



WORLD BANK GROUP

Ebola Virus Disease in West Africa: From Crisis to More Resilient Health Systems

Patricio V. Marquez
Lead Health Specialist
World Bank Health, Nutrition and Population
Global Practice

April 15, 2015

Outline

- The Ebola outbreak and its impact
- WBG Response
- Building more resilient health systems
- Take Away Messages

Source of picture: Surviving Ebola: Portraits of Resilience



The Spread of Ebola Virus Disease (EVD)

- A 'mysterious' disease began silently spreading in a small village in Guinea on 26 December 2013, but was not identified as Ebola until 21 March 2014.
- The outbreak of Ebola in Guinea, Liberia and Sierra Leone is now the largest, longest, most severe and most complex in the nearly four-decade history of this disease.
- The socio-economic impact of the EVD outbreak has been substantial.

Summary Epidemiology - West Africa

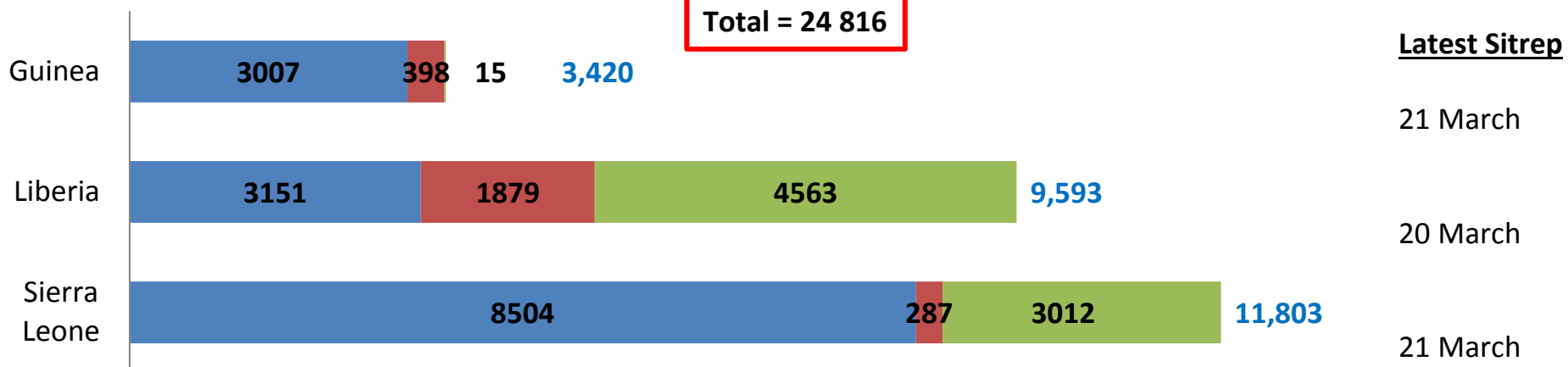
March 24th

SOURCE: Country SitReps

Cumulative cases

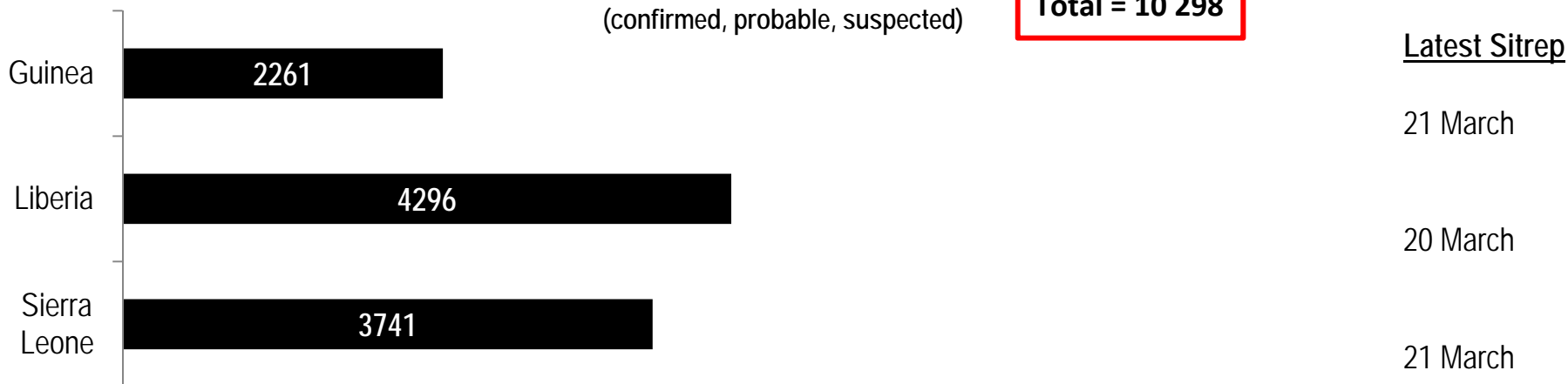
■ Confirmed ■ Probable ■ Suspected

Total = 24 816



Cumulative deaths (confirmed, probable, suspected)

Total = 10 298

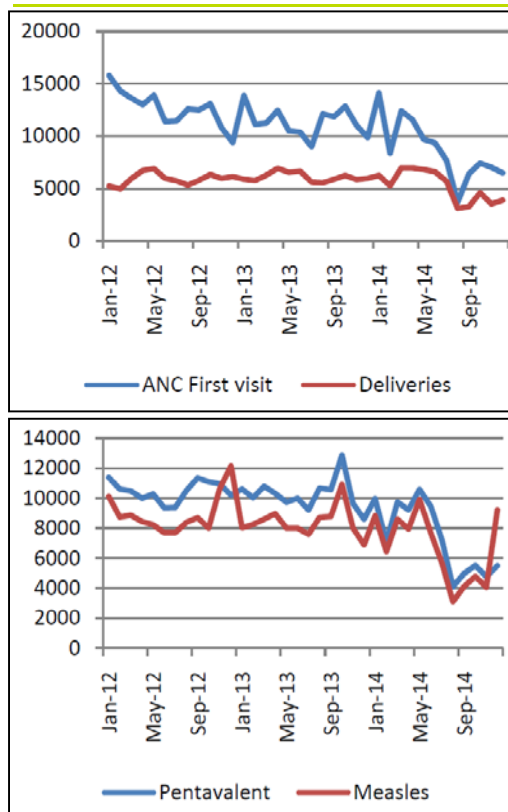


Heavy Toll on Health Workers

- Ebola deaths have been disproportionately concentrated among health personnel.
- As of January 2015, across the three countries out of more than 800 medical personnel that was infected with the EVD, a total of 388 died: 30 doctors, 177 nurses and midwives, and 181 other healthcare workers.
