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
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
The Universal Health Coverage Box

The labels change – the schematic does not

Making sure “the Best is not the enemy of the good”
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.
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The main health system weaknesses exacerbating the Ebola outbreak
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Common features exacerbating Ebola outbreak

- Far too few trained health workers
- Health systems critically short of equipment, drugs and facilities
- Weak and inadequate supporting infrastructures – including systems from surveillance to commodities and supply chain logistic systems
- High levels of mistrust of health authorities and governments by populace
- Historically underfunded, under-prioritized health sector
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- 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
- 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

BUT….
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Outbreak countries not unique or the weakest

- 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


White Paper – Together for Health

Communication on the EU Role in Global Health

Council Conclusion on EU Role in Global Health

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**