



Ebola Virus Disease (EVD) Trade Union Intervention Strategy 2014-16

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Public Services International is a global trade union federation representing 20 million working women and men who deliver vital public services in 150 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. psi@world-psi.org | www.world-psi.org

Introduction

The human disaster which has unfolded in West Africa following the outbreak of Ebola Virus Disease (EVD) has revealed the structural and systemic weaknesses of the health systems of the countries affected. But not only this, the weaknesses in the health systems of Liberia, Guinea and Sierra Leone have a direct impact on surrounding countries and even countries much further away, with EVD infections and deaths now reported in the United States and Spain.

By the end of the third week of October 2014, nearly 5,000 deaths due to EVD have occurred, although many more are suspected. The tragedy has been compounded by the fact that as of 19 October 2014, 416 health care workers had contracted EVD as a result of caring for patients with EVD. Of these health workers, 244 have died – which means that 5% of all reported EVD deaths in Guinea, Liberia and Sierra Leone to date have been health workers.¹

The primary reasons for the deaths of health workers have been inadequate personal protective equipment (PPE), inadequately safe working environments, substandard infrastructure, over-exposure to hazardous environments (a consequence of understaffing) and a complete lack of adequate resources to deal with the scale of infections. Furthermore, PSI has received reports that health workers who have died are not being covered by (already severely inadequate) social security systems and their families (if they have survived) are left destitute.

Lack of security has now emerged as a threat, with reports of health workers engaged in EVD awareness-raising activities being attacked and killed (in similar fashion to health workers who have been killed promoting polio vaccinations).

Context

PSI affiliates began reporting cases of health workers dying while treating patients with EVD as early as April 2014 and tried to raise these issues (among others) at the West African Health Ministers' Summit in Monrovia that same month. In July, PSI-affiliated unions in the West African Health Sector Unions' Network (WAHSUN) publicly raised the issue of unions being central for health system preparedness in the case of emergencies like EVD outbreaks. Sadly, these early warnings from workers' organisations themselves were largely ignored.

The working conditions for health workers in West Africa before the current outbreak of EVD were reflective of the state of public health systems in West Africa; inadequate, poorly funded, over-burdened and under-resourced. The International Labour Organization (ILO) estimates that adequate health systems require 41 health workers per 10,000 people, yet the number of health workers per 10,000 people in the following countries are many times less:²

- Guinea 2/10.000
- Liberia 3/10.000
- Nigeria 20/10.000
- Senegal 5/10.000
- DR Congo 4/10.000

¹ World Health Organization (WHO) **Ebola Response Roadmap: Situation Report** 22 October 2014 <http://ow.ly/Dh6Qr> accessed 23 Oct 2014

² International Labour Organization (ILO) **Shortage of skilled health workers, by country** <http://ow.ly/Dh73S> accessed 2 Oct 2014. No data for Sierra Leone was available.

The dire consequences of the EVD outbreak must be seen, in general, as symptoms resulting from decades of a lack of investment in public sector health systems and, more specifically, the totally inadequate responses to redevelopment following the end of civil conflict in Liberia and Sierra Leone.

The immediate general response to the EVD outbreak will essentially be “technical” and “logistical” (mobilising external assistance, proving resources, infrastructure etc.). However, such responses cannot address the structural and long-term **political** problem: non-functioning public sector health systems lacking in decent working conditions with labour rights and which are totally inadequate in providing universal coverage, let alone confronting a major health disaster.

Trade union intervention strategy

A trade union intervention strategy is needed to confront this challenge. It is vital at this time that the political nature of the problem is brought to the forefront. PSI is uniquely positioned to actively represent the “political” interests not just of health workers and their unions, but of the broader community that must have access to a quality public health system. The reason being is that PSI and its affiliates understand and know what is required for quality public healthcare systems.

A trade union strategy at this time must also be conscious of not being diverted into the following types of assistance:

1. Charity
2. Replacing the state

In the case of the first, PSI must recognise that it cannot be a welfare agency – while there are legitimate grounds and reasons to provide emergency support directly to trade union members in certain cases – the drain on financial resources has the potential to be enormous and beyond the scope of anything PSI can provide.

In the case of the second, PSI must not be involved in activities which are ultimately the role of the state. Our job is to demand that the state fulfils the role of provider of quality public healthcare systems, not to jump into gaps where the state fails. There are practical and political reasons for this. Practically, our members can find themselves in extremely dangerous situations (e.g. How can a trade union determine on its own the distribution of PPE? How can a trade union on its own determine which communities should be targeted to receive education and awareness-raising on Ebola?). Politically, we would undermine our own arguments for quality public healthcare systems and risk promoting the NGO-ization of the health system, or at worst allow for the further intrusion of corporations via so-called public-private partnerships.

PSI’s unique strength is not based on the financial capacity of its membership, but on our industrial, collective and social strength to influence, mobilise and bring about progressive change. This must be the over-arching socio-political framework for our interventions regarding a trade union response to EVD and our attempts to rebuild the public health systems of West Africa.

Actions

Given these conclusions, PSI should focus on two objectives at three levels (national, regional and global). The first immediate objective must be to support trade union campaigns to improve the working conditions of health and related workers in the affected countries in West Africa. The second objective is in two parts:

- to promote the role of unions as part of planning processes for containment of EVD
- to campaign for improvement and expansion of the public sector health systems of West Africa.

The draft intervention strategy matrix below outlines the details of this approach.

