Investing in the Public Health Workforce:

Reflections for the G20

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ublic health workers are the backbone of the public health system and a determining factor in the capacity for emergency preparedness and response. The COVID-19 pandemic tested and exposed the weaknesses in core public health capacities around the world, which are often the result of decades of underfunding and lack of political commitment to public health. Alongside the number of confirmed deaths from COVID-19, there was increased mortality and morbidity due to the severe disruptions in essential health services, including preventive care such as routine immunisation. The inadequate preparedness of many health systems to respond to disease outbreaks partly explains these outcomes. However, the limited availability of the health workforce was the critical bottleneck. In this was largely due to longstanding workforce shortages that were exacerbated by COVID-19 infections and deaths among health workers; the burden placed upon them, which resulted in mental health issues, including burnout; and poor working conditions. In the public health issues, including burnout; and poor working conditions.

The world is also burdened with other public health emergencies, including protracted conflicts and a global increase in climate-related and humanitarian disasters. These have collectively contributed to a public health crisis, with reversals in life expectancy and Sustainable Development Goals

targets.^{12,13} These reversals and the increasing likelihood of multi-hazards and future emergencies stress the imperative for strengthening national health systems through investment in the 12 Essential Public Health Function^a (EPHF) through an all-hazards emergency risk management approach.¹⁴ Strengthening the quantity and quality of the national public health workforce capacity to deliver these EPHFs is essential¹⁵ and requires political leadership as well as global investment

There was the emergence of a global consensus to strengthen public health during the pandemic, as evident in the political and technical consensus within the G7 and G20 intergovernmental processes from 2021 to 2023. This contributed to an iterative process coordinated by the World Health Organization (WHO) along with a global partnership of associations, institutions, and schools of public health (as represented by their national, regional, and global bodies) to jointly develop and endorse a WHO Roadmap to strengthen national public health and emergency workforces.

The G20's and G7's Role in Strengthening Public Health and Emergency Workforces

Both the G20 and the G7 processes have historically incorporated public health within their intergovernmental deliberations, aiming to address pressing global health challenges and foster international cooperation amongst member and partner countries. This was reinforced during the COVID-19 pandemic, where both the G20 and the G7 platforms tabled agenda items on public health for consideration in the Health Ministers and Heads of State meetings.

The EPHFs are a set of interconnected activities both within and beyond the health sector that are required to ensure effective public health action to prevent disease and promote and protect health and well-being.

b Including the World Federation of Public Health Associations (WFPHA), International Association of National Public Health Institutions (IANPHI) and Global Network Academic Schools of Public Health (GNASPH).

G20 and G7 Deliberations on Public Health (2021–2023)

G20 Italy, 2021

In May 2021, the G20 and invited leaders, heads of international and regional organisations, and representatives of global health bodies gathered in Rome for the Global Health Summit that culminated in the Rome Declaration. This political declaration recognised the impacts of the pandemic, the reversal of public health gains, and the sacrifices from the health and care workforce. The Rome Declaration set out a global consensus which subsequently informed the G20 Italia Declaration of Health Ministers in September 2021, where investment in health systems and public health workforce strengthening was identified as a prerequisite for countries to improve future pandemic preparedness and response. The declaration affirmed the role of political consensus in strengthening the health workforce. It highlighted the need to protect workers and invest in their education, employment, and retention, including to strengthen multidisciplinary teams to better respond to future emergencies and deliver the essential functions in "health care system and preventive care". 20

G7 United Kingdom, 2021

In June 2021, the Carbis Bay Health Declaration²¹ was signed at the G7 Summit in Cornwall, United Kingdom. The primary objective of the G7 Summit 2021 was to bring the world's leading democracies together to fight COVID-19 and build a greener, more prosperous future. The G7 summit recognised the contributions and commitment of health and care workers and highlighted the importance of maintaining a health workforce that can adapt to changing circumstances. Training, supporting, and protecting health and care workers were important aspects of the discussion.

G7 Germany, 2022

Germany's presidency of the G7 built upon Italy's legacy on essential public health functions by diving deeper into pandemic preparedness and response. On 19 May 2022, the G7 ministers met in Berlin and launched the G7 Pact for Pandemic Readiness,^{22,23} which focuses on strengthening collaborative surveillance in low- and lower-middle income countries (LMICs) and

predictable rapid "regional and global surge readiness groups".²⁴ This focus on pandemic preparedness and response demonstrated alignment with similar deliberations among WHO member states in Strengthening the Global Architecture for Health Emergency Preparedness and Response (HEPR).²⁵ The HEPR structures a new global health architecture around health emergency governance,^c systems, and financing, applying the principles of EPHFs at a global level. Supporting the global health architecture, the G7's Roadmap for Practical Cooperation to Advance the G7 Pact²⁶ committed to help 100 countries strengthen their International Health Regulation (IHR 2005) core capacities.^d

G20 Indonesia, 2022

G20 in Indonesia continued to advance the global health architecture for emergency preparedness and response by launching the Pandemic Fund.²⁷ The fund aims to strengthen countries' pandemic prevention, preparedness, and response (PPR) capacities by addressing capacity and capability gaps. The Pandemic Fund further aims to catalyse investment in critical health workforce capacities and in health systems to strengthen synergies between the health system and pandemic PPR capacity at country and local levels in core domains of the IHR 2005 and the World Organisation for Animal Health's (WOAH) international standards. It is estimated that there is a need for US\$10 billion per year of international funding to cover the catalytic funding for systemic preparedness required in LMICs.^e

c Under the governance part of HEPR, it contains the ongoing Intergovernmental Negotiating Body on new WHO convention, agreement, or other international instrument on PPR (WHO CA+) and International Health Regulation amendments.

d IHR core capacities: described in IHR 2005's Annex 1, the core capacities for surveillance and responses require public health capacities ranging from the local community and primary public health level all up until the national public health leadership level. In the voluntary Joint External Evaluation tool to assess the IHR 2005 capacities, the highest scores for IHR capacities as human resources are given to countries who have a national multisectoral skilled and competent health personnel for sustainable and functional public health surveillance and response at all levels of the health system.

e Worth noting that the Pandemic Fund, as of May 2023, had received a pledge of just 10% of the annual amount needed from donors and foreign aid from the main G20 countries.

