Health Systems Recovery in Ebola Affected Countries: WHO Reflections

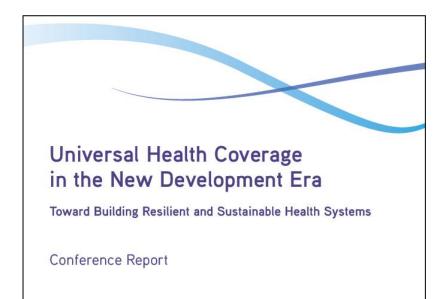
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UHC & Quality Unit Department of Service Delivery & Safety WHO Headquarters, Geneva

Kobe Forum Fight against Communicable Diseases – Thinking about Global Health Governance @ Kobe & Hyogo

February 24, 2016





December 16, 2015 Tokyo, Japan



Shinzo Abe | Prime Minister of Japan



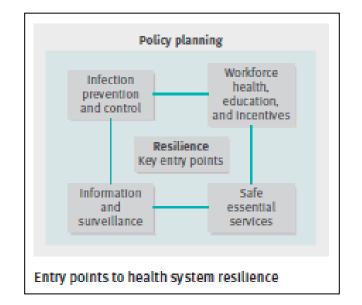






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ume Sal Conteh attending a training on how to better protect herself from becoming infected with Ebola, Siema Leone HOIP: Disclosure

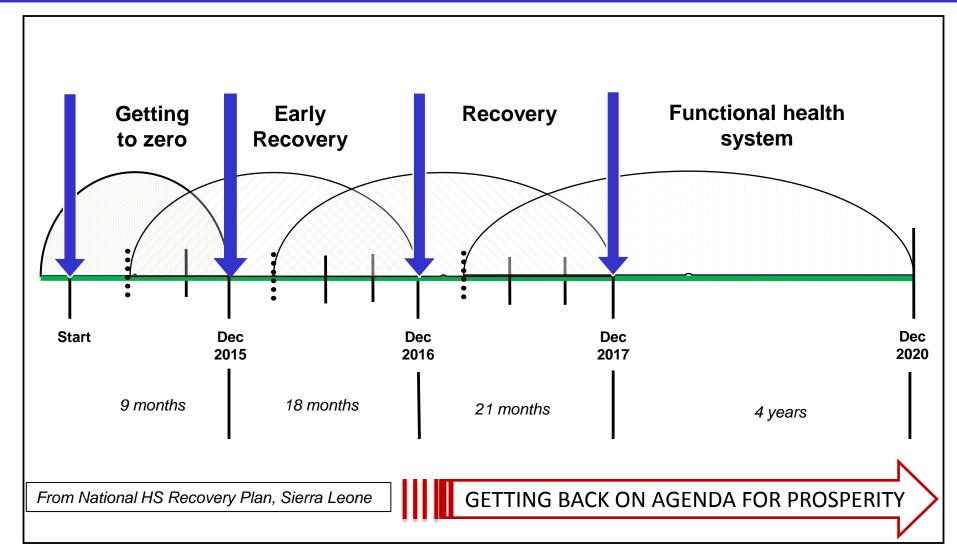
Sai Conteh

Four weeks ago, Sai Conteh, a senior nurse anesthetist at the Kambia Government Hospital in Sierra Leone, was trained on how to protect herself against becoming infected with Ebda virus. She has never worked before in an Ebola treatment centre. But as part of early recovery efforts, Sai needs to know what to do if one day a patient with Ebola-like symptoms comes to the hospital where she works.

"When Ebola started to hit my country, many health care workens, including myself, had little knowledge on what to do and how to protect ourselves," says Sai. "None of us ever dealt with Ebola patients before or worked in an Eboal treatment centre, as the disease was new to us."

The Kambia government hospital stayed open throughout the Ebola outbreak, even after one of its doctors died of Ebola. For a while, suspected Ebola patients were kept in a separate area in the hospital premises the bola back of the support of the second secon

Differentiating our phases...



