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Health System Lessons from the West African Ebola Epidemic

Biosafety Global Stakeholders Meeting 2015
CDC, Atlanta, GA, September 24, 2015

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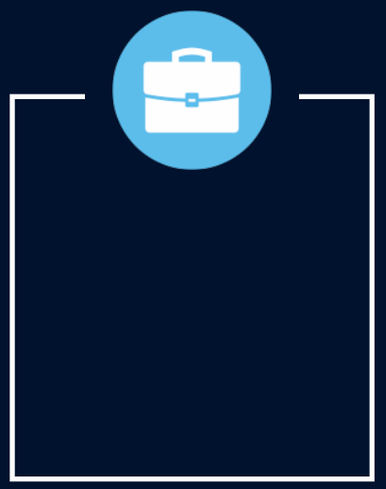
Outline

- Importance of biosafety: An Ebola perspective
- WHO, the IHR, and global health security
- Health systems and the health workforce: Missing links in global health security
- No more Ebolas



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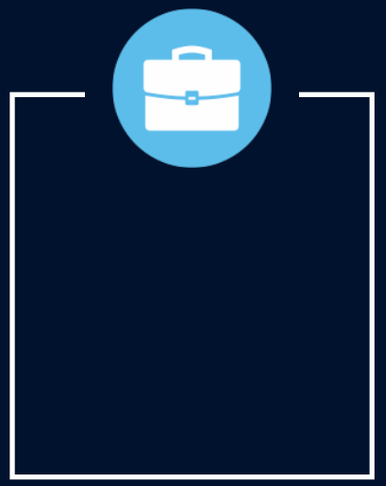
1 Importance of biosafety: An Ebola perspective



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It only takes one….

- The "index patient"
  - Emile Ouamouno, 2-year-old in Guinea
- And then there were more than 11,300 dead….
- National and regional tragedy – and possibility of global pandemic – may all start with a single case
- Lesson: Utmost importance of biosafety – no room for broken links in the chain of safety

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Health facilities: Places of harm or healing?

Josephine Sellu, a nurse survivor in Sierra Leone. Photo courtesy of *The New York Times*.

- Josephine Sellu's hospital in Sierra Leone
- 513 health worker deaths
- How many thousands of deaths because people feared health facilities, health resources redirected, health facilities closed, health programs suspended?
- Lesson: Need for confidence in safety of health facilities, including labs

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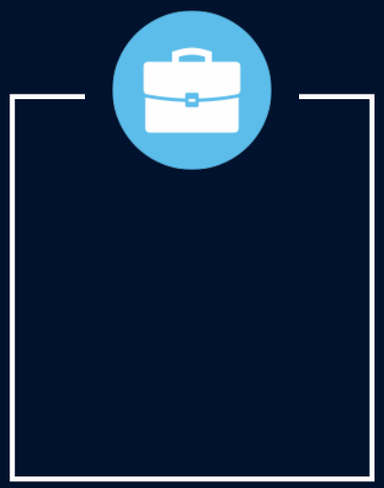
2 WHO, the IHR, and global health security



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WHO and the slow global response (1)

- WHO troubles revealed during Ebola
  - Underfinanced
    - Budget cuts greatly reduce global and AFRO emergency response human capacity
  - Politicized
    - Political considerations factored into slow declaration of Public Health Emergency of International Concern
- Slow response
  - Can WHO be the nimble organization needed to response to fast-moving health crises?

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WHO and the slow global response (II)

- WHO troubles revealed during Ebola (continued)
  - Questionable competence
    - Questions about ability of national and regional WHO staff, including role of political connections on appointments
    - WHO Guinea office delays visas for international responders
    - WHO logistics experts unable to get necessary funds from WHO for basic needs like protective boots, disinfectant
  - Questionable global leadership
    - Seeming reluctance of WHO Director-General to assume leadership at global level
    - Lack of intervention despite calls from officials on the ground in Sierra Leone

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An empowered and effective WHO

- Funding WHO
  - Needs full and flexible financing
    - WHO budget about 1/3 that of CDC
    - Currently, WHO in full control of 30% or less of budget
- Regional and technical excellence and harmony
  - Ensure political considerations do not enter choice of regional and national WHO leadership
    - Return to WHO Executive Board control of regional director selection
      - EB: 34 Member States, elected by WHA, 3-year terms
  - Ensure regional priorities harmonized with WHO's global mandate and strategy
- Collaboration: Entering the 21st century
  - Enhance civil society participation in WHO governance (e.g., hearings, focus groups, advisory board)
  - Ensure procedures and policies that facilitate collaboration

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A vision for WHO of regional engagement

- With sufficient regional funding, technical excellence in country and regional offices, and priorities and strategies linked to WHO's global program, could have confidence and autonomy within regions to empower regional and country WHO officials to efficiently carry out their responsibilities based on their unique regional and country knowledge
    - A nimble WHO able to respond rapidly to emergencies and act efficiently on day-to-day basis, avoiding rigid protocols
- It is possible:
    - Growing global momentum in health and development towards results-based action
- The challenge: Will member states empower WHO without confidence in effectiveness? Can WHO be effective without being empowered, including adequate financing?

