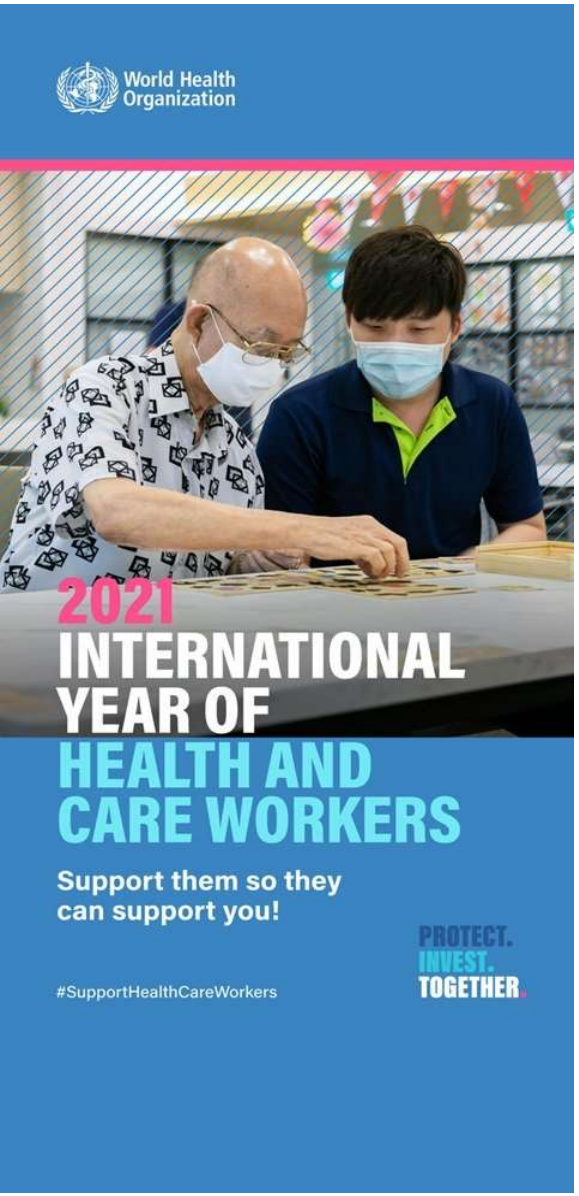


2021
International Year of Health and Care Workers

Protect. Invest. Together.

Jim Campbell, Director, Health Workforce, WHO
Twitter: JimC_HRH

9 June 2021

Campaign objectives

Ensure the world's health and care workers are prioritised for the COVID-19 vaccine in the first 100 days of 2021.

Recognize and commemorate all health and care workers who have lost their lives during the pandemic.

Mobilize commitments from Member States, International Financing Institutions, bilateral and philanthropic partners to protect and invest in health and care workers to accelerate the attainment of the SDGs and COVID-19 recovery.

Engage Member States and all relevant stakeholders in dialogue on a care compact to protect health and care workers' rights, decent work and practice environments.

Bring together communities, influencers, political and social support in solidarity, advocacy and care for health and care workers.

https://www.who.int/campaigns/annual-theme/year-of-health-and-care-workers-2021

HEALTH AND CARE WORKERS ARE AN INVESTMENT NOT A COST

Add your voice to those calling for more investments in health and care workers.

#SupportHealthCareWorkers

World Health Organization

PROTECT our health and care workers

- Health and care workers have protected the world during COVID-19: We have a moral obligation to protect them.
- Health workers delivering new COVID-19 health care innovations and vaccines should have the requisite support and enabling work environment. Vaccinating health and care workers first is the right thing to do and the smart thing to do.

INVEST in the people who invest in us

- The world is facing a global shortage of health workers. We must invest in education, jobs and decent work to protect the world from disease and achieve universal health coverage.
- Globally, 70% of the health and social workforce are women. Nurses and midwives represent a large portion of this. We need to invest in gender equity.

