A Wake up Call –
Lessons from Ebola for the world’s health systems

Frazer Goodwin
A Wake-up Call

• What the report does NOT cover

• Overview of the Report
  – Ebola: Learning the lessons
  – The 2015 Health Access Index
  – Universal Health Coverage: within our means
  – Recommendations
“There are many lessons to learn from this current outbreak […]. We need to understand why the world was so slow to see and act on what was happening in West Africa. We need to understand how to improve emergency response systems. We need to understand why potential Ebola vaccines and treatments were left on the shelf for years and not pursued.”
What is NOT in the report

- Recommendations on how to “get to zero” – which still is THE priority
- Extensive analysis of Global Health Governance and recommendations on restructuring WHO
- Detailed analysis of failings of all global health actors and recommendations for each of them
- Detailed recommendations for Ebola affected countries on rebuilding their health systems
A Wake-up Call

• What the report does NOT cover

• Overview of the Report
  – Ebola: Learning the lessons
  – The 2015 Health Access Index
  – Universal Health Coverage: within our means
  – Recommendations

Frazer Goodwin
Reminder of the four sections of the report

- Ebola: Learning the lessons
- The 2015 Health Access Index
- Universal Health Coverage: within our means
- Recommendations
1. Ebola: Learning the lessons

• “Had there been effective [health services] in the countries of origin of the disease, this problem could have been mitigated or even eliminated.”

  • Amartya Sen
Weak health systems failed to stop Ebola spreading

- By 18/02/2015, 23,3218 cases including 9,365 deaths
- Inadequate health systems are not the primary cause of Ebola but a determining factor in the spread
- Key to Ebola management: surveillance, contact tracing, follow-up surveillance, laboratories, appropriate protective equipment...
The wider impact of the Ebola outbreak

- Weak health systems
- Ebola spread
- Further weakening of health systems
- Limited access to health services
- Impact on health outcomes
- Surge of measles in affected countries (rates 3 to 4 times higher*)
- Half less pregnant women received prenatal care in Liberia*

*between 2014 and 2015 (over 5 months)

828 affected health workers, 499 reported deaths

Frazer Goodwin

Save the Children
State of health systems before the outbreak

WHO’s six health system building blocks

- Health Workforce
- Health Finance
- Products & Technologies
- Service Delivery
- Information systems
- Governance

Frazer Goodwin
State of health systems before the outbreak

Critical shortages of health workers

1 health worker per:
1,598 people in Guinea,
3,472 people in Liberia
5,319 people in Sierra Leone

Frazer Goodwin
State of health systems before the outbreak

Inadequate financing

Health spend per person per year:
- Guinea $9
- Liberia $20
- Sierra Leone $16
State of health systems before the outbreak

Lack of access to medical products, vaccines and

Drastic shortages of medicines and black market in Guinea, diversion of FHCI drugs in Sierra Leone

Frazer Goodwin

Save the Children
State of health systems before the outbreak

Poor service delivery

Lack of (good-quality) facilities, inadequate logistics systems, mistrust of health services, disparities & unmet needs

Frazer Goodwin
State of health systems before the outbreak

Lack of information systems

Need for information and statistics, minimum International Health Regulations (2005) not attained
State of health systems before the outbreak

Poor governance

Extreme fragmentation in Liberia, absence of accountability mechanisms in Sierra Leone, policy and institutional incoherencies

Health Workforce  Health Finance  Products & Technologies  Service Delivery  Information systems  Governance

