



A Progress Report on the West Africa Ebola Epidemic

Testimony before the Senate Foreign Relations Committee Subcommittee on Africa and Global Health Policy

**Amanda Glassman
Vice President for Programs and Director of Global Health Policy
Center for Global Development**

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Chairman Flake, Ranking Member Markey, and members of the Subcommittee, thank you for the opportunity to testify on West Africa's recovery from a devastating Ebola outbreak and the lessons we can learn from the US response to the crisis.

My name is Amanda Glassman and I am the vice president for programs and director of global health policy at the Center for Global Development, an independent, non-partisan think tank headquartered in Washington, DC. CGD conducts policy research aimed at improving the policies and actions of rich countries, including the United States, that affect developing countries.

Along with my colleagues at the Center, I have been watching the Ebola epidemic unfold in West Africa and keeping a close eye on the world's response. As you know, this outbreak was unprecedented in scale and impact. Liberia, Sierra Leone, and Guinea endured a total of more than 28,600 cases of the virus and 11,300 deaths.¹ The disease took a heavy toll not only on families, but also on the health systems and economies of the afflicted countries.

By the time the World Health Organization (WHO) declared Ebola a public health emergency in August 2014, it was clear additional resources were urgently needed to help West Africa contain the disease. Congress stepped up to the plate, appropriating \$5.4 billion in emergency funding, including nearly \$2.5 billion to the US Agency for International Development (USAID) for international response, recovery, and preparedness.²

My testimony will focus on three areas, providing specific recommendations to Congress to help West Africa heal and regain lost ground, and to ensure that the United States is better protected and prepared to face future global health threats.

- (1) Remain committed to recovery with an approach that addresses the needs of households, health systems, and firms.
- (2) Enhance efforts to promote global health security by improving coordination, developing clearer incentives, and exploring new ways to manage risk.
- (3) Track money and progress to ensure accountability and learn what works.

¹ World Health Organization. (2016). *Ebola Situation Report – 30 March 2016*. Retrieved from <http://apps.who.int/ebola/current-situation/ebola-situation-report-30-march-2016>

² P.L. 113-235

First, the United States must remain committed to West Africa’s recovery from Ebola, addressing the needs of households, health systems, and firms.

The Ebola virus and the fear it generated took a serious toll on the affected countries’ economies, which lost an estimated \$2.2 billion in 2015.³ During the crisis, borders and markets were closed and plans to invest in West Africa were put on hold. Economic recovery has been gradual. Estimates suggest it could take until after 2020 for Liberia to achieve the rate of GDP growth it experienced prior to the epidemic.⁴

Further, Ebola was a shock to already fragile health systems in West Africa. During the epidemic, overwhelmed health facilities were unable to provide services, while the fear of contracting Ebola prevented residents from seeking care. Delayed immunization campaigns led to Liberia’s worst measles outbreak in years.⁵ The system also lost healthcare workers, which may have long-term effects on health and service delivery. Analysts predict that maternal mortality rates could increase by 74 percent in Sierra Leone and by a staggering 111 percent in Liberia relative to pre-Ebola rates.⁶

To counteract these effects and ensure sustained protection against existing and new disease threats, the United States should invest in ways that will make a measurable difference for household well-being, health system effectiveness, and economic growth.

When it comes to aiding households, USAID should extend cash transfer programs in Ebola-affected communities to help the poorest families pay for food, medical costs, and school fees. Evidence shows that cash is often a better way to help people meet their basic needs, can counteract the damage to young children’s nutrition, get kids back to school, and stimulate local markets.⁷ USAID supports small-scale cash transfer programs in Liberia and Sierra Leone, and these should be scaled up.⁸

On health systems, US efforts must go beyond capacity building. More training and number of people trained are not sufficient indicators of health system readiness or performance. Instead, the United States must ensure that countries structure their healthcare financing and payments so that they reward improved performance in health facilities and on health itself. Increases in children who are fully vaccinated, reductions in maternal mortality and morbidity, improvements in child survival are what the United States must seek to achieve with its investments. More money should be tied to improved results instead of specific inputs or staffing models.

In support of economic growth, the US government, in coordination with other donors, should work to improve investment climates, address infrastructure deficits, encourage business support services, and look for opportunities to strengthen regional ties. These steps are critical to attracting foreign investment

³ World Bank Group. (2016). *World Bank Group Ebola Response Fact Sheet*. Retrieved from <http://www.worldbank.org/en/topic/health/brief/world-bank-group-ebola-fact-sheet>

⁴ International Monetary Fund. (2016). *IMF Country Report No. 16/8: Liberia*. Retrieved from <http://www.imf.org/external/pubs/ft/scr/2016/cr1608.pdf>

⁵ World Health Organization. (2015). *Liberia tackles measles as the Ebola epidemic comes to end*. Retrieved from <http://www.who.int/features/2015/measles-vaccination-liberia/en/>

