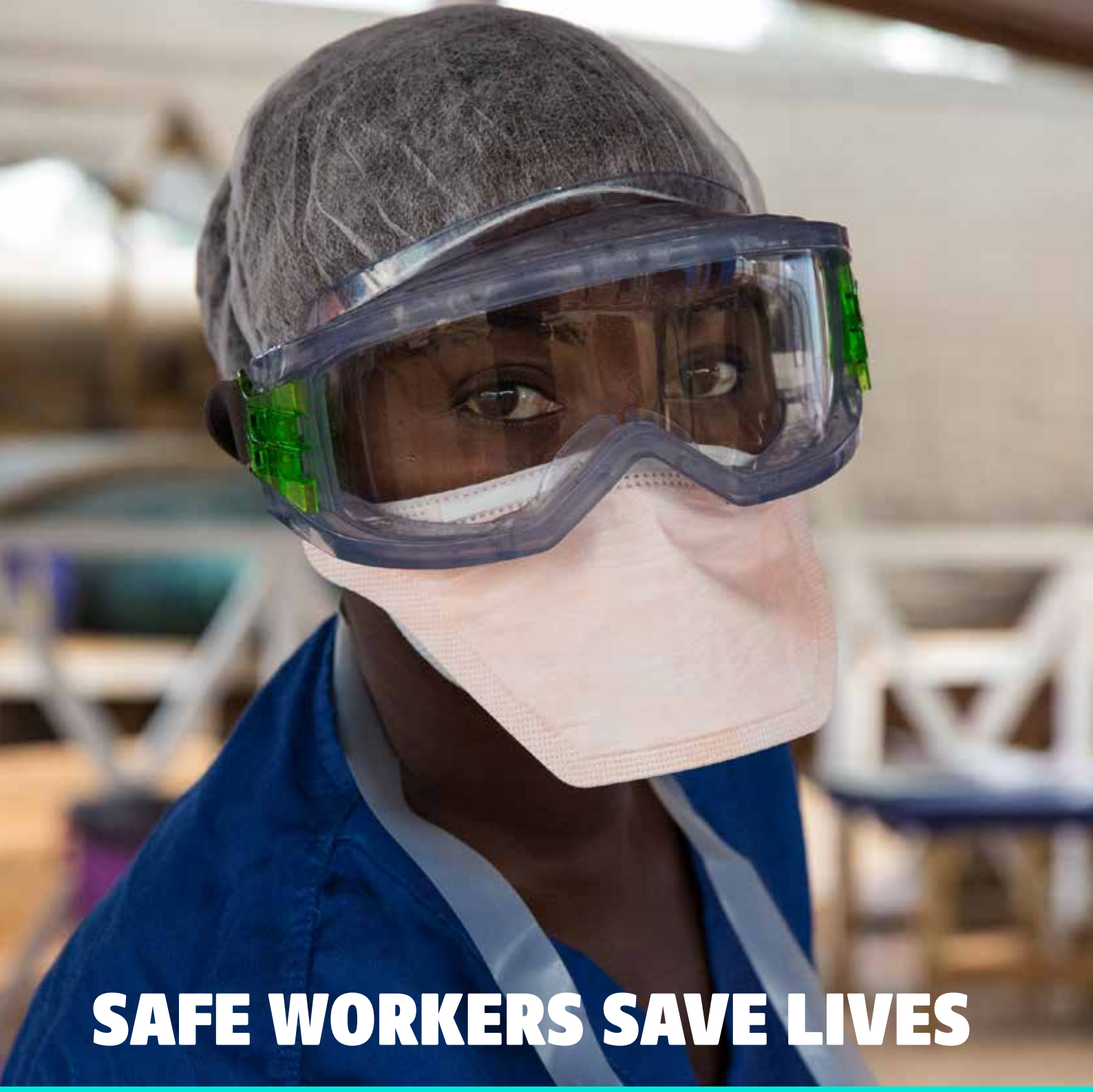
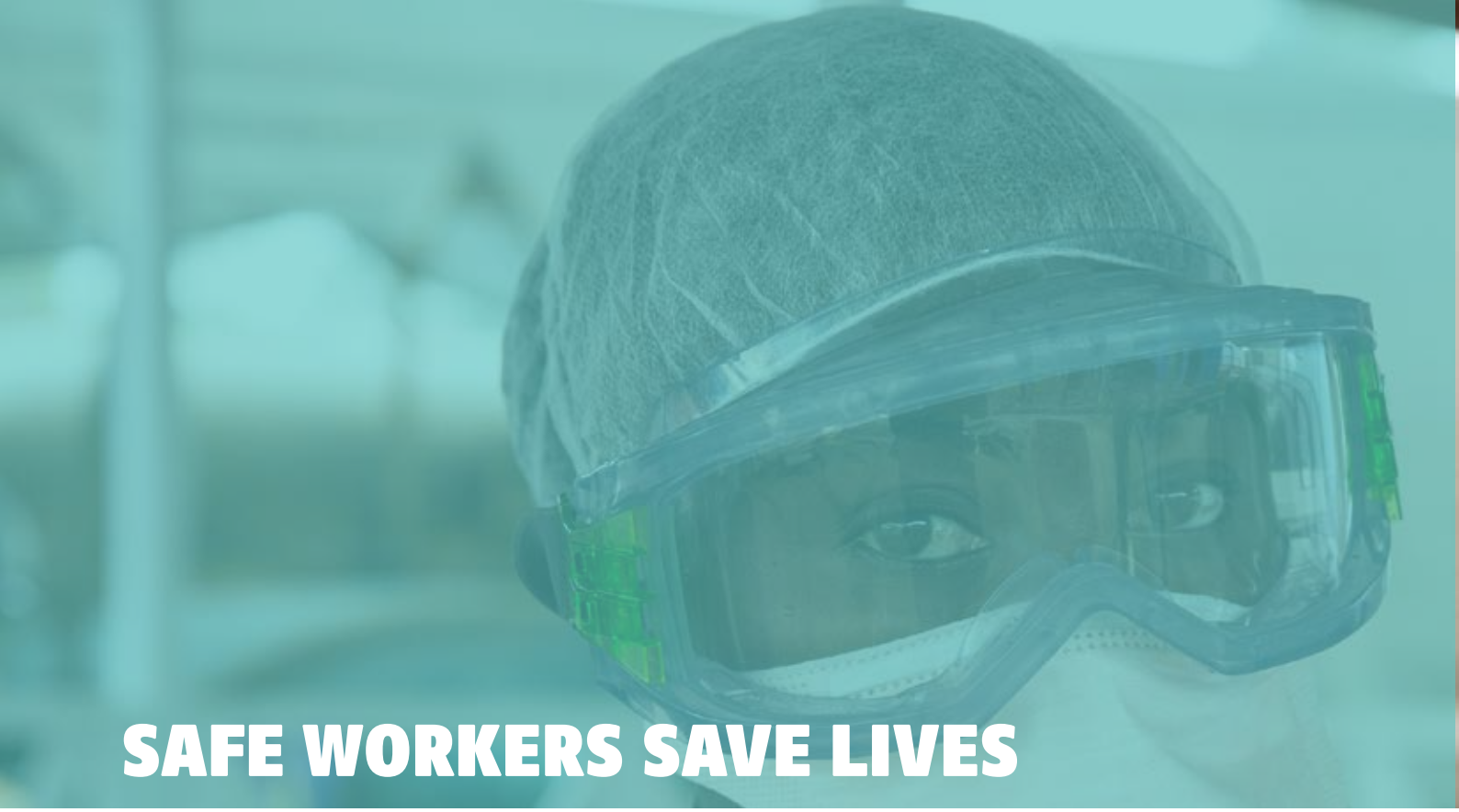