Frazer Goodwin
TABLE I  SELECTED HEALTH SYSTEM INDICATORS IN COUNTRIES THAT HAVE REPORTED CASES OF EBOLA

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of people per physician (latest available 2005–12)</th>
<th>Number of people per nurse or midwife (latest available 2005–12)</th>
<th>Government expenditure on health 2012 (per capita, US$)</th>
<th>External funding for health in 2010 (current US$m)</th>
<th>Under-five mortality rate (per 1,000 live births, 2013)</th>
<th>Adult mortality rate (per 1,000 people aged 15–60, 2012)</th>
<th>Age standardised DALYs (per 100,000 people, 2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea</td>
<td>10,000</td>
<td>n/a</td>
<td>9.0</td>
<td>78</td>
<td>101</td>
<td>291</td>
<td>72,518</td>
</tr>
<tr>
<td>Liberia</td>
<td>71,429</td>
<td>3,650</td>
<td>19.5</td>
<td>70</td>
<td>71</td>
<td>263</td>
<td>62,373</td>
</tr>
<tr>
<td>Mali</td>
<td>12,048</td>
<td>2,326</td>
<td>16.4</td>
<td>140</td>
<td>123</td>
<td>278</td>
<td>75,910</td>
</tr>
<tr>
<td>Nigeria</td>
<td>2,451</td>
<td>623</td>
<td>29.4</td>
<td>967</td>
<td>117</td>
<td>358</td>
<td>84,764</td>
</tr>
<tr>
<td>Senegal</td>
<td>16,949</td>
<td>2,381</td>
<td>28.6</td>
<td>142</td>
<td>55</td>
<td>218</td>
<td>53,970</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>45,455</td>
<td>6,024</td>
<td>15.9</td>
<td>107</td>
<td>161</td>
<td>435</td>
<td>117,683</td>
</tr>
<tr>
<td>Spain</td>
<td>271</td>
<td>197</td>
<td>2,065.3</td>
<td>n/a</td>
<td>4</td>
<td>63</td>
<td>16,984</td>
</tr>
<tr>
<td>UK</td>
<td>366</td>
<td>116</td>
<td>3,009.4</td>
<td>n/a</td>
<td>5</td>
<td>73</td>
<td>20,376</td>
</tr>
<tr>
<td>United States</td>
<td>408</td>
<td>102</td>
<td>4,126.1</td>
<td>n/a</td>
<td>7</td>
<td>103</td>
<td>22,775</td>
</tr>
</tbody>
</table>
Prevention is better than cure

EBOLA: AFTER ONE YEAR, WHAT HAVE WE LEARNED?

IT COSTS MORE TO STOP OUTBREAKS THAN TO PREVENT THEM.

COST OF EBOLA RESPONSE (SO FAR) $4.3B

COST TO BUILD UP HEALTH SYSTEMS IN GUINEA, LIBERIA AND SIERRA LEONE $1.58B


#ENDEBOLA  #HEALTHFORALL
A Wake-up Call

• What the report does NOT cover

• Overview of the Report
  – Ebola: Learning the lessons
  – The 2015 Health Access Index
  – Universal Health Coverage: within our means
  – Recommendations
2. Beyond Ebola: The 2015 Health Access Index

“The state of the health workforce and health systems [in Guinea, Liberia and Sierra Leone] has hampered the ability of these countries to respond to the Ebola epidemic—**but these countries are hardly alone in having inadequate training, support and numbers of health workers.**”

- Dr Ariel Pablos-Mendez,
- USAID’s Assistant Administrator for Global Health
Afghanistan: one in 10 children die before the age of 5.
### Beyond Ebola: 2015 Health Access Index

<table>
<thead>
<tr>
<th>Indicators used in the 2015 Health Access Index</th>
<th>Date, source of data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health outcomes</strong>: Newborn mortality (per 1,000 live births)</td>
<td>2013, UNICEF</td>
</tr>
<tr>
<td><strong>Provision of Services</strong>: Density of health workers per 10,000 people</td>
<td>Latest available, Countdown 2014 report</td>
</tr>
<tr>
<td><strong>Financing of Services</strong>: Public Health expenditure per capita</td>
<td>2012, WHO</td>
</tr>
<tr>
<td><strong>Utilisation of services</strong>: Skilled birth attendance</td>
<td>UNICEF, latest</td>
</tr>
<tr>
<td><strong>Utilisation of services</strong>: Immunisation (DPT3 coverage)</td>
<td>UNICEF, latest</td>
</tr>
<tr>
<td><strong>Equity in service coverage</strong>: ratio from richest to poorest quintiles of skilled birth attendance</td>
<td>UNICEF, latest</td>
</tr>
</tbody>
</table>

