

Ebola needed better coordinated Canadian response

Canada needs to step up its game when responding to international disease outbreaks, says New Brunswick's Chief Medical Officer of Health, who spent more than six months in Africa with the World Health Organization during the Ebola outbreak. Dr. Eilish Cleary was disappointed that the Public Health Agency of Canada was not able to deploy teams of public health experts to help with the response.

"When I was there, especially in the beginning, there were a lot of people from other countries — Americans, a lot of Europeans particularly, but there were not that many Canadians. Some Canadian doctors had gone independently, but there was no organized group," she says. "I think the value for money is better if you send teams."

Cleary was seconded to the WHO through the Global Outbreak Alert and Response Network, which allows the WHO to call on experts to help with global health emergencies. The members of the network then free up the required people if they can. "I was fortunate the government of New Brunswick was open to me doing that. I don't think that all governments or employers were," says Cleary.

It was Cleary's expertise in public health and outbreak management in New Brunswick and previously as the medical officer in emergency preparedness and response in Manitoba — as well as her previous experience working in Sierra Leone shortly after graduating from medical school — that made her a good fit for the job. "Outbreak management is something that we do all the time, so I have a pretty good foundation in responding to emergencies," she says.

Cleary had several different jobs in her time with the WHO from September to December 2014, then January



Brian Owens

Dr. Eilish Cleary, who worked in Africa during the Ebola outbreak, was disappointed that Canada was not able to deploy teams of public health experts.

through May 2015. She started as a field epidemiologist in Lagos, Nigeria and then Port Loko District in Sierra Leone — the district with the highest number of cases in the world at that time — investigating the source of the cases, following the spread within communities, studying the transmission dynamics and then putting in place measures to prevent the spread. Later, she took on the role of field coordinator in Port Loko, overseeing all aspects of the response, including clinical care and infection control, before moving up to become the national surveillance lead for Sierra Leone, running all of the epidemiological investigations, the data and information management and designing a system for long-term surveillance.

The work was challenging, she says, with frequent logistical problems. They struggled with a lack of staff, fuel for the vehicles, laboratory testing and even thermometers. "That's why I felt very strongly that I would have loved to have some of the public health people from Canada there, other medical officers of health, public health nurses, public health inspectors, because they would be able to do that work very well."

Many of the challenges stemmed from the huge number of organizations involved in the response, which often didn't coordinate their activities very well. Cleary says she "couldn't even count" the number of international groups responding, but each one tended to work independently, resulting in duplicated efforts and things falling between the cracks. She thinks much of the criticism directed at WHO over the chaotic and uncoordinated response is unjustified, and would like to see WHO given a stronger mandate to oversee international efforts. "I don't think each organization can decide what it wants to do, when it wants to come, when it

wants to go, it has to be much better coordinated," she says. "I suppose lots of organizations have long and proud traditions of their independence, but if it's impacting how a response happens then I think there have to be some rules of engagement."

Cleary says Canadian doctors could have done more on the home front to calm fears about Ebola by speaking out against the travel bans and visa restrictions brought in by the government. Such moves, which were not medically necessary, only serve to exacerbate fears, she says. "We have a role to play to balance the fears in the community," she says. "Just standing by and allowing policies to be made that don't make sense from a health perspective is in itself a bit negligent."

The outbreak is winding down now, and seems to be coming under control. Cleary thinks that the lessons learned from this outbreak will help to improve the response in the future. "The understanding of where the virus is, the ability to control it, is just hugely improved," she says. "There has been huge progress made." — Brian Owens, St. Stephen, NB

CMAJ 2015. DOI:10.1503/cmaj.109-5106