

Ebola crisis revealed “major fault lines”

The call to action for the Ebola outbreak extended far and wide, with the epidemic now having more than 26 000 cases and claiming more than 10 000 lives, but the response has raised questions about underlying problems that hinder health care in some countries and about who was best positioned to respond.

At a recent session of the Consortium of Universities for Global Health in Boston, Dr. Peter Piot, one of the discoverers of the Ebola virus, said the outbreak and crisis in West Africa “has revealed major fault lines in the local societies and in the international system; in how we conduct research and how we develop new drugs and vaccines and also in trust and the way that international aid and development and cooperation is operating.”

Who should be involved in a large-scale response to a public health emergency and how should it be implemented? The answer is not clear. Some experts at the consortium argued that with so much at stake, the international community and nongovernmental organizations with external experience needed to take over the response; others countered that what was needed was a more collaborative effort with engagement from local agencies that were familiar with the context.

“Ebola came to West Africa spreading and swimming in the ocean of national apathy, denial and unpreparedness,” said Dr. Oyewale Tomori, former regional virologist for the World Health Organization (WHO) Africa Region. The Ebola response should have made better use of local expertise and considered issues such as corruption, he said, adding that these factors exacerbate fragile health systems. “There are certain things we don’t talk about publicly and those are the ones that are causing our problems.”



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The Ebola response effort showed the world was ill-prepared for a large disease outbreak, according to the WHO.

Some organizations tried to work closely with local governments during the epidemic. Partners in Health (PIH), a Boston-based nongovernmental organization run by Dr. Paul Farmer, worked with the Ministry of Health in Sierra Leone to roll out their Ebola response in the country. PIH focused on capacity-building and collaboration.

They had not worked in a crisis setting of this scale before, however, and that seemed to present a new set of challenges for the otherwise seasoned health organization. According to an Apr. 12 article in *The New York Times*, an inquiry by health experts and interviews with PIH staff indicate there was a confusing leadership structure and inconsistent safety standards, including “an inadequate amount of protective clothing.”

The reaction from international governments also had complications. A

statement from Dr. Margaret Chan, director-general of the WHO, said the response was inadequate. She listed eight lessons learned, reiterating how the epidemic has highlighted fragile systems and the importance of empowering communities. The failing has prompted the development of a Global Health Emergency Workforce, bringing together experts in the field of public health and medicine, to quickly respond to a crisis.

“We could have been quicker to act; we could have put up fewer roadblocks,” says Piot, this year’s winner of the Canada Gairdner Global Health Award. The next step will be to sustain the emergency response, for what could be a “long and bumpy ride.” — Moneeza Walji, *CMAJ*

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