"To build <u>functional</u> and <u>resilient</u> national and sub-national health systems that deliver <u>safe</u>, <u>efficient</u> and <u>high quality</u> health care services that are <u>accessible</u>, <u>equitable</u> and <u>affordable</u> for all Sierra Leoneans"



EBOLA RESPONSE

ROADMAP

28 August 2014

"The 2014 Ebola Virus Disease (EVD, or "Ebola") outbreak continues to evolve in alarming ways, with the severely affected countries, Guinea, Liberia, and Sierra Leone, struggling to control the escalating outbreak against a backdrop of severely compromised health systems, significant deficits in capacity, and rampant fear."



Dr. Francis Kateh...from the Liberian Frontline

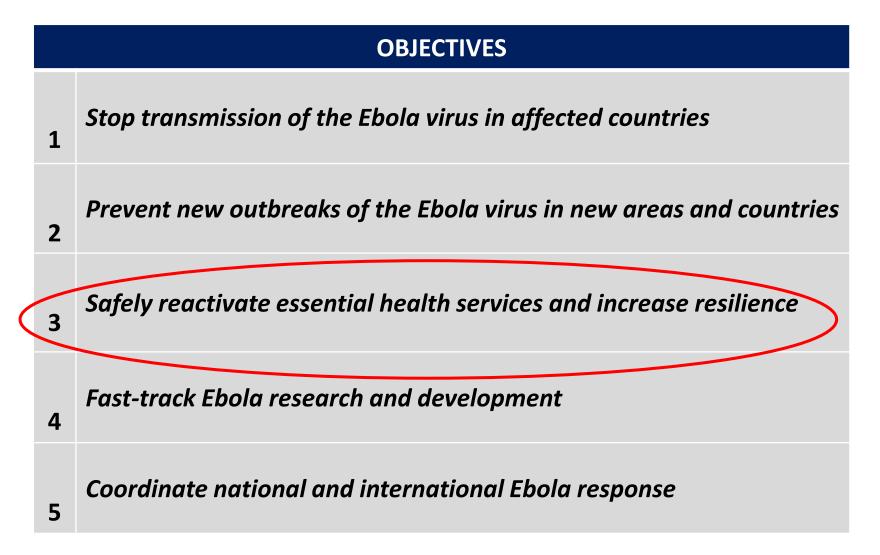
If I were able to plan for this moment 3 years ago I would have...



- 1. Built a strong **primary health care system** with infection control & patient safety embedded within the system.
- 2. Established long term **trust** in health care providers through community engagement (patient-provider partnerships).
- 3. Ensured a supply chain of essential **supplies** required for IPC and patient safety.
- 4. Developed a cadre of IPC & Patient Safety officers for the future.
- 5. Focused on strong safe service delivery as the basis for "preparedness".

