

Congress of the United States
Washington, DC 20515

August 6, 2020

The Honorable John Barsa
Acting Administrator
U.S. Agency for International Development
1300 Pennsylvania Avenue, NW
Washington, DC 20523

Dear Acting Administrator Barsa:

The global COVID-19 pandemic's growth across low- and middle-income countries around the world is an imminent threat to the capacity of frontline health workforce teams, and the systems supporting them, to safely provide care and treatment to COVID-19 patients and to continue to deliver other critical health services. As a result, we write to request information on how the U.S. government, particularly the U.S. Agency for International Development (USAID), is responding to the challenges of limited health workforce capacity in partner countries.

As you know, in addition to COVID-19 prevention, detection, and care, frontline health workforce teams must also continue to deliver other necessary services in the fights against HIV, tuberculosis, malaria, and preventable maternal and child deaths. The pandemic has already put polio vaccination campaigns on hold and raised concerns about countries' abilities to deliver services that require multiple doses of medication, like tuberculosis and HIV. Further, another outbreak of Ebola cases was detected just last month in the Democratic Republic of the Congo. With millions of lives at stake, health systems around the world must substantially reduce COVID-19 transmissions through appropriate measures that limit unintended harmful consequences and protect the most vulnerable, while also continuing to ensure continuity of essential health services.

Before the outbreak of COVID-19, the shortage of health workers was estimated to approach 18 million by 2030 without immediate action, mostly in low- and middle-income countries. Given that at least [230,000 health workers worldwide have contracted COVID-19 and more than 600 nurses alone have died of the disease](#), failure to help countries address health workforce capacity and safety limitations will invariably allow COVID-19 to continue to spread and threaten the United States, as well as potentially cause the resurgence of diseases that we have already made significant progress toward fighting or are near eliminating.

In accordance with the reporting requirements on country and program funding obligations that were included in the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 ([P.L. 116-123](#)), we request that you provide a written response outlining how the U.S. government is providing international emergency assistance to support frontline health workers, including resources allocated and an explanation of any barriers or constraints that are limiting support in the following areas:

- **Surge capacity of the frontline health workforce in USG COVID-19 priority countries.** While implemented during the Ebola epidemic in West Africa, bolstering local health workers with staffing support from abroad is unlikely to be possible. What is the U.S. government doing to—
 - Assist partner countries in ensuring adequate health workforce in COVID-19 hotspots, including providing rapid COVID-19-specific training to frontline health workforce teams and essential triage training in pre-hospital settings (e.g., emergency tents, field hospitals) for health auxiliaries?
 - Provide technical assistance for policies that support health workers, including allowing more flexibility for health workers to practice across jurisdictions or be temporarily fast-tracked from training institutions?
 - Address gender-specific barriers to decent working conditions for health workers, such as ensuring access to hygienic products and the ability to breastfeed?

- **Occupational safety.** What specifically is the U.S. government doing to utilize existing supply chains, innovations, and quality assurance technical leadership to ensure adequate local and regional availability of testing, treatment, and personal protective equipment (PPE) for frontline health workers, including PPE for all frontline cadres that are designed to fit and protect women? As you may know, women comprise more than 70% of the frontline health workforce.

- **Stigma, Attacks, and Harassment.** There have been many troubling reports of harassment of and violent attacks on frontline health workers responding to COVID-19 in our partner countries.
 - How is the U.S. government supporting national messaging, media, and reporting efforts to combat stigma, attacks, and harassment toward health workers who are addressing COVID-19 and delivering essential services?
 - What barriers do you face to this type of programming?

- **Data Collection, Communications, and Use.** How is the U.S. government prioritizing and adapting its existing programming to assist partner country data collection efforts, including on workforce availability and preparedness, health worker infections, and deaths?

- **Coordination with other development donors to support national plans.** During the Ebola epidemic, delays in the coordination with other donors to support national plans were costly. What is the U.S. government doing to coordinate responses with other international development donors to ensure the most acute gaps in service access are being addressed?

In the State Department and USAID’s submission of the United States [“Strategy for Supplemental Funding to Prevent, Prepare for, and Respond to Coronavirus Abroad,”](#) it states:

“In response to the pandemic of COVID-19, the U.S. government will ... include activities such as training health workers; promoting risk-communications and engaging with communities; strengthening the prevention and control of infections in health facilities, including through the provision of personal protective equipment. ... The U.S. government will further develop core capacities needed to control COVID-19 in countries that have

previously received U.S. investments in global health security, with a focus on ... developing the public-health workforce.”

Without a major focus on the questions raised in this letter, we are concerned that the goals of U.S. global health programming and the goals described in this strategy will not be met.

To that end, within all applicable rules and regulations, we urge you to consider utilizing existing authorizations to address issues that are central to preventing health system collapse in low- and middle-income countries. It is critical that we ensure continuity of services provided by decades of investments made by the U.S. in global health.

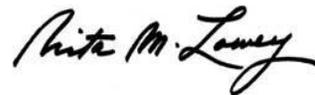
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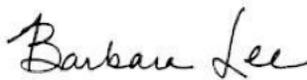
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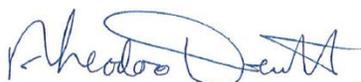
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