TOGETHER, we can make it happen

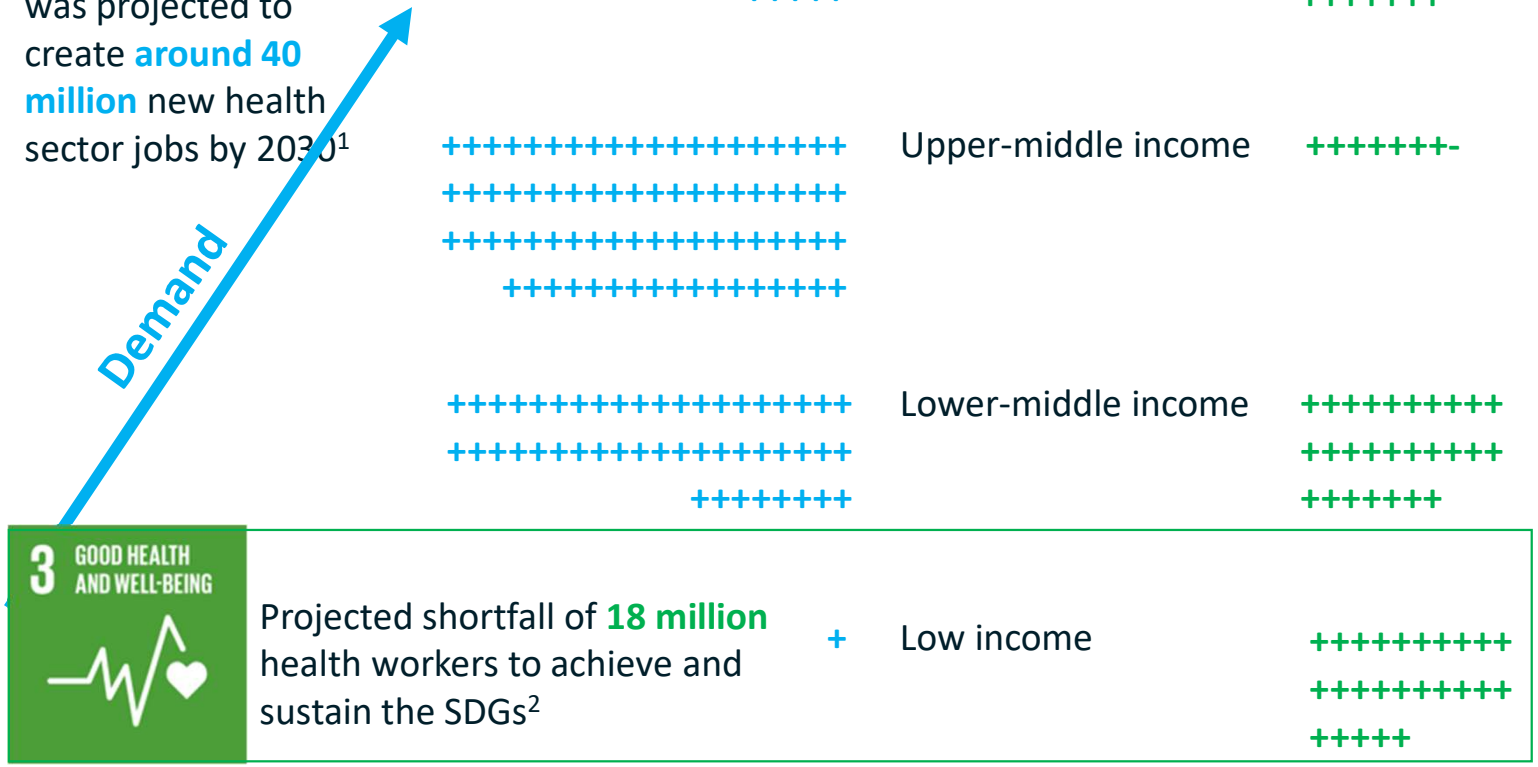
- We all have a role to play to ensure that our health and care workforces are supported, protected, motivated and equipped to deliver safe health care at all times, not only during COVID-19.

https://www.who.int/campaigns/annual-theme/year-of-health-and-care-workers-2021

Setting the scene: pre-pandemic

DEMAND VS NEED: PROJECTIONS TO 2030

Global economy was projected to create **around 40 million** new health sector jobs by 2030[1]



1 World Bank, 2016 http://documents.worldbank.org/curated/en/546161470834083341/pdf/WPS7790.pdf
2 World Health Organization, 2016

