

The Global Health Workforce and COVID-19: What US Congress Can Do

The COVID-19 pandemic can only be defeated if a motivated and supported health workforce is available to ensure acceptance and delivery of vaccines and treatments in their communities, while at the same time maintaining essential health services. This same health workforce, at least 70% of which is female, is also the foundation for effective pandemic prevention and response going forward. But this workforce is facing unprecedented stress.

The health workforce is in crisis worldwide.

In Africa only 27% of health workers have been fully vaccinated against COVID-19 as of November 2021. Personal protective equipment (PPE) is still inadequate or non-existent in some cases.

In South Africa, daily nurse staffing shortages during COVID-19 have been acute, in the context of a hiring freeze and an increased patient load. In Uganda, 40% of nurses surveyed reported high levels of burnout due to lack of availability of PPE and increased workload.

While applauded by some communities, nurses have also faced abuse, intimidation, and violence on the job.

The workforce crisis is hurting the fight against COVID-19.

Of all the factors delaying access to COVID-19 testing, treatment, and care, health workforce challenges are the most cited bottleneck, according to a WHO survey of 129 countries. These challenges are "caused by a combination of pre-existing shortages [of health workers] 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."

Countries continue to report pandemic related disruptions to essential health services, including routine immunization, with two-thirds citing health workforce-related factors as the most common cause.

Problems are systemic and go beyond the current pandemic.

The world faces a global shortage of almost six million nurses, mainly in low-income countries. With planned retirements and the impact of COVID, this shortage could double to 12 million over the coming years. An increasing number are also migrating to wealthy countries for employment.

A comprehensive review published in 2021 found that skilled birth attendants and midwives face low salary and inconsistent payments; poor supervision; lack of supplies, equipment, electricity, and water; and lack of safety; leading to low morale, poor retention of trained staff, acute staff shortages, and a heavy workload for remaining staff.xi

Only 14% of community health workers (CHWs) in Africa receive a salary, despite their critical role in primary health care and their track record responding to Ebola and COVID-19.xii CHWs are often not included in strategic and operational plans and data systems.xiii

Countries must have the right numbers of the right types of health workers for specific health settings, and during emergencies, they must be able to surge workers where needed. But many countries lack planning systems that provide rapid, accurate information on workers' location, capacities, and performance.xiv

Limitations in global health funding:

Only 14% of development assistance for health, from the US and all other donors, went to health system strengthening in 2019, according to the Institute for Health Metrics and Evaluation (IHME).**

The USAID Office of Health System Strengthening has only about \$10 million available in annual funding. The Agency has little ability to provide centralized strategic direction for health system strengthening, according to a 2021 USAID report.xvi

US funding for global health security programs increased substantially in FY 22, but GHS workforce programs, while vitally important, focus on training health workers for disease surveillance and prevention of zoonotic diseases, not broader health workforce capacities for preparedness.^{xvii}

Recommendations for Congress:

Congress should provide at least \$5 billion in FY22 supplemental funding for the global COVID response, including for protecting health workers with vaccines and PPE; hiring and training workers, including CHWs, for vaccine campaigns; and operational support.

Congress should provide **at least \$100 million in FY 23** for a new USAID Global Health Programs sub-account to strengthen the health workforce, improve retention and management practices, and bolster the health system, based on clear metrics for country progress. This assistance should increase the reliability and quality of primary health services, advance the professionalization of CHWs, and address barriers women health workers face, including in remuneration and leadership opportunities.

Congress should ensure that **global health security funding**, including for a new Global Health Security and Pandemic Preparedness Fund, includes specific investments and targets for strengthening the health workforce for preparedness and response, including data-informed workforce planning capacity.

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