 3.8 (universal health coverage) and entire health goal (Goal 3), as well as strong support for health workforce strengthening in labor-related and other SDG goals.

4. We suggest adding that the lack of training and education in areas within countries and regions with the greatest workforce shortage perpetuates. In addition we suggest adding "push" factors in health worker migration – including improvements in salary and working environments – can help temper migration.

5. We suggest adding at the end of the first sentence, "including a workforce with expertise to respond to and man-made and public health crises."

6. After the second sentence we suggest adding: "Continuity should be promoted in patient-centered care through integrated, team-based models of care that promote quality, safety and resources-efficient practice."

9. We suggest adding the new Every Woman, Every Child Global Strategy to the list of corresponding strategies.

10. We support the inclusion of community-based health workers but suggest further clarifying that it includes both employed and volunteer health workers. We also suggest adding health system managers.

12. We suggest flipping SDGs and UHC in first sentence and/or eliminating UHC as it is a target of the SDGs.

3) The GSHRH presents four objectives with proposed global targets

Objective 1 - To implement evidence-based HRH policies to optimize impact of the current health workforce, ensuring healthy lives, effective Universal Health Coverage, and contributing to global health security (Page 7).

Objective 2 - To align HRH investment frameworks at national and global levels to future needs of the health systems and demands of the health labour market, maximizing opportunities for employment creation and economic growth (Page 11)

Objective 3 - Build the capacity of national and international institutions for an effective leadership and governance of HRH actions (Page 15)

Objective 4 - To ensure that reliable, harmonized and up-to-date HRH data, evidence and knowledge underpin monitoring and accountability of HRH efforts at national and global levels (Page 18)

a. Please provide your comments on the listed objectives.

Objective 1

We think this is a fantastic objective. We suggest changing “optimize impact of the current health workforce” to “optimize investments in and impact of the global health workforce.”

Objective 2

We think the essence of this objective is important but needs to be refined and tied to health outcomes first, as the economic and employment benefits are secondary in nature to this objective. We suggest rewording to say:

“To align health workforce investments made by national governments, multilateral funding agencies, through official development assistance (ODA) and through other funding mechanisms to future needs health systems needs and health labour market demands, allowing for maximum improvement in health outcomes and related employment creation and economic growth.”

Objective 3

We believe the objective is well stated, although we suggest striking the word “actions” at the end of the objective. The global mechanism for HRH governance is recommended in #47 is

critical to facilitating the strategy and encouraging/supporting political engagement from countries.

Objective 4

We think this is a fantastic and highly necessary objective. Our only suggestion is to add "regional" at the end ("national, regional and global levels").

b. Please provide your comments on the proposed global targets.

For all targets

There should never be a % of countries for any of these targets because that effectively leaves no single country motivated or responsible for achieving any of the targets. All of the targets should be framed like 2.2 and aim for improvement across all countries.

Target for Objective 1

We do not believe there is a target that explicitly follows Objective 1, which is to optimize health workers' impact (explanation below in 1.1). Therefore, we suggest a target along the lines of:

"By 2030, there is a 75% reduction in the number of people who lack access to all essential health services provided by health workers (currently estimated by WHO to be at least 400 million)."

Target 1.1

We think the concept is an important target but does not follow objective 1. In addition, rather than focusing on a percentage of countries and "distribution" – this target should focus on halving the gap in access to trained and supported health workers between urban and rural areas. Although distribution of health workers is important, it might distract from the point of the objective, which is to optimize the impact of the global health workforce. In addition, the latest population estimates will be needed to create a proper baseline of urban versus rural access.

Target for Objective 2

Financial targets for scaling up access to trained and supported health workers is extremely important but needs to be linked to need rather than arbitrary percentages of GDP, development assistance or meeting needs with their "own human resources for health."

Moreover, the principle use of the financial target should be focused investments that maximize improvement in health outcomes, with employment/economics as secondary concerns. Therefore, to align with our proposed changes to the overall goal, we suggest a single target for Objective 2 along the lines of:

"By 2017, at least $X billion (amount of global need as determined by to be released GHWA-commissioned analysis) is invested in strengthening the capacity of the global health workforce and that investments are focused on training, recruitment, retention and support of local health workers in areas of least access to essential health services. Annual investment targets should be made annually for 2018-2030, and annual HRH financial pledges (both domestic and ODA) should be collected an accounted for by WHO."

Comments specific to the proposed targets for Objective 2 are below.

Target 2.1

As previously mentioned, targets should not be a percentage of countries but rather global targets as it would effectively not provide incentive for any particular country to meet the target. Any GDP percentage would be arbitrary and not helpful for all countries. In addition, innovations that enable better health outcomes with less investment should be encouraged. Therefore, we believe this target should be eliminated.