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Global health security and the law: Core capacities and the International Health Regulations

- International Health Regulations (2005)
  - WHO treaty on preventing international spread of infectious disease and other public health threats
  - Requires countries to develop core surveillance and response capacities, including labs and biosafety ("laboratory analysis of samples")
  - WHO IHR website: "WHO helps countries to build capacity…to carry out the safe collection and transportation of specimens for laboratory testing, while following appropriate biosafety and biosecurity measures. This enables countries to meet their biorisk management commitments under IHR"
  - A WHO checklist and monitoring framework provides specific expectations on laboratory capacities under the IHR: http://apps.who.int/iris/bitstream/10665/84933/1/WHO_HSE_GCR_2013.2_eng.pdf (p. 40-42)

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Window of opportunity for the International Health Regulations

- IHR (continued)
  - Legal deadline extended through June 2016
    - WHO commitment as well to meeting capacities in West and Central African states (and others) by June 2019
- Global commitment to IHR core capacities
  - U.S. Global Health Security Agenda
    - 44 countries at most recent meeting
  - G7 commitment on achieving core capacities in at least 60 countries
- Political opportunity
  - Critical window of commitment for biosafety funding and international support
  - Extra leverage: legal requirement to ensure biosafety to meet IHR requirements

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3 Health systems, the health workforce, and health security

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Beyond the IHR: National health systems and Ebola's spread

- Lack of infection prevention and control
  - Hospitals as Ebola accelerators
  - Health facilities close
    - Avoidable deaths
- Lack of ambulances and Ebola treatment centers
  - People with possible Ebola cases remain in communities, increasing risk of further transmission
- Overall poor quality of health system
  - Lack of trust
    - People avoid health facilities, contributing to avoidable deaths
    - People slow to follow advice from public health authorities (e.g., on traditional burial practices)

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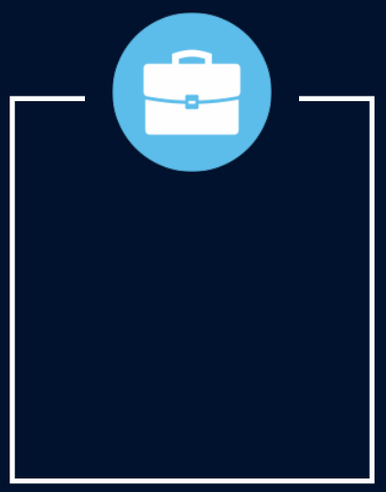
National health systems: Funding

- Funding stronger health systems
  - Most African countries devote <15% of national budgets to health sector despite 2001 commitment
  - Most wealthy countries devote <0.7% GDP to development assistance despite commitments
  - Only 7% of international assistance for health for health system strengthening



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National health systems: Our role

- Our role
  - Advocates: Letters to editors, working with NGOs, meeting with parliamentarians
    - Trusted voice of health professionals
  - Serving as a model: Promote and encourage transparency, accountability
  - Encourage health systems to be grounded in the right to health – equitable, non-discriminatory, well-funded, integrated, accountable, participatory, safe

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Effects of health worker shortage on Ebola epidemic

- Lack of health workers during Ebola epidemic
  - Community health workers could have created trust that was missing, and served key role in surveillance and community education
  - Closed health facilities because the few health workers stayed away
  - Less effective treatment with less monitoring of Ebola patients, leading to avoidable deaths, and increasing fear and hindering response
  - Long-standing problems including long waiting times and sometimes poor patient treatment due to health worker stress contribute to lack of trust in health authorities

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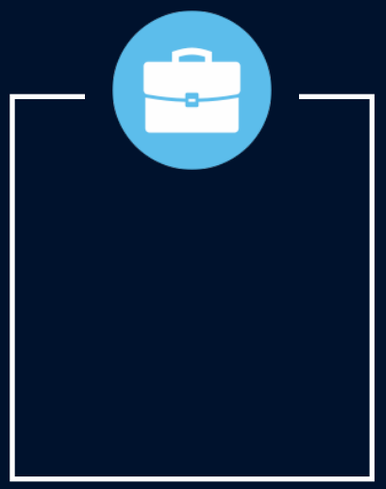
From plans and technology to good health: The health worker

- Beyond Ebola: Laboratories, diagnostics, and health workers
  - Laboratory tools (e.g., diagnostics) require health workers with time to use them
  - Diagnosing unusual conditions: do health workers have the time?
  - Will the patient return for care and treatment?
    - Wait time?
    - Health facility experience?



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Another realm for advocacy: The health workforce

- More commitments than action
  - WHO's World Health Report 2006 (health workforce)
  - World Health Assembly resolutions including 2010 WHO Global Code of Practice on the International Recruitment of Health Personnel
  - Yet 2013 WHO report suggests little change overall, with continued severe shortages
- A new window of opportunity: the Sustainable Development Goals
  - "Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries…."
- We all need to be advocates for an adequately sized, skilled, motivated, equitably distributed, rights-based health workforce

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No more Ebolas

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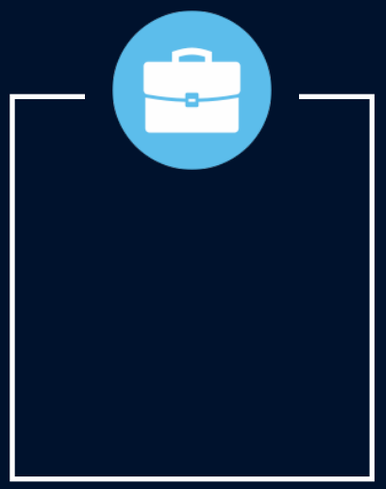

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Key messages

- Stopping one biosafety mishap may save untold numbers of lives
- Support where you can an empowered, effective, and nimble WHO
- IHR obligations and global focus create key opportunity for enhancing biosafety and biosecurity
- We should all be advocates for health workforce and other health system strengthening

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"Keep your eyes on the prize"

- Why are we doing what we do?
- Emile, Josephine's 23 and 513 colleagues, and the many thousands more….

Photos of nurse-midwife Susan Acen in Uganda and lab assistant Stanley Tarimu in Tanzania. Photos courtesy of WHO/GHWA.