

Policy Recommendations for Sustainable Health Workforce Teams to Respond to COVID-19

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It's been one year since the World Health Organization (WHO) declared COVID-19 a global pandemic. Extremely effective vaccines are now becoming available and many countries are already rolling them out. Innovative treatments have been developed and large funds have been mobilized for prevention and protection efforts. However, action must be taken now if recovery is to be equitable and sustainable.

Governments, donors, and implementing partners must prioritize low- and middle-income countries to protect and support sustainable frontline health workforce teams so they can continue responding to COVID-19, while simultaneously ensuring uninterrupted access to essential health services for all people. Low- and middle-income countries must also factor heavily in vaccine rollout plans, as these countries have the greatest shortage of health workers and new variants threaten sustainability of vaccination.

Amnesty International reports [at least 17,000 health workers have died](#) from COVID-19 over the last year, likely a significant underestimate due to lack of data. According to the WHO, [90% of countries](#) have experienced disruption of essential health services—including for communicable diseases; noncommunicable diseases; mental health; reproductive, maternal, newborn, child and adolescent health; and nutrition services—with low- and middle-income countries reporting the greatest difficulties. Additionally, a second wave of COVID-19 in Africa has far surpassed the continent's previous peak in July 2020, threatening further disruption of health services, increased deaths, and increased opportunity for deadly variants just as vaccinations begin to ramp up.

The Frontline Health Workers Coalition calls on governments, donors, and implementing partners to prioritize and invest in the following actions to support frontline health workers—including community health workers (CHWs)—in low- and middle-income countries in their efforts to control the spread of COVID-19. These recommended actions will strengthen national health systems by making them more resilient and ready to prevent, detect, and respond to future global health threats.

Global Vaccination Rollout

Coordination among countries, donors, and implementers

- Align with country-led strategies and build on existing health systems.
- Provide technical assistance and resources for country governments to implement COVID-19 response action plans and monitor implementation.
- Coordinate and support investments that will contribute to strengthening countries' health systems over the long-term, including the [global COVAX alliance](#). Leaving countries or regions behind in this effort threatens everyone.
- Prioritize all frontline health workers in vaccine distribution, ensuring that health worker infections and deaths are prevented.

National and regional health workforce planning

- All countries should develop and implement comprehensive national plans for COVID-19 response, including long-term pandemic preparedness that ensure access to well-trained, supported, and protected frontline health workforce teams.
- Provide technical assistance to countries on optimized workforce for vaccination campaigns. The WHO estimates 1.1 million workers will be needed at a cost of \$2.75

billion to vaccinate just 20% of the population, and many countries already have a severe health workforce shortage.

- Make effort to ensure that any health worker surges or redistributions in service of vaccination campaigns do not negatively impact the continuation of existing health services and that vaccination duties are not superseding or replacing current health worker responsibilities.
- Align with [WHO guidance](#), including the [Workforce 2030 Global Strategy for Human Resources for Health](#), the [Access to COVID-19 Tools \(ACT\) Accelerator](#), and the [Africa Joint Continental Strategy for COVID-19 Outbreak](#).
- Address health worker concerns and demands. Many health workers in Africa have gone on strike in protest of poor working conditions and lack of protection and support, which threatens not only the well-being of COVID-19 patients, but the stability of the entire health system and the distribution of much-needed vaccines.
- Support nurses, elevate their status, and provide opportunities for nurses to reach their full potential as leaders. Nurses make up half of the world's health workforce and their leadership is essential to end the COVID-19 pandemic, prevent future disease outbreaks, and achieve UHC. But there is a shortage of 6 million nurses globally and more nurses are now choosing to leave the profession.
- Support CHWs and pay them fairly. CHWs in particular are under-supported, even though they play a crucial role in pandemic response and could be tapped to do even more. [86% of CHWs in Africa are receiving little or no compensation](#), and as concerns about vaccination campaign workforce arise, CHWs must be incorporated fully into the health system to avert severe health workforce gaps.