SAFE WORKERS SAVE LIVES

PSI HEALTH PRIORITIES AND TRADE UNION RESPONSE TO THE EBOLA VIRUS DISEASE

PSI PUBLIC SERVICES INTERNATIONAL



SAFE WORKERS SAVE LIVES

TRADE UNION RESPONSE TO EVD

About the publisher: Public Services International (PSI) is a global trade union federation representing 20 million working women and men who deliver vital public services in 154 countries. PSI champions human rights, advocates for social justice and promotes universal access to quality public services. PSI works with the United Nations system and in partnership with labour, civil society and other organisations

http://www.world-psi.org - psi@world-psi.org

About the project: PSI is actively lobbying national governments, the ILO and WHO and working with health and allied care workers in our unions to rebuild health systems that can resist future outbreaks in the context of universal access to essential healthcare, which is the core of the post-2030 agenda for health. **See: http://www.world-psi.org/Ebola**

PSI represents 8 million health care workers. PSI believes that care must be available to people who need it, not just to those who can pay. Quality health care is important to families, societies and the economy – because healthy workers are more productive.

See: http://www.world-psi.org/Health

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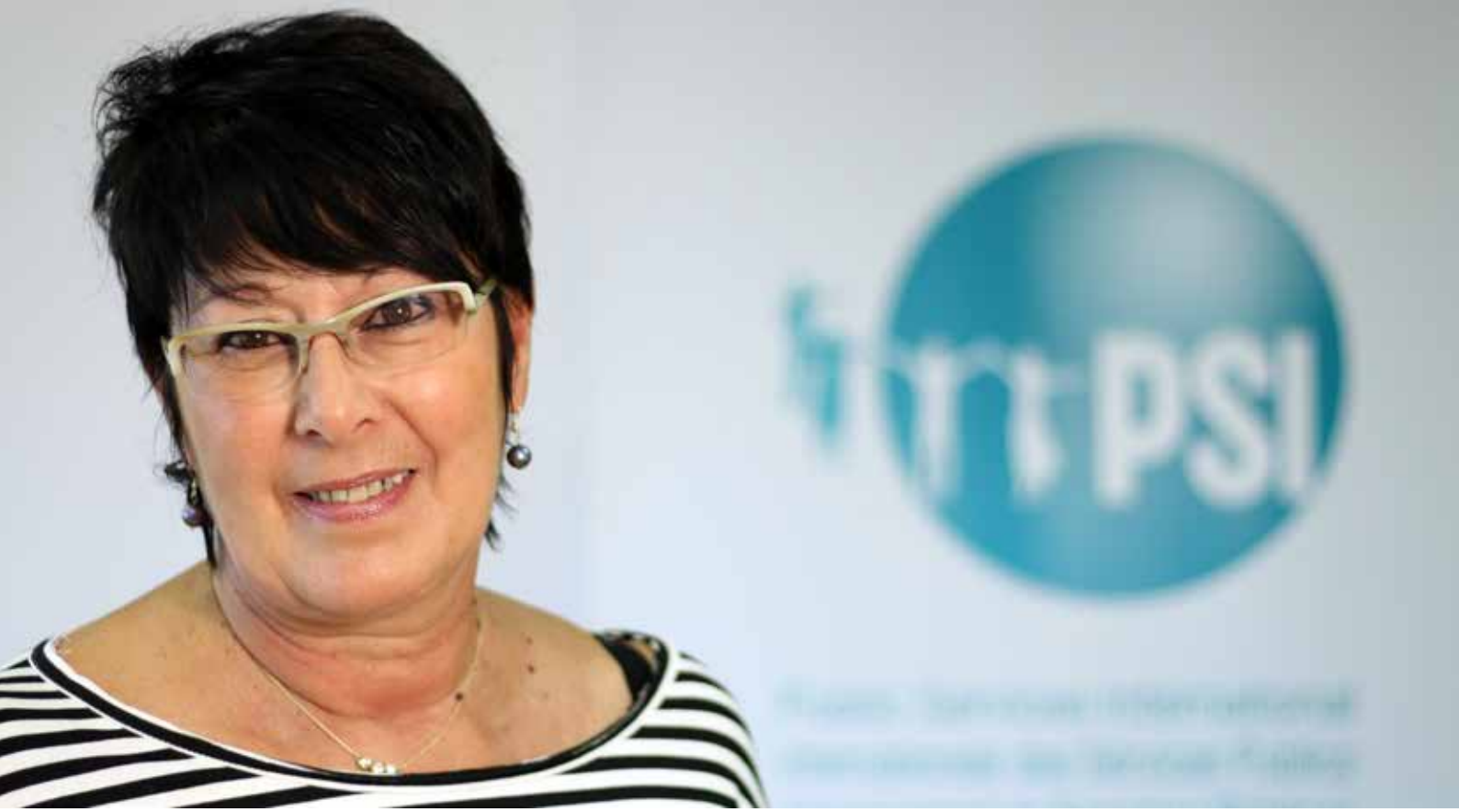


FOREWORD

Public Services International is concerned with the health of all workers, the special risks faced by health workers and the commitment of public service workers to provide quality health services to the populations they serve. Health is a public good, and ill-health is a fundamental humanitarian problem with political, economic and social causes and consequences. Good health is not only a social benefit to individuals and societies, but also contributes to economies because it plays an important role in productivity.

Health is best delivered by public services that are accountable to public authorities, based on a public service ethos and the principle of equity without regard to ability to pay. The practice of outsourcing and privatization is based on the belief that the private sector will be more efficient and that public resources will be saved. In reality, privatization is expensive in the medium and long term, upholds profits over other aims, and destroys the social contract and solidarity within a society. The main issue is no longer the health services that a society can afford for its members, but becomes whether each individual can afford the healthcare he or she needs. Increasing numbers of individuals are priced out of access to healthcare, whether through the cost of insurance, or the cost of the services themselves.

In numerous countries, the wages of health service workers are grossly inadequate relative to the qualifications that they bring to the job. This stimulates the push to migrate to countries where wages for healthcare workers are higher. Nevertheless, the fact of health worker migration has a downward pressure on wages in the health sector in receiving countries.

The occupational health and safety of healthcare workers are unevenly protected and promoted; international standards need to be more widely ratified, national standards implemented, and specific protective practices included in collective bargaining instruments at the workplace or branch level. These efforts must be made in opposition to the general contrary trend to reduce occupational health and safety as a savings measure. Shortages of staff, inadequate skill mixes at the health delivery point, and under-practiced teams are occurring increasingly due to cuts in public spending and/or private sector efficiency drives. These shortages, cuts and efficiencies lead to longer wait-times for patients and stressful workplace environments for health workers.

