Global Health Council, supported by ACTION and the Frontline Health Workers Coalition, welcomes the opportunity to comment on the draft GPW13. We support the strategy’s holistic approach to health and wellness, its prioritization of health systems and access to quality health care services, and its commitment to the SDGs. We also applaud the work on gender equality and parity commitments.

However, we have specific areas of concern:

There is extensive evidence linking expanding access to trained and supported health workers to achieving progress on UHC and key global health issues in the Workforce 2030 strategy, and the UN Secretary-General’s High-Level Commission on Health Workforce and Economic Growth found a striking case that investment in health employment is a potential boon for economic growth, especially for women and especially in low- and middle-income countries. Yet, the draft speaks to the potential cost of the health workforce when the evidence in the HEEG Commission report reflects the opposite – that investments in health employment will provide a 9-1 return.

Moreover, essential health services will not be met without adequate WASH provision in the face of diverse and changing circumstances, including population shifts, climate change, and other human and environmental variables. Yet, WASH is only mentioned in a footnote on AMR. Finally, the current draft does not reflect the grave implications changing polio funding will have on WHO, especially as WHO is set to lose 20% of its budget between 2019 and 2023. The proposed goals will not be achieved if the context of polio transition is excluded. The GPW13 should recognize the risk polio transition poses to immunization services, especially for countries also facing transition from Gavi, beyond implications for managing threats and emergencies.

WHO should continue to seek input from civil society as part of its strategic planning process and to revisit similar outreach during implementation or evaluation of the GPW13.