G7 Japan, 2023

The G7 in Japan further reaffirmed the prevailing health consensus to strengthen the national Public Health and Emergency Workforce in the G7 Global Plan for UHC Action Agenda.²⁸ Action area 8 of the UHC Action Agenda specifically addresses UHC and health security by strengthening all EPHFs and to "support well-trained workforce to deliver the EPHF in line with WHO Roadmap".²⁹ The Action Agenda also advocates for investing, protecting, educating, and employing the entire health and care workforce while also recognising the importance of strengthening the public health workforce.

The G7 leaders supported the development of global network of experts, including their trainings, and committed to work together to implement IHR core capacities in 100 LMICs until 2027, echoing the 2022 commitment at G7 Germany. To achieve UHC and health security, G7 Japan also announced the launch of the Impact Investment Initiative for Global Health,³⁰ in time for the United Nations' three High-Level Meetings (HLM) on UHC, tuberculosis, and pandemic preparedness and response. This initiative prioritises investment in impactful initiatives and capacity building in the Global South for non-communicable and communicable diseases, PPR, and to "restore of essential health services to better than pre-pandemic level".³¹

Emerging Consensus for WHO and Partners' Roadmap for Public Health Workforce

The public health momentum from the G20 and the G7 processes enabled renewed dialogue on public health, the 12 essential public health functions that are typically prevalent across all countries, and the public health workforce required to deliver these functions. Building on the political call for action during Italy's G20 presidency and resolutions adopted in the World Health Assembly,^{32,33,34,35} WHO convened and worked with its partners to jointly develop and launch a roadmap and an action plan³⁶ on national public health workforce capacity to deliver all EPHFs, including emergency preparedness and response. The public health workforce encompasses core public health personnel and professionals, health and care workers who perform at least one of the essential public health functions, and all

occupations outside of the health sector that contribute to public health (e.g., water, sanitation, social determinants).^{37,38}

Global partners on the roadmap and action plan have jointly developed reference documents and tools for countries of all income classifications to assess their public health workforce against the standard EPHF and their individual public health priorities.³⁹ The assessment is underpinned by a whole-of-government and whole-of-society approach that involves national stakeholders and existing national and global networks of partners of the roadmap, including associations, institutions, and schools of public health. This country-based assessment will ultimately guide policy improvement and address gaps in national public health workforce planning, delivery, and competency-based education curricula in order to bolster national workforce capacity and readiness for all current and future public health needs.

The above tools are timely additions to support national assessments and benchmarking. The G20 support to invest in preparedness and national capacity contributed to the launch of the World Bank's Pandemic Fund in November 2022. In its first call for submissions, strengthening human resources to help countries prevent, prepare for, and respond to health emergencies was highlighted as a priority.⁴⁰ This indicates an opportunity to prioritise sustainable public health workforce capacity in LMICs.

The roadmap also assists in alignment with the ongoing governance processes of IHR 2005 amendments and negotiations on a global pandemic accord, the Intergovernmental Negotiating Body (INB) on a new WHO convention, agreement, or other international instruments on PPR (WHO CA+).^f

f Under the governance part of HEPR, it contains the ongoing Intergovernmental Negotiating Body on new WHO convention, agreement, or other international instrument on PPR (WHO CA+) and International Health Regulation amendments.

The Role of India's G20 Presidency

The intergovernmental consensus and commitment for public health strengthening has evolved over the last three years, and in mid-2023, there was a window of opportunity to convert consensus into national actions that address public health workforce needs. The G20 in India has signalled the development cooperation for SDGs and the global health architecture for PPR as important priorities for the Indian presidency.^{41,42} It also presents an opportunity for India to amplify public health workforce strengthening from the perspective of developing countries, ensuring that multilateral investment is leveraged to strengthen public health workforce across LMICs. This might present an attractive legacy agenda in 2024 when Brazil assumes the G20 and would likely resonate with Italy's G7.

Elements for reflection might therefore include the role of G20 stakeholders and partners to:

- Expand domestic financing to strengthen national health system capacity and the respective public health workforce to deliver all essential health services and public health functions, including health emergency preparedness and response.
- Expand international financing to support the LMICs in national public health and health system strengthening, as committed by the G7 Germany in the Roadmap to PPR in 2022 and G7 Japan.
- Capitalise and leverage the proposed Impact Investment Initiative for Global Health and the Pandemic Fund to meet demand.
- Strengthen and position the G20 consensus language on protecting and investing in the public health workforce, consistent with the Italy G20 language and recommendations from the 5th Global Forum on Human Resources for Health.
- Strengthen and position the G20 consensus language in the preparations and outcomes for the UN HLM for PPR in New York and the member state deliberations on the IHR amendments and WHO CA+ in Geneva.

 Strengthen and position gender inequality as a systemic issue to contribute to an enabling environment for women's economic and social rights by gender-equitable policy for the health sector and beyond.⁴³

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