Given the demands of achieving the Sustainable Development Goal of Universal Health Coverage, work in health will require major transformations, including substantial increases in the numbers of healthcare workers. Governments have the core responsibility for education and employment in the health sector and the ultimate accountability to ensure the human right to health through universal access to health care, founded on availability, affordability, acceptability and quality. There is growing recognition of the need to restructure the international taxation system to capture immense revenues that are systematically avoided and evaded. The implementation of global tax reforms could provide significant gains for government budgets. Health should be one of the highest priorities for the expenditure of such revenues, given the benefit of investment in health and the associated returns to the economy, productivity and employment.

The global economy is projected to create around 40 million new health sector jobs by 2030; mostly in middle- and high- income countries. Despite the anticipated growth in jobs there will be a projected shortage of 18 million health workers to achieve and sustain the Sustainable Development Goals primarily in low and lower-middle income countries. The rising global demand and need for health workers, over the next fifteen years, presents significant challenges. Importantly, it also offers the opportunity to generate employment, in areas where decent jobs are most needed. PSI represents trade unions, health and public service workers on the newly created United Nations Commission on Health Employment and Economic Growth (ComHEEG). PSI and its affiliates contributed to the work of the Commission with a

focus on the human right to health, the importance of well-funded and well-staffed public health systems, and decent working conditions for health workers. The report of the Commission, its follow-up and five-year action programme present PSI with an opportunity to continue to influence global health policies and work closely with all relevant international organizations as well as affiliates around the world joining in a global campaign on the human right to health.

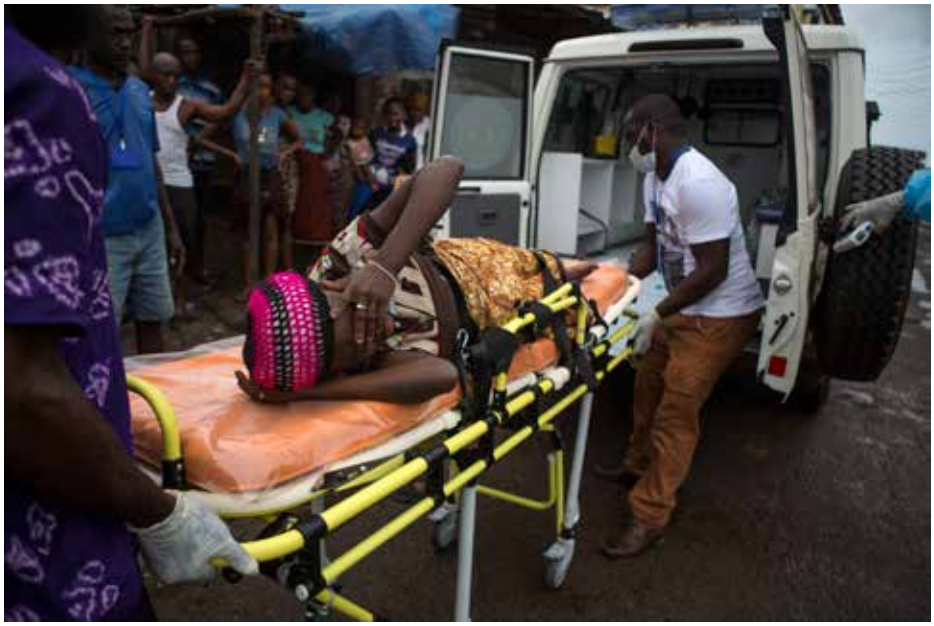
Unfortunately the recent Ebola and Zika Virus epidemics are totemic of the lessons we are failing to learn on a global level. These lessons talk of the need for adequate numbers of well-trained healthcare workers who are appropriately resourced. They talk of the need for regulation, and more importantly accountability and enforcement of these regulations, within healthcare systems and they speak of the need for a whole government / societal approach in both preventative and reactive situations; the need for robust and coordinated services at the primary, acute and post acute service levels."

All of the challenges described above come together in the Ebola Virus Disease (EVD) outbreak, which spread uncontrollably in Guinea, Liberia and Sierra Leone revealing the structural and systemic weaknesses of the health systems in these countries, caused by decades of lack of investment in public health systems. Deplorable working conditions, lack of occupational health and safety for health workers, a refusal by the government to recognize the health workers' unions and listen to their calls for help on the ground, all led to known catastrophic results and potential global calamity.

In response, PSI and its affiliates launched the PSI Trade Union Response to the Ebola Virus Disease. PSI actively lobbies national governments, the ILO and WHO and works with health and allied care workers in our unions to rebuild health systems that can resist future outbreaks in the context of universal access to essential healthcare. In this report we share some of the findings and results of our work.

Rosa Pavanelli
General Secretary
Public Services International

A GLOBAL VIEW ON THE IMPACT OF EBOLA



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From the moment the Ebola Virus Disease (EVD) emerged in Guinea and made its way through Sierra Leone and Liberia, with short but adequately repressed upheavals in Senegal and Nigeria, it affected 28.616 people and caused 11.310 deaths.

The outbreak caused enormous economic damage to the countries affected, led to travel restrictions, the closure of schools and many other social services, destruction of jobs and the inability of people to earn their livelihoods. The World Bank estimates that the economic impact for the three outbreak countries in 2014 alone is over $500 million in losses, about 5% of their combined Gross Domestic Product (GDP).

The fact that the disease could spread so uncontrollably in Guinea, Liberia and Sierra Leone revealed the structural and systemic weaknesses of the health systems in these countries, caused by decades of lack of investment in public sector health systems and the totally inadequate attempts at redevelopment following the end of the civil conflicts in Liberia and Sierra Leone. Moreover, these weaknesses have a direct impact on the surrounding countries and even countries much further away, with EVD infections and deaths reported in the United States and Spain.

The immediate general response to the EVD outbreak was essentially “technical” and “logistical” (mobilizing external assistance, providing resources, infrastructure etc.). However, such responses cannot address the structural and long-term political challenges of non-functioning public health systems lacking in decent working conditions and totally inadequate

in providing universal coverage, let alone confronting a major health disaster.

The deplorable state of the healthcare sector caused an unprecedented number of medical staff to get infected by the disease. Healthcare workers and nurses were confronted with lack of personal protective equipment (PPE), unsafe working environments, substandard infrastructure, over-exposure to hazardous environments, structural understaffing and a complete lack of sufficient resources to deal with the scale of infections.

More than 500 health workers died of Ebola due to the poor working conditions and safety measures, which only aggravated the health situation in the three most affected countries.

