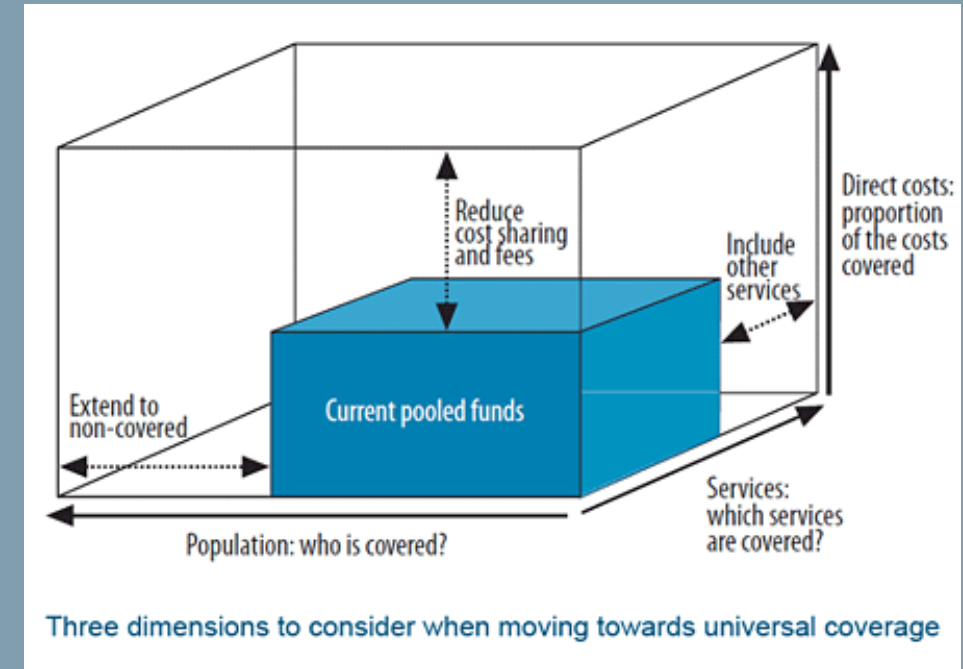


The Ebola Outbreak: Lessons for Global Health

Has our view of Universal Coverage been limiting?

The main health system weaknesses exacerbating the Ebola outbreak
Some lessons from Countries that have contained Ebola

