

: Conference Report

Potsdam Spring Dialogues 2015

sef:

Disease Control and Prevention in Africa. Current Reforms to Strengthen Regional Cooperation

Sabine Gerhardt

At the beginning of April 2015, the German Ministers for Development and Health, Gerd Müller and Hermann Gröhe, went on a four-day trip to the West African countries of Ghana and Liberia. Their visit started with the government's promise to take additional measures in the fight against Ebola. A special focus should be given to the strengthening of health systems in Africa and the reconstruction after the epidemic. Both topics have also been in the center of this year's Potsdam Spring Dialogues, carried out by the Development and Peace Foundation (sef:) in cooperation with Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and WeltTrends at Hotel Voltaire, 26/27 March 2015.



Potsdam Spring Dialogues 2015 (from left): Walter Lindner, Gerd Harms, Jongopie Siaka Stevens and Ruediger Krech

The initial outbreak of Ebola dates back to December 2013 and took place in a remote border region of Southeast Guinea. Largely unnoticed first, it was able to spread unhindered to other regions and, indeed, to the neighboring countries Liberia and Sierra Leone. Contrary to previous outbreaks, which took place mostly in remote villages where they were more easily contained, Ebola now erupted in an area where people regularly move across the porous borders and spread into the cities with a lot of human contacts. But national and international response came late as Dr Maximilian Gertler, Epidemiologist and member of the Board of Directors at Médecins Sans Frontières (MSF) Germany, pointed out. By the time MSF initially rang the alarm bell for a health emergency, the governments of Guinea and Sierra Leone were very reluctant to recognize the severity of the outbreak. Even more, Guinea was worried that MSF was spreading panic in order to raise funds. And it took until August 2014 until the World Health Organisation (WHO) reacted and finally declared a public health emergency of international concern and even more time for concerted international action. Today new infections are comparably low but although there seems to be “light at the end of the tunnel”, as the Special Representative of the Federal Government for the Fight against Ebola, Ambassador Walter Lindner, said, “the road to zero is still a bumpy one”. In facing diseases such as Ebola it is relatively easy to come down from 1.000 to 100 new infections just by setting up treatment centers of high quantity and quality, he said. The “contact tracing” is much more complicated: First of all, it means finding everyone who came into direct contact with a sick Ebola

patient during the last 21 days before symptoms occurred. Secondly, a smooth transition between humanitarian and development aid needs to be realized, Lindner stated, and finally, it is time for the reconstruction of the affected countries. The challenge is huge, as Ambassador Jongopie Siaka Stevens from the Republic of Sierra Leone pointed out during the Potsdam Spring Dialogues: “Prior to the epidemic, Guinea, Liberia and Sierra Leone recorded GDP growth rates of 4.5%, 5.9% and 11.3%. By December 2014, the growth rates of the three countries had respectively decelerated to 0.5%, 0.3%, and 6.4%”. The economic downturn combined with the effect of restrictions on cross-border trade, restrictions on movement of people, suspension of airlines and rising insurance costs has led to acute food shortages across the region.

In order to prevent comparable scenarios in the future, much needs to be done. During the Potsdam Spring Dialogues challenges for various actors were identified and discussed.

Money, money, money

The devastating Ebola outbreak exposed the weakness of international crisis response. One of the main reasons that the WHO was not even able to execute its own emergency plan of August 2014 immediately was that it had to obtain the necessary funds first. It was only when the UN Security Council – for the first time in its history – addressed an acute health crisis on 18th September 2014 and defined the Ebola outbreak in Africa as a threat to international peace and security that a concerted and intensified international emergency response was launched and the necessary funds were provided to the WHO.

Further reading

For more information about the role of the WHO also read our Global Governance Spotlight 1|2015: The United Nations and Global Health Crises. Lessons learned from the Ebola outbreak by Dr Cornelia Ulbert.