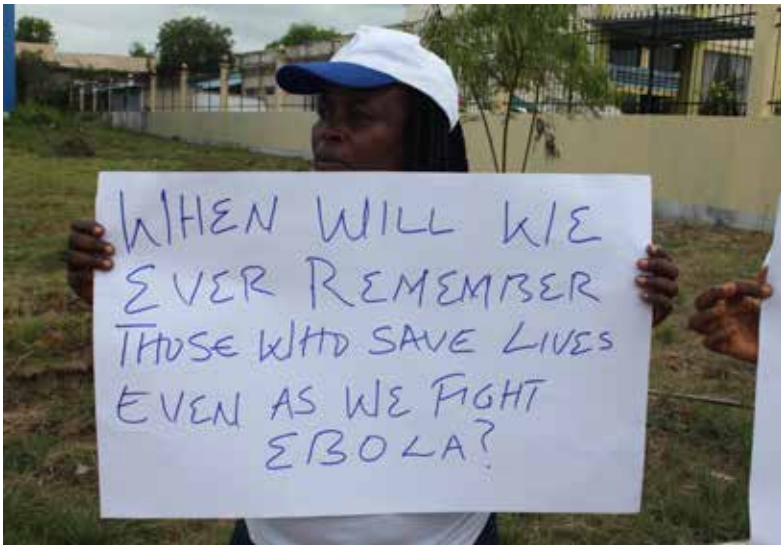
To make matters worse, those fighting on the frontline were severely underpaid. Regardless of the large amounts of money directed to the three Ebola countries, health workers often went without pay and risk allowances, and were torn between fighting for their rights or fighting the disease. Furthermore, Public Services International (PSI) received reports that health workers who have died are not being covered by (already severely inadequate) social security systems and their families are left destitute.

It was striking that in the three most affected countries, Sierra Leone, Guinea and Liberia, public sector unions have been almost absent from the development of the action plans. The fact that unions can play a positive role in the elaboration of a response is nonetheless proven by Nigeria, where unions gave early warnings and ultimately government and healthcare unions worked closely together to successfully stop the spread of the disease.

The health sector unions represent the healthcare workers who are the experts on fighting Ebola and therefore have the best insights into the needs of a strong national healthcare sector. As one of them stated: “We are the ones who wear the shoe and therefore know best where it doesn’t fit”.

A study of the World Bank Group indicated that “as of May 2015, 0.11% of Liberia’s entire general population had died due to Ebola, as compared with 8.07% of its health workers, defined in the study as doctors, nurses and midwives. In Sierra Leone, the loss was 0.06% of the general population compared with 6.85% of the health workers, while 0.02% of Guinea’s overall population had died compared with 1.45% of all health workers. According to the report this translates into a 10% reduction of doctors in Liberia and an 8% reduction in nurses and midwives. In Sierra Leone, it means a 5% reduction in doctors and a 7% reduction in nurses and midwives. In Guinea, the reduction is smaller, 2% for doctors and 1% for nurses.”

TRADE UNION EBOLA RESPONSE STRATEGY



Liberia health workers protest at ECOWAS. Photo: PSI

At the start of the Ebola crisis, PSI was contacted by its affiliates from the three most affected countries with the alarming news that health workers were dying on the work floor.

In order to support its affiliates and bring the political nature of the problem to the forefront, PSI and its affiliates in the region, united in WAHSUN, the West-African Health Sector Unions Network, launched together the Ebola Response Strategy aimed at empowering unions through research, capacity building and exchange between unions, so they can play an active role in the decision-making processes and advocate quality public health systems including better working conditions for healthcare workers, universal health coverage and social security systems.

PSI is working with a variety of civil society actors who share similar views and thus creating a large network of support.

THE DIFFERENT PILLARS OF THE STRATEGY

Research and exchange

Unions inside WAHSUN are exchanging information and lessons learned, not only on dealing with Ebola, but also on the elaboration of social security systems and universal healthcare.

An important aspect in this is the development of fair taxation systems. Tax evasion and tax avoidance currently drain billions in resources out of Africa, money that states need to increase their budgets and finance the development of strong public social services and public social security systems.

Respect for union rights and Social Dialogue

It was in fact health workers themselves who raised the issue of Ebola early in 2014 – yet these voices were not heard primarily because of the lack of a functioning structure for dialogue in the countries themselves. Numerous examples show that strong social dialogue can effectively make a difference. In Nigeria, unions gave early warnings and ultimately government and healthcare unions worked closely together to successfully stop the spread of the disease. In Sierra Leone and Guinea however, social dialogue is weak, whereas in Liberia, trade unions in the public sector remain illegal and are not recognized. Getting healthcare workers involved in the recovery process will be the greatest challenge of the trade union strategy.

Outreach

Various civil society organisations and NGOs are aware of the importance of quality public services and mechanisms for participation in a democracy. The creation of a large platform of likeminded organisations will make our demands and opinions widely supported. United we will have a stronger voice in the debate.

Lobby

The unions will lobby national governments, regional and international institutions, donors, etc., to explain their positions, clarify the difficulties that are experienced by the healthcare workers, the structural problems in the healthcare systems and the possible solutions and alternatives.

"We are the ones who wear the shoe and therefore know best where it doesn't fit".
Health worker

Communication

Our trade union strategy wants to give a voice to healthcare workers. They will tell their story, testify about the difficulties they encounter while trying to do their job and give their suggestions for solutions.

WORK ON THE GROUND: NATIONAL ACTION PLANS

PSI-WAHSUN Conference on Ebola, November 2014. Photo:PSI

The kick-off of our activities was a large consultation meeting in Ghana with the health unions from the three most affected countries: Guinea, Liberia and Sierra Leone. After an exercise on union challenges, opportunities and priorities, the unions started working on the analysis of their own national situation and the elaboration of a national action plan for their union.

On returning to their respective countries, a lot of internal awareness-raising and consultation inside the unions had to be done. The strategy is a different way of working, it steps outside the known union environment and reaches out to other kinds of organisations. To make this change of mentality, a lot of internal discussions with the rank and file is necessary. A second reason for the internal consultations was the input on the local situations from the members, so the National Action Plans truly cover the challenges and realities on the work floor.

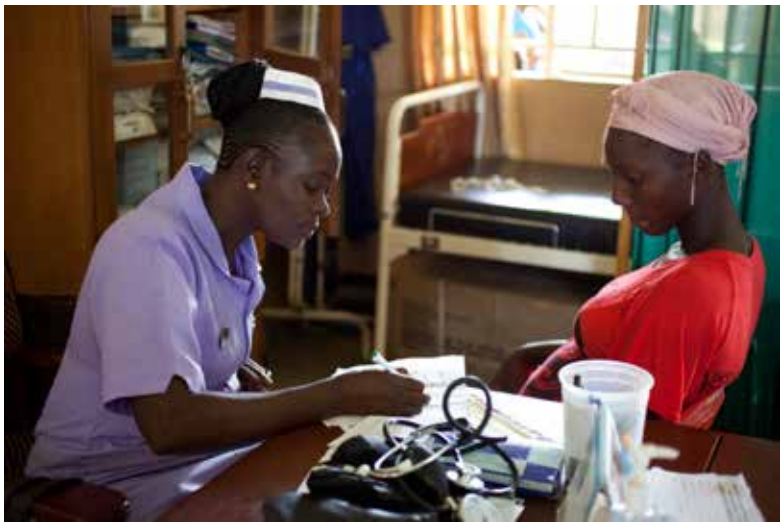
In January 2015, PSI visited the three countries and the National Action Plans were finalised, all three focusing on collection of information and elaboration of argumentation, networking and lobby work, linked to the themes of working conditions, social security, qualitative public health systems and crisis preparedness.