- The fact that healthcare workers are at greater risk of contracting Ebola compounds the problem of weak health systems, as healthcare worker deaths exacerbate existing skill shortages in countries which had few health personnel to begin with.
- Before Ebola hit, Liberia, Sierra Leone, and Guinea ranked 2nd, 5th and 28th from the bottom among 193 countries in terms of doctors per 1,000 of the population, with densities of 0.012, 0.022, and 0.084, respectively.
- Even after Ebola has been eradicated, the reduction in the stock of healthcare workers from this already low base is likely to have negative effects on the provision of essential services to affected populations.

While Ebola spread, essential health services collapsed, particularly maternal and child health services

Utilization of key MNCH services (Liberia Example)



Deterioration of essential health services in three countries

- Outpatient visits dropped by 61%, and antenatal care by 43%, and measles by 45% in Liberia
- Institutional delivery, children treated by malaria, and basic immunizations (Penta3) dropped by 23%, 39%, and 21% in Sierra Leone
- 23% of health centers were closed in November 2014, and there have not been any immunization campaigns for > 1year in Guinea
- As a result, Guinea, Liberia and Sierra Leone are experiencing measles outbreaks, with Guinea having measles in 15 of 33 districts and meningitis in 2 districts. All are in high risk of a surge in malaria, malnutrition, maternal/newborn deaths