Investing in Human Capital: Strategic

Education / lifelong learning

Decent work

Leadership

Investment

Digital learning

Management capacity

Shared dividends

Economic opportunity

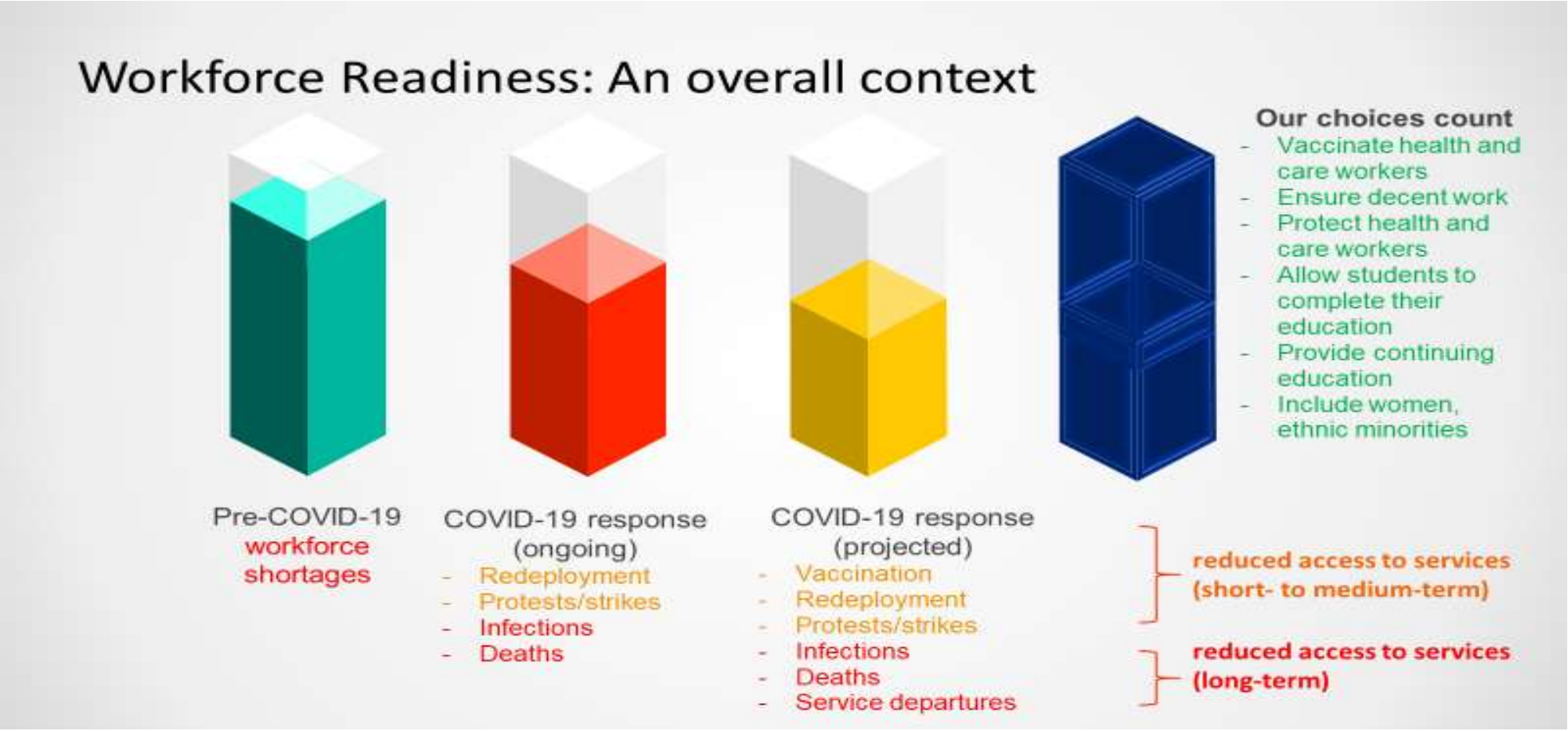
Community trust

Health system strengthening

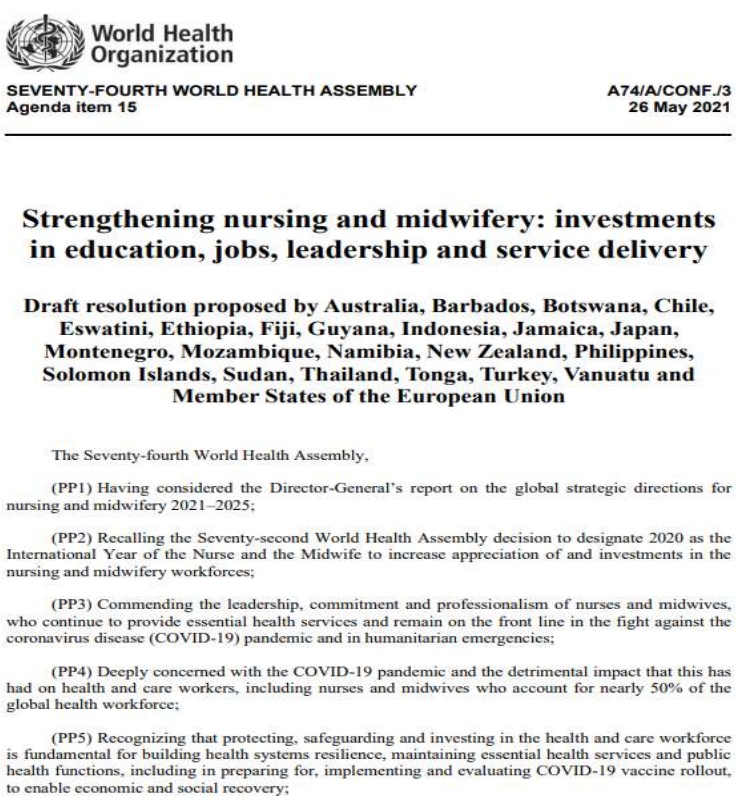
Employment

Gender/equity

Setting the scene: pandemic January 2020 – June 2021



74th World Health Assembly: *"..investments in.." + "..investing in.."*



World Health Organization

SEVENTY-FOURTH WORLD HEALTH ASSEMBLY
Agenda item 15

A74/A/CONF./3
26 May 2021

Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery

Draft resolution proposed by Australia, Barbados, Botswana, Chile, Eswatini, Ethiopia, Fiji, Guyana, Indonesia, Jamaica, Japan, Montenegro, Mozambique, Namibia, New Zealand, Philippines, Solomon Islands, Sudan, Thailand, Tonga, Turkey, Vanuatu and Member States of the European Union

