

Submitting Organization: The ONE Campaign

Ebola Hearing – Outside Witness Testimony: “U.S. Government Response: Fighting Ebola and Protecting America”

Framing and ONE’s Role

ONE, along with so many others, has been alarmed at the rapid spread of Ebola and the toll it is taking on the region of West Africa. What is increasingly clear is that Ebola is not just a health crisis; it is also an economic development crisis. Not only are thousands of people falling ill and dying, but farmers have not been able to work their fields, individuals have not been able to take their goods to market, and business to the region has been spiraling downwards. In just a matter of months, Ebola has already threatened to unravel so much of the hard-earned progress that Liberia, Guinea, and Sierra Leone have built over the last decade.

We are dramatically scaling up our own global advocacy across North America, Europe, and Africa, encouraging governments and private sector partners alike to step up and commit the bold resources required to contain this crisis. As of November 6th, more than 150,000 ONE members from around the world have signed a petition in support of this work.

As we continue with this advocacy work, we also see our role as holding leaders’ accountable for their pledges, ensuring that countries deliver the services needed on the ground to save lives. ONE has developed a [three-part tracker](#) (PDF of the tracker also attached to testimony submission), analyzing what countries have committed to Ebola across three categories: financing, health care personnel, and in-kind contributions. In doing so, we found major gaps in data on pledges and delays in disbursement. No donors, including the US, have attached clear timelines to their contributions, and many have not fully clarified whether these constitute emergency efforts for Ebola or whether this is reassigned aid. In the case of some donors we know based on where money is coming from that at least some of the commitments are not additional to existing health promises. Some donors have been quite vague about where, or through which channels, their resources are going—another challenge if we hope to meaningfully track those commitments. As Ebola cases continue to rise exponentially, no one should feel off the hook. Fighting Ebola is a race against time: the sooner we have quality information, the sooner response teams and donors can deliver what is really needed to contain this disease.

Recommended Top Priorities for the US Government’s Ebola Response

After an initially slow response from the entire international community, we were pleased to see the US government to step forward in recent months with a robust response, as well as with strong and consistent political leadership, for the crisis. Now that bold pledges have been made and significant contributions (financial, personnel, military, and other in-kind) have begun to reach the affected region, the US cannot let up. We urge the government to prioritize the following actions in the weeks and months ahead:

Short-Term

- The US must ensure that its bold financial pledges are quickly and efficiently turned into resources on the ground. As of November 6th, less than 25% of the US’ financial commitments had actually been disbursed. Although it is not our expectation that this figure should be at or

near 100%, this rate must be sped up. Furthermore, the US should outline an explicit delivery or disbursement timeline attached to its commitments made, so that it is clear by when we should expect to see resources disbursed. We will be actively pushing other donor governments to outline the same pieces of information, so that all can be held accountable not just for their pledges, but for their delivery.

- Experts continue to relay that the biggest remaining gap in controlling the crisis is the insufficient number of skilled health care personnel available to treat and care for patients. We appreciate and honor the courageous work already being done on the ground by many Americans and US government personnel; anything the US can do to encourage and incentivize additional personnel with training to volunteer in the region would be incredibly valuable.
- We applaud the US' efforts to push other governments to step up and increase their contributions to Ebola. We encourage the US to continue doing so, using upcoming global forums including the G20 in Australia, to exert additional pressure.
- With a small handful of domestic Ebola cases to-date, it is understandable and appropriate that a significant amount of concern and attention has been devoted to Ebola in the US. However, we must not lose sight of the fact that Ebola cases are growing exponentially in West Africa, and any effort to protect Americans from the disease must begin with a focus on the response in the most heavily-affected countries (Liberia, Guinea, and Sierra Leone). US government officials should be sure to: continue offering public remarks about the crisis in West Africa and the need for an effective response in the region; actively combat stigma and discrimination against those infected with Ebola or those traveling from the region; and actively combat myths and misperceptions about the disease and how it is spread.

Medium/Long-Term

- The US has been a consistent leader in bilateral and multilateral health programs over the last decade, investing billions of dollars in life-saving “vertical” programs to fight challenges including AIDS, TB, malaria, and vaccine-preventable diseases. But now, evidence from the ground shows that Ebola is having debilitating effects on many of these very health programs, potentially undermining our valuable investments. For instance, immunization rates in Liberia have plummeted from 97% to 27%; bed net and malaria treatment distribution programs are being held up; and many pregnant women are unable to safely deliver their babies in hospitals. Furthermore, this crisis has underscored the importance cross-cutting or “horizontal” programs to strengthen countries' health systems and ensure that countries have adequate health care workers trained and able to react to health challenges on the ground. In West Africa, the countries affected by Ebola already had some of the lowest health care worker-to-population ratios in the world, and they also have weak statistical capacity and virtually no crisis management protocols, which leaves them vulnerable to future outbreaks.

Moving forward, the US must strengthen its investments in both “vertical” and “horizontal” approaches to improving health and saving lives. This will require: sustained and increased investments in core programs such as Gavi, The Global Fund, PEPFAR, and PMI; support for partner countries to build up a sustainable frontline health workforce; a costed, cross-agency USG health workforce strategy with concrete targets and benchmarks; and support for the Global Health Security agenda, which will help mitigate against future crises.

- The loss of life due to Ebola has already dealt a blow to the affected countries and the international community. Now, the reality of the likelihood of devastating secondary impacts of

the Ebola crisis has also become apparent. The World Bank has estimated that the loss in GDP due to Ebola could reach \$142 million in Guinea, \$234 million in Liberia and \$439 million in Sierra Leone. Furthermore, due to disruptions in trade and reductions in tourism, the Ebola outbreak could result in a loss of \$25.2 billion throughout the whole of West Africa. The US should work with other donors and development partners to outline a strategy to help the region recover economically—not just in health, but also across other sectors.