



Health in a post-2015 world

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With the outbreak of Ebola in Africa, the issue of public health is once again a global imperative. Health is clearly a priority in the post-2015 global drive to eradicate poverty and ensure inclusive and sustainable development. Ebola has revealed the stark and cruel reality that the health care systems in many parts of the developing world are extremely fragile. It is also clear that equitable **universal coverage is instrumental in addressing a country's public health needs** – especially in times of crisis. But with globalisation and a much more interconnected world, Ebola has also taught us that unless contagion is tackled at source by those with the means and capacity to do so, it can devastate fragile local communities and threaten the public health of more advanced economies. As one speaker at the Friends of Europe Dinner Debate, Health in a Post-2015 World, said: **“Every five years we get an outbreak. In 2005, SARS helped focus people's minds on international health regulations, whereby all countries should have the core capacities to deal with communicable diseases. Ebola will be a good mechanism to focus people's attention”**. The event brought together representatives of civil society, including Ebola first responders, international organisations, governments from both the EU and Africa, as well as the pharmaceutical industry, and was an opportunity to reflect on a number of global health challenges, namely: What are the lessons learnt from the recent outbreak of Ebola? How can the Sustainable Development Goals (SDGs) process support the improvement of health infrastructure and health in general? Is health being sufficiently prioritised and what role can better health policies play in overall economic development? Featured speakers from the European Commission, pharmaceutical giant GlaxoSmithKline and the Government of Sierra Leone, provided their perspective to these questions.

Introduction

With the outbreak of Ebola in Africa, the issue of public health is once again a global imperative. Health is very high up on the global news agenda and the European Commission has identified health as a key priority in the post-2015 global drive to eradicate poverty and ensure inclusive and sustainable development. It is also clear that equitable universal coverage is instrumental in **addressing a country's public health needs** – especially in times of crisis. At the Friends of Europe Dinner Debate, Health in a Post-2015 World, Director of Policy Shada Islam noted that despite some recent successes, the international community was still struggling to find the resources to fight this cataclysmic outbreak. Ebola, she said, reveals the fragilities of the health system in the developing world, raising a number of issues for debate:

- What are the lessons learnt from the recent outbreak of Ebola?
- How can the Sustainable Development Goals (SDGs) process support the improvement of health infrastructure and health in general?
- Is health being sufficiently prioritised and what role can better health policies play in overall economic development?
- Can the idea of a global partnership be implemented in the area of health and what can policymakers do to mobilise the necessary resources?

What can the EU learn from the EU experience of providing universal health coverage?

Islam noted that the scourge of Ebola went beyond the immediate issue of humanitarian relief but also finding solutions to the long term public health challenges in the developing and developed world. She asked what the European Union specifically was doing, along with other key international actors, in terms of resource mobilisation to ensure that future outbreaks can be contained.

Speakers and discussants presented their points of view on the issue of health post 2015, bringing into the debate representatives of civil society, including Ebola first responders, international organisations, governments from the EU and Africa, as well as the pharmaceutical industry.

Ebola highlights weakness of health systems

Claus Haugaard Sørensen Director General for Humanitarian Aid and Civil Protection (ECHO) at the European Commission said he was very much in favour of the Sustainable Development Goals (SDGs), even if the focus was only look on a limited number of indicators. But we can't be too holistic, he said. It was also vital to deliver very specific targets in terms of public health and the social safety net, he added. GSK's Jon Pender too spoke about the SDGs, but expressed dismay that only one of its goals focused on health. He urged for continued advocacy in this area to ensure that health stays high on the agenda of the G7 and G20. "If you don't get health right, you don't get education, gender equality and so many of the other goals outlined in the SDGs". He therefore called for continued funding at least at current levels for public health.

Luis Riera Figueras, from the European Commission's DG Devco, urged countries which have made commitments of setting aside 15% of their budgets for public health to actually do so. In most of the countries affected, less than a third of that is being spent on health and this should be corrected, he said. Developed countries also have a responsibility, he said, to make global initiatives work better, including cutting back at home temporarily on health spending. "We can afford some temporary reduction", he said. On the same theme, Aiichiro Yamamoto, an Associate Fellow with Friends of Europe, noted that in 2015, "we are moving from an MDG [Millenium Development Goal] regime slowly to an SDG [Sustainable Development Goal] regime. MDG was about poverty reduction, but SDG is about resolving inequality." In the health sector, it is about building community-based health resilience, he said. This doesn't necessarily require very sophisticated mechanisms, especially in the area of prevention, such as washing your hands, he added.

Universal coverage

Universal coverage was another of the themes debated in some detail as critical to overcoming the **health gap in the developing world**. GSK's Jon Pender went into some detail on the issue of universal coverage – and called on this being included in the SDGs. He said there were three dimensions:

1. the population it covers
2. increasing the number of services and adding/prioritising new services
3. how to pay and finance it – and thereby create a sustainable system.

He said the European Commission ought to play a more active role in helping national governments in how they focus on each of the above aspects of universal coverage. Frazer Goodwin, from Save the Children, said that universal coverage could be achieved not just by doing vertical responses, but also scaling up. He added that when leaders started discussing this within the G7 and G20, we will get the fundamental investment to help those most marginalised.