The Seventy-fourth World Health Assembly,

(PP1) Having considered the Director-General's report on the global strategic directions for nursing and midwifery 2021–2025;

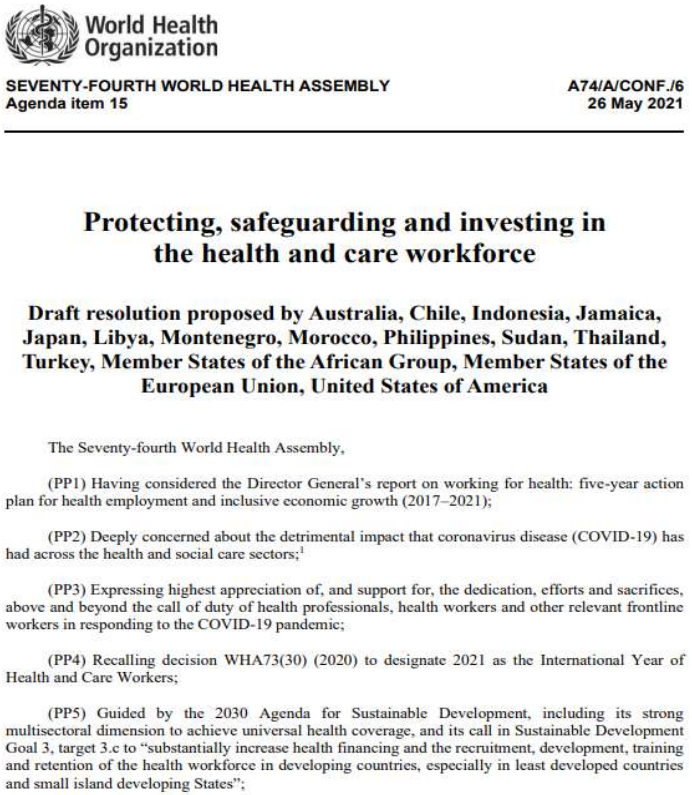
(PP2) Recalling the Seventy-second World Health Assembly decision to designate 2020 as the International Year of the Nurse and the Midwife to increase appreciation of and investments in the nursing and midwifery workforces;

(PP3) Commending the leadership, commitment and professionalism of nurses and midwives, who continue to provide essential health services and remain on the front line in the fight against the coronavirus disease (COVID-19) pandemic and in humanitarian emergencies;

