INTRODUCTION

The Economic and Social Council will hold, during its annual Partnerships Forum on 28 May, a dialogue on partnerships for health system strengthening and pandemic prevention. The session will focus on two key areas where partnerships are required: namely, (i) developing human resources for health such as world-class medical and nursing schools and a cadre of compensated community health workers; (ii) bringing modern medical care, including drug and vaccine treatments, to settings of poverty.

This dialogue will build on the recent Special Meeting of the Economic and Social Council on “Ebola: A Threat to Sustainable Development” held in December 2014. The special meeting focused on linking the emergency response to the Ebola outbreak in West Africa to longer-term systems strengthening, particularly in the health sector. One of the strongest messages from the meeting ² was to invest more resources in strengthening national institutions by investing directly through countries’ national institutions, prioritizing the public sector, in particular the health sector, so as to create social protections for the poor and vulnerable as well as safeguard against future crises. The importance of public-private partnerships to improve access to quality healthcare services in poor-resource setting was also underscored.

BACKGROUND

The recent Ebola outbreak, the largest one ever recorded, continues to constitute a “public health emergency of international concern” according to the WHO’s International Health Regulations Emergency Committee. As of 29 April, 2015, a total of 26,312 (confirmed,
probable and suspected) cases of Ebola and 10,899 deaths have been recorded in the affected countries, including Sierra Leone (12,371 cases and 3,899 deaths), Liberia (10,322 cases and 4,608 deaths), Guinea (3,584 cases and 2,377 deaths), and Mali (8 cases and 6 deaths), and two previously affected countries: Nigeria (20 cases and 8 deaths) and Senegal (1 case).  

The Ebola outbreak brought attention to the issue of preparedness of countries to respond to pandemics. The worst-affected countries are also among the least developed countries, with healthcare systems that are not equipped to handle a health crisis of such magnitude. In 2010, Guinea, Liberia and Sierra Leone respectively had 10, 1.4 and 2.2 physicians and 4.3, 27.4 and 16.6 nurses per 100,000 people. As of July 2014, only 45 physicians were practicing in the public sector in Liberia. 

Furthermore, external resources represented about 10.3 per cent of total expenditures on health in Guinea, 34.6 per cent in Liberia and 13.2 per cent in Sierra Leone in 2012. The outbreak took a toll in the health sector, as many health workers were infected or died in these countries. In addition, the diversion of funds, health facilities and personnel to Ebola, as well as fear among the population of the perceived risk of contracting Ebola through accessing healthcare, led to a reduced capacity of the public health systems to take care of other prevalent diseases, such as malaria and tuberculosis, or to attend to pregnancy and childbirth leading to many “silent deaths”. 

According to the Ebola Recovery Assessment (ERA) report, “the prior weakness of the health systems contributed to the magnitude of the crisis and its economic impact on other sectors”. The Ebola outbreak further weakened the health systems of these countries as a result of loss of health personal, divergence of funds and capacity to stopping the Ebola outbreak, and loss of services and health access. One of the key recommendations from the ERA report is to restore and strengthen capacity of the healthcare system at the national and subnational levels. 

National policies and donor resource allocations that do not prioritize the public health sector can make countries vulnerable to such outbreaks, as evidenced in the lack of capacity in the public health systems of the affected countries in responding to this outbreak. 

While health expenditures in the Ebola-affected countries were rising prior to the Ebola outbreak, they remained low and were mostly targeted at HIV/AIDS, tuberculosis and malaria, without addressing the overall challenges of their fragmented healthcare systems. Their health systems were decentralized; significant urban-rural differences in Guinea and a mix of public-private providers in Liberia and Sierra Leone. While all three had national development plans prior to the outbreak, these plans were underfunded. As a result, their health systems were characterized by inadequate numbers of qualified health workers, in

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6World development Indicators http://data.worldbank.org/indicator/SH.XPD.EXTR.ZS 
particular in rural areas, lack of electricity or water in many hospitals, and weak health information, surveillance, and governance.

International response and health system strengthening

Governments, the United Nations system, including the Mission for Ebola Emergency Response (UNMEER), communities and individuals in the affected countries, including local healthcare workers, Partners In Health, Doctors Without Borders, and the International Federation for the Red Cross and Red Crescent Societies, and a large number of other NGOs, as well as Pan-African institutions and the United Nations system, continue their efforts to respond to the Ebola outbreak. The African Centre for Disease Control and Prevention is being established to support the region in preventing and addressing future pandemics.

The United Nations and the European Union (EU) recently hosted a High-Level International Conference on Ebola in Brussels, on 3 March 2015, to take stock of the response to the outbreak, coordinate further action for addressing the Ebola disease and discuss the recovery process in the most affected countries. And on 17 April, the presidents of Guinea, Liberia and Sierra Leone shared their Ebola recovery plans with finance and development ministers and international partners at the World Bank Group-International Monetary Fund Spring Meetings, with the aim of building global support to get to and sustain zero cases, jumpstart recovery, and build more resilient health systems and economies.

All the three recovery plans prioritize health systems strengthening to provide essential health services for the population as well as make the countries resilient to future outbreaks. In its Ebola Recovery Plan, Liberia, for example, has prioritized the development of a health workforce programme, which is estimated to cost US$165 million over the seven years. The Health Workforce Programme will implement interventions to increase the quantity and quality of health care workers; increase the diversity of skills in the health workforce; ensure high-calibre education and service delivery; and increase the capacity of the Ministry of Health to manage the health workforce.