Implications for EU's role in Global Health from Ebola outbreak



The Universal Health Coverage Box

The labels change – the schematic does not

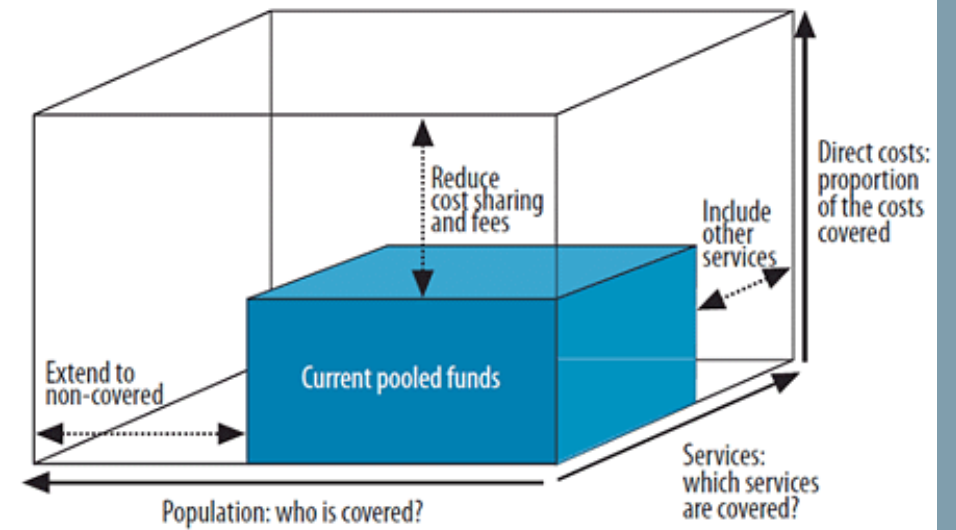


Figure 1: Dimensions of Increasing Health Financing

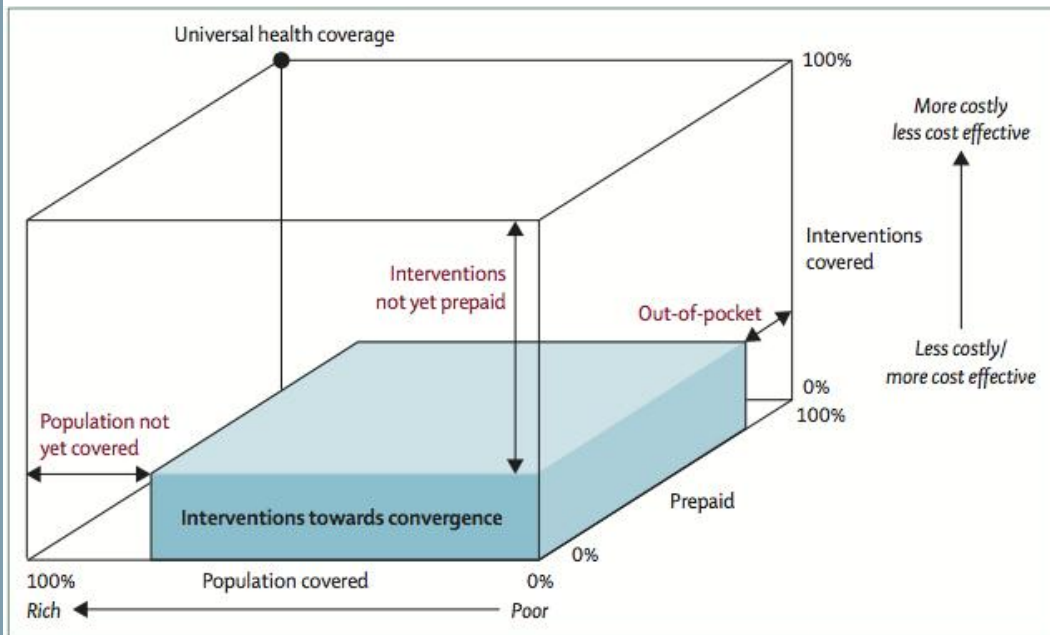
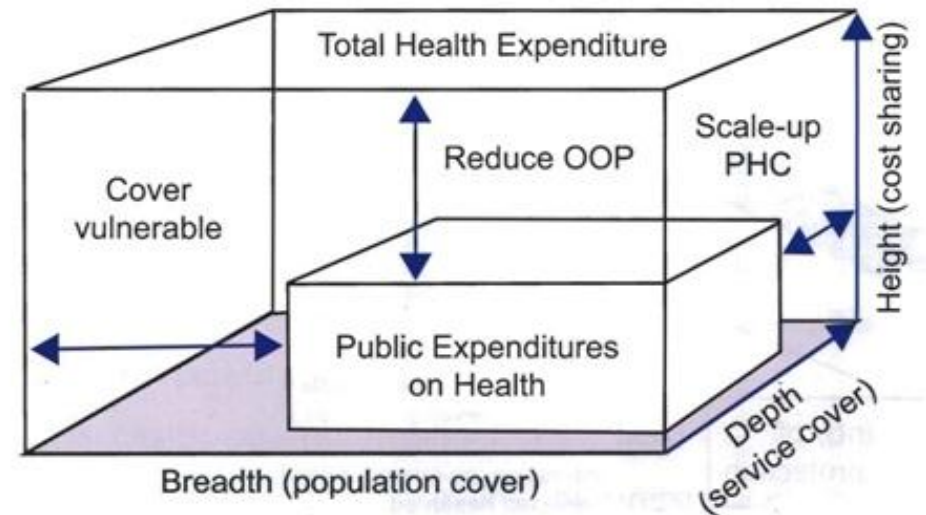