Like the WHO, also regional keyplayers in disease control and prevention in Africa faced a lack of funding as it was the case for the West African Health Organisation (WAHO): created in 1987 and headquartered in Bobo-Dioulasso, WAHO serves as the specialized institution for health within the Economic Community of West African States (ECOWAS). In combatting the latest Ebola outbreak, it carried out different types of activities as its representative Ali Sani explained in Potsdam. The key components have been (1) advocacy and sensitization on the epidemics, (2) strengthening national and regional coordination

of the response to Ebola and (3) support in strengthening diagnosis, case management, safe burials and resource mobilization. But resource mobilization is also a difficult topic for WAHO itself: For setting up a regional platform for health information sharing, costs were scheduled around 75 million Euro, only around 27 million Euro (around 36%) have been mobilized so far. However, for Ali Sani a regional approach is critical in managing outbreaks: “Indeed with the closure of borders, it became very difficult even to supply affected countries with food, drugs etc.”, he stated.

Further reading

For more information about the West Africa CDC also read our Foreign Voices issue 2|2015: “Combating Ebola in West Africa. WAHO urges to broaden regional cooperation instead of closing borders”, written by Ali Sani.

A lack of funding is also given at the national level: In 2001 the political leaders of the African Union member states agreed in Abuja to spend at least 15% of their national budgets on health. However, in many countries reality clearly lags behind: “Most of the governments are still spending less than 3% of their national budget on health prevention and medical services”, Dr Wondimagegnehu Alemu, WHO Representative in Uganda, claimed. And when money flows it is often invested in so-called Centers of Excellence or comparable institutions while basic health services suffer severe underfunding, Inge Baumgarten, Head of Health Section at Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), added. In the country side the situation is even worse. Dr Khama Rogo, Head of the Health in Africa Initiative by the World Bank Group, shared this assessment: “every virus has an open door” in Africa due to its weak health systems, he said. This was also true for the Ebola crisis: In the worst-affected countries Guinea, Liberia and Sierra Leone, these systems are rudimentary in the extreme due to budget restrictions but also due to their past with years of civil war, political instability and corruption.

Poor funding was also a topic in Potsdam when talking about research, pharmaceutical and vaccination efforts. Most of the research activities are donor-funded, it was said by different speakers, and therefore do not necessarily address regional health priorities. And donors often focus on the most common diseases and not the neglected ones. Thus, projects such as testing a vaccine against Ebola have been postponed due to budget shortages unless the disease has entered the headlines of the international press, it was stated. Now money flows – but for how long? “Everyone focusses on emergency but prevention is needed”, a participant pointed out.

A weak health workforce



Potsdam Spring Dialogues 2015 (from left): Wondimagegnehu Alemu Habtemariam and Professor Yoswa M. Dambisya

The chronic underfunding of the health sector in many African States leads to severe consequences for the health workforce as Dr Alemu stated in his input. “Sub-Saharan Africa has 24% of the global burden of diseases but only 3% of the world’s health workers, and 1 of 4 doctors and 1 of 20 nurses trained in Africa are working in developed countries”, he continued. However, “investing in recruitment, retention, and high-quality training of health-care workers is part of the solution for disease prevention and control in Africa”. Evidence shows that there are many health professionals in the African countries that are not employed in their national health systems. Thus, they are recruited by richer countries. For example it is estimated that 10% of Sierra Leone’s trained nurses are working in the UK health system. During the course of the Potsdam Spring Dialogues participants thought about setting up a mechanism for compensation: “If one country produces health workers others may pay for them”, it was said. But even if workers are employed in their home countries the salaries are often insufficient to support family financial responsibilities. This often forces professionals to involve in dual practices by opening a small private consultation at home – making them overworked and not fully committed to their official duties. In addition, they often ask for informal user fees from the people they care for. According to Dr Ruediger Krech, Director of the office of the Assistant Director-General at the World Health Organization in Geneva, a paradigm shift is needed “in how we plan, educate, deploy and reward health workers”.

