

Financing and protection for the health and care workforce

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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 disrupted the provision of health services, with most countries citing availability of health workers among the key underlying reasons for this disruption.³ In the early phases of the pandemic, approximately 14% of all cases of infection reported to the World Health Organization (WHO) were identified as health workers.⁴ Independent studies identified the disproportionate risk of infection for health and care workers,⁵ particularly for men and those from black, Asian and minority ethnic background.⁶ Furthermore, studies showed that one in four health workers reported depression and anxiety, and more than one in three had insomnia.⁷ Strikes and protests against inadequate working conditions and lack

of personal protective equipment were reported in 84 countries.⁸

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.⁹ 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 vaccine programmes.^{10,11} Low-income countries, with existing shortages of health workers and constraints on public sector wage bills, will be unable to do the same. While vaccines might be equitably allocated, health workers to deliver them are not evenly distributed.

In 2020, the competencies, dedication, professionalism and sacrifice of health and care workers worldwide held the COVID-19 pandemic in check. The world's indebtedness to these workers should now be turned into national, regional and global actions: countries, professional associations and all relevant stakeholders working together in 2021 to protect and invest in the health and care workforce. ■

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