Target 2.2

Although we support aligning a target with the Code of Practice, what constitutes a country's "own" needs is debated even within the context of the Code of Practice. In addition, many middle-income countries referenced in this target, especially in sub-Saharan Africa have some of the greatest rates of out-migration of health workers. Again, FHWC believes the spirit of this target would be best placed in focusing on meeting the needs of local health workers regardless of country. We recommend eliminated this target in favor of the single target for objective 2, but if it is retained we suggest "all countries meet at least 90% of their health personnel needs with their own human resources for health" be changed to say "at least 90% of HRH investments be focused on training, recruitment, retention and support of health workers residing in the locality they serve."

Target 2.3

Although this target is ostensibly based off of WHO and/or International Labour Organization estimates, the estimate is inevitably arbitrary, there lacks sufficient data currently to develop a proper baseline from which to measure (as is reflected in Target 4.1) and again focuses more on creation of new positions than ensuring the workforce (both existing and new) needed to

deliver quality essential health services. In addition, improvements in a few large countries could mask lack of progress in others. We believe our recommendation for the Target for Objective 1 covers the spirit of this target.

Target 2.4

As mentioned in the feedback for target 2.1, targeting percentages of ODA would not be reflective of a strategy that aims to drive investment that fulfills need. Allocating a percentage of ODA creates unneeded competition between ODA priority areas, suggesting the focus be on taking investment from other areas of global health and shifting them to HRH. Rather, the focus should be on meeting the total need as reflected in our suggested target above.

Target 3.1

We repeat the suggestion to make the target inclusive of all countries. In addition, to clarify what is meant by "intersectoral health workforce agenda" we suggest the target be modified to say "By 2030, all countries have the institutional mechanisms in place to effectively track, manage and conduct future planning for a workforce able to deliver quality health services to their entire population."

Target 4.1

We think this is an excellent target but needs to include all countries.

c. Is the evidence adequate in support of the proposed objectives?

Yes, evidence is supportive of the need for each area covered by the objectives – but we document specific needs for further evidence in previous comments.

d. Please include additional issues (if any) to be considered.

We recommend further clarification on what is meant by "technical cooperation" and the role of the WHO Secretariat relative to regional offices, member states, civil society, the private sector and academia. We believe it is WHO's role to raise key research agenda questions but that the operations research will need to be conducted by a variety of stakeholders. We also believe this strategy should have regular reporting from an independent expert review group, similar to that for the *Every Woman, Every Child* Campaign.

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4. For each objective, the GSHRH proposes a number of policy

options organized according to target countries

(All countries, High-income countries, Low-and middle-income countries, and Fragile states and countries in chronic emergencies)

a. Please provide your comments on the policy options
(kindly make reference to the related objective in your response)

16. We recommend inclusion of private sector partnerships in the last sentence of this policy option.

19. The importance of engaging communities, government, civil society, academia and other stakeholders in collaborative processes for health worker recruitment and selection should be made more explicit in this policy option. We recommend changing "become assets to a health system, actively collaborating in the production of care" to "become key stakeholders in the health system, actively participating in oversight and monitoring of health service delivery."

22. We strongly agree with inclusion of primary and secondary education included as critical to HRH and believe it should be highlighted in the inter-sectoral approach discussed in the overview.

23. We believe this policy option should be inclusive of all countries. In addition, although implicitly stated, it should be made fully clear that donor and country priorities must be harmonized. We fully believe that interventions should be funded on the basis of their cost-effectiveness, but also hope to see that resource allocation decisions are country-led.

25. We recommend the occupational health and safety provisions should be inclusive of all countries. In addition, at the end we recommend adding, "including interventions to prevent health worker physical, verbal and psychological abuse."

After 31. We suggest adding: Optimization of all cadres of health workers is needed to improve access to essential services. This requires cooperation and focused efforts by credentialing organizations and equitable inter-professional representation of these professions on national decision-making bodies. Integrated team-models of care supports patient-centered care models and allow appropriate supervision.

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38. The phrase "corporate social responsibility funding from extractive industries such as mining and petroleum" should be replaced simply with "private-sector investment," as the potential for health workforce strengthening from private-sector investment is much broader

than the industries specifically called out and also much broader than only CSR.

52. In addition to effectively monitoring health workforce migratory flows, it is vital that a comprehensive health workforce registry is created across countries. This is mentioned in #55 for fragile states, but this mention should apply to all countries. In addition, this policy option should mention that HRH units and departments need to be sufficiently resourced and enabled to carry out national HRH plans to meet the objectives and targets in this strategy.

