



Statement of Mr. Pape Gaye
President and CEO
On Behalf of
IntraHealth International
Before the
Senate Foreign Relations Subcommittee on African Affairs
The Ebola Epidemic: The Keys to Success
for the International Response

December 10, 2014

Chairman Coons, Ranking Member Flake, and other distinguished members of the subcommittee:

On behalf of IntraHealth International, I would like to thank you for the honor of inviting me to testify today on this issue of paramount importance to the security and well-being of our friends in West Africa, as well as to us here in the United States. I ask that my full written testimony be submitted for the record.

In my native Senegal, there is a Wolof proverb, "Nit, nit ay garabam." It means "the best medicine for a person is another person."

I am fortunate to lead an organization, IntraHealth International, which, for 35 years, has been a firsthand witness to this proverb in action through the awe-inspiring efforts of frontline health workers we have supported in 100 countries around the world, including all the Ebola-affected countries.

Tragically, however, far too many people in my native West Africa have not had access to that *person*—that health worker—who has the training and support necessary to prevent the Ebola virus from desolating their communities and threatening the well-being and security of their countries, their region, and the world.

Stories from this epidemic—[such as the five Liberian children who were left at home](#) with the corpses of their Ebola-infected parents for three days because of overwhelmed ambulance services—make us sick to our stomachs and heighten our resolve to end the crisis as soon as possible. The heroic efforts of health workers on the front lines of the epidemic have given us hope that, if our resolve to support them does not waiver, that day is coming soon.

But as this Ebola epidemic has already started to fade from the consciousness of some, one of the crucial underlying conditions that helps the virus spread remains: the absence of a sustainable and resilient global health workforce to both stop threats like Ebola in their tracks and complete the daily work of saving and making lives healthier in every community.

Let there be no misunderstanding: if health workforce deficiencies do not get the high-level political attention the issue sorely needs and it continues to languish as a global health policy afterthought, it will continue to threaten both global health security and the tremendous progress the United States has helped to lead in saving women's and children's lives and fighting diseases such as HIV/AIDS and tuberculosis.

Liberia, Sierra Leone, and Guinea all had fewer than three doctors, nurses, and midwives per 10,000 people even before the Ebola outbreak began. More people could very well die due to Ebola's impact on such fragile workforces and systems than directly from the Ebola virus itself. Yet, these countries are hardly alone. The World Health Organization last year estimated 83 countries are below the minimum threshold of 22.8 doctors, nurses, and midwives per 10,000 people needed to provide essential services to a population.

The countries that have the most acute workforce crises—the Ebola-affected countries in West Africa among them—have long recognized the gravity of inaction on health workforce strengthening for their communities, and they have been committed to action. Unfortunately, chronic lack of attention and significant reduction of formal development assistance to the West Africa region as a whole has exacerbated the problem.

Last year, I had the pleasure of speaking to government and civil society leaders and health workers at the Third Global Forum on Human Resources for Health in Recife, Brazil. At this forum, 57 countries—including Liberia and Guinea—made specific health workforce commitments, for several of which IntraHealth provided technical guidance in crafting. Guinea's commitment focused on its desire to get more frontline health workers to two rural provinces where they were largely absent. One of those regions, N'Zerekore, is the same region where "patient zero" of the current Ebola epidemic was believed to be infected—less than a month after Guinea made this commitment. Yet as many African countries stood up to make their commitments clear in Recife, only one donor commitment to health workforce strengthening was made. That financial commitment was made by Ireland.

Let me be clear: because of the generosity of the American people and the know-how and innovations of implementing partners such as IntraHealth, the United States government has made huge inroads in helping countries improve the numbers, the competencies, and the support for health workers in West Africa and around the world.

For example, a major issue Liberia now faces is the need to quickly get the latest information to its health workers. IntraHealth and UNICEF are currently working with the Liberian government on a tool called mHero to allow the Ministry of Health and health workers to instantly communicate critical information to one another. The USAID-supported, open source, online personnel management system IntraHealth is using for this effort, called iHRIS, has already saved our low-income country partners approximately \$232 million in 20 countries around the world—and many of these countries are using iHRIS data to successfully drive more domestic investment in health workers.