At the international level Krech argued for a global public health workforce to be mobilised swiftly and deployed in areas suffering health emergencies (also called white helmets). This is also written in the

six-point plan by the German government to improve mastering international health emergencies, published in January 2015. His WHO colleague from Uganda also stressed the need to mobilize African capacity to be ready to be deployed as part of the surge capacity for epidemics and emergencies: “The Ebola outbreak reinforces our need to promote and support the establishment of a multi-disciplinary African Health and Emergency Corps”, Alemu said.

Research and pharmaceuticals

Another challenge for better disease control and prevention in Africa is access to the right medicines and an effective treatment to curb the spread of diseases. But still in many regions safe, high-quality and affordable drugs are in short supply. In order to support countries to provide all citizens with safe, quality and efficacious essential medicines the African Union and some Regional Economic Communities have set up specialized initiatives such as the African Medicines Regulatory Harmonisation (AMRH)-Programme by Nepad or the East African Community’s Regional Pharmaceutical Manufacturing Plan of



Potsdam Spring Dialogues 2015 (from left): Emmanuel Mujuru and Margareth Ndomondo

Action 2012-2016. Both have been presented in the Potsdam Spring Dialogues. Speakers also addressed the inadequate local production of pharmaceuticals and an over-reliance on the importation of finished pharmaceutical products and related health supplies from outside Africa.

Health Regulations: an unfinished business

During the Potsdam Spring Dialogue the toothlessness of the International Health Regulations (IHR) by the WHO has been seen as another main reason

for the latest health emergency. The IHR, revised in 2005, should help strengthening health systems and provide a framework for compulsory measures in international efforts to control infectious diseases. But worldwide more than 80% of states have not met the IHR requirements and requested an extension period for implementation. For Krech the weak performance of IHR implementation is not primarily a question of money but of priorities and a lack of enforceable sanctions. Making the IHR mandatory was a proposal made by different participants who at the same time acknowledged that this should not clash with ownership. “The measures to fight Ebola and other diseases have been known for decades”, Dr Lars Schaade, Vice President of the Robert-Koch-Institute in Berlin, stated; now they “have to be implemented promptly and sufficiently”.

The way forward – different approaches

A new institution for more efficiency?

Talking about African challenges in disease control and prevention, the African Union (AU) is one of the key players. According to Dr Olawale Maiyegun, Director of the Department of Social Affairs at the



Potsdam Spring Dialogues 2015 (from left): Olawale I. Maiyegun and Günther Taube

African Union Commission, member states have already put significant efforts into the containment and minimization of the negative impacts arising from diseases by adopting and implementing strategic policies during the last years. But as the Ebola outbreak has shown there are still a lot of challenges such as poor infrastructure and human capacities, weak disease surveillance systems and laboratory investigation services as well as delayed and inadequate preparedness and response to health emergencies and disasters, he argued. Therefore, African heads of states agreed to speed up the establishment of an

Africa Centre for Disease Control and Prevention (Africa CDC) in January 2014. As an African-owned institution, it should provide a strong platform for technical coordination, ultimately strengthening public health prevention, surveillance and interventions across the continent. Dr Maiyegun is optimistic that the Africa CDC will be operational by mid-2015.

The Africa CDC will pursue four strategic objectives within the first three years of its operation, he stated: (1) It should establish an Events Based Surveillance mechanism that detects signals that may represent a threat to human health at the earliest possible stage generally using unstructured, informal sources outside of the official health sector. (2) It should assist member states to address gaps in International Health Regulations compliance. (3) The Africa CDC should help in public health emergency preparedness and response by supporting Emergency Operations Centers (not necessarily setting up its own continent-wide or regional EOC) capable of command and control activities within 120 minutes of the identification of a public health emergency. (4) It should support and/or conduct regional- and country-level hazard mapping and risk assessments for member states. According to Dr Maiyegun the Africa CDC should collaborate with the WHO and other multi-sectoral partners such as the AU's specialized institutions and agencies, but also with external partners such as the United States CDC, the European Union CDC, the China CDC as well as the Africa Collaborating Regional Centers to pursue the phased implementation of its strategic objectives. “We are not starting from scratch”, he stated. For the initial take-off, a budget of about 4,5 million Euro is estimated, which is expected to come from AU member states, international partners like the United States, the EU and China, private foundations, Development Banks but also from the African private sector. This mixture is particularly important to avoid budget shortcuts in the future but for Professor Yoswa Dambisya, Director General of the ECSA Health Community, funding by the member states is most important: “We have to take the responsibility in our own hands. It is a question of ownership”, he said and was backed by several other participants.

