
Building resilient health systems in Ebola-affected countries

Special Session of the Executive Board on the Ebola Emergency

The problems and challenges

1. EVD has devastated the health systems and the economies of Guinea, Liberia, and Sierra Leone. When the outbreak started, existing public health services – which were already quite limited – were diverted to Ebola. In addition, many health workers became ill and died from the virus. The net result is that people have encountered significant barriers in accessing needed care, whether for Ebola or for other, more typical health conditions.
2. A precipitating factor concerned communities' widespread lack of information/misunderstandings about EVD; and a more generalized lack of trust of health workers especially foreign medical teams. This fuelled the spread of the virus and hampered contact tracing.
3. The World Bank estimates that in 2015, the three affected countries will forego USD two billion due to the virus. Major sources of employment have been hit hard; the impact on poverty is large and growing. The health, economic and social gains of the past decade are now at risk for the three countries, and indeed for the entire subregion.
4. Ebola became epidemic in Guinea, Liberia, and Sierra Leone in large part because of their weak health systems. Particular structural weaknesses included (a) insufficient numbers and maldistribution of qualified health workers, and (b) inadequate surveillance and information systems. Other weaknesses include absent or weak rapid response systems, few laboratories mainly located in cities, unreliable supply and procurement systems for PPEs and other supplies, lack of electricity and running water in some health facilities, few ambulances.
5. When the crisis struck, the countries had no reserve capacity to mount an effective and timely response, particularly without compromising essential health services for other conditions. In this sense, their health systems lacked resilience.
6. Despite the acknowledged health systems challenges pre-existing in the affected countries, their pre-EVD performance on many indicators mirrors many other countries in the subregion and this raises the both the opportunity and the need for a broader cross-country and regional approaches to building robust and resilient health systems.

The opportunity

7. Despite the tremendous challenges and human suffering that Ebola has caused in Guinea, Liberia, and Sierra Leone, this crisis also presents opportunities for health systems strengthening in affected countries. Media interest, technical support, and financial resources have surged into these countries. This creates a window of opportunity for reinforced action on health systems strengthening that lays the groundwork in the affected countries for universal access to safe, high quality health services.

The way forward

8. On 10–11 December 2014, Ministers of Health and Finance of Ebola-affected countries, international organizations and development partners assembled for a high-level meeting convened by the African Development Bank, the West African Health Organization, the World Bank, and the World Health Organization, on building resilient systems for health in Ebola-affected countries, and to agree on what needs to be done to rebuild essential health services, build the foundation for universal health coverage in these countries and strengthen regional resilience in West Africa.

9. Key principles were highlighted during the meeting:

- National governments should lead the work on building health system resilience. All have national plans that can be used as the basis for forward planning in light of the Ebola crisis.
- Development partners' efforts should be aligned with International Health Partnership (IHP+) principles.
- Particular attention should be paid to building core capacities to detect, report, assess and respond to public health emergencies and public health risks, as part of countries' obligations under the International Health Regulations (IHR) (2005).
- Instead of creating yet another vertical programme for a specific health condition or to respond to a crisis, investments should be used to build systems that are grounded in primary health care and universal health coverage principles and capable of responding to diverse and unexpected challenges that might arise in the future.
- Enhancing community trust, engagement, and ownership is key.
- Financing from external donors should not add to the debt burden. At the same time, countries should be given fiscal space, provided additional financing is available. Over the medium term, financial support should be predictable and routed through government systems.
- In the longer term, to move towards universal health coverage goals, consideration is needed on how to reduce the burden of out-of-pocket health expenditures and to promote financial protection while increasing access to quality health services.
- A strong focus on accountability for both governments and partners should underpin all efforts.

10. WHO committed to supporting governments towards further developing recovery plans that are robust, costed and embedded in broader multi-sector recovery frameworks and financing strategies. This includes support by WHO to (1) convene in-country follow-up consultations to review, revise, and cost national and West Africa regional recovery plans and to prioritize key immediate and medium- to long-term interventions, (2) coordinate and steer the health, water and sanitation thematic working group and recovery framework component of the multi-sector EU-UN-WB Ebola Recovery Assessment process, and (3) provide support for rapid assessments, operational planning and implementation of national and regional recovery plans. These processes will be country-led and will involve key national and international partners. Key follow-up milestones will be the EU-UN-WB Ebola Recovery Framework and Financing Strategy and the World Bank-IMF meeting scheduled for April 2015, where Ebola will be discussed, particularly as it relates to IHR (2005) implementation, health systems strengthening, and multisectorality.

11. A technical working meeting hosted at WHO on December 12 allowed further forward planning. A timeline was developed from December 2014 to April 2015. The three EVD-affected countries committed to constitute National committees immediately, including all key local stakeholders in order to take the work forward rapidly, building on existing mechanisms.

= = =