In Liberia, more than 8,000 health workers are registered in iHRIS. This open source system will save Liberia more than \$3.1 million in proprietary fees over the next five years—equivalent to the annual salaries of 317 Liberian nurses for five years. These nurses could provide 634,000 Liberians access to lifesaving services.

Innovations such as iHRIS that are supported by American foreign assistance are critical to addressing some specific workforce challenges, but certainly not all of them. I believe if you asked any administration official to articulate the United States' strategy or its cumulative results across agencies in assisting partner countries in strengthening their health workforce, they could not tell you.

The Frontline Health Workers Coalition, an alliance of 41 US-based public- and private-sector organizations and of which IntraHealth is proud to host the secretariat and help lead, last month released recommendations for how the United States can lead in helping the countries of West Africa and other low-income country partners build the resilient and sustainable workforce we need for the 21st century.

I've included our full recommendations as an addendum to my testimony. In brief, there must be a more concerted effort to address the needs of local health workers in Liberia, Sierra Leone, and Guinea. This includes ensuring timely delivery of hazard pay, ensuring an effective and efficient supply chain management system that provides personal protective equipment and other necessary supplies with requisite training, creating supply outposts for local health workers, making psychosocial support available, addressing Ebola-related stigma that has arisen, and increasing the authority of local management of health workers.

This support to local workers—a critical first step to rebuilding the health systems of these countries—must be backed by an equally fervent political push for global action to meaningfully address the most critical deficiencies of the global frontline health workforce. A 2010 IntraHealth report estimated that by 2020, the United States needs to invest at least \$5.5 billion in health workforce strengthening to achieve the global health goals and targets to which it has committed.

The robust bipartisan support for global health must also continue to ensure Ebola does not set back

the extraordinary progress we've made in the last decade. And I believe each procurement for those investments should be required to show how it will help strengthen health workforces and systems.

U.S. health workforce investments must be guided by a multiyear, costed, cross-agency strategy with an implementation plan that sends an unequivocal message to our developing country partners: that America is committed to this issue and we expect others to respond in kind. This clear sign of commitment would go a long way in helping to ensure a serious and coordinated effort by all governments for a financed global health workforce strategy with specific timelines and targets.

I would like to close by asking each of us to pause and think about what it would be like to wake up tomorrow morning infected with Ebola and not have a single person to turn to for health care. Or to have your infant child this evening show signs of malaria, and have nowhere to take her. This is reality for far too many—and it must be changed now.

Frontline health workers have started to turn the tide on Ebola at great risk to their own lives – WHO reports as of November 30, 622 health workers have been infected during the epidemic, 346 of whom have died. We would be doing a great disservice to health workers' sacrifices if we didn't focus on their immediate needs and at the same time work just as fervently to ensure we never again have a crisis of this scale in public health.

Thank you very much, and I look forward to answering your questions.

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BUILDING A RESILIENT, SUSTAINABLE HEALTH WORKFORCE TO RESPOND TO EBOLA AND OTHER FUTURE THREATS

Frontline Health Workers Coalition Policy Recommendations – November 2014



The Ebola virus disease epidemic in West Africa has highlighted the urgent need for increased support for frontline health workers and the systems that support them in the region and around the world. The World Health Organization (WHO) reports that as of Nov. 2 2014, 546 health workers have been infected with Ebola since the onset of the epidemic, and 310 of them have died caring for the more than 13,000 people confirmed or suspected to be infected with the virus.

Nearly all of these lives have been lost in three countries – Guinea, Liberia and Sierra Leone – that have some of the lowest numbers of health workers per capita in the world. These three countries all 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.

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 Frontline Health Workers Coalition recommends that the U.S. government and its partners address this public health emergency and help build a sustainable response to future emergencies by taking the following actions:

