

21st April 2020

TO:

Peter Sands, Executive Director of the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM)
Dr Muhammad Pate, Executive Director, the Global Financing Facility (GFF)
Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization (WHO)
Dr Seth Berkley, CEO, GAVI
David R. Malpass, President of the World Bank Group
Kristalina Georgieva, Managing Director, International Monetary Fund

CC:

Working for Health Initiative, ILO, OECD, WHO (Multi-Partner Trust Fund)
European Commission's Director General for International Cooperation and Development (DG DEVCO)

Call to Urgently Prioritise International Funding Support for the Recruitment of Human Resources for Health in Resource-Limited Contexts Amid COVID-19

We are writing on behalf of national and global civil society organisations who are signatories to this letter. Together, we call for urgent mobilisation, pooling and designation of international resources to support and complement existing governments investments in recruitment and remuneration of human resources for health in contexts with limited resources and other high disease burdens.

We welcome that a number of funding institutions have already made additional global resources available to governments of low- and middle-income countries, allowing responses to the threat that COVID-19 poses to communities; e.g. research, vaccine development, protective personal equipment for health workers, test kits and programme management response support.

However, we note that the financial support packages do not specifically prioritise the urgent need to recruit additional health personnel in resource-limited contexts and improve remuneration and working conditions of those currently providing services. Given the unprecedented pressure on advanced health systems, we have grave concerns for those countries where severe shortages of health personnel in normal circumstances have been insufficiently addressed¹. **The current crisis offers funders in global health the opportunity to commit and contribute to pooled and adequate funding resulting in significant long-term investments in the health workforce based on robust analysis of the health labour markets. This is to address shortages for the short term COVID-19 response, but also to build strong future health system resilience and health workforce preparedness and response capability. Moreover, it will guarantee readiness for public health threats, Universal Health Coverage (UHC) and health for all as a human right.**

Most of the agencies we address this letter to have committed to work together, both with governments and each other, in their programmatic, operational and financial policies by signing the Global Action Plan for Healthy Lives and Well-being. They committed to being gender-transformative, equity-oriented, rights-based and people-centred in their actions overall, and - when it comes to financing for health - to ensure better generation, allocation and use of **public and pooled funds for health**. We urge the agencies to live by these principles in COVID-19 relief and recovery efforts, including advancing human resources for health.

Most national governments have developed and costed human resources for health plans, but these are not always adequately implemented due to fiscal and budgetary constraints. In addition, austerity

¹ Africa has a share of 24% of the global burden of disease, yet, only 3% of the global health workforce. Many countries are far below the SDG threshold of 4.45 health workers per 1,000 recommended by WHO; for example, in Kenya 1.79, in Zambia 0.98, in Uganda 0.74, in Tanzania 0.44, and in Malawi only 0.35 health workers per 1,000 population.

measures such as wage containment have stalled investment in the health workforce for many years. This triggered remuneration and recruitment freezes that led to a drastically reduced number of jobs in the health sector, despite numerous unemployed health workers in many countries. Among the unemployed are many women and youths, leaving them without a livelihood. These unemployed health workers now constitute a crucial untapped resource in the response to COVID-19. We need urgent collaborative action to enable governments to recruit these workers and protect them, and to rapidly scale up the training and recruitment of millions additional protected and equipped health workers to deliver health care for all. Governments cannot afford to divert their limited employed health workforce as this could stall or even reverse the efforts and gains achieved in HIV/AIDS, TB, sexual and reproductive health, malaria, maternal and child health programmes, among others.

Health taxes, efficiency improvements and public financial reforms as currently advised will only mobilise limited resources and will not be enough to support countries to cope with their needs for health personnel amid the pandemic, and beyond.

As 70% of health workers globally are women, it is also critical that support for human resources for health - during the COVID-19 crisis and beyond - applies a gender lens. Countries and agencies should ensure that the recruitment and training of health workers are gender-responsive and take steps to close the 28% gender pay gap in health. Funding mechanisms should apply a gender marker, or best practices in gender budgeting, analysis, and auditing, to promote accountability for the gender dynamics of the health workforce.

As civil society, we call on GAVI the Vaccine Alliance, the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), the Global Financing Facility (GFF), the International Monetary Fund (IMF), the World Bank, and the World Health Organization (WHO) to address the gaps in human resources for health, leveraging and improving the existing global strategies, specifically the [Global Strategy on Human Resources for Health: Workforce 2030](#), and the [Working for Health and Growth: Investing in the Health Workforce High-Level Commission on Health Employment and Economic Growth \(HEEG\)](#). While we ask all addressed parties to mobilise funds for the swift recruitment of additional, and the steady retainment of existing health personnel, we also call on considering the sustainability of their investment.

