

IntraHealth International Policy Recommendations

November 2014

“Weaknesses in West Africa’s health systems do not affect just West Africa – they affect us all. Ebola, HIV, and other viruses and infectious diseases do not respect borders. Globally, our countries’ health systems are interconnected, creating one global interdependent health system. Today, that system is woefully precarious.”

Pape Gaye, President and CEO, IntraHealth International

Dear Chairwoman Mikulski and Vice Chairman Shelby,

Please accept as outside witness testimony the following policy recommendations of the IntraHealth International.

As we all know, this is the largest Ebola outbreak on record. As of November 5, there have been a total of 13,000 suspected cases of Ebola, and over 4800 people have passed. Health workers incur a significant amount of risk from the virus. Over 500 health workers have been infected with the Ebola virus and over 300 have died.

The link between the current Ebola outbreak and weak health systems—including a lack of investment in health workforce—is explicit and unavoidable. [The World Bank has stated that the enormous human and economic cost caused by this epidemic could have been avoided by prudent and ongoing investment in health systems strengthening.](#)

The inadequate availability of health workers in rural Guinea, where the outbreak started, had already been identified as a national priority and when presented to an audience of nation-states, NGOs and donors at an international conference- the 3rd Global Forum on Human Resources for Health- a month prior to the first Ebola case. Guinea, Sierra Leone, and Liberia collectively average less than two doctors, nurses and midwives per 10,000 people. This is only a fraction of the 22.8 skilled health professionals needed per 10,000 population to provide even basic health services, much less fight a dangerous emerging threat like Ebola. Sustainable investments over the long term in health workers and public health systems are the only way to prevent emerging threats like Ebola from threatening global security. The United States government needs to strategically invest in health workforce strengthening in countries with dangerous shortages of health personnel, like Liberia, Sierra Leone, and Guinea.

Health worker safety during the outbreak is being thwarted in part by systems failures. In Liberia and Sierra Leone, as rural health care workers lacked access to personal protective equipment, shipments of suits, gloves, masks, and medicines languished in shipping containers in large cities—pointing to a clear lack of supply chain infrastructure and management in these countries that is directly impeding relief efforts. This reality is unacceptable. The United States government needs to act now to ensure that local health workers who are risking their lives in the fight against Ebola are entitled to the same

protective gear that international health workers routinely receive. *Solutions to supply chain issues are already being implemented in several countries. We need more investment in research and scale-up.*

Other systems issues that hinder the efforts to recruit, train and deploy health workers during this epidemic include distribution of hazardous duty pay, the availability of psychosocial support, and the difficulty of data collection and dissemination efforts. Although exacerbated by the epidemic, *these are some of the same issues that face country governments all over the world, every day in the creation of a present, ready, connected, and safe health workforce.*

The Ebola epidemic highlights the fact that disease outbreaks and other global health issues are not just medical emergencies but economic ones. Sick people cannot work; fear of sickness keeps others from coming to work.

Commerce, transportation and travel are disrupted. The World Bank estimates that the Ebola epidemic could result in a GDP loss of 12% in the three most affected countries: Guinea, Sierra Leone, and Liberia.

IntraHealth International has developed and is implementing cost-effective and sustainable ways to strengthen health systems that include leveraging information systems technology and mHealth innovations. Comprehensive and world-wide implementation and scale-up of these technologies now could (1) bolster the health system during the outbreak and accelerate containment of the virus and (2) prevent a similar tragedy from happening in a different region of the world, in the present or future. Investing in local health workers and the systems that support them is more cost-effective and more sustainable than sending medical aid workers.

- One such example is mHero, which supports mobile phone communication with health workers. IntraHealth and UNICEF have joined forces to help Liberia's Ministry of Health and Social Welfare communicate with health workers in real time as the country fights to contain the Ebola outbreak. Getting information quickly into the hands of the health workers who diagnose and treat people who have Ebola-like symptoms can save lives and protect health workers. [mHero combines two technologies—IntraHealth's iHRIS software and UNICEF's RapidPro—into a powerful communication tool for the ministry and frontline health workers.](#) IntraHealth's iHRIS software is already being used by the governments of Liberia and Sierra Leone to provide them with up-to-date data to make better decisions on how to manage their limited numbers of health workers. The new tool allows the ministry to instantly send critical information to health workers' mobile phones and enables health workers to send critical information to the ministry such as the availability of open beds in hospitals or personal protection equipment needs. mHero also will be used to track and report emerging cases, communicate lab results for faster treatment, share reference and training materials, and test and improve the knowledge of health workers. We are in the process of securing additional resources to introduce mHero into Guinea to support the country in responding to the outbreak.
- IntraHealth also has joined forces with other partners to develop the [Ebola Resource Center](#) provides materials for creating country-level mobile training efforts and building connections between groups involved in the response to Ebola. Health workers need clear, simple, reliable information on how to protect themselves, detect the disease, and respond to the crisis. The Ebola Resource Center offers SMS text and interactive voice response messages, training content, guidance documents, and other information. The site also serves as an online

