

# Reflections on the 2014-15 Ebola Outbreak in West Africa

## Remarks by Dr. David Nabarro at the opening of the International Responders' Meeting

World Health Organization, Geneva (17–19 February 2015)

### *Communities at the centre*

1. The 2014 Ebola response – like all the others – confirms that establishing and maintaining positive contacts with, and earning the trust of, communities at risk is critical. There must be a systematic approach to the engagement of communities. And people must be the subjects, not the objects, of the response. The outbreaks are due to transmission of pathogens – and this is usually driven by people's behaviours. Behaviours change and become less risky if people see it as in their interest to change (not if they are ordered or forced to). This calls for careful, transparent and respectful confidence building between communities and responders. Trust is a very valuable commodity in settings where outbreaks occur: it must be maximised, and then used to help people appreciate ways in which they can avoid risk and maximise benefits when there is an increased outbreak risk. Trust is primarily built through open and honest communication which is an absolute necessity for this work. Good quality clinical care for those who are ill is a key pre-requisite for the building of trust.

### *Whole-of-society approach*

2. And given that communities are at the centre of the response, and that the response involves a range of actors (local government officers, traditional leaders, faith leaders, local politicians, local civil society) a whole-of-society response is needed. But this depends on there being a strong and trusted health sector providing the direction and enabling those who are ill to get the best possible treatment – either in-situ or through evacuation to a place where they have the best possible chance of survival. The Health Sector is key – all leaders call on public health professionals to analyse the situation (and explain their analyses), to establish strategy, to review progress and to provide care. In the current Ebola outbreak this has involved Presidents recognizing that the response needs to include the whole of Government as well as politicians and civil society while, at the same time, they give a special place to the Health Ministry.

### *Special role of the health sector*

3. The health sector is at the heart of efforts to get an outbreak under control (and may have to do this with minimal budget); health workers are most at risk of getting sick and dying (because they are the first responders) and health workers are often disproportionately affected by outbreaks: in this crisis it is the National health workers who have been at the centre.

### *The contribution of international responders*

4. International responders have been particularly important creating a context which has empowered national responders, sharing expertise with them, enabling them to learn from those who have knowledge.

5. International responders are particularly helpful when they work in teams, when they have experience of the local context, when they combine anthropological and community studies with clinical medicine and epidemiology, when they interact with the communities with whom they work and when there is a strong component of process management built in to their work. The importance of responders putting themselves at the disposal of the national authorities is increasingly recognized. This is the trademark approach of the African Union's ASEOWA initiative.

6. In this outbreak I have seen different kinds of International Responder Teams being requested by the national officials. One important team pattern is as contributor to a functioning ETU (working with as many as five times the number of national staff). Another pattern is when the international responders contribute to a district-based response team (with the emphasis on intelligence-based rapid response capability – community engagement, surveillance and case-finding, confirmation, effective treatment, contact tracing). Yet another pattern is contributing to the revival of health services (with an emphasis on infection control). Similar team-based approaches can be used for promoting effective community engagement (including negotiations to build trust and respect) and helping to manage safety nets for people who have been gravely disadvantaged as a result of disease.

7. I have also noted the importance of continuous learning both by members of the international teams and their national counterparts: they learn from and with each other. They learn optimal means to ensure (a) protection from infection, (b) the best possible clinical results, (c) means for engagement of communities and (d) approaches to handling bereavement – to name a few.

8. Protocols which define best practice are a really effective way to capture this learning and put it to the test in other settings.

### *Supporting International Responders*

9. It has taken some months to establish the right support services for the thousands of international responders working on this response: for the future we need more predictable personnel management (including psychosocial support), systems to enable people to get around (including communications and transport), adequate supplies of the material needed to support people involved in this kind of work, together with means to ensure personal security (this is challenging work and the responders are not always appreciated), to enable people to protect their health (I shall forever be concerned that members of the International Responder teams died of malaria and other preventable conditions) and linguistic support (it is really hard to do this work if the responders and those who they are helping speak different languages). Means for treating and if necessary evacuating those who are sick are crucial.

### *Reflecting on Experiences*

10 It is absolutely right that there should be an occasion for International Responders to share experiences of assisting with the Ebola Response to date and consider how best to contribute to the second phase of the response with its emphasis on seeking out people who are thought to have Ebola, enabling them to be treated promptly and following up their contacts on a regular basis. I would slightly prefer the emphasis to be on Responders rather than International Responders: the concept may well apply within a country (when teams are sent to support local authorities in an area that is experiencing challenges) as well as to between countries.

### *Health Emergency Alert and Response Teams*

11 I am also pleased that the vital contribution of international responders has been appreciated in the resolution that was agreed by the WHO Executive Board on January 25<sup>th</sup>. Their value in outbreak response is reaffirmed in that resolution, and will become clearer as the story of this Ebola outbreak is written up in more detail. The resolution values one of the best organized sources of international expertise – the Global Outbreak Alert and Response Network. Indeed, I sometimes wonder whether FMTs should be re-titled “Health Emergency Alert and Response Teams”.

### *A Heartfelt Thank You...*

12 So I finish with a heartfelt thank-you to all of you who have been working as International Responders, or supported international responders within the context of the current Ebola response. Thanks to those of you who have been doing this kind of work for years. Thanks to those of you who have brought the concept into the international system – including, particularly, Ian Norton and Rob Holden with WHO. You have, indeed, been at the heart of the response and it is now our privilege to be learning from you. Thank you all for sparing the time to take part in this critical meeting.

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