Specifically, we ask:

1. **GAVI** to include recruitment of more health workers in coordination with national governments, now and in the long run, to ensure the continuation of services during the pandemic and beyond. GAVI's areas of support now include training of health workers, testing and infection control supplies, surveillance activities and coordination. By supporting the recruitment of health personnel, the flexibility that GAVI provides to countries to reallocate up to 10% of their existing Health System Strengthening grants to COVID-19 response will truly support the strengthening of health systems.
2. The **GFATM** to continue allowing countries to use funding in the new grant cycle as well as in the COVID-19 response reprogrammed resources and any additional COVID-19 resources, to pay for the training, recruitment, support and remuneration of health care workers. We also ask the GFATM to explicitly encourage governments to use these funds for the creation of extra posts for health workers in addition to the priorities outlined in the guidelines², which currently include epidemic preparedness assessment, laboratory testing, sample transportation, use of surveillance infrastructure, infection control in health facilities, and information campaigns.

² https://www.theglobalfund.org/media/9397/core_covid-19_guidancenote_en.pdf?u=63718916254000000

3. The **GFF** to urgently remove any restrictions attached to their loans and grants that prevent countries from using GFF resources for the recruitment of health care workers, safeguarding service provision for women, children, and adolescents during the pandemic. We call on the GFF to acknowledge this major bottleneck in the health systems of their recipient countries by developing a clear strategy on the financing of human resources for health, benefitting the health systems of their partner countries during the pandemic and beyond.
4. The **IMF** to put an end to policy conditionality and advice that leads to spending restrictions on health, in particular to the health workforce, including for programmes approved prior to the pandemic. We call on the IMF to offer immediate cancellation of all debt payments to the IMF for the remainder of 2020 and a possible extension of the cancellation to 2021 to free up resources towards strengthening the health workforce and health systems overall. Finally, we ask for facilitation of debt restructuring and relief with widened eligibility criteria, beyond IDA-only countries³.
5. The **World Bank** to invest in universal access to free public health care and in public health systems in low- and middle-income countries, ensuring access to free health care and the right to health to the entire population. We also ask to make any additional resources available for governments to allocate to recurrent costs, without restrictions, so that they can use funds according to needs, including the recruitment and retention of health personnel. We call for the World Bank to offer a cancellation of all debt payments due in 2020 and possibly 2021, and the facilitation of broader debt restructuring and relief to all countries in need, beyond IDA-only countries. Finally, we ask the Bank to refrain from structural adjustment reforms that weaken countries' public health system now and in the future. Freed-up resources should be prioritised towards strengthening the health workforce and health systems overall.
6. The **WHO**, in its normative and expert role to issue strong messages in its daily media briefs regarding the critical need to recruit additional health workers and support existing ones in high disease burden contexts and to call on international donors to support this. We ask WHO, ILO and OECD to leverage their existing partnership and lead global efforts towards strengthening human resources for health now and in the future. We call on the WHO to issue clear policy guidelines and recommendations to donors on how to best support human resources for health sustainably with long-term, pooled and reliable investments.

We would very much appreciate an open dialogue on these asks in the form of a virtual meeting with you, global and national civil society, and other stakeholders, to discuss these **specific human resources for health investment** asks in more detail at your earliest convenience. Thank you for considering this request.

Yours sincerely,

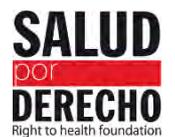
Mariëlle Bemelmans
Director Wemos



marielle.bemelmans@wemos.nl
+31 (0)20 435 20 50

³ International Development Association (IDA)

SIGNATORIES







SIGNATORIES

- 1 Abubuwa Societal Development Initiatives (ASDI)
- 2 Accountability International
- 3 Action against hunger (regional office of West and central Africa)
- 4 Action for Improvement of Food Child and Mother
- 5 Advocacy Network Africa (AdNetA)
- 6 Afara 360
- 7 Afrihealth Optonet Association
- 8 Al-Asar Development Organization
- 9 Amref Health Africa
- 10 ARPAN
- 11 Asia Pacific Network of People Living with HIV (APN+)
- 12 Association for Promotion Sustainable Development
- 13 Associations des jeunes pour la lutte contre le sida et la Pauvreté
- 14 AWTAD anti-corruption organization
- 15 Basic Integrated Rural Development Society (BIRDS)
- 16 Benjamin William Mkapa Foundation (BMF)
- 17 Center for Health, Human Rights and Development (CEHURD)
- 18 Centre for Health Science and Law
- 19 Child Awareness Project
- 20 Children and Young People Living for Peace
- 21 Christian Action for Development & Support (CADS)
- 22 CISE Malawi
- 23 Coalition of African National Medical Associations (CANMA)
- 24 Collective for Food Security and Rural Development (COSADER)
- 25 Community Active in Development Association-CADA
- 26 Community Care Foundation-Uganda (CCFU)
- 27 Community Initiative Action Group Kenya(CIAG-K)
- 28 Connected Advocacy For Empowerment and Youth Development Initiative
- 29 Cordaid
- 30 Deutsche Stiftung Weltbevoelkerung (DSW)