Immediate needs for frontline health workers

Occupational safety and support for health workers' well-being

- Make [WHO](#)- or [CDC](#)-recommended personal protective equipment (PPE) available, as well as needed testing and treatments, for every health worker, including CHWs.
 - Maintain adequate stockpiles of PPE and equitably distribute PPE according to need.
 - Waive national and donor procurement restrictions to ensure timely delivery of PPE.
 - Rapidly and substantially increase production, address supply chain blockages, and end export bans to secure adequate supplies and stocks of PPE.
 - Routinely fit-test PPE for all groups, particularly women, as they make up the majority of health workers.
 - Facilitate deployment of rapid diagnostic tests (RDTs) with frontline health workers prioritized in testing rollout, and routinely test health workers responding to COVID-19 at no personal cost.
- Prioritize frontline health workers in COVID-19 vaccine distribution.
- Ensure [International Labour Organization standards of decent work](#) for all frontline health workforce teams, including voluntary health workforce placements, and prioritize fair remuneration for workers currently classified as “volunteers.”
- Ensure availability of water, sanitation, and hygiene (WASH) services—including adequate clean water supplies and soap—and training on WASH, as well as personal hygiene products for frontline health workers, who often work long shifts in continuous PPE.
- Promote proper mask adherence through social behavior change interventions in all public areas, including health centers and hospitals.
- Prioritize improvements to ventilation systems in health centers and hospitals, knowing

that COVID-19 and other respiratory illnesses are less likely to be transmitted in rooms with sufficient air flow.

- Provide additional support and compensation for frontline health workers as needed, particularly for unpaid health workers, including on- or near-site temporary housing, childcare, hazard pay, meals, safe transportation that allows for social distancing, airtime for telemedicine visits, and funds for health-related expenses such as mental health services.
- Provide access to mental health and social support services for health workers, including advice on work-life balance, as [recommended by the WHO](#).
- Thank health workers and acknowledge their contributions, challenges, and sacrifices.

Surge Capacity

- Ensure fiscal capacity and real-time health workforce data to plan, allocate, and manage a health workforce surge in COVID-19 hotspots.
- Employ innovation and flexibility to increase the number of available frontline health workers, such as recruitment of retired health workers and certified health workers currently in different fields, waiver of non-competency/practice-related requirements for students to ensure completion of needed training, fast tracking professional licensure for graduated students, and directives allowing certified health workers to practice across geographies.
- Invest in telemedicine platforms that are accessible to all communities, especially those with least access to essential services.
- Limit the number of health workers with direct exposure to COVID-19 by expanding isolation spaces for COVID-19 patients and assigning specific staff to closed COVID-19 wards.
- Set up treatment units in remote and rural areas, with housing for corresponding health workers to limit transmission via transportation.

Appropriate training on COVID-19 prevention, control, and treatment

- Provide large-scale, rapid, and up-to-date COVID-19-specific training to frontline health workforce teams, including training and resources for infection prevention and control.
- Provide essential triage training in pre-hospital settings (e.g., emergency tents and field hospitals) for health auxiliaries.
- Train health workers on transitioning in-person health services to virtual telemedicine, supporting airtime and data costs.

Education, health workforce pipeline, and e-learning

- Enable health worker students to continue their rotations/practicums involving on-the-job learning whenever feasible.
- Scale up e-learning and other methods that allow for continued learning during pandemic suppression/mitigation procedures.
- Rapidly make available the latest health workforce guidance and tools from the WHO and other leading response agencies in multiple languages.

Real-time health workforce data

- Provide transparent and timely data on the number of health worker infections and deaths, and notify health workers of each infection in their facility.
- Disaggregate health workforce data by sex, age, and comorbidities.
- Provide data showing staff and key medical supplies at each facility, including availability of PPE, ICU and regular hospital beds, and ventilators, to ensure supply needs of frontline health workers are immediately known by policymakers. Ensure CHWs are accounted for in these data.

- Utilize and expand human resources information systems (HRIS) as needed to ensure adequate health workforce planning and tracking, while adhering to [Principles of Digital Development](#) and avoiding parallel data streams.
- Every country should provide the criteria for COVID-19 testing and number of tests available.
- Advocate for establishing a global database of COVID-19 health workforce data at the WHO.

Address gender-related inequalities and barriers

- Support the distinct needs of women in the workplace, who make up 70% of the health workforce (e.g., ensure a safe space and time to breastfeed and provide menstrual products).
- Support health facilities to provide free and safe childcare for health workers and provide economic relief for emergency childcare for health workers when normal childcare operations cease.
- Address gender inequities in remuneration, recognizing that there is an average gender pay gap of around 28% in the health workforce.
- Ensure policy and response working groups are gender equal, as diverse perspectives are necessary.