In **Guinea**, work started in 2015 with the first contacts with Civil Society Organisations (CSOs) and in 2016, an internal union vision is elaborated, based on which these contacts will be further deepened and a closer collaboration will be set up where possible. Together with those organisations who share the same views on what is needed for the realisation of quality public health systems, different lobby instruments will be elaborated and applied. The lobby work will focus on initiatives

to be included in decision-making bodies and awareness-raising on the networks' common demands.

An important part of the National Action Plan is dedicated to Social Security: a survey was carried out on what support the families of the deceased health workers did or did not receive from the government. Based on this, activities will be elaborated to provide up support for the families. A last activity is the organisation of a National Forum on Social security with participation of both CSOs that are part of the network and from contacts built up during the lobby activities.

In **Sierra Leone**, the health union is already in close contact with a whole range of CSOs active on health. In the context of the Ebola Response Strategy, a monthly meeting has been set up, in order to discuss together the many challenges the country faces in the health department, linked to decent working conditions and a qualitative service to all. Given these close contacts, a selection of people representing various health CSOs were included in the Project Management Committee (PMC) and the National Action Plan was elaborated together. This resulted in an action plan that not only includes health workers and union members for the collection of information and awareness-raising, but also representatives of the CSOs at the district level, Village Development Committees and Community Health Workers' Committees.



Abbie Trayler-Smith/CC

In **Liberia**, unions are faced with an additional challenge: the right to organise is not recognised in the public sector and unions and associations are confronted with continuous anti-union behaviour from the government. So next to the different pillars and themes of the strategy, their action includes an additional focus on trade union rights with activities on union certification and the reinstatement of dismissed union leaders. The first action was an official complaint against the Liberian government to the ILO Committee of Freedom and Association.

PSI affiliates in the country: NAHWAL and NPSHWUL of respectively the public and the private health sector, LUNAST of the education sector and NTUPAW of the public sector workers are all collaborating on this issue. This combined union expertise gives them a much better view on which state actors to target, and various visits to the relevant committees of parliament and ministries have already been undertaken.

MISSING WAGES, HAZARD FEES & FAMILY SUPPORT

In the first stage of the strategy, the health unions focused on collecting information in order to elaborate their union demands on proven data. A survey was carried out to collect data on payment of wages and hazard fees to healthcare workers and the financial support for the families of deceased healthcare workers, especially since serious problems were detected in all three countries. Interestingly enough the hazard fees fund was provided by the World Bank, but it is not always clear what the money was used for.

In **Sierra Leone**, hazard payments were being paid as a result of intense negotiations between unions and the relevant government associations. The volunteer payment and the hazard pay falls partly under the responsibility of the Ministry for Health and Sanitation, which is responsible for the elaboration of the list, and partly under the National Ebola Response Centre (NERC), which is responsible for the payments. However, after the military authorities took over the national response, everything was suspended resulting in names of essential staff members being removed from the pay list and serious delays in payments. This led to spontaneous strikes by staff members, but unions and government jointly made sure services were not interrupted.

There were also many problems with the payment of wages of healthcare workers except in centres operated by external organisations such as DFID and NGOs, where payment was secured, as they pay for the employees in their own centres. Because of the many problems, and to prevent healthcare workers to go on strike or just not showing up to work anymore, UNDP became the technical advisor for the development of the system for the payments of the National

UNICEFGuinea/CC

Ebola Response Centres. This included controlling the lists and ensuring the right people got paid at the right time. The UNDP staff also observed irregularities: in some localities, every month a number of names were removed or added to the list.

In **Liberia**, unions also worked with the payment of a hazard fee. Unfortunately, irrespective of the agreement of August 9, 2014 between President Johnson Sirleaf and the health workers' unions, not all health workers have received their hazard pay. Many public sector health workers have only received a portion of the amount they are entitled to while very few private healthcare workers have received payment at all.

There are still issues with the payments of wages too. These are being totally ignored by the Liberian government although the Ministry of Health is fully aware of the fact that some health workers' bank accounts were wrongly entered into the system and have therefore not received any financial compensation. Some health workers' names were omitted and because of the bad organisation of data, the government has, on occasion, had to pay workers three or four months' due wages and/or hazard pay at a time. The government never gave the healthcare workers enough time to deposit a claim about the non-payment of salary and hazard pay. The deadline was given with too short a notice for most of the healthcare workers assigned in hard to reach areas. Many did not even hear about it before the deadline was over.

After the Liberian government proudly stated that every healthcare worker had been paid, NAHWAL collected bank statements from healthcare workers to prove they had not received any or only a partial amount of the promised and negotiated Ebola Hazard Pay. The fact that the Liberian government is ignoring these issues, raises a lot of questions for the future. Both Liberian health unions are very concerned about this, especially since the payments of healthcare workers in the private sector are still due.

Although the government claims to have paid all public healthcare workers, contact tracers, and response team workers, unions want to know for a fact how many healthcare providers were paid and are demanding the creation of a neutral body with representatives from both the government and the workers' leadership, in order to validate the figures. The unions are also calling for an extension of the deadline for the claim declaration in order to allow those in hard to reach places to hear and respond to the call, and give also to those in the private sector the chance to check their payments once they're finally made.

VISITS TO THE UNITED STATES AND THE THREE MOST AFFECTED COUNTRIES

The UN Ebola Conference, July 2015. Photo:PSI

The highlights of 2015 included lobbying in Liberia, Sierra Leone and Guinea, but also a wide range of activities at the United Nations and the United States, at the heart of international policy-making.

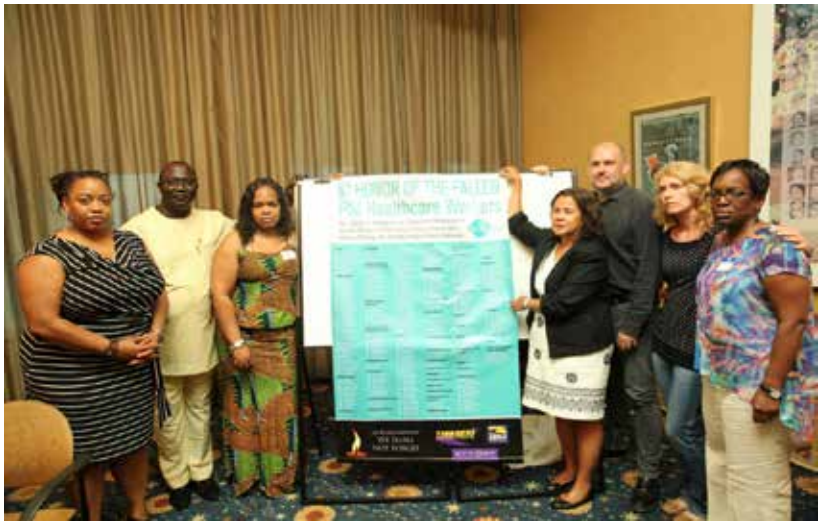
A small delegation including representatives from PSI, the Nigerian Labour Congress and PSI affiliate SEIU (local health branch 1199), participated in the UN Ebola Conference at the beginning of July 2015, in New York.