According to François Bompard, a holistic approach was required and that national healthcare systems needed to be strengthened to succeed in the future. He cited the example of the public healthcare system in Uganda, which although still basic, was able to contain an outbreak of Marburg hemorrhagic fever, a rare Ebola-like virus which is thought to be transmitted to humans from bats. Uganda tackled it using standard outbreak containment measures, and was able to **manage the crisis because it had the trained personnel**. **“What we need is a horizontal approach to healthcare but with vertical indicators, and then to try to take the best of both”, he said. As with the case in Uganda, it is vital to learn the lessons.** Tim Rosen [check name] from Action for Global Health said **there was a lot to be learned from the decades of HIV response. “We need to build on community leadership if we want to learn lessons on how to reach out and ensure awareness”, he said.** Leon Prop from the Red Cross said his organisation firmly believed in universal healthcare access but that there were huge differences in health indicators between people in various social economic groups even in countries with universal health access.

With Ebola clearly the central issue focussing the world's attention, Claus Haugaard Sørensen, , started off by announcing that the EU had finally put into place a mechanism to operate medical evacuations to Europe of any volunteers working in Ebola-plagued Africa. Speaking though to the more important issue of why the situation has so dramatically spiralled out of control this time – given that Ebola has been around for some 40 years – **he said “the root of the problem is a complete failure of our capacity to build resilience in the poorest countries in the world”.**

H. E. Ibrahim Sorie, Ambassador of the Mission of Sierra Leone to the EU, and one of the most affected countries by the latest Ebola outbreak, acknowledged that his was certainly one of the **aforementioned “vulnerable of the vulnerable” states.** **“Our health sector has been exposed as very primitive and archaic”, he said. “We don't have the infrastructure and are short of medical personnel”.** Ebola is today one of the world's foremost health concerns, said Canice Nolan from the European Commission's DG Sanco adding: **“Every five years we get an outbreak. In 2005, SARS helped focus people's minds on international health regulations, whereby all countries should have the core capacities to deal with communicable diseases. Ebola will be a good mechanism to focus people's attention.**

Sorensen pointed out that the countries he termed “the most vulnerable of the vulnerable” need a comprehensive approach to ensure they don’t slip back into complete disaster situations. He said the EU has been working intensively for the last three to four years to support the concept of “resilience” – concentrating on the triggers which can lead a country to slip into a catastrophe. He noted in particular issues revolving around governance, education, water supply, food supply, and transport, as all interconnected and how a failure of even one of them could “trigger” breakdowns to the detriment of local populations. “If one component fails, then the whole system can fail”, he said. He urged a “holistic approach” overall, and then a focus on different sectors.

[Ebola reveals deficiencies in health systems](#)

Public health is central to a country’s economic success. “Health is wealth”, said Ambassador Sorie. Without public health, you cannot reach the necessary levels of productivity to lift such countries out of grinding poverty. And without health, you cannot achieve the stated goal of good governance or education either, he added. He also noted that a lack of a national health insurance scheme was not helping the situation of improving the health of the population and also called for help in establishing a Centre for Disease Control in his country. “We are as a pilot country implementing the new deal. If we make a success of it – then it will be replicated”, he said.

Fortunately, not all the news coming out of the region is bad. Obadaia Mailafia, Head of Cabinet to the General Secretary of the ACP Group of States, gave a detailed accounting of how Nigeria managed to contain an outbreak of Ebola within its borders, using standard track and trace mechanisms along with good public communication and quarantining. He even said that Ebola even managed to slow down the home grown terrorist organisation Boko Haram, just to illustrate how serious the situation had been in Nigeria until only very recently. The key to the future is to raise awareness of basic public health principles (such as hand washing), education, multilateral cooperation and continued reform to the healthcare system. Sylvester Owuh from the Mission of Nigeria to the EU said the success of Nigeria in dealing with Ebola is down to the political will by the government to declare a national emergency. He said it was high time for developing countries to likewise also declare national emergencies in the health sector as a way to address similar crises.

Echoing earlier statements that in the absence of a functional health system, Stefan Vandam from the World Health Organisation (WHO) warned that epidemics can propagate very quickly. “We need a great deal of social capital – and specifically to engage local communities to be part of the solution”, he said. In the case of the recent Ebola outbreak in West Africa, besides the shortage of trained medical staff, the most affected countries also suffered from a weak national procurement system. He called on more funding for research to fight neglected diseases such as Ebola. Jon Pender, Vice President of GlaxoSmithKline, spoke about his company’s recent advances in developing an Ebola vaccine and treatment. He acknowledged that the world was far too slow in responding but that “maybe with this horrible outbreak, there is a silver lining to the terrible tragedies in West Africa, and that is to remind the world that the job is not done in terms of public health”. Leon Prop from the Red Cross paid tribute to the real heroes on the ground who have put their lives on the line to help others. He also drew a parallel with the HIV epidemic and the stigma which was attached to those who had survived. “Stigma kills” he said because people are not able to access healthcare because of fear. ECHO Director General Claus Haugaard Sørensen noted that today’s health system is faced with incredible challenges – an aging population and increased

mobility. “The transmission rate is now much higher because of the motor bike”, he noted, and called for more solid health care systems and better governance.

