

**Outside Witness Testimony**  
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**Submitted to U.S. Senate Committee on Appropriations**  
**U.S. Government Response to the Ebola Outbreak**  
**November 12, 2014**

Chairwoman Mikulski and members of the Committee, Global Health Council (GHC) is pleased to provide the following testimony as an outside witness on the U.S. government response to the West Africa Ebola epidemic. GHC is the leading membership organization supporting and connecting advocates, implementers and stakeholders around global health priorities worldwide. We are the collaborative voice of the global health community on global health issues. GHC and our members, which include nongovernmental organizations (NGOs), private sector organizations, academic institutions and individuals, envision a world where health for all is ensured through equitable, inclusive and sustainable investments, policies and services.

This testimony delivers four key messages to the Committee:

1. **NGOs are a vital part of the response providing personnel, resources and local training.** These organizations bring together world-class expertise and approaches and apply them in real-life settings. They have staff and operations already present in-country that can be rapidly mobilized and scaled up; they have existing and long-standing relationships with local officials and community leaders that facilitate successful partnerships and impact.
2. To prevent and reduce the spread of similar outbreaks in the future, **the U.S. should support global health programming that builds strong health systems, trains health workers and provides the necessary resources for basic levels of health care.** These elements must be strengthened in countries at risk of Ebola, and must be rebuilt in the three countries most significantly affected by the current epidemic.
3. **Additional funds appropriated for the Ebola response should not be mobilized at the expense of other global health accounts.** Tremendous gains in global health have been made over the past decade, and we must not jeopardize these gains by reducing critical health programming that advance U.S. priorities like an AIDS-free generation and the reduction of preventable maternal and child deaths.
4. **The U.S. commitment to the Global Health Security Agenda (GHSA) should continue;** the U.S. should encourage the incorporation of lessons learned from the Ebola epidemic into the GHSA's priorities and approaches going forward. In particular, the institutional structure of the GHSA should be expanded to deliberately include civil society/NGO participation in its governance and programming.

**OVERVIEW**

As you know, the current Ebola epidemic in West Africa is unlike previous outbreaks, with more deaths in this epidemic than in all previous outbreaks combined. Although a robust international response was late in coming, the ramped up response from the U.S. and other countries has put us on the path to preventing the dire predictions of up to 10,000 new cases a week by early December. Recent reports indicate that the number of new infections in Liberia has dropped, possibly due to the strong U.S.-led response. However the number of new cases in Sierra Leone and Guinea continue to climb; the crisis is far from over and we must remain vigilant until the very last case has been identified and managed.

## **NON-GOVERNMENTAL ORGANIZATIONS**

The U.S. government is the leading contributor to the response in West Africa, having committed more than \$400 million in funding, personnel, and medical supplies, equipment and other resources. U.S.-based NGOs are on the frontlines managing Ebola treatment units, providing volunteer health workers, training in-country staff and much more.

NGOs are assisting with the response in myriad ways. GHC member IntraHealth International, an NGO based in North Carolina, has partnered with UNICEF to help Liberia's Ministry of Health and Social Welfare communicate with health workers in real time. The communication program 'mHero' allows the Ministry to send critical information to health workers' mobile phones, including reports of emerging cases, reminders about safety protocols, and reference and training materials. Additionally, IntraHealth and other partners are providing virtual courses on Ebola prevention, treatment and care that are offered through a mobile platform; users can follow these courses on a standard mobile phone. During this epidemic most community-based health workers are needed at their posts, making traditional training courses problematic and expensive. This innovative training method gets information to health workers in affected and at-risk countries both quickly and efficiently.

## **HEALTH SYSTEMS**

NGOs are also important partners in building health system capacity. They work closely with local partners including government officials, Ministries of Health, community leaders and service providers to strengthen the way health services are managed and provided. This ongoing crisis underscores how investment in a stronger global health system and health workforce is necessary in order to be prepared for crises such as this. GHC member International Medical Corps estimates that rebuilding health systems and maintaining an adequate disease surveillance system in the three countries affected by Ebola could run \$600 million.<sup>1</sup> While emergency aid is crucial, this investment would provide a long-term, sustainable solution.