PSI intervened in the conference on the importance of creating strong public healthcare systems, safe and secure working conditions, with mechanisms for dialogue and bargaining between unions and government which are key to delivering quality public services and the fiscal gap the countries face in the long term which can only be addressed through tax justice.

1199SEIU then hosted a panel discussion attended by 200 participants which focused on the devastation of West Africa's most vulnerable nations by Ebola. Participants also talked about the grave consequences for healthcare workers and how they are rebuilding their countries, their lives and continuing as caregivers.

In October 2015, PSI and 1199SEIU jointly organized a series of lobby meetings and awareness-raising activities in Los Angeles, Washington and New York, aimed at clarifying the political problems linked to the Ebola Virus Disease including calling on governments, the UN and donor agencies to build strong public health and social services systems

with unions as partners in preparedness and containment of Ebola.



PSI delegation meets with Dr Toni Lewis (far left) and SEIU members. Photo:SEIU1199

The delegation, headed by PSI General Secretary, Rosa Pavanelli, included representatives of PSI affiliates from the healthcare unions in Liberia and Sierra Leone, and Ghana and met with representatives of the Solidarity Center, USAID, World Bank, Karen Bass, ranking Democrat on the Foreign Affairs Subcommittee on Africa, and Rear Admiral Scott Giberson, U.S. Assistant Surgeon General.

The members of the delegation denounced the structural problems of their national healthcare sectors, the working conditions of the health workers and the refusal of their governments to involve the workers in the elaboration of recovery plans. Only the Ghanaian union has been able to work on an Ebola plan in collaboration with its government.

The mission to the US concluded in New York with a series of awareness-raising activities in a wide range of health institutions, including an exchange on Ebola preparedness with the staff of an American Ebola unit.

LOBBY MEETINGS IN MONROVIA, FREETOWN AND CONAKRY

The delegation followed up with advocacy work in the three affected countries targeting different players in the sector including international institutions, NGO's, donors, but also CSOs. With our visits, we wanted to get the voice of the workers out and denounce the fact that unions are not included in the discussions on the recovery plan. Thereby, we hoped to create some long term collaborations and support for better working conditions and the elaboration of a qualitative healthcare system.

The message focused on crisis preparedness and the need to make structural changes in the healthcare sector as well as the link between working conditions and qualitative health services highlighting the importance of the role of trade unions in the elaboration of post-Ebola

policies and underlining the remaining problems in the area of wages of health workers and support for families of deceased healthcare workers. In Liberia, the government's failure to comply with ILO conventions on the right to organize and freedom of association was also added to the message.

The delegation met with representatives of the European Union, of different UN programmes and agencies such as the WHO, UNFPA, UNDP and World Bank, and representatives of the Ministries for Health and the WAHO (West African Health Organisation) as well as with the historical donors in every country, respectively USAID (Liberia), DFID (Sierra Leone) and Agence Française de Développement (Guinea).

In Liberia, PSI managed to put the subject of wages for healthcare workers and support for the families on the agenda of the Protection Partner Forum, despite the attempts of the presiding deputy Minister of Justice to pass over this topic.

Photo: UNMEER/Simon Ruf/CC

LIBERIA: TRADE UNION RIGHTS UNDER ATTACK

The ILO estimates that 41 health workers per 10,000 people are necessary for an adequate healthcare system. Liberia has three health workers per 10,000 people and was the third and worst hit by the Ebola crisis of the three nations of the Mano River basin with more than 4,800 dead and 10,672 becoming infected. According to the WHO, at the peak of transmission, during August and September 2014, Liberia was reporting between 300 and 400 new cases every week.

Liberian health workers including George Poe (left) and Martha C. Morris (far right)

The Liberian health sector had only started to recover from the consequences of years of civil war when the Ebola crisis hit. Poorly funded, and under resourced, with thousands of healthcare workers seriously under paid or kept on for years as volunteers it soon became clear that health workers were hardest hit and paid the price for the bad working conditions, the inadequate system and the lack of protection. Government and other stakeholders ignored the unions' call for protection, better working conditions and incentives/ bonuses to keep health staff at work in such a dangerous environment. The Liberian Government had no plans to protect healthcare providers, in the last ten years not one public health worker has been vaccinated against any disease condition and no Occupational Health & Safety Division have been installed at the workplaces. Ebola has not changed that lack of intention.

Confronted by the lack of action of governments in all three countries to protect health workers, the unions took action themselves.

In **Sierra Leone** for example, unions called upon the health workers not to treat patients if no protection was available, in an attempt to slow down the death rate amongst health workers.

In **Liberia**, protests were organised by the two health workers' unions, the National Health Workers' Association of Liberia (NAHWAL) and the National Private Sector Health Workers' Union of Liberia (NPSHWUL). NAHWAL, representing health workers in the public sector, is not officially recognised as a union, as the Liberian government despite ratifying the ILO convention on the right to organise, still does not allow public servants to join a union. Although the union has followed all the required procedures, including paying Business Registry tax as a trade union for two years in a row, NAHWAL has been denied a union certificate. The Ministry of Labour has never officially replied to written requests for clarification. This denial has important consequences for the union, starting with the denial of the right to social bargaining and the right to collect member fees.

"These advocacies have not been without a price. My phone lines and e-mail are closely monitored, sometimes my lines blocked especially when international institutions like the BBC tries to interview me. Other times mails sent to my email never get delivered. I must always try to change my appearance to not be easily recognized. In July of 2012 I was served a double suspension for five months so as to discourage me from advocacy. Today it has been 25 long months (February 18, 2014) since I was dismissed for advocating for better working conditions and salaries for health workers in Liberia, and for a better Health Care Delivery System for my country." **George Poe - NAHWAL General Secretary**

In February 2014, after the government failed to live up to the agreements from prior negotiations, health workers went on a nationwide strike. The government responded by recruiting students without licences, who were promised three times the normal salaries. Many were not even paid.

Twenty-two union leaders across the country were fired without any hearing by the Health Minister of Liberia. Following an intervention by nearly all stakeholders, 20 were reinstated, although Joseph S. Tamba and George Poe Williams, respectively President and General Secretary of NAHWAL, have still not been reinstated. Their accounts were put on hold as of May 2015.

Chapter Head of Bong County, Martha C. Morris, a prominent leader of NAHWAL, was one of the 22 dismissed NAHWAL leaders. She eventually got recalled but her name was removed from the payroll for eight months. Martha, a dental nurse and department supervisor, advocated for and succeeded in the construction of an Ebola Treatment Unit (ETU) in Bong County. Under her coordination and strong advocacy, the NAHWAL division in the Bong district grew to be the union's stronghold. But after openly questioning the working condition and wages of the staff of the ETU, Martha was never paid the eight months' salary owed to her.

NAHWAL's River Cess County representative, Borris Grupee, was transferred from Cesto City to an isolated village in order to make it impossible for him to oversee the affairs of NAHWAL in that county. Several other union leaders and active members have been threatened in a similar way across the country.