Figure 17: Pathways towards universal health coverage



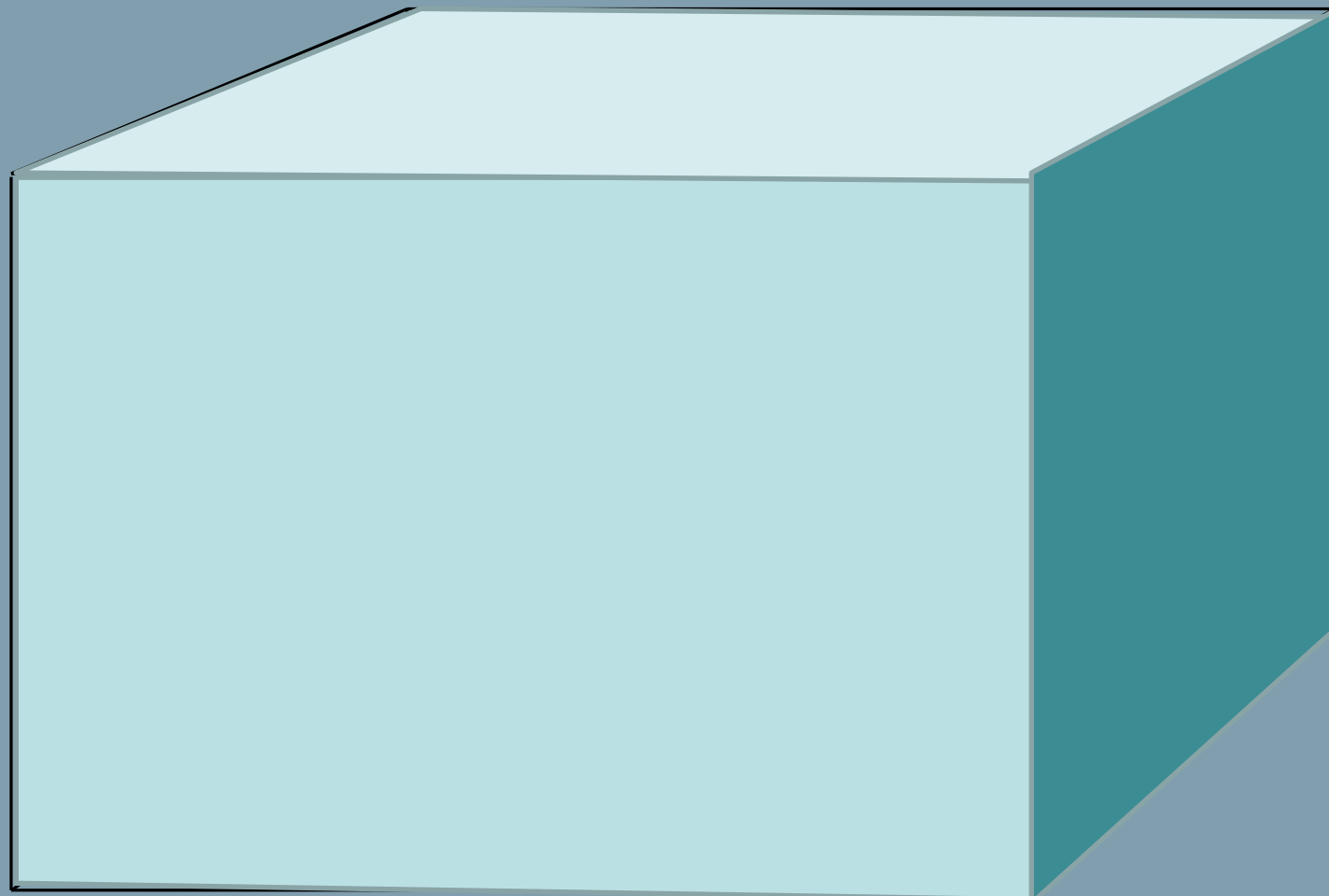
OOP = out-of-pocket
PHC = primary health care



