



# Policy Recommendations for Safe & Sustainable Health Workforce Teams to Fight COVID-19

April 2020

The COVID-19 (novel coronavirus) pandemic necessitates governments and donors provide immediate emergency and long-term investments to support sustainable frontline health workforce teams who are educated, recruited, trained, supported, equipped, and protected to prevent, detect, and respond to global health threats.

As we stated in our [2014 Policy Recommendations: Building a Resilient, Sustainable Health Workforce to Respond to Ebola and Other Future Threats](#):

*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.*

Immediate policy changes and investments are needed to surge frontline health workforce capacity, ensure health workers' safety and wellbeing, recognize their commitment and personal sacrifices, and make certain that their stories are heard and acted on by policymakers. Urgent priority must be placed on support to low- and middle-income countries, many of which are in early stages of the pandemic.

Simultaneously, we must fervently work to make investments in developing and consistently supporting the frontline health workforce teams and systems the world needs to ensure that we never again have a public health crisis of this magnitude.

## **Policy Recommendations to Protect and Support Frontline Health Workers in Low- and Middle Income Countries**

### **Immediate priority needs for frontline health workers (FHWs) globally**

#### **National and regional health workforce planning**

- All countries should have comprehensive national plans for the COVID-19 response, including both emergency and long-term plans ensuring access to well-trained, supported, and safe frontline health workforce teams. Fragmented

responses within countries have and can lead to confusion and increased risk of misinformation and spread of COVID-19 among frontline health workers and the general population.

- National and donor agency plans should align with [WHO guidance](#) and regional and global plans should be agreed to by member states, including the [Workforce 2030 Global Strategy for Human Resources for Health](#).

### **Occupational safety—health, testing, treatment, wellbeing**

- Ensure [WHO](#)- or [CDC](#)-recommended personal protective equipment (PPE), training, and other safety measures, as well as needed treatments for every health worker, including community health workers. PPE distribution should be equitably distributed according to need, and national and donor restrictions on procurement should be waived to ensure timely delivery. Governments and global health stakeholders should rapidly and substantially increase production, address supply chain blockages, and end export bans to secure adequate supplies and stocks of PPE.
- 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 are often working long shifts in continuous PPE.
- Provide on- or near-site temporary housing and fund child care for frontline health workers at facilities that need it.
- Prioritize deployment of rapid diagnostic tests (RDTs), prioritize frontline health workers in testing rollout, and routinely test health workers responding to COVID-19 at no personal cost.
- Provide funds for health workers' own health-related expenses, including mental health services, nutrition, and relief for the families of health workers.

### **Surge capacity**

- Call on all certified retired or unemployed health workers, as well as certified health workers who have moved to different fields, to help in surge capacity in areas of most need.
- Consider waiver of non-competency/practice-related requirements for health worker students so that completion of needed training to join the existing workforce can be prioritized.
- Innovate to fast track professional licensure processes to ensure graduated students can practice as quickly as possible.
- Issue directives allowing certified health workers to practice in any country/state/county/district regardless of their original certification.
- Ensure [International Labour Organization standards of decent work](#) for all frontline health workforce teams, including ensuring health workforce placements are voluntary.

- Maximize use of telemedicine platforms where already available and make long-term investments in telemedicine platforms that are accessible to all communities, especially those with least access to essential services.

### **Better data**

- Each country should provide transparent, timely data on the number of health worker infections and deaths.
- Every jurisdiction should provide transparent data of key medical supplies, including PPE availability, staff at each facility, ICU and regular hospital beds, ventilators, and other needed data to ensure supply needs of frontline health workers are rapidly known by policymakers.
- Existing human resource information systems (HRIS) should be rapidly utilized and expanded as needed to ensure adequate health workforce planning and tracking. Duplicate or parallel data streams should be avoided and Principles of Digital Development should be adhered to.
- Every country should provide the criteria for testing and number of tests available.
- All data should be entered into a centrally located global database.
- All data should be disaggregated by sex.

