



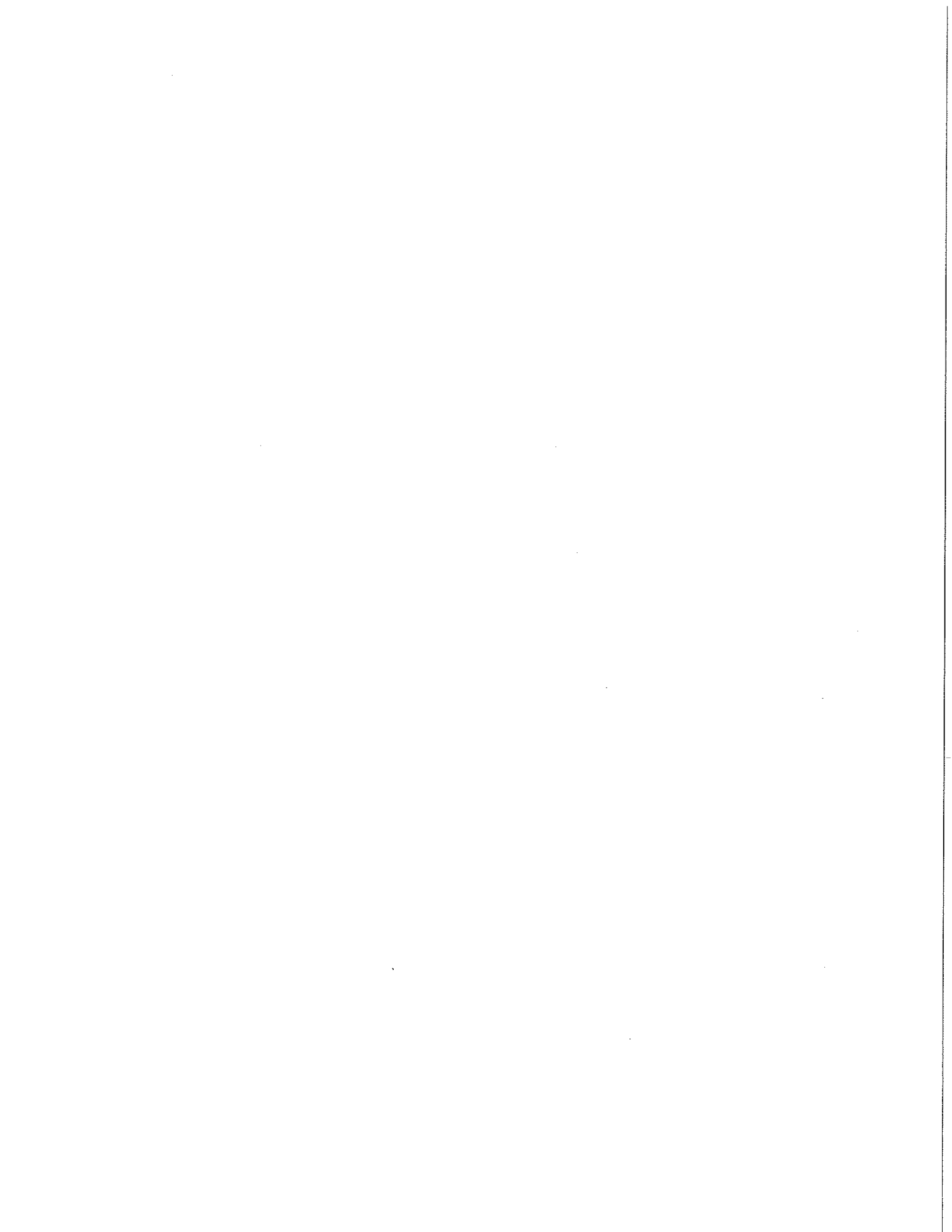
WITNESS

Darius Mans, Ph.D.
President
Africare

HOUSE COMMITTEE ON FOREIGN AFFAIRS
Subcommittee on Africa, Global Health, Global Human Rights, and International
Organizations

“Fighting Ebola: A Ground-Level View”

November 18, 2014



Darius Mans, President of AFRICARE

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Fighting Ebola: A Ground-Level View

Thank you Mr. Chairman,

Let me start by thanking you and the Members of the Committee for your very strong commitment and leadership.