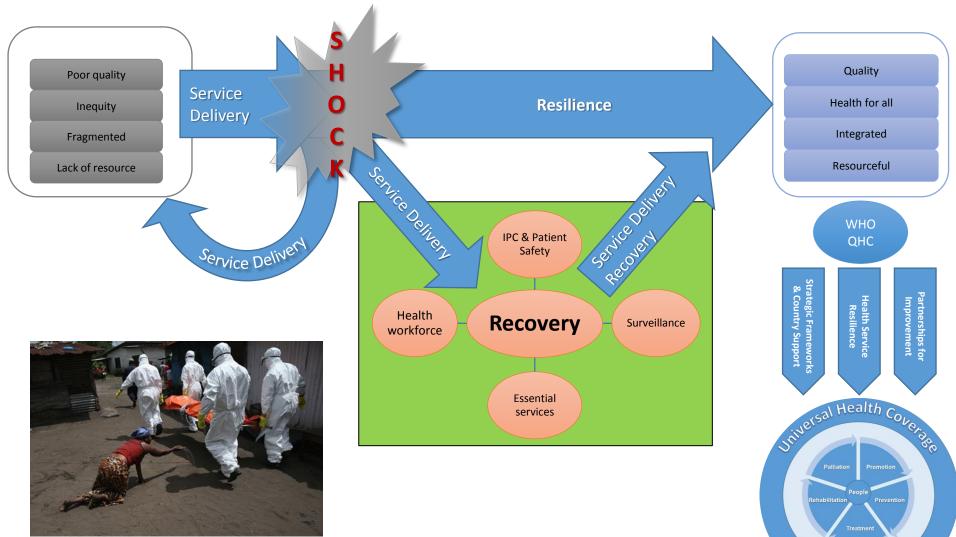


2015 WHO Strategic Response Plan





Shocks, Recovery & Resilience

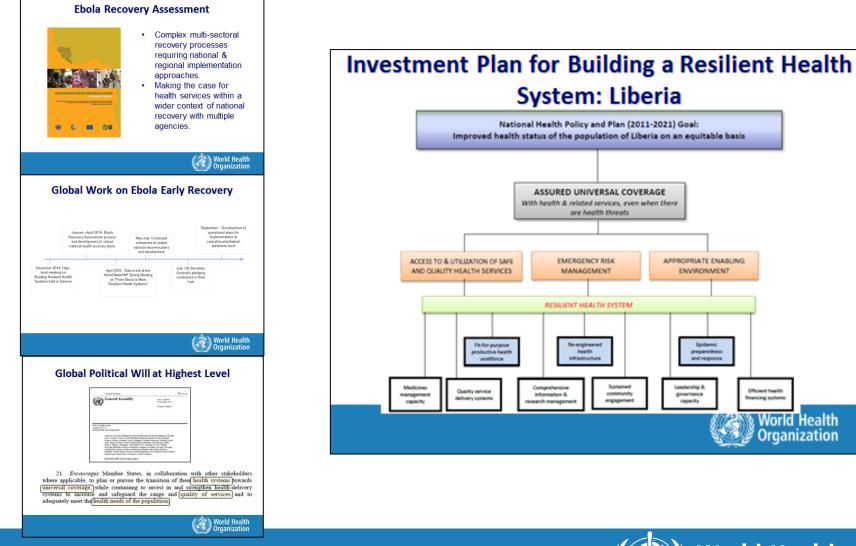


Treatment Quality

Six Reflections



Point 1: Link Global Drive with Local Action





APPROPRIATE ENABLING

ENVIRONMENT

Epidami preparedness and response

Efficient health

feancing systems

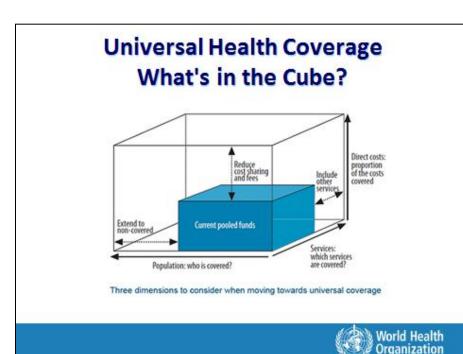
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Leadership &

governance

capacity

Point 2: Keep Quality in the UHC Equation



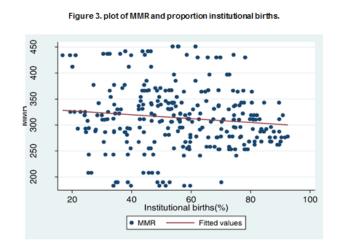
But look at the cube again...

"What good does it do to offer free maternal care and have a high proportion of babies delivered in health facilities if the quality of care is sub-standard or even dangerous?"