(PP4) Deeply concerned with the COVID-19 pandemic and the detrimental impact that this has had on health and care workers, including nurses and midwives who account for nearly 50% of the global health workforce;

(PP5) Recognizing that protecting, safeguarding and investing in the health and care workforce is fundamental for building health systems resilience, maintaining essential health services and public health functions, including in preparing for, implementing and evaluating COVID-19 vaccine rollout, to enable economic and social recovery;

https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_ACONF3-en.pdf



World Health Organization

SEVENTY-FOURTH WORLD HEALTH ASSEMBLY
Agenda item 15

A74/A/CONF./6
26 May 2021

Protecting, safeguarding and investing in the health and care workforce

Draft resolution proposed by Australia, Chile, Indonesia, Jamaica, Japan, Libya, Montenegro, Morocco, Philippines, Sudan, Thailand, Turkey, Member States of the African Group, Member States of the European Union, United States of America

The Seventy-fourth World Health Assembly,

(PP1) Having considered the Director General's report on working for health: five-year action plan for health employment and inclusive economic growth (2017–2021);

(PP2) Deeply concerned about the detrimental impact that coronavirus disease (COVID-19) has had across the health and social care sectors;[1]

(PP3) Expressing highest appreciation of, and support for, the dedication, efforts and sacrifices, above and beyond the call of duty of health professionals, health workers and other relevant frontline workers in responding to the COVID-19 pandemic;

(PP4) Recalling decision WHA73(30) (2020) to designate 2021 as the International Year of Health and Care Workers;

(PP5) Guided by the 2030 Agenda for Sustainable Development, including its strong multisectoral dimension to achieve universal health coverage, and its call in Sustainable Development Goal 3, target 3.c to "substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States";

https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_ACONF6-en.pdf

Projecting health care costs of the Strategic Preparedness & Response Plan

THE LANCET
Global Health

- HRH, commodities, capital inputs escalate as transmission increases
- Tools: Health Workforce Estimator tool + National Health Workforce Accounts
- Health worker availability to deliver COVID-19 response and essential health services, shifting service delivery modalites (telemedicine) and postponing some services
- Recruitment of new health workers to augment workforce gaps

	4-week status quo	12-week status quo
Cost category*		
HR	42%	63%
Commodities	13%	17%
Capital	41%	16%
Other	4%	4%
HR costs (billions 2020 US$)		
Low income	0·27	2·02
Lower-middle income	10·29	51·58
Upper-middle income	11·27	43·23
Total	21·83	96·84
HR cost components†		
Salaries	51%	68%
Hazard pay	15%	9%
Incentives	34%	23%

HR=human resources. *Percentage of total. †Percentage of total HR.

Table 5: **Composition of costs for the COVID-19 response for 4 weeks and 12 weeks (after June 26, 2020)**

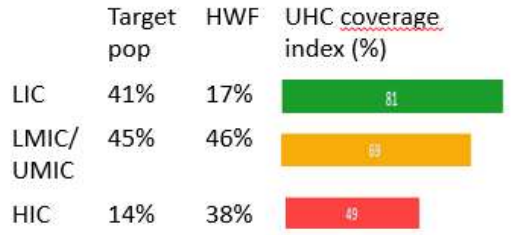
Source: https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30383-1/fulltext

Workforce requirements for COVAX implementation

Workers to vaccinate 20% in 2021 = 1.1M full-time equivalent

Worker requirements (FTE)	Scenario (*low*)	Scenario Medium variant	Scenario (*high*)
Needs			
Vaccinators and Supervisors	252,000	476,000	728,000
Other (support and CHW)	343,000	649,000	992,000
TOTAL		**1,100,000**	
Additional HWF required			
Vaccinators and supervisors	84,000	191,000	336,000
Other (support and CHW)	114,000	260,000	459,000
TOTAL		**451,000**	
Distribution of the additional HWF by income groups			
Lower income countries	92%	83%	71%
Middle income countries	8%	17%	29%
Higher income countries	0%	0%	0%

3.3B USD required *(20% global vaccination alone)* for
- Salaries for additional HWF (1 year)
- Education and learning

