

BUILDING A RESILIENT, SUSTAINABLE HEALTH WORKFORCE TO RESPOND TO EBOLA AND OTHER FUTURE THREATS

Frontline Health Workers Coalition Policy Recommendations – November 2014



The Ebola virus disease epidemic in West Africa has highlighted the urgent need for increased support for frontline health workers and the systems that support them in the region and around the world. The World Health Organization (WHO) reports that as of Nov. 2 2014, 546 health workers have been infected with Ebola since the onset of the epidemic, and 310 of them have died caring for the more than 13,000 people confirmed or suspected to be infected with the virus.

Nearly all of these lives have been lost in three countries – Guinea, Liberia and Sierra Leone – that have some of the lowest numbers of health workers per capita in the world. These three countries all had less than three doctors, nurses or midwives per every 10,000 people before the Ebola epidemic even took hold, far less than the 22.8 per 10,000 ratio WHO says is the minimum needed to deliver basic health services.

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 financial support for the retention of health workers to ensure that every community has the workforce needed to save lives, and the robust systems to support those workers in detecting, analyzing and responding to new and emerging public health threats like Ebola.

The Frontline Health Workers Coalition recommends that the U.S. government and its partners address this public health emergency and help build a sustainable response to future emergencies by taking the following actions:

IN GUINEA, LIBERIA AND SIERRA LEONE

- **Increase support for local health workers on the frontlines of the Ebola fight:** Working with health ministries, professional associations, local governments and communities, and non-governmental organizations (NGOs), the U.S. can support local health workers by:
 - Supporting the financing and timely delivery of hazardous duty pay and death and insurance benefits for local health workers during the period of active crisis;
 - Ensuring personal protective equipment (PPE) and infection control supplies are provided to health workers with the requisite training and supervision for safe and consistent use;
 - Ensuring the availability of psychosocial support for health workers and specific treatment units or centers dedicated to health workers who become infected with Ebola;
 - Creating supply outposts for health workers to collect food, clean water and basic supplies;
 - Improving data collection and dissemination efforts about the epidemic, including data on the health workforce, patient tracking and supply chain;
 - Supporting the recruitment of health workers from the region to respond to the epidemic and assist in bringing routine health services back to normal;
 - Increasing capacity and authority for local management of health workers.
- **Build a responsive and sustainable supply-chain management system:** Health workers' ability to continue fighting Ebola depends on having adequate equipment, supplies and medicines. The U.S. should work to ensure that both local and international health workers have the supplies they need through a responsive and sustainable supply chain management system.
- **Ensure a sustainable frontline health workforce by supporting training programs:** The World Bank estimates that at least 5,000 additional health workers are needed to respond to the current epidemic. Maintaining and scaling up educational and training programs, such as medical and nursing schools for new health workers, is critical to building a sustainable response. The U.S. should:

- Support scale up of enrollment of students from rural communities into health professional schools and community health worker training programs;
 - Ensure educational programs for health workers are open and adequately staffed and funded to meet local health labor market demand. Liberia's health professional schools are currently closed, and they must be assisted to reopen;
 - Ensure all health worker training programs provide adequate infection control information on Ebola and other transmissible agents.
- **Address stigma:**
 - Frontline health workers and their families have been attacked, stigmatized and even thrown out of their homes and communities while risking their lives to care for those infected with Ebola. The U.S. should work with partners to ensure health workers are protected and honored for their work.
 - The U.S. should work with partners and communities to leverage media and communications channels to promote messages about protecting health workers as a national and community asset. Community members and health workers should be encouraged to share their stories to directly address stigma and psychosocial issues.

WORLDWIDE

- **Provide new investments that could help:**
 - Jumpstart U.S. partner country efforts to strengthen their health workforce's capacity to quell Ebola and other public health emergencies as part of the Global Health Security Agenda. The United Nations estimated that it will cost at least \$600 million to halt the current Ebola epidemic in West Africa.
 - Build a sustainable frontline health workforce in partner countries to achieve the U.S. government's core global health priorities (ensuring global health security, ending preventable child and maternal deaths, and achieving an AIDS-free generation). **A report from FHC member IntraHealth International estimated that the U.S. should invest at least \$5.5 billion by 2020*** to help strengthen the health workforce to achieve USG global health goals.
- Ensure through continued **robust investments across global health** that Ebola does not set back the extraordinary progress of recent decades in saving lives and preventing the spread of diseases.
- **Release a multi-year, costed, cross-agency health workforce strategy** with an implementation plan that sends an unequivocal message about how the United States will support partner countries to ensure that communities have access to health workers who are supported and equipped to save lives and stop public health threats. This strategy should include concrete targets and benchmarks and have clear mechanisms for monitoring progress.
- **Provide specific targets** that include key cadres of health workers, necessary financing and an implementation timeline for the following goal of the Global Health Security Agenda:
 - "The United States will also support countries in substantially accomplishing: A workforce including physicians, veterinarians, biostatisticians, laboratory scientists, and at least 1 trained field epidemiologist per 200,000 population, who can systematically cooperate to meet relevant IHR and PVS core competencies."
- Advocate strongly for the World Health Organization to adopt at the 2016 World Health Assembly a **financed global health workforce strategy that sets specific targets, timelines and commitments** for ensuring that by 2030:
 - All communities will have access to competent health workers, trained and supported to save lives and improve health;
 - All countries will have the health workforce and systems needed to stop Ebola and other existing and emerging public health threats.

* The IntraHealth International report *Saving Lives, Ensuring a Legacy* (2010) recommends the US government invest at least \$5.5 billion by 2020 dedicated to strengthening health workforce in partner countries to address severe shortages and human resources for health (HRH) deficiencies in U.S. government partner countries. As of November 2014, the U.S. government currently does not have mandated funding allocations for health workforce. A detailed explanation of the methodology used for this estimate is available in the report: http://www.intrahealth.org/files/media/saving-lives-ensuring-a-legacy-a-health-workforce-strategy-for-the-global-health-initiative/IntraHealth_Policy_Paper_1.pdf