The Universal Health Coverage Box

The labels change –
the schematic does not

Aim for UHC has
been to “grow the
box” to fill the space

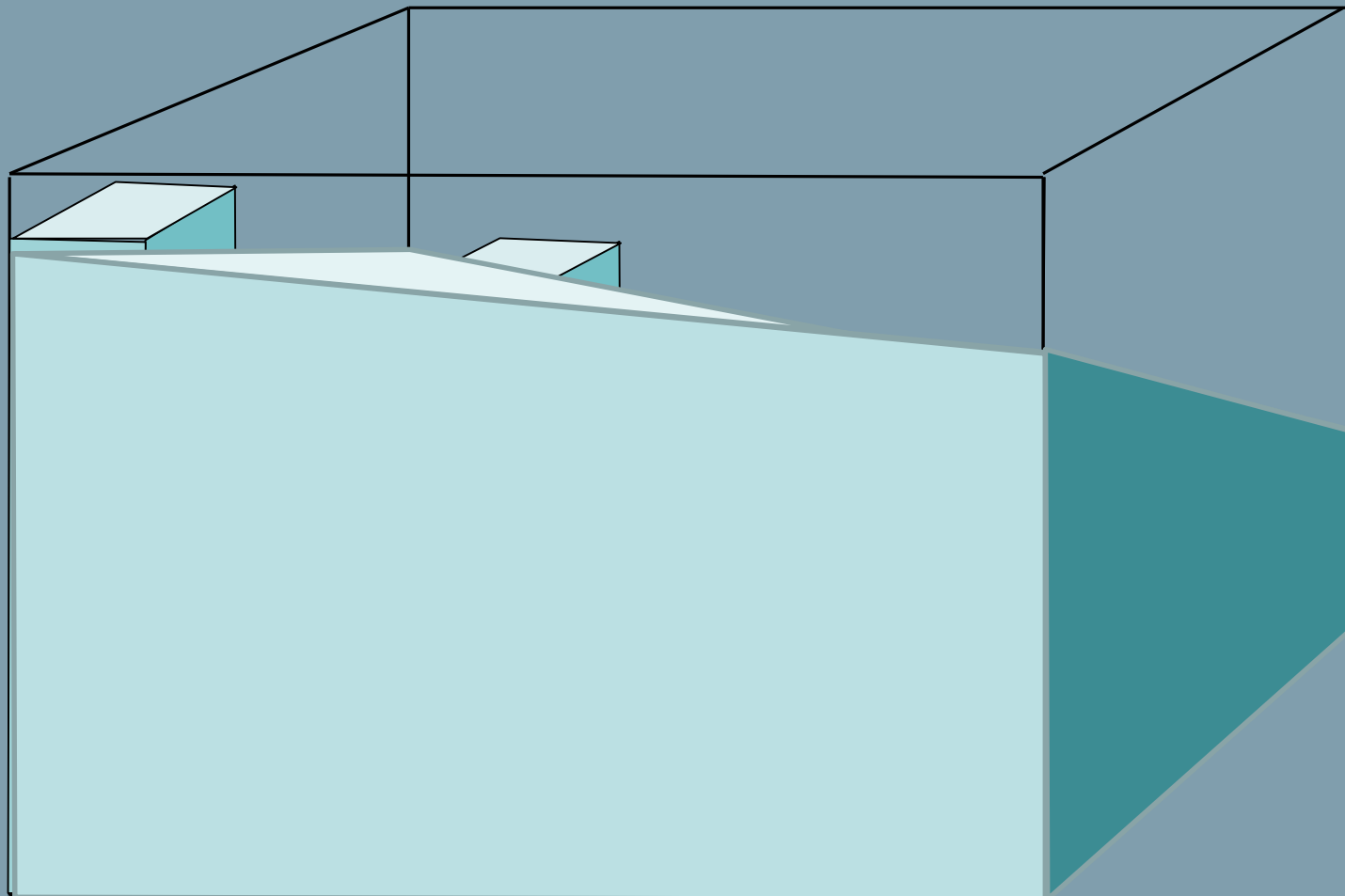


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The Universal Health Coverage Box

The labels change –
the schematic does not

Making sure “the Best
is not the enemy of the
good”