⁶ Evans, D. K., Goldstein, M., & Popova, A. (2015). *The Next Wave of Deaths from Ebola? The Impact of Health Care Worker Mortality*. World Bank Group. Retrieved from http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2015/06/26/090224b082f92f94/2_0/Rendered/PDF/The0next0wave00are0worker0mortality.pdf

⁷ Center for Global Development & Overseas Development Institute. (2015). *Doing Cash Differently: How Cash Transfers Can Transform Humanitarian Aid*. Report of the High Level Panel on Humanitarian Cash Transfers. Retrieved from <http://www.cgdev.org/sites/default/files/HLP-Humanitarian-Cash-Transfers-Report.pdf>

⁸ USAID & HHS Offices of Inspectors General. (2015). *Quarterly Progress Report on U.S. Government International Ebola Response and Preparedness Activities: Fiscal Year 2016, First Quarter*. Retrieved from https://oig.usaid.gov/sites/default/files/other-reports/oig_ebola_quarterly_fy16_021720126.pdf

and reviving local firms. A new Millennium Challenge Corporation compact to address roads and electricity in Liberia and a threshold program in Sierra Leone to improve water and electricity service delivery are complementary steps in the right direction.^{9,10}

Next, we must enhance our efforts to promote global health security by improving coordination, developing clearer incentives, and managing risk.

The next outbreak is a matter of when, not if. Our health and our economies increasingly depend on modern, flexible responses to these imminent threats. The US government must take steps to (1) ensure the WHO is fit for purpose; (2) incentivize countries around the world to step up their health security; and (3) invest permanently in disease outbreak preparedness and response.

The WHO has been rightly criticized for its slow response to the Ebola outbreak. But the role of the WHO remains critical. It is in a unique position to set standards, initiate and coordinate incidence and pathogen tracking, and strengthen health-system responses. With a change in WHO leadership later this year, it is incumbent upon the United States and the global community to ensure the next leader of the institution has the credibility, support, and respect needed to govern effectively and implement much-needed reforms.

The US government, through USAID or the Centers for Disease Control and Prevention, should develop incentives for countries to adopt best practices in disease response and preparedness. By rewarding countries on the basis of progress toward strengthening disease surveillance and preparedness, the United States could more effectively leverage limited resources and ensure results.

Lastly, we need to ditch the ad hoc interagency task forces and emergency budget requests. To understand the full range of alternatives, Congress should ask the Government Accountability Office to explore potential budget instruments for ensuring permanent preparedness and protection in a way that manages risk. One option is to contribute to the World Bank's Pandemic Emergency Financing Facility. Another, complementary option would be to develop our own global health emergency fund that would allow for faster release of financing to assist countries in need and provide coordinated funding at each stage of pandemic preparedness, response, and recovery.

Finally, Congress should require US agencies to report data on Ebola spending and progress to a consistent, integrated and publicly available platform.

No existing platforms are currently up to the task. USAID's regular fact sheets offer snapshots of the work underway, but lack the detail to determine how most money is being used. Quarterly progress reports from the Offices of the Inspectors General provide a more comprehensive outline of the US response, but program descriptions only hint at expected outputs and outcomes. A search of the term Ebola on ForeignAssistance.gov yields some results, but it is unclear how much of this incomplete record is related to the supplemental funding. Worst of all, there is no easy way to match the reported expenditures across these documents and platforms.

More than a year ago, the Center for Global Development hosted Liberia's Minister of Public Works Gyude Moore. At the time, Moore stressed the need for accountability when it came to the money being provided to fight Ebola in Liberia. He asked that the organizations responding to Ebola provide an

⁹ MCC. (2015). *Liberia Compact*. Retrieved from <https://www.mcc.gov/where-we-work/program/liberia-compact>

¹⁰ MCC. (2015). *Sierra Leone Threshold Program*. Retrieved from <https://www.mcc.gov/where-we-work/program/sierra-leone-threshold-program>

account of the money they received and how it was spent. Our response to this sensible request has fallen short.

While all US assistance should strive for greater transparency, I believe it is appropriate to hold this off-budget, emergency, supplemental funding to a higher standard. Crises of this scale and novelty complicate procurement and data collection, especially when there are multiple agencies involved in the response. This makes it all the more critical that we are vigilant when it comes to recording how much has been spent and where, and what we are getting for our dollars. That means not only reporting on spending but linking it to performance indicators and targets. In the absence of such reporting we lose the opportunity to determine what we have accomplished and where our next dollar would have the greatest impact. We should start now by improving our accounting for the remaining unobligated funds.

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The WHO's recent declaration of the end to the public health emergency in West Africa was good news, but there is more to be done to address flare-ups and realize full recovery in Liberia, Sierra Leone, and Guinea.

The devastating epidemic should serve as a wake-up call. Congress can ensure a stronger US response to health threats and guard against future ones by supporting recovery focused on households, health systems, and firms; promoting global health security through coordination, incentives, and risk management; and encouraging improved aid transparency in crisis response.