IN GUINEA, LIBERIA AND SIERRA LEONE

- **Increase support for local health workers on the frontlines of the Ebola fight:** Working with health ministries, professional associations, local governments and communities, and non-governmental organizations (NGOs), the U.S. can support local health workers by:
 - Supporting the financing and timely delivery of hazardous duty pay and death and insurance benefits for local health workers during the period of active crisis;
 - Ensuring personal protective equipment (PPE) and infection control supplies are provided to health workers with the requisite training and supervision for safe and consistent use;
 - Ensuring the availability of psychosocial support for health workers and specific treatment units or centers dedicated to health workers who become infected with Ebola;
 - Creating supply outposts for health workers to collect food, clean water and basic supplies;
 - Improving data collection and dissemination efforts about the epidemic, including data on the health workforce, patient tracking and supply chain;
 - Supporting the recruitment of health workers from the region to respond to the epidemic and assist in bringing routine health services back to normal;
 - Increasing capacity and authority for local management of health workers.
- **Build a responsive and sustainable supply-chain management system:** Health workers' ability to continue fighting Ebola depends on having adequate equipment, supplies and medicines. The U.S. should work to ensure that both local and international health workers have the supplies they need through a responsive and sustainable supply chain management system.
- **Ensure a sustainable frontline health workforce by supporting training programs:** The World Bank estimates that at least 5,000 additional health workers are needed to respond to the current epidemic. Maintaining and scaling up educational and training programs, such as medical and nursing schools for new health workers, is critical to building a sustainable response. The U.S. should:

- Support scale up of enrollment of students from rural communities into health professional schools and community health worker training programs;
 - Ensure educational programs for health workers are open and adequately staffed and funded to meet local health labor market demand. Liberia's health professional schools are currently closed, and they must be assisted to reopen;
 - Ensure all health worker training programs provide adequate infection control information on Ebola and other transmissible agents.
- **Address stigma:**
 - Frontline health workers and their families have been attacked, stigmatized and even thrown out of their homes and communities while risking their lives to care for those infected with Ebola. The U.S. should work with partners to ensure health workers are protected and honored for their work.
 - The U.S. should work with partners and communities to leverage media and communications channels to promote messages about protecting health workers as a national and community asset. Community members and health workers should be encouraged to share their stories to directly address stigma and psychosocial issues.

WORLDWIDE

- **Provide new investments that could help:**
 - Jumpstart U.S. partner country efforts to strengthen their health workforce's capacity to quell Ebola and other public health emergencies as part of the Global Health Security Agenda. The United Nations estimated that it will cost at least \$600 million to halt the current Ebola epidemic in West Africa.
 - Build a sustainable frontline health workforce in partner countries to achieve the U.S. government's core global health priorities (ensuring global health security, ending preventable child and maternal deaths, and achieving an AIDS-free generation). **A report from FHC member IntraHealth International estimated that the U.S. should invest at least \$5.5 billion by 2020*** to help strengthen the health workforce to achieve USG global health goals.
- Ensure through continued **robust investments across global health** that Ebola does not set back the extraordinary progress of recent decades in saving lives and preventing the spread of diseases.
- **Release a multi-year, costed, cross-agency health workforce strategy** with an implementation plan that sends an unequivocal message about how the United States will support partner countries to ensure that communities have access to health workers who are supported and equipped to save lives and stop public health threats. This strategy should include concrete targets and benchmarks and have clear mechanisms for monitoring progress.
- **Provide specific targets** that include key cadres of health workers, necessary financing and an implementation timeline for the following goal of the Global Health Security Agenda:
 - "The United States will also support countries in substantially accomplishing: A workforce including physicians, veterinarians, biostatisticians, laboratory scientists, and at least 1 trained field epidemiologist per 200,000 population, who can systematically cooperate to meet relevant IHR and PVS core competencies."
- Advocate strongly for the World Health Organization to adopt at the 2016 World Health Assembly a **financed global health workforce strategy that sets specific targets, timelines and commitments** for ensuring that by 2030:
 - All communities will have access to competent health workers, trained and supported to save lives and improve health;
 - All countries will have the health workforce and systems needed to stop Ebola and other existing and emerging public health threats.

* The IntraHealth International report *Saving Lives, Ensuring a Legacy* (2010) recommends the US government invest at least \$5.5 billion by 2020 dedicated to strengthening health workforce in partner countries to address severe shortages and human resources for health (HRH) deficiencies in U.S. government partner countries. As of November 2014, the U.S. government currently does not have mandated funding allocations for health workforce. A detailed explanation of the methodology used for this estimate is available in the report: http://www.intrahealth.org/files/media/saving-lives-ensuring-a-legacy-a-health-workforce-strategy-for-the-global-health-initiative/IntraHealth_Policy_Paper_1.pdf