Further reading

For more information about the Africa CDC also read our Foreign Voices issue 1|2015: Lessons learned out of Ebola. The need for an Africa Center for Disease Control and Prevention by Dr Olawale Maiyegun.

The private sector for better health?

According to Dr Rogo, countries should not only increase budget spending but also improve conditions for a better private sector engagement in the health

sector as this is what the Health in Africa Initiative aims at. More concrete, he proposed to work on laws and regulations that hinder investments and to transfer money from the public sector to private banks so



Potsdam Spring Dialogues 2015 (from left): Hans-Peter Baur, Khama Rogo, Cornelia Ulbert and Maximilian Gertler

that they can pass it to investors “on an acceptable and reasonable interest rate”, which is often missing. He also called for a better understanding and communication of public and private actors in order to safeguard a better quality of health services. This also because their poor quality often led to a lack of trust between the state and its citizens; in cases like Ebola the consequences are fatal: “People tend to hide when doctors come to see them”, Rogo pointed out. Or they do not mention names when contact tracing is necessary. But some participants also warned of relying on private actors such as the Bill and Melinda Gates Foundation: “Once they decide to better invest in education instead of health, all of us will get in severe problems”, Krech stated for example.

Also the private sector needs a better understanding of what is needed and what is in it for them, it was argued by participants. “Investment in health is investment in economic development”, Dr Maiyegun said, admitting that both the public and the private sector still need to be convinced. But change may

come as it happened in the climate protection, Krech is optimistic: First, enterprises were very skeptical about reducing CO₂ emissions. Then one after the other noticed the business case of renewables, which is now a thriving market. But to start such a development for the health sector “countries must lead, set priorities and plan for the future”, Rogo claimed.

Better cooperation, more alignment?

And countries are already reacting: In February 2015, German Chancellor Angela Merkel, Norwegian Prime Minister Erna Solberg and Ghanaian President John Mahama asked the UN Secretary-General to create a High-level Panel to evaluate how the world can be faster and more coordinated in the face of disaster. They call for better approaches to mobilizing funding and resources, strengthening basic health care systems and the development of vaccines and treatments for neglected tropical diseases. All of these issues were also discussed during the Potsdam Spring Dialogues. In his keynote, Hans-Peter Baur, Head of Directorate at the Federal Ministry for Economic Cooperation and Development, reaffirmed that health will continue to be one of the priorities for Germany. The main task right now is not to fight single diseases as it was done with the MDG-Agenda before, but to strengthen the health systems in general, he said. Therefore his ministry will support ECOWAS and WAHO through a new programme and assist the EAC in setting up a Regional Centre for Excellence, Bauer announced in Potsdam.

However, to really improve disease control and prevention donors also have to face the “challenge of alignment”, as Ludy Suryantoro, Senior Advisor at WHO, called it. This is true for international organisations (when taking about pharmaceuticals even the UN organisations WHO and UNIDO do not follow the same strategy, it was argued by one participant) but even more for states. The issue of health is a multi-sectoral challenge, with different ministries involved in different countries and each of them with its own mandate. At the G7-summit in June 2015 Germany could prove that it understood the challenge and foster health governance for the sake of Africans and people worldwide.

Imprint

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Phone +49 (0)228 959 25-0 : Fax -99
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