31 Divine Foundation Trust
32 Dr Uzo Adirieje Foundation
33 Dreams Alive Africa
34 Emony Yefwe International
35 Eurodad
36 FIRD
37 Friends Foundation
38 Fundacion Octaedro
39 GHP Corp
40 Global Association of Clinical Officers and Physician Associates (GACOPA)
41 Global Health Advocates France
42 Golden Change For Concerned Youth Forum
43 Gorakh Foundation
44 Health Action International
45 Health Alliance International
46 Health And Nutrition Development Society – (HANDS)
47 Health Worker for All Coalition
48 Health, Education and Literacy Progrmme (HELP)
49 Hivos
50 HOYWIK
51 Human Rights Research Documentation Centre (HURIC)
52 Indigenous Peoples Global Forum for Sustainable Development (IPGFforSD)
53 Innovations for Development
54 Instituto para el Desarrollo Humano
55 IntraHealth International
56 Kamukunji Paralegal Trust (KAPLET)
57 Kenya Dental Association
58 Kenya Health Professionals Society
59 Kenya Legal & Ethical Issues Network on HIV & AIDS (KELIN)
60 Kenya Medical Association (KMA)
61 Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU)
62 Kenya National Union of Medical Laboratory Officers (KNUMLO)
63 Kenya National Union of Nurses (KNUN)
64 Kenya Union of Clinical Officers (KUCO)
65 KNCV-Tuberculosis Foundation
66 Life Foundation
67 Living Goods
68 Maitrey-Raj Foundation
69 Media Response
70 Medibeth Global Health Centre
71 Medical IMPACT
72 Medicus Mundi International
73 Medicus Mundi Spain
74 Medicus Mundi Switzerland
75 MeTA Zambia
76 Mumbo international

- 77 Nari Development (NDO)
- 78 National Disability & Development Forum (NDF)
- 79 National Nurses Association of Kenya
- 80 Nebbi Sistrict NGO Forum
- 81 New Life Organization
- 82 Nigerian Women Agro Allied Farmers Association (NIWAAFA)
- 83 N'weti
- 84 ODI Niger
- 85 Organization of African Youth
- 86 Our Lady of Perpetual Help Initiative (OLPHI)
- 87 Oxfam
- 88 Participatory Village Development Program (PVDP)
- 89 Pathways Policy Institute
- 90 Peace Foundation Pakistan
- 91 Pharmaceutical Society of Kenya
- 92 PHM Kenya
- 93 PHM North America
- 94 PHM Uganda
- 95 plan:g – partnership for global health
- 96 Pleaders of children and Elderly People at risk (PEPA)
- 97 Policies for Equitable Access to Health – PEAH
- 98 Rainbow Mirrors Uganda
- 99 Reproductive Advocate Health Education
- 100 Rick Rowden (on personal title), Adjunct Professorial Lecturer, School of International Service, American university in Washington DC.
- 101 Roke Telkom Uganda
- 102 Rural Infrastructure and Human Resource Development Organization (RIHRDO)
- 103 Rwenzori Center for Research and Advocacy
- 104 Ryculture Health and Social Innovation
- 105 S.O.S.- Criança e Desenvolvimento Integral De Angola
- 106 Safe Water and AIDS Project (SWAP)
- 107 Salud por Derecho
- 108 Save the Children
- 109 Sewa Development Trust Sindh
- 110 Shanduko Yeupenyu Child Care
- 111 Society for Conservation and Sustainability of Energy and Environment in Nigeria (SOCSEEN)
- 112 Socio Economic Research and Development Centre (SERDEC)
- 113 Solidarity Hospital Buea
- 114 Soren Ambrose (on personal title)
- 115 SOS Jeunesse et Défis
- 116 Southern and Eastern Africa Trade Information and Negotiations Institute (SEATINI)
- 117 Stretchers Youth Organization
- 118 Success Capital Organisation
- 119 Sukaar Welfare Organization
- 120 TAMSA Tanzania
- 121 The Bretton Woods Project

- 122 The international Organization for Human Rights Development and Environment Sierra Leone Chapter
- 123 The Observatory for Sustainable Infrastructure
- 124 The People's Fund for Global Health and Development
- 125 The White Ribbon Alliance for Safe Motherhood Tanzania
- 126 Tinada Youth Organization (TiYO)
- 127 Training for Health Equity Network:THEnet
- 128 Tropical Health and Education Trust (THET)
- 129 Ukana West 2 Community Based Health Initiative (CBHI)
- 130 Union des Amis Socio Culturels d'Action en Developpement (UNASCAD)
- 131 Vikash Samukhya
- 132 Volunteers Welfare for Community Based Care of Zambia (VOWAZA)
- 133 WASH-Net Sierra Leone
- 134 West African Academy of Public Health
- 135 White Ribbon Alliance-Uganda
- 136 Women Deliver
- 137 World Merit Burundi
- 138 Youth and Environment Vision (YEV).
- 139 Youth Engage
- 140 Youth Initiative for the Promotion of Good Leadership in Nigeria
- 141 Youth Organization
- 142 Youth Secretariat of Haiti
- 143 Zero Poor Africa (ZPA)