

# FRONTLINE HEALTH WORKERS COALITION

Statements During the US Department of Health and Human Services  
Listening Session in Preparation for the 72nd World Health Assembly  
May 2019



The Frontline Health Workers Coalition (FHWC) shared the following statements during the Health and Human Services Listening Session for the 72<sup>nd</sup> World Health Assembly for Agenda Items 11.1 (Proposed Programme Budget 2020–2021), 11.2 (Public Health Emergencies Preparedness and Response), 11.5 (Universal Health Coverage), 12.3 (Human Resources for Health), and 12.5 (Patient Safety).

## **11.1: Proposed Programme Budget 2020–2021**

The Frontline Health Workers Coalition commends the global community for its support to strengthen the global health workforce and the continued need for US leadership to address the most acute gaps in access to frontline health workers in low- and middle-income countries. WHO member states' commitment on this issue has been demonstrated through support of the Workforce 2030 Strategy and resources and technical assistance devoted to health workforce data collection and capacity development.

In developing universal health coverage norms and strategies, the Coalition reiterates the importance of inclusion of health workforce metrics and baselines. Access to health workers who receive adequate remuneration and whose jobs meet the definition of decent work as stated in SDG 8 must be part of the definition of universal health coverage.

The Coalition commends the WHO Secretariat for its commitment to develop and strengthen national health workforce policies and strategies to address the projected growing gaps in access to health workers, especially in low- and middle-income countries. The budget presented at the World Health Assembly must take into account the funding needed to achieve the goals laid out in the Workforce 2030 Strategy. The Coalition expects the proposed budget to reflect the importance of these goals and pressing need to address critical workforce shortages.

## **11.2: Public Health Emergencies: Preparedness and Response International Health Regulations (2005)**

### **Annual Report on the Implementation of the International Health Regulations (2005)**

The Frontline Health Workers Coalition commends the efforts to respond to global health security threats outlined in the background document for this agenda item, including WHO's provision of more than 2,800 health workers in 141 countries and the vaccination of frontline health workers responding to the Ebola outbreak in 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 they are best able to have the communities trust to prevent, detect, and respond to global threats.

As our Coalition has repeatedly stated, 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 support for the retention of health workers to ensure that every community has the workforce needed” to ensure global health security.

In addition, greater action for monitoring and accountability of attacks on health workers is paramount for response efforts to be effective as attacks on health occurred in at least 23 countries last year and remains a major barrier to the response to Ebola in DRC.

The US delegation should call for urgent action at the Assembly for policies and investments to ensure frontline health workforce teams 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. In addition, we call for public, transparent, and searchable data on public health events to enable collective tracking and advocacy.

## **11.5: Universal Health Coverage**

### **Primary Health Care Towards Universal Health Coverage**

#### **Community Health Workers Delivering Primary Health Care: Opportunities and Challenges**

The Frontline Health Workers Coalition commends the global community’s continued focus on achieving universal health coverage as a central driver for achieving SDG3.

- In regard to the subitem primary health care (PHC) towards universal health coverage (UHC):
  - We commend the emphasis on PHC to get to UHC but the language must explicitly include frontline health workforce teams working in communities of least access.
  - 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.
  - We note that 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.
- In regard to the subitem for 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” to develop local frontline health workforces that are sustainable and resilient.
  - 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 skill mix of frontline health workers needed to deliver essential services.

### **12.3: Human Resources for Health**

The Frontline Health Workers Coalition applauds the increased attention member states and the WHO has placed 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 Member States' efforts to meet the 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 requests that the US delegation support WHO to provide technical support for reporting and data collection to countries that have not yet identified a Designated National Authority so an accurate picture of access to health workers can be analyzed 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.

In addition, WHO in its ongoing data collection efforts must ensure all cadres of health workers are included in reports, including community health workers that have been left out of past efforts. 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.

### **12.5: Patient Safety**

The Frontline Health Workers Coalition, Global Health Council, Global Handwashing Partnership, Global Water 2020, and WaterAid welcome the report A72/27 under agenda item 12.5 on Patient Safety, specifically regarding water, sanitation and hygiene in health facilities

As noted in the Director-General's report, adequate water, sanitation, and hygiene in health facilities is critical to quality care and infection prevention, yet too many health facilities still don't meet basic standards. New global estimates on WASH in health facilities found that one in four health facilities globally do not have clean water on site, one in five have no sanitation services, and one in six have no handwashing facilities. Last month, the WHO-UNICEF Joint Monitoring Programme released new global estimates for WASH in health facilities. They found that one in four health facilities globally do not have clean water on site, one in five have no sanitation services, and one in six have no handwashing facilities. A staggering 45% of health facilities in the least-developed countries have no clean water on site. In sub-Saharan Africa, only 23% of facilities have decent toilets.

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 sepsis causes approximately 6 million deaths every year.

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

Last year, the UN Secretary General issued a global call to action to improve WASH in all health facilities, and WHO and UNICEF are leading a coordinated response and action plan. While incremental progress has been made, ongoing challenges include poor sector 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 are needed to achieve change at the scale needed to meet the Sustainable Development Goals. We thank the US government for co-sponsoring the proposed resolution on WASH in health facilities at the 72nd World Health Assembly, and urge continued leadership on this issue with WHO and with other Member States. Achieving universal access to WASH in health facilities through sustained leadership, cross-sector action, and health systems strengthening is a winnable battle, and we are grateful for your continued support.