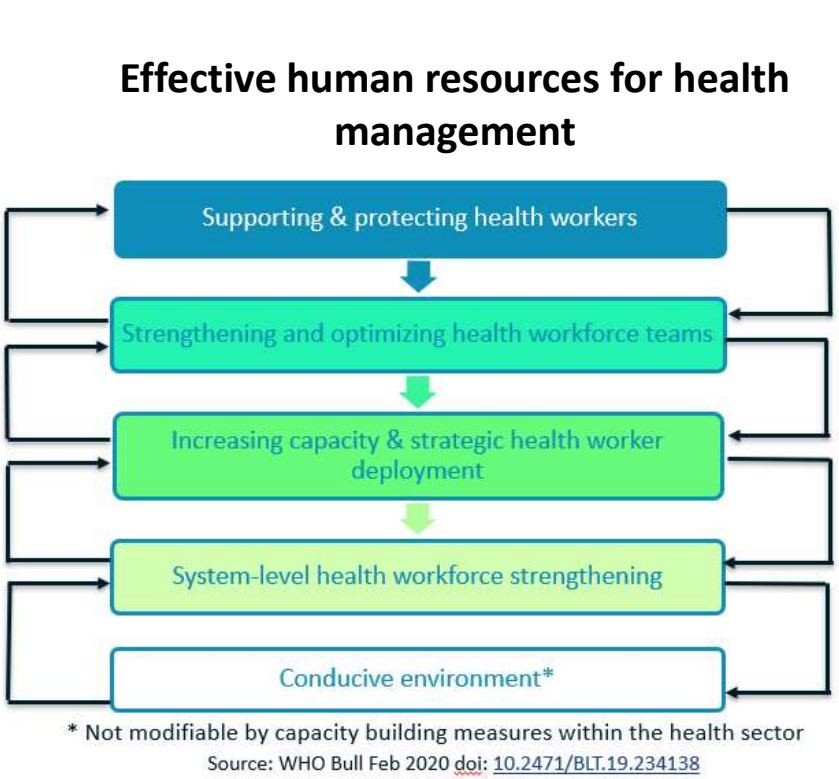


Vaccination needs v UHC coverage index

	Vaccinators & supervisors	Support staff	CHW	**TOTAL**
LIC (n=54)	1,328	720	215	2,263
LMIC (n=31)	325	176	53	554
UMIC (n=9)	84	46	14	144
Global	**1,737**	**942**	**282**	**2,961**

+Workforce readiness, education and learning*: 300M USD

WHO: interim guidance on HRH development



Prompt remuneration & incentives
Occupational health & safety, inc. appropriate PPE
COVID-19 practice guidelines & job aids

Training & skills refresher, including on IPC
Delegation of tasks & roles appropriate to skills
Decent work, psychosocial support, decision making roles

Supportive supervision and work/rest balance
Health system connection for guidance, resources, support

Inclusion in HRH planning & investment Community contact tracing, surveillance, CEA activities counted
Health worker data, inc. infection & death, in information systems

Gender: leadership role, safe work, recognize unpaid work
Innovation: rapid scale-up of digital learning and intersectoral partnerships

Source:
https://www.who.int/publications/i/item/WHO-2019-nCoV-health_workforce-2020.1

Recommendations for policy-makers and managers

- Ensure prompt remuneration, overtime and hazard compensation, using flexible mechanisms as needed
- Provide social protection through paid sick leave, time off for quarantine, occupational risk insurance, including for occupation-acquired infection
- Provide child & elder care options, as well as transport or deployment allowances
- Develop mixed incentive packages with financial and non-monetary incentives (continuing education) to encourage willingness to work

- Assess feasibility of funding sources (reallocation, additional budget, private sector, donors, loans) and mechanisms to optimize absorption
- Balance and prioritize funding between COVID-19 HRH surge and maintaining essential health services
- Maximize impact of selected interventions while managing financial sustainability
- Identify opportunities to address pre-existing socioeconomic challenges (e.g. absorption of unemployed but qualified health worker) & establish resilient HRH strategy