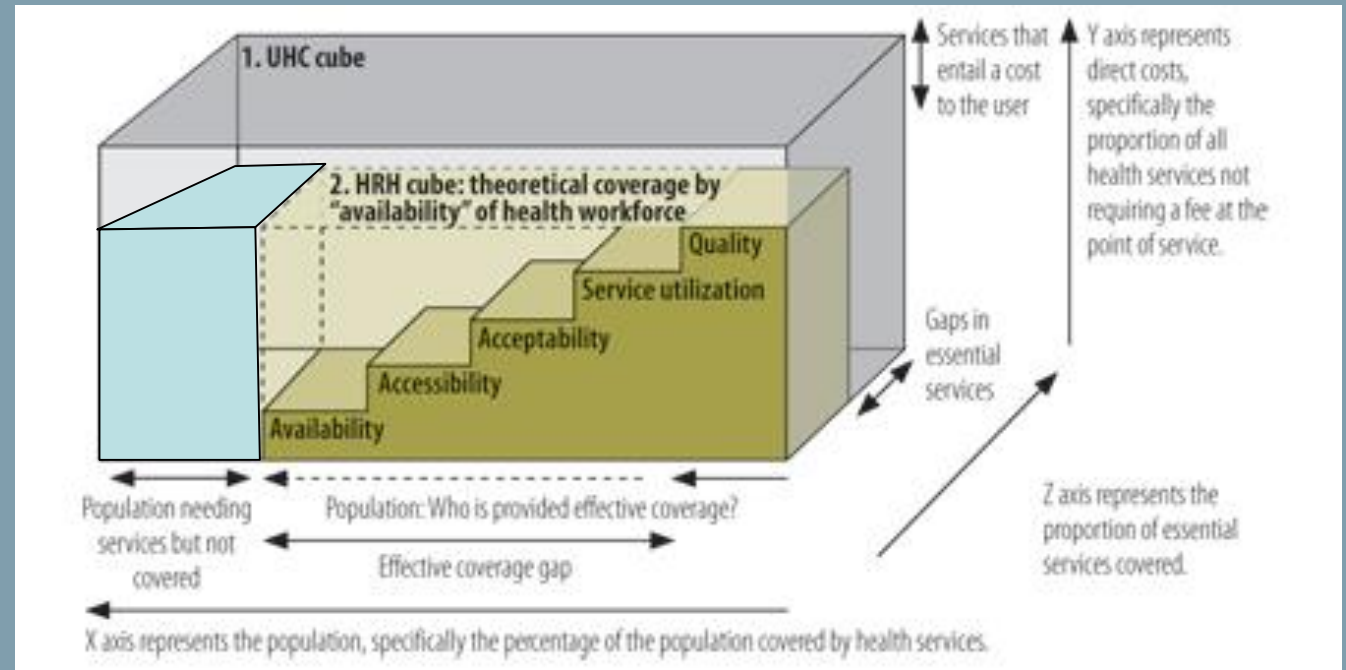


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Revising The Universal Health Coverage Box

Changing the schematic

Filling the most obvious gaps



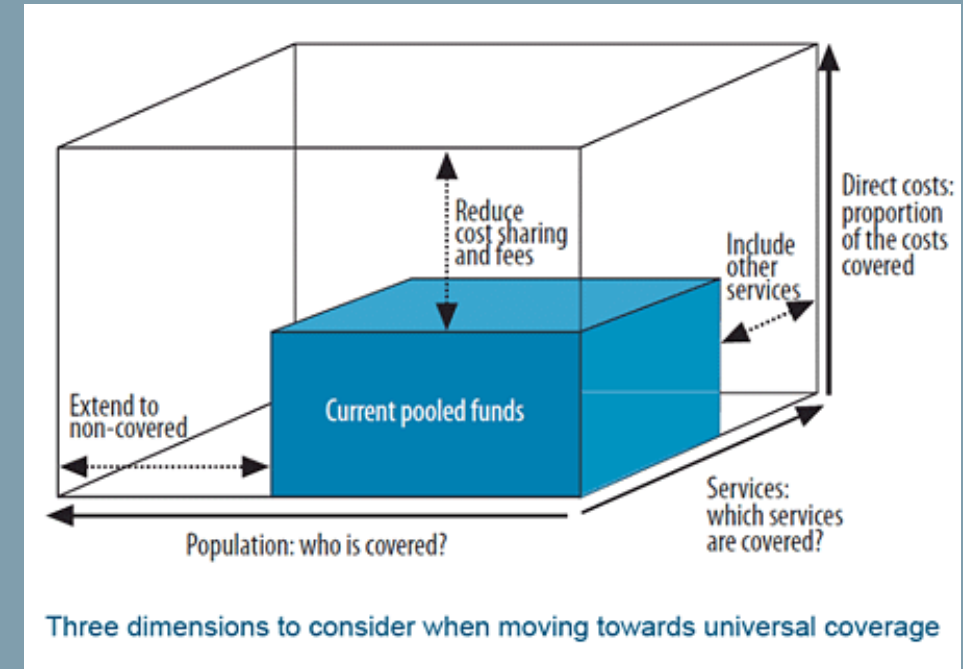
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Rachel Cummings a Save the Children Nurse & Health Adviser will help oversee NHS volunteer health workers from UK run a 92 bed treatment center in Kerry Town, Sierra Leone