### **Education, health workforce pipeline, e-learning**

- Health worker students should be enabled to continue their rotations/practicums involving on-the-job learning whenever feasible.
- E-learning and other methods that allow for continued learning during pandemic suppression/mitigation procedures should be rapidly scaled up and invested in.
- Non-essential exams/activities should be canceled or postponed.
- Health workforce guidance and tools from WHO and other leading response agencies should rapidly be made available in multiple languages.

### **Addressing gender-related inequalities/barriers**

- Health facilities should provide free and safe child care for working parents and provide economic relief for emergency child care for health workers.
- Disparate effects of policy on different gender identities must be considered (i.e., menstrual products must be included in essential products provided to staff).
- Policy and response working groups must be gender equal, as diverse perspectives are necessary to avoid gaps in service delivery, response, and recovery.
- Address gender inequities in remuneration, recognizing that women are 70% of the health workforce. Eliminate the 28% gender pay gap in the health sector.
- Support the distinct needs of women in the workplace (e.g. ability to breastfeed).

### **Addressing stigma, attacks and harassment**

- Governments should work with partners and communities to leverage media and communication channels to promote messages about protecting health workers as a national and community asset.
- Incidents of harassment of or violence against health workers should be rapidly reported to the WHO, investigated, and responded to by all levels of government.
- Community members and health workers should be encouraged to share their stories to directly address stigma and psychosocial issues.

## **Policy changes and investments needed**

### **Commitment of new, long-term funding for FHWs as part of COVID-19 response**

- Coordinate global funding to support 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.
- Prioritize immediate funding for needed PPE and other supplies and training needed by frontline health workers.
- Target investment toward workforce education in communities with least access to increase recruitment of frontline health workers from the communities with greatest need.

### **Recommendations for US global health programs**

- Remove any procurement restrictions inhibiting immediate access to PPE and other supplies and equipment needed by frontline health workers around the world.
- Lift any restrictions from USAID, State Department, HHS, CDC, HRSA or other federal agencies that inhibit needed support, including salary support, needed to strengthen the frontline health workforce.
- Ensure robust global health funding with emphasis on needed investments in the workforce and systems so the additive 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 for 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.
- Create a mechanism for all relevant agencies to facilitate collaborative learning between domestic and global frontline health workforce-strengthening programs to improve effectiveness and outcomes.

- Prioritize the mobilization of additional private and public resources to address the most acute issues facing the frontline health workforce.

### **Multilateral support**

- Governments and donors should invest in the [COVID-19 Solidarity Response Fund](#) to ensure low- and middle-income countries can receive needed assistance.
- Governments and other donors should invest in the [Working for Health Multipartner Trust Fund](#) to ensure a sustainable workforce is able to deliver essential services, spark economic growth, and prevent, detect, and respond to disease outbreaks.
- Financing from the World Bank and other multilateral funds (including Global Fund and Global Financing Facility) and financing institutions should prioritize needs and support to frontline health workers.

### **Improve targets and focus in GH Security Agenda on whole of frontline health workforce**

- Amend [GHSA action package on workforce \(Detect 5\)](#) target on 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 IHR competency, rather than a provider ratio for particular cadres. It should also include adequate financing for priority health workforce-strengthening efforts. The current target only includes numerical targets for epidemiologists and veterinarians, and although it mentions several cadres, the target does not mention nurses, community health workers, midwives, or lab technicians, among other cadres.
- Recognize GHSA's role in health worker safety by ensuring health workers have adequate supplies and training to prevent, detect, and respond to global health threats.

*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.*

*For more information please contact FHWC Director, Vince Blaser ([vblaser@intrahealth.org](mailto:vblaser@intrahealth.org)) and FHWC Deputy Director, Samantha Rick ([srick@intrahealth.org](mailto:srick@intrahealth.org)).*