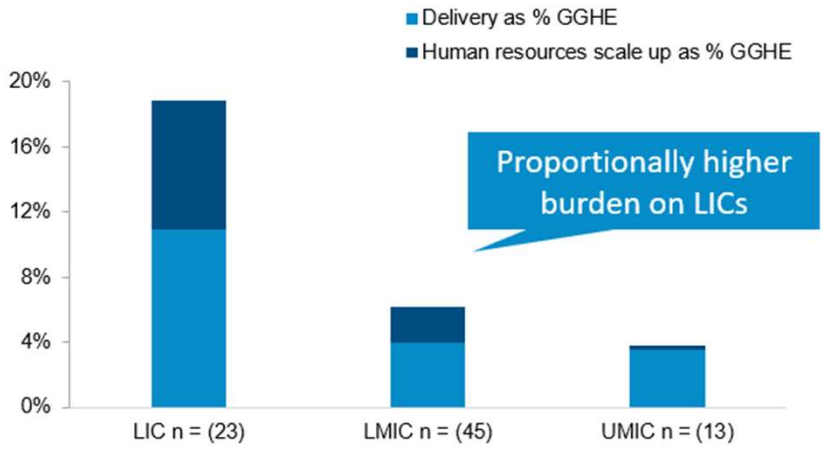
Source:
https://www.who.int/publications/i/item/WHO-2019-nCoV-health_workforce-2020.1

- who.int/health-workforce/
- workforce2030@who.int
- @GHWNetwork

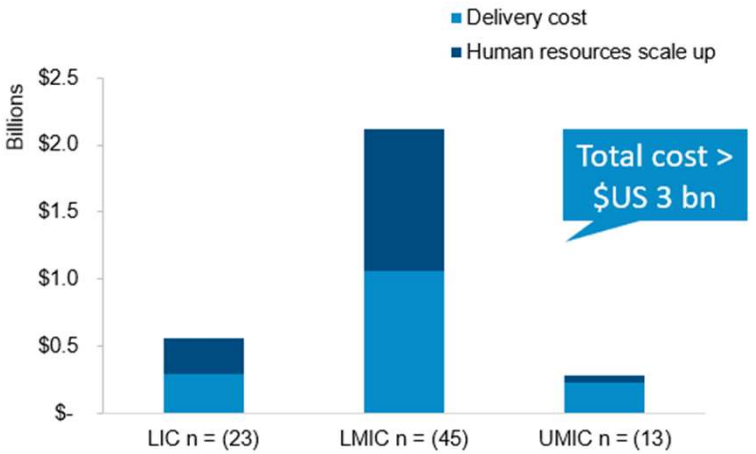
Delivery and HWF additional salary (% of GGHE and in USD)

Based on 81 AMC participants with data available[1]

Delivery and human resources surge cost,
% of 2018 governmental health expenditure (GGHE)[2]



Total delivery and human resources surge cost[2],
$USD bn



1. Excludes COVAX AMC participants without NDVPs (Burundi, Eritrea, Madagascar, Marshall Islands and Tanzania) and those without 2018 GGHE estimate (Kosovo, North Korea, Somalia, Syria, West Bank and Gaza, Yemen). Source for income classification: The World Bank, 2019
2. Human resources scale up costs include estimates for vaccinators (59%), support staff (32%) and social mobilisers (10%). General Government Health Expenditures includes on-budget donor funding and loans. Source for GGHE: Global Health Expenditure Database

Costing tool for countries: CVIC jointly developed by UNICEF and WHO
https://www.who.int/publications/i/item/who-2019-ncov-vaccine_deployment_tool-2021.1

GENDER EQUAL HEALTH AND CARE WORKFORCE INITIATIVE

Launched in February 2021:

1. **Leadership: Ensure diverse, gender equal leadership**
2. **Protection: End sexual harassment and violence**
3. **Equal Pay: recognize unpaid and underpaid work and close Gender Pay Gap**
4. **Decent and Safe work: Reduce health worker infections, provide PPE/vaccines**

RÉPUBLIQUE FRANÇAISE
Liberté Égalité Fraternité

World Health Organization

WGH
WOMEN IN GLOBAL HEALTH

#GenderEqualHCW

Bull World Health Organ 2021;99:2

Editorials

Financing and protection for the health and care workforce

James Campbell[a] & Fahrettin Koca[b]

In November 2020, the resumed Seventy-third session of the World Health Assembly designated 2021 as the International Year of Health and Care Workers.[1] The decision, initiated by the Republic of Turkey and supported by more than 80 countries, recognizes the tireless efforts of health and care workers at the forefront of the response to the coronavirus disease 2019 (COVID-19) pandemic.