Frazer Goodwin
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Brazil</td>
<td>BR</td>
<td>19</td>
<td>Morocco</td>
<td>MO</td>
<td>37</td>
<td>Myanmar</td>
<td>MY</td>
</tr>
<tr>
<td>2</td>
<td>Kyrgyzstan</td>
<td>KG</td>
<td>20</td>
<td>Philippines</td>
<td>PH</td>
<td>38</td>
<td>Tanzania</td>
<td>TN</td>
</tr>
<tr>
<td>3</td>
<td>Uzbekistan</td>
<td>UZ</td>
<td>21</td>
<td>Rwanda</td>
<td>RW</td>
<td>39</td>
<td>Ghana</td>
<td>GH</td>
</tr>
<tr>
<td>4</td>
<td>Azerbaijan</td>
<td>AZ</td>
<td>22</td>
<td>Iraq</td>
<td>IR</td>
<td>40</td>
<td>Madagascar</td>
<td>MG</td>
</tr>
<tr>
<td>5</td>
<td>Egypt</td>
<td>EG</td>
<td>23</td>
<td>Swaziland</td>
<td>SZ</td>
<td>41</td>
<td>Angola</td>
<td>AG</td>
</tr>
<tr>
<td>6</td>
<td>South Africa</td>
<td>ZA</td>
<td>24</td>
<td>Bolivia</td>
<td>BO</td>
<td>42</td>
<td>Côte d'Ivoire</td>
<td>CIV</td>
</tr>
<tr>
<td>7</td>
<td>Tajikistan</td>
<td>TJ</td>
<td>25</td>
<td>Cambodia</td>
<td>CM</td>
<td>43</td>
<td>DRC</td>
<td>DRC</td>
</tr>
<tr>
<td>8</td>
<td>Turkmenistan</td>
<td>TK</td>
<td>26</td>
<td>Uganda</td>
<td>UG</td>
<td>44</td>
<td>Liberia</td>
<td>LBR</td>
</tr>
<tr>
<td>9</td>
<td>Gabon</td>
<td>GN</td>
<td>27</td>
<td>Benin</td>
<td>BY</td>
<td>45</td>
<td>Mauritania</td>
<td>MRT</td>
</tr>
<tr>
<td>10</td>
<td>Peru</td>
<td>PE</td>
<td>28</td>
<td>Gambia</td>
<td>GM</td>
<td>46</td>
<td>Sierra Leone</td>
<td>SL</td>
</tr>
<tr>
<td>11</td>
<td>Solomon Islands</td>
<td>SL</td>
<td>29</td>
<td>Malawi</td>
<td>MW</td>
<td>47</td>
<td>Kenya</td>
<td>KE</td>
</tr>
<tr>
<td>12</td>
<td>China</td>
<td>CN</td>
<td>30</td>
<td>Comoros</td>
<td>CM</td>
<td>48</td>
<td>Lesotho</td>
<td>LS</td>
</tr>
<tr>
<td>13</td>
<td>Sao Tome and Principe</td>
<td>STP</td>
<td>31</td>
<td>Equatorial Guinea</td>
<td>EG</td>
<td>49</td>
<td>Nepal</td>
<td>NE</td>
</tr>
<tr>
<td>14</td>
<td>Viet Nam</td>
<td>VN</td>
<td>32</td>
<td>Guatemala</td>
<td>GT</td>
<td>50</td>
<td>Papua New Guinea</td>
<td>PNG</td>
</tr>
<tr>
<td>15</td>
<td>Botswana</td>
<td>BW</td>
<td>33</td>
<td>Senegal</td>
<td>SN</td>
<td>51</td>
<td>Yemen</td>
<td>YEM</td>
</tr>
<tr>
<td>16</td>
<td>Congo</td>
<td>CG</td>
<td>34</td>
<td>Burkina Faso</td>
<td>BF</td>
<td>52</td>
<td>Zambia</td>
<td>ZMB</td>
</tr>
<tr>
<td>17</td>
<td>Indonesia</td>
<td>ID</td>
<td>35</td>
<td>Burundi</td>
<td>BD</td>
<td>53</td>
<td>Bangladesh</td>
<td>BD</td>
</tr>
<tr>
<td>18</td>
<td>Mexico</td>
<td>MX</td>
<td>36</td>
<td>Djibouti</td>
<td>DJ</td>
<td>54</td>
<td>Eritrea</td>
<td>ET</td>
</tr>
</tbody>
</table>

2015 Health Access Index : Ranking
The rise of epidemics and zoonotic diseases spreading worldwide

“The risk of new diseases quickly spreading worldwide has never been greater.”