Beyond Health: Impact has been widespread



Extractives/energy

- Skilled staff left the area
- Construction activities stopped.
- Contractors declared *force majeure*
- New investments put on hold



Transportation

- Construction activities stopped. Contractors declared *force majeure*
- Maintenance activities stopped. Severe deterioration of roads/bridges
- Most transportation systems (road, rail, air, ports) slowed or stopped



Agriculture:

- Many farmers unable to harvest – lack of farm labor, abandoning of affected areas
- Access to markets cut. Substantial losses of perishable crops
- Food price increases in markets/Prices to farmers decrease
- New investments in commercial agriculture put on hold
- Decreased quantities of agricultural products exported
- If farmers unable to plant next crop, high risk of food crisis



Social Protection

- Increase in poverty and food insecurity
- Increase in malnutrition
- SP service delivery



Education

- Schools closed
- Critical exams cancelled



Water and Sanitation

- Lack of water has constrained provision of care
- Poor hygiene related to lack of water has helped spread disease



Trade and Competitiveness

- Decreased demand due to reduced government procurement, closure of retail outlets and distribution channels
- Increases in food prices
- Reduction in employment
- Increase in costs / higher logistics costs

The Economic Cost

- The Ebola epidemic severely weakened the economies of Guinea, Liberia and Sierra Leone.
- WBG assessments show that while the economies of the three countries were growing briskly in the first half of 2014, full-year 2014 growth dropped to 0.5 percent in Guinea from an expected growth rate of 4.5%; in Liberia it fell to 2% from 5.9%; and in Sierra Leone, it fell to 4.0% from 11.3% expected before the crisis.
- While these rates imply shrinking economies in the second half of 2014, the WBG estimates indicates that second-round effects (e.g., rising energy and food costs) and investor aversion suggest 2015 growth of -0.2% in Guinea, 3.0% in Liberia and -2.0% in Sierra Leone.
- The projections imply foregone income of about US\$1.6 billion across the three countries in 2015; this is more than 12% of their combined GDP and has translated into weaker revenues, while government spending needs have grown, weakening public finances.

World Bank has been providing rapid and flexible grant funding to the governments of affected countries to contain EVD

Key Features

- **Rapid substantial funds** – e.g., disbursement of US\$123M in Sept, 2014)
- **Country-owned multi-partner interventions** – governments developed detailed investment plan, implemented it and contracted to UN agencies and NGOs
- **Maximum flexibility** – US\$285M additional financing in Nov, 2014 to accelerate community-based responses, rapid reallocations to finance immediate needs, project restructuring to support longer-term rebuilding

Example of Support

- **Essential supplies:** IPC materials, essential medicines, WASH supplies
- **Surveillance/Contact tracing** – e.g., financing entire contact tracing for Sierra Leone
- **Social mobilization** – Supported ~37,000 community workers for door-to-door communication
- **Hazard payment and death benefit** – Underpinning whole response by financing 38,400 workers since Oct
- **Foreign medical staff** – Supporting coordination, recruitment, and deployment through WHO/UNOPS
- **Food supply** – Delivered food to over 766,000 Ebola affected people

Community engagement and community-based responses

- Under WBG-funded Ebola Emergency Response Program, support was provided to communities to play a leading role in the response, including dissemination of knowledge for behavior change, safe management of dead bodies and dignified burials to reduce transmission.
- This was done by engaging community and religious leaders, NGOs and local media.
- Mobilizing locally defined and supervised community health teams.
- Establishing community-based monitoring systems to track-and-adjust local communication and behavior change programs, as uptake of preventive care seeking behaviors.

How is the "Ebola" window being utilized to strengthen health systems?