Before the pandemic, many countries faced longstanding health workforce challenges, including shortages, maldistribution and misalignment of needs and skills. The shortage is estimated at 18 million globally, mostly in low- and lower-middle-income countries.[2] As the pandemic took hold, health workers had to adapt to additional challenges: accelerated rates of infection and deaths, lack of adequate personal protective equipment, social discrimination and attacks, and the dilemma of working in COVID-19 settings and returning home to care for friends and family members.

In most cases, health and care workers (joined by student health professionals in many countries) have risen to the challenge, rapidly acquiring new skills, intensifying their work schedule, reprioritizing services and accelerating the adoption of innovative delivery strategies. However, the pandemic has dis- of personal protective equipment were reported in 84 countries.[4]

In Turkey, the experience and motivation of over 1 million health personnel and support staff were key to the COVID-19 response – addressing diagnosis, treatment and care services, contact tracing and surveillance processes. Family physicians and family health teams contributed to managing the pandemic while maintaining essential services. The recruitment of 44 000 additional health personnel in 2020 strengthened national capacity to respond to the crisis.[3] In parallel, timely access to personal protective equipment to ensure the safety and protection of health personnel was prioritized for domestic use, but out of international solidarity, Turkey also sent protective and medical equipment to 156 countries and nine international organizations.

As we begin the International Year of Health and Care Workers, the potential introduction of COVID-19 vaccines will add more demands on the world's health workforce. WHO estimates that vaccinating 20% of the global population (approximately 1.5 billion people) will require more than 1.1 million full-time-equivalent health workers. Some high-income countries have already started recruiting additional staff for their

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The Lancet, Vol 397, January 30 2021

Health and care workers are owed a better future

It has been a traumatic and testing year for the health and care workforce globally. In recognition of their contribution and struggles during the pandemic response, WHO has designated 2021 as the International Year of Health and Care Workers. This campaign highlights the need for investment in health workforce readiness, education, and learning to manage the COVID-19 pandemic, to maintain health services, and to prepare for vaccine roll-outs. A call for action on behalf of the health-care workforce is welcome. What must also be considered is a governmental duty to sufficiently protect the health-care workforce, be that protection from infection, protection of mental health, or legal protection. Governments should be asking themselves whether they are fulfilling this duty of care.

Amid the strain the pandemic is placing on health systems, the health-care workforce is experiencing serious harms to their physical and mental wellbeing while trying to deliver quality care. These issues are not limited to clinicians and nursing staff, but affect everyone working to improve health in their community, including in care homes, pharmacies, and residential centres. International data are scarce, but according to Amnesty International, more than 7000 health workers worldwide had died from COVID-19 by September, 2020. Although health and care workers represent less than 3% of the population in most countries, they make up 14% of the COVID-19 cases reported to WHO. These statistics support for the UK's approach is a cause of deep concern and risks undermining public and the profession's trust in the vaccination programme". Efficacy and vaccine effectiveness might also differ in light of the new variants circulating. There are concerning reports in some places of wariness among health and care workers to take COVID-19 vaccines, although it is unclear why.

Vaccination is not the limit of government duty to the health and care workforce. Other immediate concerns should be addressed to ensure their safety. It is a serious issue that obtaining personal protective equipment (PPE) of an appropriate standard remains a problem a full year into the pandemic, with recent calls in the UK to update PPE guidelines to better tackle more transmissible variants going unheeded. A recent survey for National Nurses United in the USA suggests that 80% of nurses report reusing at least one type of single-use PPE.

The best way to protect health and care workers in the long term is to address the substantial shortfall in the workforce worldwide. Shortages have put huge pressure on staff during the pandemic and hampered responses. There were not enough health and care workers before COVID-19, with an estimated 18 million person shortfall, mostly in low-income and middle-income countries. Governments can build countless emergency hospitals and buy thousands of ventilators, but without the workforce to operate them, they are useless. WHO

Steve Parsons/PA Wire/Bloomberg/Getty Images

For more on the **International Year of Health and Care Workers** see https://www.who.int/news/item/11-11-2020-2021-designated-as-the-international-year-of-health-and-care-workers

For more on the **Amnesty International analysis of health worker COVID-19 deaths** see https://www.amnesty.org/en/latest/news/2020/09/amnesty-analysis-7000-health-workers-have-died-from-covid19/

For more on **COVID-19 cases in health workers reported to WHO** see https://www.who.int/westernpacific/news/feature-stories/detail/protecting-health-workers-from-covid-19

For more on the **British Medical**