Excellences, honourable ministers, distinguished participants, ladies and gentlemen,

Welcome to this high-level meeting on building resilient health systems. I thank you for your time and your expertise.

Better health is a nation-building strategy. Without basic public health infrastructures and systems in place, no country is stable.

No society is secure. No resilience exists to withstand shocks, whether coming from a changing climate, a natural disaster, or a killer virus like Ebola.

The three hardest-hit countries, Guinea, Liberia, and Sierra Leone, are among the poorest in the world.
All three have only recently emerged from years of civil war and conflict that left health infrastructures badly damaged or destroyed.

Prior to the outbreaks, these countries had only 1 to 2 doctors to treat a population of nearly 100,000 people. That number has been diminished as more than 600 health care staff have been infected.

At the start of the outbreak, weaknesses existed throughout the health systems. Laboratories were few in number and concentrated in cities.

Many large referral hospitals had no electricity and running water or were made unsafe by electrical fires and floods. Isolation wards were rare, mostly dedicated to the care of Lassa fever patients.

The numbers of ambulances and other vehicles, also for the transportation of diagnostic specimens, were inadequate.

Supplies of essential medicines and personal protective equipment were unreliable, and systems for civil registration and vital statistics were nascent.
Populations in all three countries remain deeply distrustful of health systems, especially Western medicine and foreign medical teams. Care from traditional healers is the preferred and, in rural areas, often the only option.

As we now know, the index case was a young boy who died of Ebola in Guinea on 28 December 2013.

From that single case, the virus spread, undetected, for more than three months, in multiple chains of transmission involving urban as well as rural areas.

The virus entered the capital, Conakry, at the start of February. The disease was misdiagnosed twice as cholera and later thought to be Lassa fever.

As late as mid-March, when the government raised its first alert, cases of sudden death, reported around the country, were thought to be independent outbreaks caused by different diseases.

By the time Ebola was identified as the causative agent, on 21 March, the virus was firmly entrenched in Guinea. This is what can happen in the absence of a well-functioning health system.

As we have learned, Ebola is an unforgiving virus that can take advantage of any mistakes and exploit every opportunity to resist control.

Weak health systems created multiple opportunities.
In some areas, all forms of essential care, whether for malaria treatment or safe childbirth, have ceased to function.

The progress made in moving towards the health-related Millennium Development Goals has been reversed.

Ladies and gentlemen,

We are here to find innovative solutions, to decide on what needs to be done, urgently and longer-term.

We need to focus on priorities, as advised by governments, and we need to know how essential measures will be accountably financed.

I have a few suggestions for rebuilding resilient health systems.

First, follow a primary health care approach that brings services close to homes. One of the most important lessons we have learned concerns the critical role of community engagement.

Communities know best what they need and are willing to accept. We cannot promote safe behaviour without community understanding and cooperation.

A good referral system needs to be in place. Hospital facilities must be upgraded to provide safer and more effective care.

Logistics need to improve to ensure an uninterrupted supply of electricity, running water, and essential medicines and supplies.

Much good work has been done to improve systems for civil registration and vital statistics. This work needs to increase.

Capacity to detect and respond to new or emerging infectious diseases needs to be an integral part of the health system.

Finally, community confidence in traditional healers needs to be respected by giving these care-givers a place, with a clearly defined role, in the formal health system.

These are some thoughts as you begin your discussions.

I wish you a most productive meeting.

Thank you.