Judith Rodin, President of the Rockefeller Foundation

- Spanish flu caused 50 million deaths worldwide in 1918-1920
- Estimations from the University of Washington: today, 51–81 million deaths globally might be caused by an influenza strain similar to that of 1918-1920
- The 28 countries that fell below Liberia in the Index could account for more than 31 million deaths
A Wake-up Call

• What the report does NOT cover

• Overview of the Report
  – Ebola: Learning the lessons
  – The 2015 Health Access Index
  – Universal Health Coverage: within our means
  – Recommendations

Frazer Goodwin
Health care for all is key to ending preventable child deaths

17,000 children die every day

U5MR has fallen but slower reduction of new-born mortality rate

Unequal progresses towards MDG4 between socio-economic groups
3. Reaching Universal Health Coverage is within our means

- “Well-functioning health systems are not a luxury. Well-functioning health systems are the cushion that keeps sudden shocks from reverberating throughout the fabric that holds societies together, ripping them apart.”

  • Margaret Chan,
  • World Health Organization
  • Director-General, 2015
An affordable reality

Recommended $86 per year per capita for essential services package delivery

Filling the gap

• An additional $101 billion would be required annually for the Countdown to 2015 countries
An affordable reality

Recommended $86 per year per capita for essential services package delivery

Raising revenues

- Prioritise direct over indirect taxes
- Identify untapped revenue (offshore accounts, corporate tax exemptions, ...)

Frazer Goodwin
An affordable reality

Recommended $86 per year per capita for essential services package delivery

More money for health

• **Increase budget** allocation to health (Abuja Declaration: 15% target)
• If all Countdown countries that currently do not spend $86 per person on health raised tax revenue to 20% of GDP and spent at least 15% of their budgets on health, **the financing gap could fall by almost three-quarters to just $28bn**
An affordable reality

Recommended $86 per year per capita for essential services package delivery

More health for the money – achieving greater equity and efficiency in spending

- Making certain essential services free at the point of use
- Prioritising equity in resource allocation across regions
- **Tackling inefficiencies**: Cutting wastage even by just 10% of existing health budgets could raise $15bn for health

Frazer Goodwin
An affordable reality

Recommended $86 per year per capita for essential services package delivery

The remaining need for health

• 26 of the Health Access Index countries could not achieve the $86 package alone
• Donors and multilateral bodies need to play a more effective role in supporting the world’s poorest countries to work towards universal healthcare coverage.

Frazer Goodwin
Reshaping global priorities for health

- Enforcing UHC commitments
  - Despite improvements, creation of silos and fragmentation of health systems through MDGs
  - In 2011, new funding for HIV, malaria, polio and tuberculosis still represented 44.5% of all foreign aid allocated to health

- Sustainable Development Goals
  - Don’t forget UHC…
  - Calling for **100% coverage** of essential services and **100% financial protection** from OOPs for health, for all
A Wake-up Call

- What the report does NOT cover

- Overview of the Report
  - Ebola: Learning the lessons
  - The 2015 Health Access Index
  - Universal Health Coverage: within our means
  - Recommendations
Recommendations

All must act to enable countries to achieve universal health coverage.

1. Maintain the international response to help Guinea, Liberia and Sierra Leone achieve zero new Ebola cases and invest in rebuilding the health systems, as well as strengthen and invest in national preparedness plans in those countries and internationally.
Recommendations

All must act to enable countries to achieve universal health coverage.

2. Political leaders in countries with low rates of health coverage should make public commitments and increase investment in comprehensive health services.
Recommendations

All must act to enable countries to achieve universal health coverage.

3. International institutions and donors should ensure that aid and global support is increased and better aligned to help build suitable and comprehensive health services, and increase fiscal
Recommendations

All must act to enable countries to achieve universal health coverage.

4. Civil society organisations should advocate for progressive tax reforms and increased transparency, more equitable revenue and health expenditure, monitor domestic budgets to track resource flows, support national governments to strengthen community-level systems.
Recommendations

All must act to enable countries to achieve universal health coverage.

5. The Sustainable Development Goals should commit the world to support universal health coverage and ending preventable maternal, newborn and child deaths, with no target met unless met for all.
Thank you