One of the strongest messages coming out of the current policy discussions is the need for strengthening health systems, which is critical for pandemic prevention. Dr. Paul Farmer, Special Adviser to the Secretary-General on Community Based Medicine and co-founder of Partners in Health proposes the following elements for achieving health system strengthening based on Rwanda’s successful approach to health systems strengthening:

1. **Putting the national plan at the center of all external support** Rwanda established clear national development plans, which have promoted coordination among donors and implementing partners. Regular progress reviews assess aid effectiveness and hold implementing partners accountable. NGOs that provide social services that are not working in accordance with the government’s plans are sometimes asked to leave the country.

2. **Aspiring to the highest quality of care**: Policies and implementation goals should aim for the best possible outcomes. For example, in the Ebola response, treatment

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8 For details on how the UN system is responding to the Ebola outbreak, please visit [http://www.un.org/ebolaresponse/mission.shtml](http://www.un.org/ebolaresponse/mission.shtml)
for the critically ill often did not include intravenous fluid replacement, and the ability to treat concurrent bacterial and parasitic infections.

3. **Putting people at the center of health policy planning**: Redesigning of health services using “people centred” approach with “disease focused” approaches integrated into the general health system. Specialized care for specific infectious and non-communicable diseases must be available in addition to primary care public health facilities.

4. **Community-based care**: Employing compensated community health workers to provide essential and efficient care delivery, especially for chronic diseases, as well as create links from the community to the larger health care system.

5. **Human resources for health**: Establishing training programmes and career paths in order to develop the necessary number of physicians, nurses, and health care workers for the country.

6. **Modern infrastructure**: Strengthening or building facilities—properly equipped and strategically located—from community-based clinics to regional and urban teaching hospitals. When possible, we should aspire to invest in national institutions to build local capacity (both public and private). When emergency responses including improving or building lasting infrastructure, we have a better chance to prevent the next epidemic. A key question relating to the Ebola response is whether the billions of dollars invested focused on temporary facilities and short-term contracts, while the network of public hospitals and clinics across the three affected countries remains under-equipped and under-resourced.

7. **Tracking of development assistance; making donor government investments more transparent**: Establishing or strengthening existing aid management systems to effectively track development assistance to ensure that governments that are recipients of foreign aid have data for decision-making that will lead to strengthening the public sector and effectively delivering public services. It is often the case that in settings of fragility recipient governments are unable to access this information and subsequently make informed decisions.

**Partnerships for health systems strengthening**

As the [ECOSOC Special Event on Philanthropy and the Global Public Health Agenda](https://www.un.org/ecosoc_special_event/) in 2009 demonstrated, philanthropic organizations, the private sector, academia/research institutions and NGOs can greatly contribute to the advancement of the global health agenda. In fact, there has been a boom in health partnerships since the 1990s within and outside the UN. However, as with partnerships in other sectors, they often lead to isolated solutions, which are poorly coordinated and hinder comprehensive development strategies and impact.

Very often, multi-stakeholder partnerships are launched in those areas where it is easy to see quick returns and demonstrate quick wins such as in vaccines development and distribution or financing specific sectoral health programmes. The current discussions on the post-2015 development agenda address some of these long-term structural challenges in health. Proposed Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages includes:
• Support research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines;
• Increase substantially health financing and the recruitment, development and training and retention of the health workforce in developing countries, especially in LDCs and SIDS;
• Strengthen the capacity of all countries, particularly developing countries, for early warning, risk reduction, and management of national and global health risks.

The framework for a successful health system strengthening strategy offers various entry points for different stakeholders to help countries make their health systems resilient to any future outbreaks. This dialogue is an excellent opportunity to demonstrate what role different stakeholders can play.

Questions for discussion

The ECOSOC dialogue could focus on the following questions:

• We know what is required for health systems strengthening. What are some lessons learned from countries that prioritized health systems strengthening to provide access to services which will lead to more resilience against pandemics?
• How can partnerships contribute to strengthening health systems? What does it take to galvanize these types of partnerships? What models have been effective in leading to durable progress?
• The establishment of the African Centre for Disease Control and Prevention by the African Union will be instrumental in assisting African countries in reducing their communicable disease burden. What specific and concrete actions can be taken to support the African Centre for Disease Control and Prevention?
• What current programmes led by or embedded in ministries of health across Africa are being supported by partnerships. What do these partnerships look like and how are they addressing implementation challenges?
• What actions could donors take to contribute to and enhance efforts to create lasting institutions and social protections? How can partnerships support local innovations and leverage existing expertise and capacity in Africa?
• What are some entry points for the private sector and what are the incentives that can help to spur partnerships
• How can academic and research institutions help establish high quality training programmes and career paths to provide sufficient physicians, nurses and other health care workers in Ebola-affected countries?

Expected Outcome

A Presidential Statement will be issued by the President of ECOSOC with the key messages of the Forum, which will be transmitted to the media and other stakeholders. A more extensive summary of the meeting’s deliberations will serve as an input to the Council’s High-level segment in July 2015 as well as the United Nations Summit to adopt the post-2015 development agenda to be held in September 2015.