"When I returned to work, my name disappeared from the payroll and for eight months I was working without pay. As a leader and an advocate, I lead the team that opened the Ebola Treatment Unit in Bong county, even though I was a breastfeeding mother of a six months old child. [...] I was dismissed from the unit after a month because I advocated for the constant availability of protective equipment, better working conditions and better incentives."
Martha C. Morris

Other unions were also targeted: the President and General Secretary of the Roberts International Airport Workers Union (RIAWU) were dismissed and the collective bargaining agreement (CBA) signed between RIA management and the workers was suspended.

In October 2014, when health workers went on strike calling for hazard pay and protective equipment, the government brought in unemployed people, some of whom were not even health professionals. It also threatened to dismiss those who did not report to work.

CURRENT SITUATION

Fortunately for all three Ebola countries, the international community stepped in with money, logistics and human resources. Now, at the end of the emergency period, infection prevention and control (IPC) materials are available. This current level of availability must be maintained at all times in order to avoid a future recurrence of massive death toll amongst health workers and population. Health workers still need training and constant refreshers on Ebola control by the WHO and other partners in order to keep them prepared at all times.

Union repression continues as health workers' unions are not included in any consultation with the government, which continues to threaten trade union leaders with dismissal and is intimidating workers who have no job security and therefore prefer to keep their under-paid jobs in a country where unemployment is widespread. Many union members have become afraid of being identified with trade unions and will not participate in meetings, let alone support actions. This severely weakens the trade union movement and calls for capacity-building and empowerment, as well as an elaborate campaign to bring the current leadership in Liberia to terms with the ILO conventions on the right to organize and trade union rights.

CONGO: UNITE THE UNIONS!

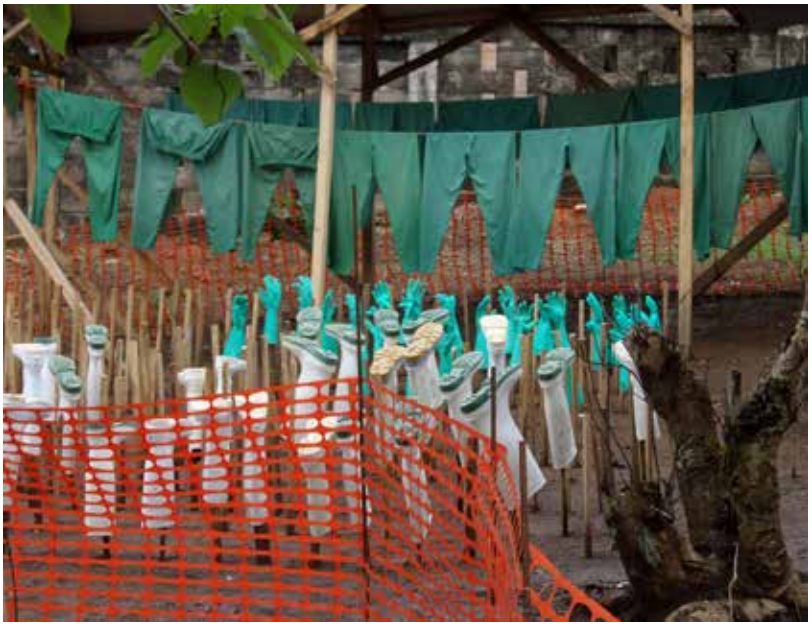


Photo: EC/ECHO/Jean-Louis Mosse/CC

The Congolese population has no access to a qualitative health system as, especially in the provinces, the health structures are in an advanced state of decay. Health service providers are neither adequately nor continuously trained to strengthen their capacities and enhance their knowledge about the disease.

The last evaluation, commissioned by PSI in 2012, ascertained that the health professionals in the Democratic Republic of Congo (DRC) are working under exceptionally bad circumstances, characterised by a growing need for protective equipment, leaving the workers exposed to contaminations and the risk of dying due to the occurrence of diverse epidemics, such as STI/HIV-AIDS and the Ebola Virus Disease.

Because of the isolation of the far away regions, the Ebola virus is less able to spread as it did in the West-African region, and therefore does not seem to attract the same international attention, but it keeps reoccurring and is as deadly and contagious as elsewhere. Over the last years, the DRC has experienced several deadly occurrences of the Ebola Virus disease, leading to many victims in the population but also among the health workers because of the lack of decent protective equipment. Furthermore, nurses, especially those working in the North and South Kivu provinces, Orientale and Equateur, where armed conflict repeatedly re-emerges, are often confronted with violence at the workplace. Not only are health professionals not protected, the families of the deceased victims of the virus have never been compensated or been taken care of by the state.

The DRC has never ratified ILO convention 149 on “Employment and Conditions of Work and Life of Nursing Personnel” and convention 151 on

the “Protection of the Right to Organize and Procedures for Determining Conditions of Employment in the Public Service”. The health state does not meet the needs of the activities that are supposed to be organised for the population. The DRC is a country with a very high potential for epidemics and only about 5% of the overall budget is allocated to health.

In addition, resources attributed to health facilities are badly managed, if ever they arrive in the facilities at all. Under these circumstances, the sanitary structures are incapable of offering universal coverage and protection against health crises such as Ebola and HIV/AIDS.

PSI affiliate SOLSICO, the Union Solidarity of Congolese Nurses, is taking up the challenge and participating in the Ebola Response Strategy. A first big challenge is the scattered union landscape in the DRC. Only doctors, who have a specific status, are involved in the elaboration of policy. Nurses and health workers’ unions have never been involved in the decision-making process on crisis preparedness, nor in the reform of the Congolese health structures. This causes a lot of frustration and widens the gap between the different professional categories in the health sector. SOLSICO is now trying to get the different health unions around the table for a better collaboration.

However, SOLSICO does not restrict its activities to the union environment and has been reaching out to different civil society actors, in an attempt to create a large network of support for improvements in the health sector, an increase of the health budget, the ratification and implementation of the ILO conventions linked to the Conditions of Work and Life of Health personnel. A network that can take its place in the consultations and decision-making process on the eradication of the Ebola Virus Disease, crisis prevention and general health issues.

In preparation for this, SOLSICO works with the Ghanaian Health Service Workers Union (HSWU) to pick up tips on fruitful union collaboration and the coordination of joint long term campaigns.

GHANA: UNION INVOLVEMENT

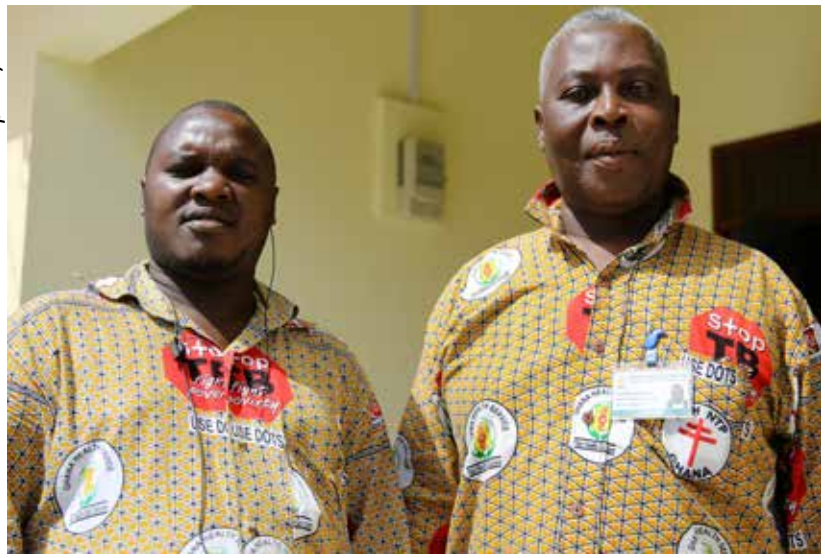


Photo: CC.Chapman/CC

In Ghana, 151 cases were tested on Ebola, but luckily none were confirmed. Since the country was classified as one of the 15 countries with high risk of EVD infection, a National Preparedness and Response plan was developed around five thematic areas: Coordination, Surveillance, Case Management, Logistics and Finance/Security, and Social Mobilization & Risk Communication.

