



Ebola and fragile health systems in West Africa



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Enormous crisis with massive cost in lives



- 28,616 cases reported in Guinea, Liberia and Sierra Leone
- 11,310 deaths
- More than 10,000 survivors
- Indirect effect on healthcare access

Ebola victims cemetery Kailahun, Sierra Leone

T.K.G MEDICAL & LABORATORY CLINIC

Open: 24 Hour Service

Exposed the fragility of the health systems

- Ineffective surveillance
- Limited trained human resources
- Poor health infrastructure/infection control
- Insufficient funding
- Lack of supplies at health facility
- Gaps on contingency plans implementation

Weak performance of the Public Health system with services not accessible for a big portion of the population

Collective failure to identify, respond to and control an epidemic

- Political and systems failure
- Weak leadership
- Shortage of resources
- Slow international response
- Failure of the current R&D framework



Jackson Niamah addresses the UN security council (Sept 2014)

Lessons learned

Political willingness is needed. More finance, better modelling, surveillance and technologies alone will not solve the problem

Response must be **community based**, flexible with a patient centered approach

Reinforcing **leadership** and accountability of the public sector is required

R&D framework must be reviewed and its agenda reoriented towards the greater public good

Non-Ebola care, earlier engagement to support health services provision is required



Conclusions

- **The needs of the affected population and their health, not systems or security concerns have to be the cornerstone of any national or international health regime.**
- **Countries should find incentives to quickly notify an outbreak and be supported to respond to it.**
- **Rapid and reactive emergency response should not be seen as competing with long term development goals/system strengthening**
- **There is an urgent need to invest in better and more adapted tools to prevent, identify and respond to health threats**