Margaret Chan, World Health Assembly - May 2012 Towards universal coverage



World Health Organization



Randle B, Diwar V, De Costa A (2013) india's Conditional Cash Transfer Programme (the JSY) to Promote Institutional Birth: Is There an Association between institutional Birth Proportion and Maternal Montality?. PLoS ONE 8(6): e67452. doi:10.1371/journal.pone.00542

http://journals.plos.org/plosone/article?id=info:dol/10.1371/journal.pone.0067452



PLOS ONE

Point 3: Streamline Technical Resources

- 20+ WHO technical programs/units
- Integrated library of tools & resources in a single source.
- Potential to act as a knowledge management and learning portal on recovery in a systematic way.
- Used in Ebola affected countries through WHO Country Offices but <u>will be released for all countries</u>.



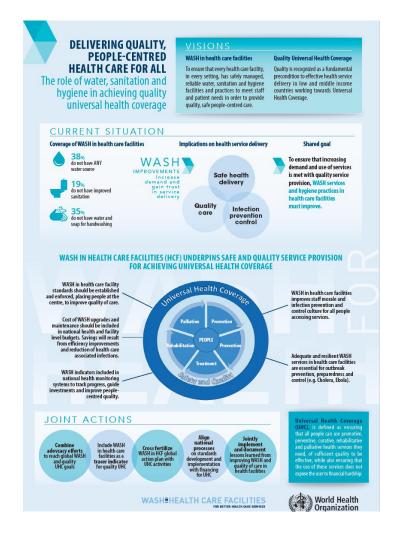




Point 4: Focus on structures...stay concrete!

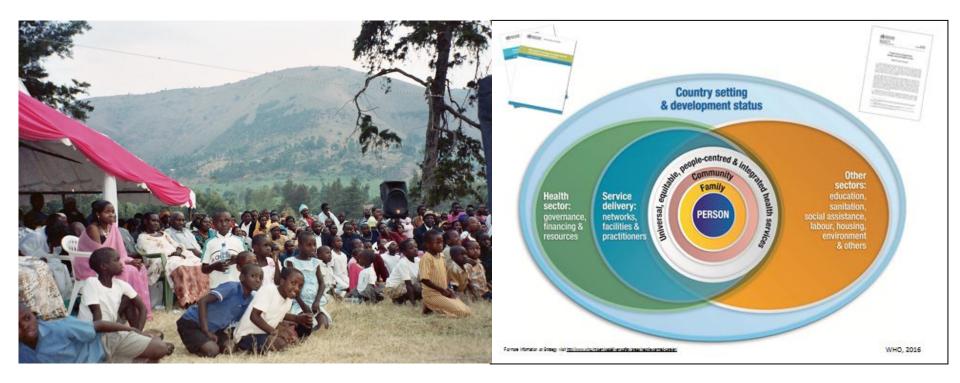
- One-third of health care facilities do not have an improved <u>water</u> source
- One-fifth do not have improved <u>sanitation</u>
- Need tangible action or global health governance discussions sound <u>empty</u>!







Point 5: People, people, people!





Point 6: No global health security without local health security



) Global health security: the wider lessons from the west African Ebola virus disease epidemic

David L Heymann, Lincoln Chen, Keizo Takemi, David P Fidler, Jordan W Tappero, Mathew J Thomas, Thomas A Kenyon, Thomas R Frieden, Derek Yach, Sania Nishtar, Alex Kalache, Piero L Olliaro, Peter Horby, Els Torreele, Lawrence O Gostin, Margareth Ndomondo-Sigonda, Daniel Carpenter, Simon Rushton, Louis Lillywhite, Bhimsen Devkota, Khalid Koser, Rob Yates, Ranu S Dhillon, Ravi P Rannan-Eliya

The Ebola virus disease crisis has drawn attention to the well recognised importance
of reducing collective vulnerability to infectious disease threats that cross national
borders, but also to a second, equally important aspect of health security that is less
appreciated: individual health security. This security comes from personal access to
safe and effective health services, products, and technologies.

Lancet. 2015 May 9;385(9980):1884-901



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ありがとうございました!









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