The Frontline Health Workers Coalition commends the White House for proposing $1 billion over five years for the global component of its Health Worker Initiative (HWI), in its FY 23 Budget Proposal, released earlier this week.

The Coalition calls on Congress to enact the initiative, while also providing a more robust allocation for core global health funding and global pandemic preparedness investments. Such an approach would ensure strong, locally-led and interconnected systems to end the COVID-19 pandemic and better prepare for future emergencies.

“We are delighted to see that the White House has included this unprecedented, bold initiative for the global health workforce in its approach to pandemic preparedness,” stated David Bryden, Director of the Coalition. “The Administration clearly recognizes a key lesson from COVID-19, which is that unless the health workforce is well-supported and prepared, the response to an emergency will fall short and essential health services will falter,” he stated.

“We are also glad to see the proposal emphasizes the safety and security of health workers. The World Health Organization has confirmed more than 80 attacks on health care in Ukraine this year, as of March 30. Such attacks, which are also occurring in other places in conflict around the world, are unacceptable and are in violation of international humanitarian law,” Bryden said.

The Administration’s proposals are consistent with many of the recommendations made over the past year by the Frontline Health Workers Coalition. Last week the Coalition published a fact sheet explaining why a bold, new effort to strengthen the health workforce and the systems they rely on is urgently needed, in the lead up to next week’s World Health Worker Week.

The White House stated that the HWI would:

- Expand the capacity of country pre- and in-service education systems
- Advance the safety and security of health workers
- Support countries to develop and implement strategic plans to support health workers
- Advance availability of human resources for health (HRH) data for all levels of decision-making and develop capacity for workforce planning and management
- Ensure equity and women’s meaningful participation in the health workforce, including in global health security programming, and strengthen leadership opportunities for women
- Promote fair remuneration and decent work, including for paraprofessionals and community health workers.
A major concern with the HWI, however, is that the White House has proposed that it be funded through mandatory, or automatic, funding, rather than through the annual process of discretionary spending, which is an approach that has never been used for US global health spending.

In addition to the HWI, the White House proposed $10 million for a new line item in USAID’s Global Health budget for a Health Resilience Fund. This new account would provide support for health service delivery, the global health workforce, health information systems, access to essential medicines, health systems financing, and governance. The Coalition urges Congress to approve this urgently needed budget line item and provide at least $100 million for this Fund, along with specific recommendations for how this funding should strengthen the workforce.

The budget also includes a funding proposal of $2 billion for the Global Fund to Fight AIDS, TB and Malaria, which makes a critical contribution to health workforce strengthening, as well as funding for global health security commitments, including the establishment of a financial intermediary fund for pandemic preparedness.

However, the budget request does not include comprehensive funding increases across the entire State Department and USAID Global Health Programs account, and this does not adequately take into account the ongoing pandemic and its devastating impact across a range of health areas. The President’s FY23 requests for some critical accounts, such as for Nutrition and Maternal, Newborn and Child Health (MNCH), fall below FY22 enacted levels, which Congress must address by increasing funding allocations.

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