Aid is rewving up

Ambassador Sorie acknowledged that at first, aid was slow to arrive, but today, the international community, the United Nations, the European Union, numerous countries such as the US, the UK and France, amongst many, the World Health Organisation, Unicef, the International Committee of **the Red Cross, and Medecins Sans Frontières**, “**have brought back hope to our communities**”. He concluded by praising in particular the Kingdom of Belgium and Brussels Airlines for keeping the air corridor open.

However, if one is to address the issue of Ebola, it’s vital to first understand its origins. It is only then that it can be tackled in a manner which will see it eradicated. Joris Vandeputte, President of Trivarop, a consultancy dealing with public health, noted the very strong connection between animal and human health. For one, 60% of new infectious diseases in humans (such as HIV and Ebola) have animal origins. Second, fighting diseases like Ebola is also dramatic in that livestock is also affected – thereby increasing the risk of famine. Animals are often the first signals of what we **will come up against, he said. He urged for the “One-Health” initiative, which makes a closer connection between animal and human health.**

Many discussants expressed concern regarding the cost of the epidemic to West Africa. Guggi Laryea, from the World Bank, said his organisation had calculated that unchecked, the current outbreak of Ebola could cost US\$32.6 billion in a worse case scenario. Fortunately, the World Bank is starting to scale back from this doomsday scenario, which however remains dire. In the case of Liberia, 50% of the people who had jobs prior to the outbreak have now lost them, so this catastrophe will go well beyond the issue of healthcare, and affect the country for years. He said the only way to address future outbreaks is to tackle communication on the behavioural side, meaning public information that changes burial practices, for instance.

Post-2015 World

The overarching question though, in the face of Ebola and the absence of universal health coverage, is what the world in 2015 and beyond look like. Mit Philips from Médecins Sans Frontières said that Ebola provided a unique opportunity to put health back on the world agenda. She also asked a soul searching question: **“Are we only interested in the health of people in poor counties when the health of people in rich countries is affected?”** She added that the European Commission needs to ensure that the right conditions are present as an Ebola vaccine is being developed (such as intellectual property, pricing, quantity, etc.) In answer, Philip Cupers, from the **European Commission’s Directorate General for Research and Development**, agreed with the statement made earlier by Ambassador Sorie of the link between health and wealth. **“There won’t be productivity without better health. And there won’t be better health without research and innovation”**, he said. The Commission’s strategy, he continued, focused on three areas, namely:

1. Immediate action – DG Research will continue to develop new projects – including one which supports the research carried out by the pharmaceutical industry (citing specifically the study by GlaxoSmithKiline);
2. Preparedness – More needs to be done to be prepared for the next time. The European Commission is part of a global research preparedness action network, which brings together many member states, with the goal of responding within 48 hours of a crisis.
3. Partnership – **Success won't be achieved alone.**

Mit Philips also said it was time to do some “soul searching”. People who work in public health are not surprised that this latest outbreak has been so devastating, when one considers how weak and fragile the healthcare systems are in the affected countries. She also said that “resilience should not be a reaction to a crisis”. We should not suddenly feel that additional help is no longer needed because of a concept of “resilience”. Sara Tesorieri, from Oxfam International, agreed with Philips, in that resilience alone is not enough. She added that “we need to ensure that the damage done by this incident isn't so great that we can't recover from it”. She also called on governments to address the issue of inequality and for foreign multinationals working within the borders of these vulnerable countries to pay their fair share of tax. Wim Leereveld from the Access to Medicine Index said the issues could only be resolved thorough cooperation from all industry actors. “We need to organise a consensus what we want from the pharmaceutical companies”, he said, so that they can learn from each other.

Conclusion

Sierra Leone's Ambassador Sorie said that thanks to the intervention of the EU, his country's healthcare system will ultimately be strengthened over the next three to five years. He said Sierra Leone was aware of the sanitation and other practices which had greatly contributed to the spread of Ebola and that this knowledge would inform future mobilisation campaigns. Like several speakers, GSK's John Pender, urged that pressure be maintained on the G20 leaders to keep health on the agenda. “We need to remember that previously, Ebola was not a priority for anyone, including the WHO. The disease wasn't on anyone's list. From a disease burden point of view, it had not been on the map”, he said. He added that in last 40 years, there have been 16,000 known cases of Ebola. There are 16,000 cases of malaria every 40 minutes. “Containment in the past has worked”, he said.

Wrapping up the dinner debate, Sørensen from ECHO, paraphrased an old dictum not to “waste” a good disaster to improve the system. Ebola, he said, provides a window of opportunity to move the agenda forward in a number of areas. He apologised that the global health community “hadn't been on the ball” and that this inattention needs to be corrected. He singled out the tremendous work of Médecins Sans Frontières, which initially raised the alarms, but didn't get the adequate international response at first. “We have to get better at picking up the warning signals”, he said.



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