Dear Chairs Lee and Coons and Ranking Members Rogers and Graham:

We the undersigned organizations, including members of the Frontline Health Workers Coalition, write in support of the inclusion of $200 million in the fiscal year 2023 (FY23) State, Foreign Operations, and Related Programs bill to establish the Health Resilience Fund at the U.S. Agency for International Development (USAID).

This new and additive account, included in the President’s fiscal year 2023 Budget Proposal, is needed to ensure countries have resilient health systems that can maintain services when confronted by catastrophic events, such as disease pandemics, while improving quality, accessibility, and governance of health services.

Inadequate health workforces and weak health systems have severely undermined our efforts to respond to COVID-19 globally. We must recognize that these challenges are systemic in nature and go beyond the current COVID emergency. We believe that targeted, direct funding through a new Health Resilience Fund will ensure that U.S. investments in the emergency response to COVID-19 are translated into longer-term system improvements.

We urge that 50% of the resources in this new fund be designated for building and strengthening the global health workforce. This assistance should build capacity to surge the health workforce when emergencies arise, advance the professionalization of community health workers, and increase the reliability and quality of primary health services. It should also address barriers women and gender diverse health workers face, including in remuneration and leadership opportunities.

The COVID-19 pandemic has taught us that strong health workforces and resilient health systems are crucial for detecting and responding to an infectious disease outbreak while continuing delivery of essential health services. During emergencies, countries must be able to surge workers where needed. Yet many countries lack adequate planning systems that provide rapid, accurate information on workers’ location, capacities, and job performance.¹

Last month, the World Health Organization (WHO) stated that “in the majority of Member States, a lack of available health workers is the largest constraint to ensuring the continuity of essential health services during the pandemic, including the delivery of COVID-19 tools (vaccines, diagnostics and therapeutics).”² WHO states the human resource challenges countries are facing are “caused by a combination of pre-existing [health worker] shortages coupled with unavailability due to COVID-19 infections and deaths, mental health issues and burnout and departures from service due to a lack of decent working conditions.”³

Newly published data from WHO shows that the health workforce shortage has worsened in the WHO African Region since 2013 and that at the current rate will not improve by 2030. When health systems face chronic health worker shortages, there are life and death consequences for children and families. Since the onset of the pandemic, routine immunization services in many African countries have been disrupted. In 2022 the region has seen a 400% increase in measles cases as well as a surge in outbreaks of other vaccine-preventable diseases, including polio and yellow fever.

The health workers themselves are crying out for support. Protests and strikes by workers have increased significantly since the beginning of the pandemic, with nearly four thousand protests by health workers taking place in 89 countries between March 2020 and March 2021. Most of these protests have centered on workers’ concerns about occupational hazards, including lack of PPE and inadequate water and sanitation, unpaid wages, risk allowances, and job security.

The U.S. now has a critical opportunity to enhance our global health security and pandemic preparedness strategies and programs by strengthening health workforces in partner countries. Regional efforts, such as the African Union’s recently launched Health Workforce Task Team, demonstrate high-level support for health workforce strengthening, which the U.S. should encourage.

Any funding for health workforce and system strengthening should be in addition to current investments, so that it does not come at the expense of existing humanitarian and international development programs.

Health workers have made enormous sacrifices and shown tremendous dedication during the COVID-19 pandemic. We urge you to make this investment now to honor their contributions and strengthen the systems they work in and that communities depend on.

Sincerely,

Amref Health Africa
Association of Nurses in AIDS Care
Catholic Medical Mission Board
CARE
ChildFund International
Christian Connections for International Health (USA)
Community Health Impact Coalition
Elizabeth Glaser Pediatric AIDS Foundation
Frontline Health Workers Coalition
Fund for Global Health
Global Alliance for Surgical, Obstetric, Trauma & Anaesthesia Care (G4 Alliance)
Global Citizen
Global Health Council
Integrate Health
International Medical Corps
IntraHealth International
JSI Research & Training Institute, Inc.
Last Mile Health
Management Sciences for Health
Muso
ONE
Pandemic Action Network
Partners In Health
PATH
R2H Action [Right to Health]
ReSurge International
Sabin Vaccine Institute
Seed Global Health
Shot@Life
VillageReach
WaterAid America
What To Expect Project
White Ribbon Alliance
Women Deliver
University Research & Co., LLC (URC)

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9 https://www.ft.com/content/402df6ca-5098-40ca-9cc8-bae331c3939b