Our global health and development goals must include sustainable solutions, and that means greater focus on health workers. Health workers, including doctors, nurses, epidemiologists and lab technicians, play a vital role in providing essential health services and lead the local response to public health threats. Prior to the Ebola epidemic, Liberia, Guinea and Sierra Leone all had less than three doctors, nurses or midwives per every 10,000 people, far less than the 22.8 per 10,000 ratio WHO considers the minimum needed to deliver basic health services. Most of these health workers are now working on the frontlines of the Ebola response and are unable to provide routine health services, like deliveries.

Frontline health workers in particular are part of the communities in which they serve. When they are trained and equipped to handle emerging issues—and when they are a part of the formal health systems of their countries—their clients have greater trust in them. Communities become stronger and more resilient in the face of emerging health threats. An IntraHealth International report estimated that just in order to achieve U.S. government global health goals<sup>2</sup>, the U.S. should invest at least \$5.5 billion by 2020 to help strengthen the health workforce of priority countries.

## **APPROPRIATIONS**

When Congress considers the President's request for an additional \$6 billion in emergency and contingency funding for the Ebola response, GHC strongly recommends that this additional funding does not come at the expense of other global health accounts. Over the past decade, we have made tremendous gains in global health – within reach is an AIDS-free generation and the ending of preventable maternal

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<sup>1</sup> <http://oversight.house.gov/wp-content/uploads/2014/10/Torbay-IMC-Statement-10-24-Ebola.pdf>

<sup>2</sup> [http://www.intrahealth.org/files/media/saving-lives-ensuring-a-legacy-a-health-workforce-strategy-for-the-global-health-initiative/IntraHealth\\_Policy\\_Paper\\_1.pdf](http://www.intrahealth.org/files/media/saving-lives-ensuring-a-legacy-a-health-workforce-strategy-for-the-global-health-initiative/IntraHealth_Policy_Paper_1.pdf)

and child deaths – reducing funding to global health programs will jeopardize these gains. Reductions to global health accounts would also contribute to the breakdown of health systems and increase global health insecurity in which outbreaks of infectious disease, whether Ebola, TB or malaria, are much more likely.

#### **GLOBAL HEALTH SECURITY AGENDA**

The current Ebola epidemic is a striking example of why the U.S. Government must have a strategic global health security agenda in order to ensure that we are prepared both domestically and in terms of foreign assistance for crises affecting the health of the public. Along these lines, the U.S. and other individual countries must be prepared to prevent, detect, and respond to emerging disease outbreaks. The World Health Organization's International Health Regulations<sup>3</sup> (IHR) outline steps each country may take to maintain global health security, including disease surveillance and reporting, verification of public health events, and coordination of international response. The IHR needs to be enforced, and countries need support in addressing it.

Recognizing that fewer than 20% of countries have yet to meet the IHR targets, the U.S. is leading the way on the Global Health Security Agenda (GHSA) to accelerate reaching these targets. The U.S. has partnered with over 40 countries, donors and other public and private stakeholders to make global public health threats an international security priority. The U.S. should continue to lead the way on the GHSA to ensure that all countries are better prepared to prevent, detect and reduce the outbreak of infectious disease and its spread across borders. This initiative must be government-led, but what we are learning from the Ebola crisis is that we cannot address global health security through a top-down medicalized approach alone. Civil society including NGOs, community-based organizations, health workers and advocates play a crucial role in bridging expectations and understanding between government and local populations, and they must be included in the short-term and long-term planning and roll-out of the GHSA.

In conclusion, GHC recommends U.S. investments in a stronger global health system and workforce, as well as continued leadership in the GHSA that will better prepare us for future crises such as this.

Global Health Council thanks the Committee for the opportunity to provide testimony for this hearing.

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<sup>3</sup> <http://www.who.int/csr/alertresponse/en/>