

Ebola: a failure of international collective action

The *Lancet* Editorial (Aug 23, p 637)¹ sums up the collective failure to respond in a manner that might have avoided or at least limited the scale of the present Ebola epidemic.

Timely humanitarian action from international players is essential to manage this crisis. Unfortunately, timely would have been 3 months ago when the epidemic started to get out of control. The absence of a timely and effective humanitarian reaction now seems to extend from emergencies in contexts of conflict and displacement² to epidemics. Despite the media overload, people in the frontline of the Ebola response feel increasingly abandoned and isolated in their daily struggle.³ Today, it is not only those directly affected by Ebola, but also people with other illnesses that are equally failing to access a minimal level of necessary care amid collapsed health services.

While the World Bank pledge that was noted in the Editorial¹ is a start, we caution against confusing the need for improved long-term health systems with the urgent need for a large-scale, immediate humanitarian response. Discussions on health system strengthening, and the resilience of health sectors, might be valid to improve epidemic response in the future and we would welcome a thorough critical review of current international development support for more effective impact on health services and population. However, we would like to underscore that neither is of value for reacting to the present crisis.

Health development aid cannot replace or mitigate the need for immediate and direct international humanitarian action in this crisis. A focus on development risks distracting attention from the need for urgent international support. The prevailing

trend to treat humanitarian assistance as a branch of development aid might contribute to the current hands-off approach, leading to a paralysis of effective and direct humanitarian action on the ground.

The plight of health staff and populations in west Africa, faced with the knowledge that Ebola is resulting in huge mortality rates due to their inability to manage it, stands as an indicator of just how little help they are receiving. The fact that Ebola is consuming all the under-resourced health-care capacity of these communities and a complete absence of any basic health care for non-epidemic health issues (such as births, malaria, AIDS, the list is long) has been largely unreported.

The strategy and actions required to manage an epidemic, even an Ebola epidemic, are relatively clear. But, as in any effective plan, essential details such as who (staff and organisations) and when (speed of implementation) cannot remain blank; unfortunately these details are still missing from the WHO roadmap.⁴ An epidemic of this proportion requires an immediate and massive injection of resources with presence on the ground. It needs man-power, materials, funding, and, more importantly, political will and solidarity that sends people into the field in support of exhausted and drained national health staff and populations in need. It is time for states that possess biological threat response mechanisms to step in to actually save lives where immediately needed. This capacity should not be limited to the potential arrival of an infected patient in their countries, but be deployed in the countries affected.⁵

The escalation of the present Ebola epidemic points towards crucial shortfalls in humanitarian action. While coordinated action at central level is important, field personnel are essential.

Médecins Sans Frontières is again appealing for urgent collective action to deal with the outbreak and keep the

collapsing health services running and, more importantly, to show that global solidarity still exists.

We declare no competing interests.

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- 1 The *Lancet*. Ebola: a failure of international collective action. *Lancet* 2014; **384**: 837.
- 2 Médecins Sans Frontières. Where is everyone? Responding to emergencies in the most difficult places. London, 2014. <http://www.msf.org/article/msf-report-where-everyone> (accessed Sept 6, 2014).
- 3 Wolz A. Face to face with Ebola—an emergency care center in Sierra Leone. *N Engl J Med* 2014; published online Aug 27. DOI:10.1056/NEJMp1410179.
- 4 Médecins Sans Frontières. Ebola: MSF response to the WHO new Ebola roadmap. Aug 28, 2014. <http://www.msf.org/article/ebola-msf-response-who-new-ebola-roadmap> (accessed Sept 6, 2014).
- 5 Médecins Sans Frontières. Global bio-disaster response urgently needed in Ebola fight. Sept 2, 2014. <http://www.msf.org/article/global-bio-disaster-response-urgently-needed-ebola-fight> (accessed Sept 6, 2014).



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For WHO roadmap see <http://www.who.int/mediacentre/news/releases/2014/ebola-roadmap/en/>