Comments on the 67th WHA Provisional Agenda Item 15.8: Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage

The following comments are submitted on behalf of the Frontline Health Workers Coalition.

“Healthy mothers and healthy children; strong public health systems – that’s what opportunity looks like.” This statement by President Obama at the University of Cape Town last June rightly reflects the United States’ view that access to quality health services is crucial to eradicating extreme poverty, improving security and enabling opportunity. Unfortunately, more than 1 billion people have little to no access to health services and at least 7.2 million more health workers are needed to deliver these services. Access to trained and supported health workers on the frontlines of care remains one of the largest barriers to achieving the global health progress the United States and its partners around the world hope to achieve in the coming decades.

The Frontline Health Workers Coalition (FHWC) – an alliance of 37 United States-based organizations working together to urge greater and more strategic U.S. investment in frontline health workers in the developing world – urges the United States to support adoption of WHO Executive Board Resolution EB134.R15 and notation of the corresponding report EB134/55;1 – both contained under provisional agenda item 15.8 for the 67th World Health Assembly. The resolution urges the implementation of health workforce strengthening commitments made by 55 WHO member states and 27 other constituencies at the Third Global Forum on Human Resources for Health and endorses the Recife Political Declaration agreed to at the Forum, which commits member states to an ambitious agenda for health workforce development at all levels and urges stakeholders to work together towards a shared vision that “all people, everywhere have access to a skilled, motivated health worker within a robust health system.”

The Frontline Health Workers Coalition also urges the United States at the 67th WHA to call for stronger, concrete action and leadership to address health workforce deficits and inequities, especially on the frontlines of care. Specifically, we ask that the United States government:

1. Make clear that it considers country-led strategies to ensure the workforce needed to deliver essential health services a top priority. The World Health Organization and the Global Health Workforce Alliance now estimate that 83 countries are beneath the minimum threshold of 22.8 doctors, nurses and midwives per 10,000 population needed to deliver essential health services. One-hundred countries are beneath the threshold
International Labour Organization research has found is needed. In order to realize the vision that “all people, everywhere have access to a skilled, motivated health worker, within a robust health system,” strong action is needed at all levels to address these health workforce shortages.

2. **Highlight U.S. investments to strengthen the global health workforce and the USG strategic direction for future leadership and investments on this issue.** America’s longstanding support for nurses, midwives, community health workers, doctors and other health workers on the frontlines of care has enabled the extraordinary gains of recent decades in global health, including significant reductions in child and maternal mortality, the rate of new HIV infections, and deaths from malaria and tuberculosis. To reach its current global health targets, the U.S. government must work with its partner countries to place strategic focus on training and supporting frontline health workers who live and work in the poorest and most underserved regions of the world.

3. **Call on member states to support swift creation and adoption of a global post-2015 HRH strategy, with a strategic focus on frontline health workers.** Leadership from USAID and other members of the Global Health Workforce Alliance Board have worked to capture momentum from the Recife conference to create a consultation to **draft a global post-2015 strategy on HRH.** The United States should continue its strong leadership in this process to ensure completion of the strategy ahead of adoption of a broader post-2015 global development framework, as well as to ensure the strategy focuses on equity in health workforce provision.

4. **Call for concrete targets for ensuring access to trained and supported health workers to be included in the post-2015 development framework.** The Recife Political Declaration includes a call to “ensure that HRH development priorities and universal health coverage are given due consideration in discussions of the post-2015 development agenda.” Within the health goal of the post-2015 framework, the United States should call for a concrete sub-goal or target on health workforce strengthening, specific indicators to measure access to trained and supported health workers, and a strategic focus on frontline health workers in order to narrow health equity gaps within populations.

5. **Support efforts to achieve and monitor health workforce strengthening commitments made at the Third Global Forum on HRH.** As previously mentioned, the 83 commitments on HRH made in Recife represent a clear opportunity to ensure tangible progress in strengthening the health workforce in many countries. The United States should support partner countries’ efforts to achieve their commitments, as well as continue its leadership in joint commitments, such as USAID’s leadership in the joint commitment with Norway and others to **advocate for the implementation of a harmonization framework for better enumeration and rational integration of community health workers into the health system.**
By taking these actions at the WHA, the U.S. government has the opportunity to galvanize its strong commitment to strengthen the global health workforce necessary to deliver quality health services to all.