 **Save the Children News** @SaveUKNews · 2m
New #Ebola treatment centre run by #Save the Children almost ready to open: via @BBCNews bbc.in/1tz9rr7



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The main health system weaknesses exacerbating the Ebola outbreak

| | No. of physicians (per 1,000 pop.) | No. of nurses & midwives (per 1,000 pop.) | Government expenditure on health (per capita, US\$) | External funding for health in 2010 (US\$m) | Under-five mortality rate (per 1,000 live births) | Adult mortality rate (per 1,000 pop. 15-60 yrs) |
|--------------|------------------------------------|---|---|---|---|---|
| Guinea | | | | | | |
| Liberia | | | | | | |
| Nigeria | | | | | | |
| Senegal | | | | | | |
| Sierra Leone | | | | | | |
| Spain | | | | | | |
| USA | | | | | | |



The main health system weaknesses exacerbating the Ebola outbreak

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|--------------|------------------------------------|---|---|---|---|---|
| Guinea | 0.1 | n/a | 18.9 | 45.8 | 101 | 291 |
| Liberia | 0.014 | 0.274 | 30.3 | 89.22 | 71 | 528 |
| Nigeria | 0.408 | 1.605 | 50.3 | 720.24 | 117 | 358 |
| Senegal | 0.059 | 0.42 | 53.9 | 111.63 | 55 | 218 |
| Sierra Leone | 0.022 | 0.166 | 34 | 92.62 | 161 | 435 |
| Spain | | | | | | |
| USA | | | | | | |



The main health system weaknesses exacerbating the Ebola outbreak

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| Senegal | 0.059 | 0.42 | 53.9 | 111.63 | 55 | 218 |
| Sierra Leone | 0.022 | 0.166 | 34 | 92.62 | 161 | 435 |
| Spain | 3.695 | 5.076 | 2313.3 | n/a | 4 | 63 |
| USA | 2.452 | 9.815 | 4126.1 | n/a | 7 | 103 |



Common features exacerbating Ebola outbreak

Guinea



- Far too few trained health workers
- Health systems critically short of equipment, drugs and facilities

Liberia



- Weak and inadequate supporting infrastructures – including systems from surveillance to commodities and supply chain logistic systems

Sierra Leone



- High levels of mistrust of health authorities and governments by populace
- Historically underfunded, under-prioritized