Address stigma, attacks, and harassment

- Adopt a zero-tolerance policy toward harassment of or violence against health workers, as more than [400 reported incidents of violence related to COVID-19](#) have affected health workers or health care in at least 16 low- and middle income countries.
- Governments should work with partners and communities to leverage media and communication channels to promote messages about protecting health workers as a national and community asset.
- Invest in collecting data on harassment of or violence against health workers and report incidents of harassment of or violence against health workers to the WHO.
- Encourage community members and health workers to report incidents of stigma, harassment, or violence and to share their stories to directly address stigma and psychosocial issues.
- Investigate and respond to reports of harassment or violence and hold perpetrators accountable. Take strong diplomatic actions against perpetrators through public condemnations, demarches, and other mechanisms.

Policy changes and investments needed

Commitment of new, long-term funding for frontline health workers as part of COVID-19 response

- Prioritize funding to support immediate needs and sustainable frontline health workforce strengthening in countries identified as pandemic hot spots or countries with low capacity to respond to outbreaks and high vulnerability based on the Infectious Disease Vulnerability Index.
- Target investment toward health worker education in communities with least access to essential health services to increase production and recruitment of frontline health workers from the communities with greatest need.

US global health programs

- The US should contribute its fair share to the WHO's call for a global commitment of \$5 billion toward health worker education and employment.
- President Biden and his team laid out an [ambitious plan](#) to end the COVID-19 epidemic in the US, along with important directives to address the impact globally. To truly end the

pandemic, the US must address the pandemic at a global level and provide emergency support for frontline health workers in low- and middle-income countries.

- In March Congress passed a COVID-19 relief bill that included \$11 billion for global pandemic response, and \$905 million of that for global health via USAID. This is a modest investment compared to the enormous global economic toll of COVID-19, now estimated in the tens of trillions. USAID should dedicate a substantial portion of this funding to support frontline health workers in low- and middle-income countries.
- Besides emergency funding, the USG should [dedicate \\$100 million of its FY22 funding](#) to support frontline health workers in low- and middle-income countries through the USAID Office of Health Systems. This should include support for health systems resilience, ensuring health workers' safety and well-being, and providing the supplies and remuneration they need to do their work, taking into account the specific needs of women health workers.
- Provide training to health workers supported through US-funded programs on use of US-donated commodities (e.g., ventilators, oxygen tanks, etc.).
- Make global health security programming responsive to long-term development programming and vice versa to prevent duplication of efforts and ensure sustainable investments.
- Release a cross-agency, multi-year strategy detailing how relevant agencies will utilize existing flexibilities to implement integrated and cross-sectoral programming across global health accounts to strengthen local frontline health workforce teams and the systems supporting them. The strategy should include concrete targets and clear accountability mechanisms and align with WHO and national strategies.

Multilateral support

- Governments and donors should invest in the [COVID-19 Solidarity Response Fund](#) to ensure low- and middle-income countries can receive needed assistance.
- Governments and donors should invest in the [Working for Health Multipartner Trust Fund](#) to ensure a sustainable workforce is able to deliver essential services; spark economic growth; and prevent, detect, and respond to disease outbreaks.
- Push for financing from the World Bank and other multilateral funds (including Global Fund and Global Financing Facility) and financing institutions to prioritize needs of and support to frontline health workers.
- Governments and donors should join the WHO COVAX alliance to ensure that people in all corners of the world, including frontline health workers, get access to a safe and reliable COVID-19 vaccine once it is available.
- Take part in global campaigns to honor frontline health workers and amplify their stories, including [2021: The Year of the Health and Care Workers](#).

Global Health Security Agenda (GHS) targets and focus on the global health workforce

- Amend the [GHS Workforce Development Action Package](#) target for health workforce to encompass all cadres of health workers, with an emphasis on frontline providers in remote/neglected communities. The target should focus on population access to providers with International Health Regulations competency, rather than a provider ratio for particular cadres. It should also include adequate financing for priority health workforce strengthening efforts.

The Frontline Health Workers Coalition is an alliance of US-based organizations urging greater and more strategic investments in frontline health workers in low- and middle-income countries as a cost-effective way to save lives and foster a healthier, safer, and more prosperous world.

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