I also really want to applaud the heroic efforts of International Medical Corps and Global Communities who I am truly honored to be here with today.

Thank you for seeking the views from the “ground” and the opportunity to share Africare’s perspective from having been on the ground now for 45 years, standing with thousands of communities across 36 countries in Africa.

Mr. Chairman, if I may, first I would like to very briefly describe what Africare has been doing in its fight against Ebola.

Then I’d like to lay out what we at Africare believe are the most important steps that need to be taken to win this war, which will be won by Africans on the ground who have, time and again, demonstrated that they can overcome disease and adversity.

And finally, I will conclude with what we believe the United States can do to stop Ebola in its tracks.

AFRICARE and EBOLA

When the Ebola crisis began earlier this year in West Africa, Africare immediately swung into action.

We mobilized more than \$2 million in private donations to help break the chain of transmission.

We have shipped personal protection equipment and essential health supplies to Sierra Leone, Guinea and Liberia through partnerships with Direct Relief and local aid organizations.

In addition, we have been helping frontline health workers do contact tracing.

Throughout the crisis we have been very focused on community mobilization and behavior change, which is at the heart of what Africare does across the continent.

While aid from foreign governments and private voluntary contributions from organizations like ours is vitally important, it will be Africans adopting changes in behavior that will ultimately win the war on the ground against Ebola.

So far, we have trained more than 300 local volunteer community health workers.

They, in turn, have educated more than 150,000 Liberians about Ebola prevention, detection and care.

In addition, our team of nearly 100 staff on the ground—all Liberian—are joined at the hip with the Liberia Ministry of Health to help keep health facilities open to treat non-Ebola related diseases.

This includes ensuring safe deliveries of babies.

We are taking into our maternal waiting homes women who have been turned away from hospitals that are simply overwhelmed by the Ebola crisis.

We believe that measurement is critical.

We are talking with technology partners to find ways to embed data capture within our delivery systems.

We want to be sure we have good metrics to gauge our performance and provide real-time information on what we are doing to contribute to the war against Ebola.

And, we are doing all of this without any funding from the US Government so far.

WHAT MORE NEEDS TO BE DONE

Mr. Chairman, members of the Committee, progress is being made.

But much, much more needs to be done.

We strongly support the President's emergency request and hope the rest of the G20 countries will step up to the plate and do more.

But it's not just more **money** that is needed.

It's also important **how** that money is used.

There is a need for better coordination and planning of ETCs.

We also clearly don't need as many ETCs as originally planned in Liberia.

We believe it is vital that the efforts to control Ebola are taken to the community level.

That is where the bulk of the care is provided--by family members, neighbors and local health workers who really are the first responders in this crisis.

We also hope USAID will be given the flexibility to allocate its resources as needed to ensure an agile response to this rapidly evolving epidemic.

In addition, we believe it is essential that civil society in the affected countries be given the support and space needed to help ensure the best use of, and accountability for, Ebola funding .

Finally, let me say a few words about WHAT MORE CAN THE UNITED STATES DO ?

One of the big lessons of this crisis is that donors need to move beyond the old approach of targeting resources to specific disease burdens like malaria and HIV/AIDS.

We need to invest in strengthening the public health systems and especially community-based management of diseases.

We also need to take advantage of the crisis to build the health infrastructure the affected countries need in the future.

The investments being made now during the crisis need to help the affected countries build more robust and resilient health systems.

As Liberian President Johnson-Sirleaf said, “We must ensure that everything we do now is not just with the aim of ending the outbreak but to ensure that we come out with a stronger and efficient healthcare system.”

Furthermore, it is my hope that the USG will commit to long-term economic growth in the region.

I hope you will join me in urging the Millennium Challenge Corporation to quickly finalize its programs in Liberia and Sierra Leone.

Significant investments in the key drivers for growth in those countries will help them get back onto the higher growth path they were on before the great disruption of the Ebola crisis.

Thank you Mr. Chairman for the opportunity to share Africare’s views