health sector



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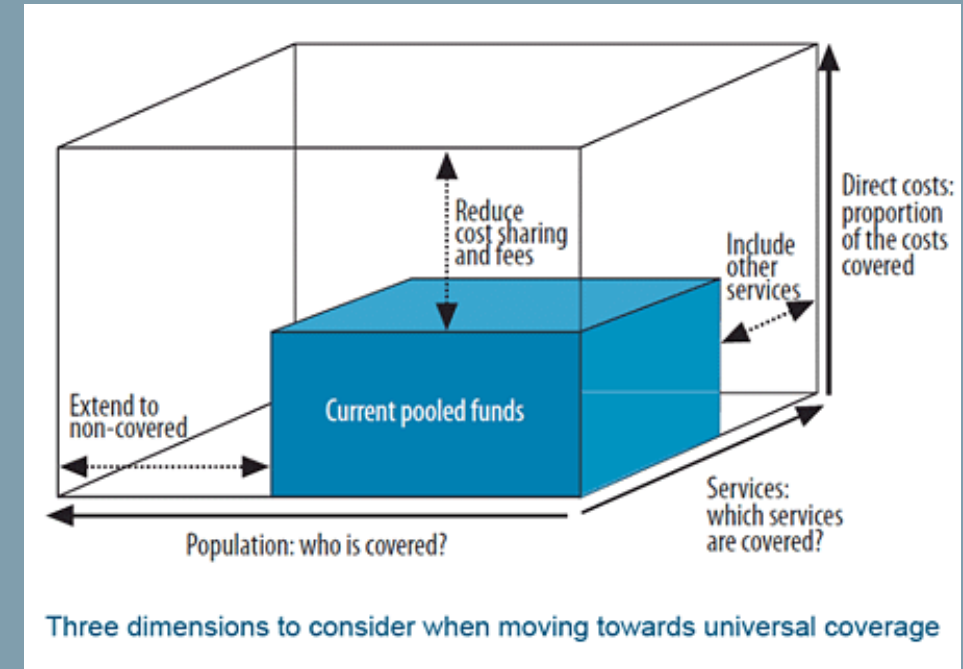
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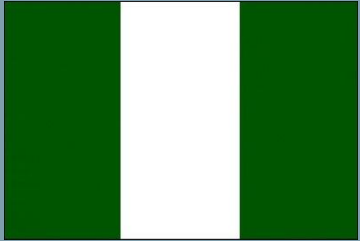


Implications for EU's role in Global Health from Ebola outbreak



Some lessons from Countries that have contained Ebola

Nigeria



Senegal



- Also have critical shortage of health workers
- Government per capita health expenditure low (even if a little higher than other 3 outbreak countries)
- High mortality rates BUT....
- Well developed surveillance system in Nigeria – developed for Polio - & outbreak identified + treated in Lagos clinic
- Well trained health workers trained and able to respond quickly in Senegal due to previous Ebola outbreak



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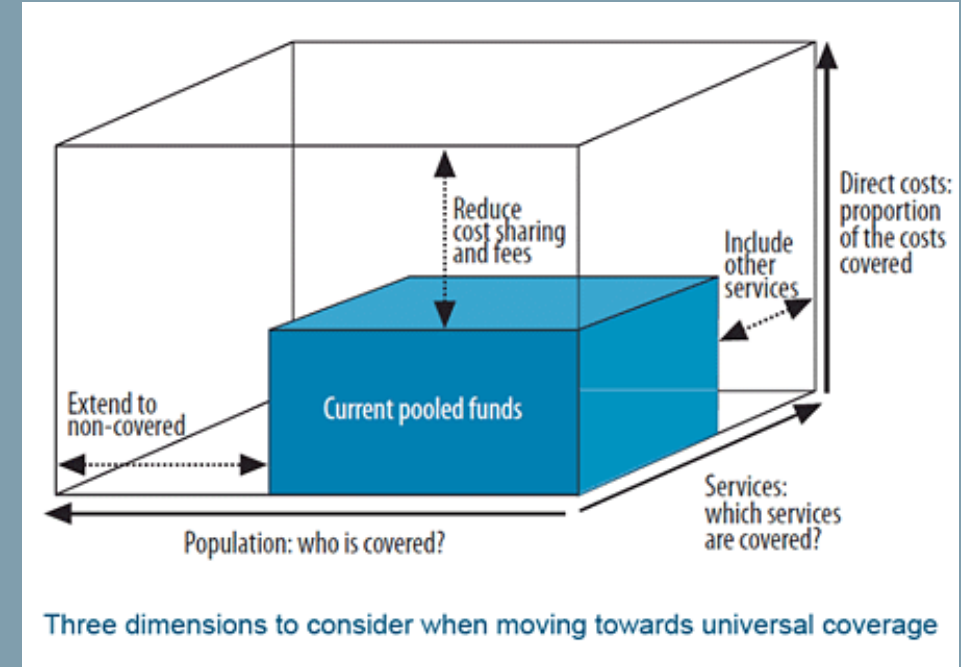
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Implications for EU's role in Global Health from Ebola outbreak

Outbreak countries not unique or the weakest

Its not "just" more money and health workers

Benin



Mali



Bangladesh



Burundi



Myanmar



- Health workforce are even scarcer elsewhere e.g. in Benin and Mali
- Many other countries including Bangladesh, Burundi and Myanmar spend less per capita on health than Sierra Leone