PSI requires a team of representatives working in Africa to carry out this intervention strategy. The team would be comprised of:

- representatives in Guinea, Sierra Leone, Liberia and DRC undertaking national level activities
- a regional organisations' (primarily ILO and ECOWAS) liaison representative (based in Abuja, Nigeria)
- a regional coordinator to cover all the work based in Accra

PSI is looking to secure funding to support this.

In engaging in a new programme for West Africa, we need to be conscious of our present weaknesses and strengths in the current environment. In Guinea, Liberia and Sierra Leone the trade unions representing health workers are relatively weak (both a factor of external environment and repression and internal problems). PSI needs to build capacity in these unions to undertake targeted campaign work on improving health workers' conditions. At the same time, in Nigeria and Ghana, health worker trade unions are relatively strong, PSI should draw on these affiliates' strengths and request their active engagement.

There are also possibly some important lessons to be drawn from Senegal, Nigeria and DRC. In mid-October the World Health Organization (WHO) declared Senegal and Nigeria free of EVD.³ We should look to see what role trade unions played in this process and whether or not this points to trade union experiences we can share with other countries. In DRC, the current outbreak seems to be more isolated, but there is a relatively strong affiliate there with good experience working with PSI.

Finally, it is important to make a comment on the issue of the sustainability of this intervention. By that we mean that without external support

whether local unions themselves could continue actions beyond 2016. This is not, however, an objective in the current timeframe – it would be unrealistic to expect such an outcome in such a short period of time given current circumstances. The proposal here is an immediate crisis response – by the end of 2016 we would assess and evaluate whether explicit sustainability objectives are realistic.

Conclusion

While hundreds of millions, if not billions, of dollars and euros may be mobilised and promised for West Africa, we cannot expect that the public healthcare systems of the West African countries will suddenly change.

However, we can be confident that with an activist trade union approach we have the potential to put ourselves and our members into the decision-making processes responding to the crisis. In such an arena, we can play an active role in promoting quality public health systems, building trade union capacity to mobilise and improve the conditions of health sector and allied workers.

PSI's primary goal is that by the end of 2016 affiliated unions will have started campaigns and built alliances to achieve the objectives outlined above. Ultimately, we have an opportunity to change the debate and direction of the dominant model of health system development: the current EVD outbreak demonstrates clearly the threat posed to societies as a whole when quality public health systems are absent.

³ **WHO declares end of Ebola outbreak in Nigeria** <http://ow.ly/DhaCx> Accessed 23 October 2014; **The outbreak of Ebola virus disease in Senegal is over** <http://ow.ly/DhbJP> Accessed 23 October 2014

DRAFT - PSI Ebola Virus Disease (EVD) Trade Union Intervention Strategy Matrix 2014-16

PRIMARY Intervention Countries Guinea, Liberia, Sierra Leone, Democratic Republic of Congo (DRC)

SECONDARY Intervention Countries Ghana, Nigeria

Objective	Expected Results	Indicators	Baselines	Activities
Occupational health and safety (OHS) and general conditions for health workers in EVD outbreak countries are improved	<p>Unions complete comprehensive national and regional proposals on OHS and general working conditions for health workers</p> <p>Unions lobby governments, regional and international organisation on these proposals</p> <p>Agreements, MOUs reached between unions and national governments.</p> <p>Unions have identified persons and developed capacity internally to campaign on EVD issues and preparedness.</p>	<p>Unions have identified needs regarding PPE</p> <p>Unions have identified required improvements to working conditions (working time, shifts, patient ratios) and required changes to recognised occupational work-related hazards.</p> <p>Unions have identified proposals for improvements to social security and employment conditions (wages).</p> <p>Unions have begun campaigns on unified proposals.</p> <p>3 PSI-WAHSUN liaison representatives established in Guinea, Liberia, Sierra Leone, with regional coordinator based in Accra</p>	TBC	<p>Questionnaire on PPE needs</p> <p>National level research on OHS, social security and employment conditions</p> <p>National union fora on improvements to OHS</p> <p>National union fora on social security and employment conditions</p> <p>Campaign launches, media activities</p> <p>Annual regional evaluation activities</p> <p>Lobbying government, regional representatives</p>
Trade unions of health workers are involved in national and regional policy development and planning processes for: 1) containment of the EVD outbreak in West Africa + DRC, and 2) improvement and expansion of public sector health systems of West Africa + DRC	<p>PSI and trade unions of health workers in EVD outbreak in West Africa + DRC have built alliances and issued joint statements with NGOs, CSOs and CBOs</p> <p>PSI and trade unions of health workers in EVD outbreak countries in West Africa + DRC have undertaken joint campaigns on required national, regional and global responses to EVD outbreak and public sector health system renewal</p>	<p>Unions have identified national and regional proposals for public sector health system growth, renewal and development</p> <p>Unions have mapped NGOs, CSOs, CBOs (and other TUs) involved in West Africa as potential partners</p> <p>PSI and unions have lobbied relevant national, regional and international organisations (WAHO, ECOWAS, WHO, ILO, WB, IMF) and influenced decision making in crisis response phase and long-term policy making</p> <p>PSI has mapped consequences of international financial institutions (IFIs) actions and policies (AfDB, IMF, WB)</p>	TBC	<p>Research on public sector health system renewal – national level</p> <p>Research mapping on NGOs, CSOs, CBOs.</p> <p>Joint national, regional and global fora with NGOs, CSOs and CBOs.</p> <p>National, regional and global lobbying on health system renewal at IFIs</p>