community forum where anyone can seek and find information about Ebola and engage with others in response to Ebola's growing threats to health.

- IntraHealth also is working with the African Development Bank and the World Health Organization Regional Office for Africa (WHO/AFRO) to collect geocoded data on the location of healthcare facilities in the three Ebola- affected communities; data which is not currently publically available.

The current Ebola epidemic highlights the fact that *global health security and preparedness hinges on strategic and consistent investment in health workforce strengthening around the world.*

- Guinea, Liberia and Sierra Leone had less than three doctors, nurses or midwives per every 10,000 people before the Ebola epidemic even took hold, far less than the 22.8 per 10,000 ratio WHO says is the minimum needed to deliver basic health services. But, these three countries are not alone. Over 83 countries around the world, including those regions that are recognized hotspots for emerging infectious diseases fall below the WHO threshold.
- Global and national guidelines, such as the the [World Health Organization's International Health Regulations](#) and the [Global Health Security Agenda](#) both identify health workforce strengthening as a critical component of country readiness—however they don't go far enough. We at IntraHealth are aware of the many different roles that health workers play—they are not only doctors, nurses and epidemiologists, but also community health workers and social workers. *The Global Health Security Agenda should expand its focus to include the development of a diverse and sustainable workforce.*
- A recently commissioned Institutes of Medicine report on US government investments in health systems, called [Investing in Global Health Systems: Sustaining Gains, Transforming Lives](#), highlights key recommendations for "an effective donor strategy for health" designed to inform the US Government's foreign assistance strategy, and calls on the US Congress to respond to the social, economic and epidemiological changes in developing countries by directing more health aid to health systems building. Key recommendations, which IntraHealth endorses, include: funding research, especially implementation research; catalyzing innovative changes, including task shifting to make more efficient use of the available workforce; investing in the education of health professionals in low- and middle-income countries; and investing in building management capacity to help reduce inefficiencies in health systems.
- *Access to competent and supported health workers can no longer be allowed to languish as a global health policy afterthought.* The heroic sacrifices of frontline health workers must be met with honor, compassion and support for their efforts. Investments must be made in equipment, supplies, training, effective management and financial support for the retention of health workers to ensure that every community has the workforce needed to save lives, and the robust systems to support those workers in detecting, analyzing and responding to new and emerging public health threats like Ebola.

The Ebola epidemic is leading to a large-scale breakdown of primary health services—a dangerous ripple effect for women and children especially. *The ripple effect of the health system breakdown during the epidemic requires greater attention and investment from the international community.*

- The *indirect morbidity and mortality due to Ebola* is likely to reverse all gains made by Ebola-affected countries in improving maternal and child health and in reducing HIV transmission and expanding HIV care and treatment.
- Many health facilities, especially in rural areas, are not functioning, or are treating only suspected and confirmed Ebola cases. People live in fear of using health facilities for other services, and therefore are not accessing preventive services such as immunization, family planning, and ante-natal care and not seeking treatment for illnesses such as malaria, pneumonia, and diarrheal disease.
- In addition, as pregnant women are not delivering at health facilities, there is widespread concern that maternal morbidity and mortality is increasing dramatically as women are dying at home from complications of pregnancy and childbirth.
- Guinea, Liberia and Sierra Leone had made substantial progress, but still had some of the worst maternal, infant and child mortality ratios in the world even prior to the epidemic. Certainly, some of that progress has been lost already, but the international community must also look towards reestablishing that momentum during and after the end of the Ebola emergency response. IntraHealth has already established that one of the best ways to achieve sustainable improvements in HIV and MNCH outcomes is through investment in a present, ready, connected, and safe health workforce.

In conclusion, IntraHealth International strongly recommends a sustained commitment from the United States government in strengthening the health workforce and health systems, especially in countries with crisis-level shortages of health workers.