More investment needed in:

- Public health surveillance, alert and referral systems
- Health worker training so that they can respond rapidly to a public health emergency
- The health structures needed to respond to public health emergencies e.g. systems to rapidly procure / distribute medical equipment and drugs



Additional capacity needs:

- Cross-species transmission demands health systems strengthen collaboration across disciplines to strengthen public health surveillance and disease management.
- National preparedness plans for possible outbreaks of infectious diseases, readiness needed even when threat not visible
- Partnership and engagement with communities by Health Authorities to build trust as well as systems



Our main Conclusions

- Guinea, Liberia, and Sierra Leone – and many other developing countries worldwide – lack sufficient resources and capacity to build a high performing health system alone.
- External support is essential for many countries to ensure access to good quality health care to those who need it.
- Need to rebalance donor funding: replace disease specific priorities with a focus on building comprehensive health systems that sufficiently address all local health issues needs



A reminder – this is not News

Communication [on] Health Workers Developing Countries 2005

Programme of Action [on] Health workers in developing countries (2007-2013) White Paper – Together for Health Communication on the EU Role in Global Health Council Conclusion on EU Role in Global Health



COUNCIL OF
THE EUROPEAN UNION



Council conclusions on the EU role in Global Health

3011th FOREIGN AFFAIRS Council meeting
Brussels, 10 May 2010

The Council adopted the following conclusions:

1. The Council welcomes the Commission Communication on the EU Role in Global Health which highlights the need to take action to improve health, reduce inequalities and increase protection against global health threats. Health is central in people's lives, including as a human right, and a key element for equitable and sustainable growth and development, including poverty reduction.
2. Economic and social conditions are crucial determinants of health. Efforts to address social exclusion, power structures that impede equity, and gender equality are of key importance, as well as a strong focus on policy coherence for development in particular the "Equity and Health in All Policies" approach.
3. The Council considers these conclusions also as part of the overall process of establishing the EU position for the MDG High Level Plenary Meeting to be held in New York, which will further define the EU response to the most off-track situations. Progress towards achieving the health-related MDGs has been uneven and insufficient, particularly for MDGs 4 and 5 and especially in Sub-Saharan Africa.

P R E S S

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4. The EU has a central role to play in accelerating progress towards the health MDGs and non-communicable diseases, to protect and promote the right of everyone to the highest attainable standard of physical and mental health. The Council emphasises the need to ensure equitable and universal coverage of health services and policies in this area.
5. The Council calls on the EU and its Member States to support health systems in partner countries, which are essential for partner countries and their governments hold the key to sustainable development. This requires strengthening their capacities to develop national health policies and strategies. This includes supporting representatives of civil society and other relevant stakeholders.
6. This support shall ensure that the main components of health systems are strong enough to deliver universal coverage of basic health services. In this regard, particular attention should be given to the most vulnerable populations (sexual and reproductive health, communicable diseases) and to the multidimensional nature of health (gender, food security and nutrition, water and sanitation).
7. The EU remains concerned with slow progress in achieving the health MDGs. Health systems should pay special attention to vulnerable populations including combating gender-based violence. The Council recognizes women's rights to have control over their own bodies and matters related to their sexual and reproductive health and rights (SRHR) policies reaffirming the linkage between HIV/AIDS, SRHR and reproductive health and rights (SRHR) policies. The implementation of and access to these policies is crucial for women's empowerment.¹

¹ Cf. Council Conclusions of May 2007 on "Global Health and Development", paragraph 21.

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Save the Children

EU Programme for Action on Global Health

1. EU overall affords priority and technical assistance to UHC – DCI benchmarks are legal Min. not Max. amounts
2. EU support to government investments in health workers - including a cadre of health workers able to respond rapidly to public health emergencies
3. Increased EU investment in health systems, not just disease specific or population focused interventions.
4. Increase EU Support to investment by governments in public health surveillance, alert and referral systems,



EU Programme for Action on Global Health

5. Support the development and regular review of national preparedness plans
6. Greater collaboration between health systems, veterinarians, wildlife specialists, and ecologists.
7. Supporting UHC within Post 2015 agenda
8. EC need to harness Political will into Partnership, Action, and Implementation