WB is providing sequenced support from zero EVD cases to recovery, rebuilding, HSS and regional preparedness anchored in country plans

Priorities	Bank's Support	Key Support Areas
Getting to and remaining at zero EVD case	<ul style="list-style-type: none"> • Reallocation in Ebola Emergency Response Project (EERP) 	<ul style="list-style-type: none"> • Intensified social mobilization in hot spot • Community surveillance and contact tracing • IPC protection including private providers • Targeted risk allowance to Ebola workers
Robust national plan for rebuilding	<ul style="list-style-type: none"> • Technical assistance for recovery assessment and plans 	<ul style="list-style-type: none"> • Assessment of cross-sectoral recovery needs • Costing, fiscal space analysis, financing plan • Technical planning on HRH and surveillance
Rapid recovery of essential health services	<ul style="list-style-type: none"> • Restructuring of EERP to support next 2 years of recovery 	<ul style="list-style-type: none"> • Essential RMNCH services and vaccinations • Rehabilitation and HRH support to key facilities for proper triage and treatment • Strengthening of community surveillance, labs and rapid response teams
Health Systems Strengthening (HSS)	<ul style="list-style-type: none"> • Country specific new health projects or additional financing 	<ul style="list-style-type: none"> • Performance based financing (PBF) for accountability, results and quality of care • Community health worker support (Guinea) • Other prioritized HSS areas for each country
Regional and global preparedness	<ul style="list-style-type: none"> • Regional disease surveillance project • Global Pandemic Facility (GPF) 	<ul style="list-style-type: none"> • Assessment and preparation of West Africa regional disease surveillance program • Consultations underway on technical proposal for establishment of GPF

Building more resilient health systems and role of communities

- The low levels of trust in state institutions that existed before the epidemic hampered the response. Nonetheless, communities were in the forefront of the success of the response.
- EVD response made clear that a range of community-based organizations are needed to respond quickly and effectively to critical emerging issues such as denial or resistance, which cannot be addressed only through government and official channels.
- Efforts to strengthen health and other systems during recovery phase need to support effective networks of community-level service providers.
- The recovery effort offers a good opportunity to build strong linkages between community engagement and good governance, to provide channels and tools to amplify community voices and link them to public policy formulation and design of programs and delivery of services.

Key building blocks for resilient health systems

- Strengthening core public health capacities for disease surveillance, early warning and response systems essential for countries to detect similar future epidemics.
- Developing regional disease surveillance network in West Africa critical to foster cooperation among neighbouring countries to control cross-border disease outbreaks at their source.
- Adapting One-Health approach to establish partnerships between the agricultural, environment and public health sectors.
- Introducing new models of health care organization anchored on a strong primary care system that is integrated, people-centered and supported by adequate and sustainable levels of finance, human resources, commodities and flow of information. Infection prevention and control is a critical bridge between response and resilience.
- Eliminating financial barriers (e.g., such as out-of-pocket payments) for poor and vulnerable groups by developing new health care financing mechanisms to provide financial protection to the population.
- Human resource development, distribution and management are an overarching priority.

Moving to a new Global Health Agenda

- A move away from “foreign health” /“domestic health” dichotomy towards “global health ”concept
- Interdependence of health of populations (e.g. linkage of health problems with production, trade and travel)
- Global transfer of health risks (e.g., spread of infectious diseases)
- Global transfer of opportunities: (e.g. translation of knowledge into new technologies, social action, evidence for policy)
- Developing partnerships between countries (e.g. South-to-South exchanges) and within countries among governments, civil society, private sector to share knowledge, experience and good practices.
- Adapting international good practices, strategic support and institutional capacity building to turn evidence into action

Source: Frenk, J. (2009)

Take Away Messages

- Ebola crisis has shown that Improved health and social development is a critical investment to reduce vulnerability and build social resilience
- Also, critical to support social transformation and sustained growth as they contribute to pave the road to accelerated poverty reduction and shared prosperity.
- Rather than concentrating on a few diseases, governments and international agencies should prioritize building health systems that offer universal financial protection, along with improved access to, and the use of, quality services.
- An effective response also needs multisectoral policies and actions for dealing with disease related risk factors and their social, economic and environmental determinants.
- Community engagement and community-base response are critical to generate impact and ensure sustainability.

The importance of health in a society

“When health is absent, wisdom cannot reveal itself, art cannot become manifest, strength cannot fight, wealth become useless, and intelligence cannot be applied”.

Herophilus, 325 B.C.
Physician to Alexander the Great

MANY THANKS

pmarquez@worldbank.org