65. The point on the SDGs should be clarified to say that "SDG workforce-related targets should be backed by clear indicators that provide annual estimates in effective access to trained and supported health workers."

69. This is a critical policy option (professionalization of HRH information systems), and we recommend it apply to all countries, not just fragile states.

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b. Please include additional policy options (if any) that need to be considered in the GSHRH
(kindly make reference to the related objective in your response)

5. For each objective, the GSHRH proposes responsibilities of WHO Secretariat.

Please include other responsibilities (if any) that the WHO secretariat would need to assume to support implementation of the GSHRH? (kindly make reference to the related objective in your response)

26. We recommend "provide technical cooperation" be removed from this option.

40. This option should clarify that WHO is providing the evidence and estimated needs for further HRH investments to global and regional financial institutions, not advocating for further HRH investment (this is currently not in their mandate). However, in this option it should be added that information collected for this strategy

should readily be made public and available to civil society organizations.

56. We recommend eliminating this policy, because the WHO Secretariat is not well positioned to provide technical cooperation or capacity building to all member states. However, WHO has does have the ability to foster cooperation and share tools for capacity building.

6. For each objective, the GSHRH proposes recommendations to other stakeholders and partners.

a. Based on the proposed policy options, please provide your suggestions (if any) on these recommendations in the appropriate field.

27. We recommend this paragraph also address the need for universities and training institutions to contribute to national recruitment objectives and actively participate in the recruitment of a diverse student population from varied geographic and economic backgrounds with an emphasis on students in areas of least access to essential health services.

27-28. Beyond education institutions and professional councils that are mentioned in these paragraphs, many other stakeholder groups (e.g. donors, technical assistance agencies, unions, and civil society organizations and coalitions) are not. We recommend expanding this section to include these and other important stakeholder groups.

41. We caution against overstating in this objective by changing "capable of unleashing" to "that could help spur."

42-43. It cannot be stated that disease or issue-specific health workforce plans weaken health systems and also be stated that HRH implications need to be taken into account for these plans. We recommend saying disease-specific health workforce plans should have firm plans in place that are align with this strategy and address the core health workforce deficiencies that need to be addressed to make progress on that particular disease and issue.

58: "Parliaments" should be eliminated from this policy option as it is focused on civil society advocacy and accountability.

b. Please include your suggestion (if any) on other stakeholders or partners that play a role in the implementation in the GSHRH

indicating clearly which actors and what recommendations in the field below.

7. Please provide any general comment on the draft GSHRH in the following field

The Frontline Health Workers Coalition commends the WHO for pulling together a rich consultancy headed by the Global Health Workforce Alliance to produce the zero draft of this strategy.

We believe some of the crucial elements we recommended in January 2015 are here in this strategy, including specific targets and calls for greater HRH financing. It is also very specific in some areas such as greater data gathering, but needs more specificity in areas such as how low- and middle-income countries are expected to implement the significant reforms or rigorous oversight of their education systems recommended in this strategy.

We believe this strategy does not adequately address some of the recommendations we previously submitted, including:

1. **Member states must define the body/mechanism for coordinated national and regional plans to achieve the vision and goals of the strategy.**

2. **The costs of successful implementation the Global HRH strategy must be estimated prior to its enactment, including estimates of development assistance required to successfully implement the strategy and coordination costs.**

3. **Member states must define the mechanism(s) that will be utilized to ensure coordinated and sufficient donor financing and the means to which that financing will be pledged to achieve the HRH needs identified through the national plans guiding the strategy.**

4. **The Global HRH Strategy must include an implementation plan.**

We also believe that missing in the strategy was a clear emphasis on inclusion of communities and providers in monitoring and decision making. Health system delivery models are rapidly moving are to a primary level, and this strategy should place more focus on the workforce

needed to deliver quality, integrated primary health care services worldwide, especially in the areas with least access to essential health services.

We also believe the point could be made stronger that there is not full employment of licensed health workers in many countries, so there needs to be a duel focus on the production pipeline and creation of positions at the same time.

Finally, we believe this strategy should be accompanied by a recommendation for UN and WHA resolutions to ensure future UN and WHO health initiatives and resolutions include specific language and expectations for HRH include HRH data and impact measurement and resources mechanisms.

In short, the zero draft has some great elements, but a stronger emphasis on the frontlines of care is needed, as is a more developed plan on how this strategy will help drive the investments and policies that are needed to achieve SDG 3.C, 3.8 and the targets within the strategy itself. In addition, it must be made clear how this strategy will be implemented, as it remains unclear if and how this strategy will serve to drive major improvements in HRH – which will require major commitments by member states, multilateral agencies, donors, civil society and other stakeholders.