



Frontline Health Workers

A Shield Against Epidemics

Only 20% of the world's nations can respond adequately to a global health epidemic.¹ Since diseases do not respect borders, even developed countries are only as safe as the most fragile states. The best way to reduce that fragility—and the epidemic threat—is to invest in frontline health workers (FHWs). FHWs are often the first point of contact communities have with the health system and are therefore key to effective country responses to national and global health threats. They can serve as the eyes and ears to alert the public, governments, providers, and donors about the incipient spread of a pathogen. They can help spark a mobilization effort that can stifle a disease's proliferation.

Consider the devastating economic cost of a pandemic — up to \$60 billion per year to contain, and up to \$6 trillion in global economic loss. This amount dwarfs the \$4.5 billion investment recommended by experts to address urgent weaknesses in health

security, including the development of the frontline workforce — an investment in our security for only 65 cents per person per year.²

By 2030 the projected shortfall of health workers could reach 18 million, worsening already severe workforce shortages across the globe.³ For example, Liberia, Sierra Leone, and Guinea—the nations hardest hit by Ebola—had fewer than three doctors, nurses, and midwives per 10,000 people before the Ebola epidemic struck, which is far fewer than the 44 per 10,000 that the World Health Organization recommends as the minimum for delivery of basic health services.⁴ This workforce deficit will surge while epidemics like yellow fever, Zika, and pandemic influenza continue to damage and claim lives. For a relatively small increase in investment in frontline health workers, the United States could save millions of lives, create jobs, and keep America safe from disease outbreaks, which have been increasingly frequent.

U.S. Leadership

- During the Ebola outbreak in West Africa, the State Department supported the training of 1,200 Liberian National Police to contain the spread of dangerous pathogens from the laboratory setting.
- USAID has worked with African and Asian universities to develop courses and train more than 3,500 health managers and workers in the One Health approach, which examines the links between human health, animal health, and environmental health.
- The Centers for Disease Control and Prevention (CDC) supports 10 Global Disease Detection Centers covering over 55 countries. These centers have so far discovered 12 new pathogens. In the past two year alone, the CDC has tracked more than 280 outbreaks in over 150 countries in addition to Ebola.
- Department of Defense (DoD) surveillance systems detected the first case of H1N1 in the US, helping to initiate our public health response. DoD also detected the first cases of Zika in Southeast Asia, paving the way for detection and monitoring the virus' spread in the Western hemisphere.

How frontline health workers save lives in epidemics:

- *Communicate* signs of epidemics and emerging infectious diseases
- *Deliver* preventive and curative care according to national quality standards and protocols
- *Perform* laboratory analysis to diagnose and understand the magnitude of the emerging threat
- *Manage* supply chains and medical logistics systems to adequately equip health workers
- *Provide* data for ongoing disease surveillance and response
- *Coordinate* with veterinarians, as many epidemics and pandemics include zoonotic diseases
- *Act* as human resources managers and policymakers to provide essential supervision and decision-making
- *Support* a functional health system that can respond to all population health needs

IntraHealth International and UNICEF joined forces to help Liberia's Ministry of Health and Social Welfare communicate with health workers in real time as the country battled Ebola. They combined IntraHealth's iHRIS software and UNICEF's mobile phone SMS platform to create a communications tool called mHero. It enables the Ministry to send critical information instantly to health workers' mobile phones, including reports of emergency cases, reminders of safety protocols, and reference and training materials. The technology can serve as a platform for testing and improving health workers' knowledge and providing supportive supervision and peer-to-peer support.

USAID/Vietnam's Avian and Pandemic Influenza Initiative, implemented by Abt Associates, strengthened Vietnam's capacity to identify, prevent, and control Avian influenza (AI) and emerging infectious disease (EID) outbreaks in humans and animals. Quang Tri Province, for example, developed a community-based surveillance network involving both human and animal health workers, which helped identify several highly pathogenic AI cases, preventing larger outbreaks. The project also tested training in infection control and case management at eight hospitals.

BY THE NUMBERS: Frontline Health Workers and Health Security



18M projected shortage of health workers by 2030 without immediate and strategic investments³

\$0.65 cost per person per year to strengthen country and global health networks to avert a pandemic²

\$55B annual savings from undertaking preventive measures against pandemic outbreaks, including workforce development and the direct provision of services by frontline health workers²

10-1 economic return from investment in community health workers in sub-Saharan Africa, due to increased productivity from a healthier population⁵

The Road Forward

The United States should release a multi-year, costed, cross-agency strategy or action plan for enhanced U.S. support to assist partner countries in strengthening their frontline health workforce throughout the labor cycle. This strategy should include concrete targets and clear accountability mechanisms for monitoring

progress. The strategy should align with the global health Workforce 2030 strategy and the recommendations for multi-sectoral action by the High-Level Commission on Health Employment and Economic Growth to invest in a sustainable health workforce. The effort should also include financing plans for health

emergencies such as improving hazardous duty pay and family insurance options; providing personal protective equipment and adequate supplies and medicine; and recognizing health workers' heroism during emergency responses to curb the stigma and violence regularly directed at them.

Citations

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 2. GHRF Commission (Commission on a Global Health Risk Framework for the Future). *The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises*. United States: National Academies Press, 2016.
 3. UN Secretary-General's High-Level Commission on Health Employment and Economic Growth. *Working for Health and Growth: Investing in the Health Workforce*. September 2016.
 4. Frontline Health Workers Coalition. *Cost of Scaling up the Health Workforce in Liberia, Sierra Leone, and Guinea Amid the Ebola Epidemic*. March 2015.
 5. World Health Organization. *Strengthening Primary Health Care through Community Health Workers: Investment Case and Financing Recommendations*. July 2015.
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The Frontline Health Workers Coalition is an alliance of United States-based organizations working together to urge greater and more strategic U.S. investment in frontline health workers in developing countries as a cost-effective way to save lives and foster a healthier, safer and more prosperous world.