

FRONTLINE HEALTH WORKERS COALITION

Comments for 70th World Health Assembly



The Frontline Health Workers Coalition (FHWC) – an alliance of 39 United States-based organizations including NGOs, private sector organizations, health worker trade associations, and advocacy campaigns working together to urge greater and more strategic U.S. investment in frontline health workers in developing countries – submits the following comments on WHA Agenda Items 12.1 (Health emergencies: Health workforce coordination in emergencies with health consequences), 13.1 (Human resources for health and implementation of the outcomes of the United Nations’ High-Level Commission on Health Employment and Economic Growth), and 16.1 (Progress in the implementation of the 2030 Agenda for Sustainable Development).

12.1 Health Emergencies (Health workforce coordination in emergencies with health consequences)

The Frontline Health Workers Coalition applauds the efforts by the WHO to coordinate with a range of stakeholders to ensure a greater, more coordinated and swifter approach to bringing in health workers from abroad to respond to emergencies with health consequences. Lacking, however, in the report on health workforce coordination in emergencies were plans on how WHO is strengthening coordination and support to local health workers working in emergency settings.

During much of the Ebola epidemic in West Africa in 2014-2015, the international communities’ support and attention to the needs of local health workers in Guinea, Liberia, and Sierra Leone were woefully inadequate. As plans proceed for needed flexibility and coordination to enable quick responses by health workers from abroad, we urge the United States during consideration of this agenda item to note its concern that these efforts include an equally fervent push to address the needs of local frontline health workers in emergency settings, and more broadly address global gaps in access to properly trained and supported health workers who are the first line of defense against infectious disease threats.

Simply put, 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 required to support those workers in detecting, analyzing and responding to new and emerging public health threats.

13.1 Human resources for health and implementation of the outcomes of the United Nations’ High-Level Commission on Health Employment and Economic Growth

The Frontline Health Workers Coalition applauds the aim of the draft five-year action plan for driving the coordinated investments needed to implement the recommendations of the UN Secretary-General’s

High-Level Commission on Health Employment and Economic Growth and urges the United States delegation to support its approval at the Assembly.

Our comments are in response to the draft five-year plan presented at the High-Level Ministerial forum on the Commission in December 2016, and we call on WHO to swiftly make the version of the Action Plan being considered at the Assembly publically available.

There is an acute need to focus on addressing following recommended action, quoting from the Commission's report, page 57:

“The Commission urges the international community to support the massive scaling up of professional, technical, and vocational education and training that is required in low-income countries. We recommend that the international community prioritize the 15–20 countries where universal health coverage and our recommendations are least likely to be attained.”

Make no mistake, fulfilment of this recommendation will be a difficult task, as investment in health and workforce development in many of the countries with least access has been severely lagging from donors, as well as from domestic resources. We urge the United States to lead with WHO and other key stakeholders to first distinctly identify these 15 to 20 countries, work with the governments of these countries to determine the data that needs to be collected, create concrete targets for progress, and implement a financing framework to realistically achieve this recommendation.

The HEEG Commission's findings on the profound impact of investments in health employment across the entirety of SDGs should prompt urgent action and leadership by the United States and its partners to support country-led investment packages to sustain a resilient and fit-for-purpose global health workforce. The Frontline Health Workers Coalition urges the U.S. and other member states to enact concrete commitments to implement the Commission's 10 recommendations, and further urge the United States to send a high-level delegation, make a firm commitment, and lead financing discussions among member states to the Fourth Global Forum on Human Resources for Health in Dublin November 13-17, 2017.

Key to the successful implementation of these recommendations is a coordinated and strategic approach. For this reason, we reiterate our long-standing recommendation that the United States develop a multi-year, costed, cross-agency strategy or action plan for enhanced U.S. support to assist partner countries in strengthening their frontline health workforce throughout the labor cycle. This action plan should include concrete targets and clear accountability mechanisms for monitoring progress, and it should align with the global health Workforce 2030 strategy and the Commission's recommendations for multi-sectoral action to invest in a sustainable health workforce that will promote inclusive economic growth while advancing US global health goals.

Inaction on the recommendations of the Commission will result in health workforce gaps remaining a crucial barrier to US global health goals, as well as anti-poverty, gender equality and youth employment

efforts. We urge the United States to provide a strong leadership role in implementation of the 5-year action plan of the HEEG Commission.

17.1 Progress in the implementation of the 2030 Agenda for Sustainable Development

The International Labour Organization in 2015 reported that 50% of the world's rural population, including 77% of Africa's rural population, live without critical access to crucial health services precisely because of health workforce shortages in these areas. These alarming findings only further underscore that addressing severe gap in access to properly trained and supported health workers on the frontlines of care is critical to achieving every health goal and target in the Sustainable Development Goals.

The SDGs, specifically targets 3.8 and 3.C, the WHO Workforce 2030 Strategy's recommendation for National Health Workforce Accounts, and the High-Level Commission on Health Employment and Economic Growth's recommendation for a joint data collaborative between WHO, ILO and OECD have collectively have placed a massive imperative for better HRH data collection and use. Reporting on the status of health workforce data reporting gaps toward the SDGs and other global health compacts in US government partner countries for EPCMD, AIDS-free generation and GHSA and how USG has worked with these partners to address these gaps will be very helpful in highlighting the impact of USG investment in spurring the data needed for better decision making. Especially important to FHWC is the prioritization of the rational integration of community health workers into health workforce data collection.

Under indicators for 3.8 of the Sustainable Development Goals that calls for progress toward universal health coverage (UHC), the United Nations is collecting data on coverage of essential health services, including. The US government is leading efforts in training new and existing health workers in the provision of these tracer interventions. US agencies have the opportunity to highlight health workforce-related leadership and investments in improving access to these key services and making a more direct link between health workforce investments and improved outcomes on key global health issues. Much of this information is already being reported but has not but compiled in a digestible manner for policymakers. We encourage further discussion at WHA under this agenda item on how this could be accomplished.

Urgent action to address health workforce data deficiencies are critical to better understand progress made to date on the 2030 Agenda for Sustainable Development.

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