The plan includes the elaboration of a large coordination structure, the establishment of rapid response teams, communication lines from the community level to the national level, basic materials for rapid response, data collection forms, training on safety procedures for laboratories, Personal Protective Equipment for regional, teaching and some district hospitals, communication and campaigns in media and schools. The plan also provided incentives and support for health workers involved in Ebola in three areas: direct cash transfers, life insurance and treatment.

Despite the quite comprehensive plan, challenges remain in terms of incomplete treatment centres, insufficient training at the district level, inadequate simulation exercises, and the lack of earmarked funds for the EVD response. The rapid response teams might be trained, but not fully as a team with clear roles and responsibilities and an update of the National Preparedness and Response Plan is needed.

The Ghanaian Health Service Workers Union (HSWU) has followed the developments closely and made the additional demand for financial support for families of health workers who have died of Ebola. This support should consist not only of a lump sum but also of the payment of the deceased health workers' monthly salary until this person would have achieved the age of 60, the compulsory retirement age in Ghana. HSWU

has also introduced child survival benefits so that the education of deceased health workers is assured. This could be done by government scholarships and the establishment of a fund to support the child survival benefits.

Hopefully it will never have to come to this. In order to reduce the risk of cases to a minimum and to prevent any victims amongst health workers, the Ghanaian unions strive to strengthen the epidemiological surveillance in the country, to train and sensitize the health workers on Ebola and continuously provide information on the matter to the public. So Ghana is able to detect, contain and treat any case that may come up.

WHAT YOU CAN DO

Joseph S. Tamba and George Poe Williams, President and General Secretary of the National Health Workers' Association of Liberia (NAHWAL) were dismissed in February 2014 following a nationwide strike calling for decent working conditions for health workers in Liberia.

The cases of Tamba and Williams do not stand alone. They are an extreme example of the lack of respect for trade union rights and the right to organize in Liberia although ILO Conventions 87 and 98 are ratified. To date, it remains illegal for public servants to organize and form or join a union that represents them.

NAHWAL together with PSI has filed a complaint with the Committee on Freedom of Association of the International Labour Organization.

Support our demands by sending a letter to the Liberian government, demanding the right to organize for public servants, the respect of trade union rights and the reinstatement of Joseph S. Tamba and George Poe Williams.

Solidarity with Liberian health workers now!

http://www.world-psi.org/SolidarityLiberia

#SolidarityLiberia

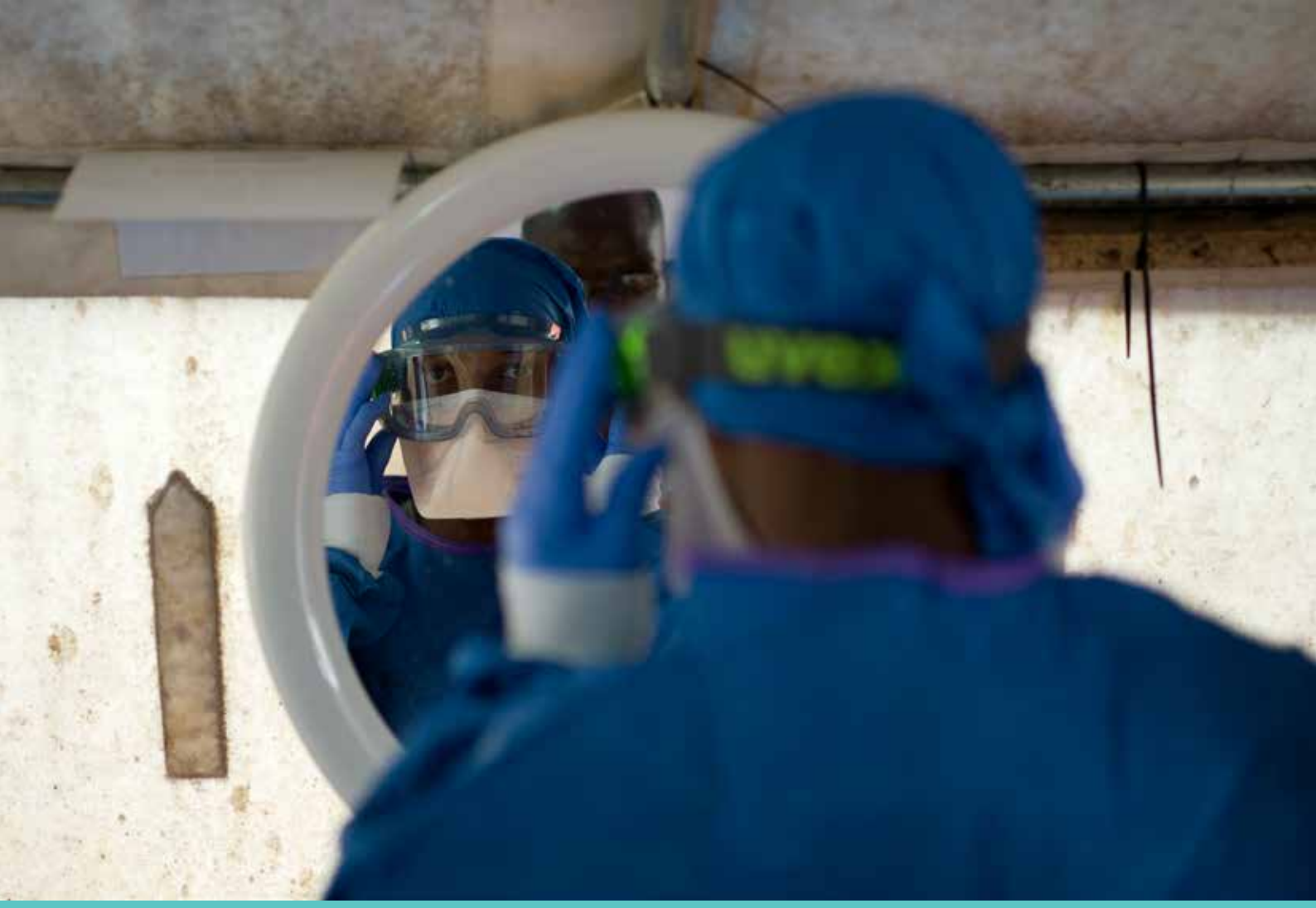


Photo: European Union./CC

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