WHO and partners launch Ebola response plan

A multimillion dollar international strategy to bring west Africa’s Ebola outbreak under control was launched by WHO and countries last week. Andrew Green reports.

Public health officials are warning the spread of Ebola in west Africa is outpacing efforts to contain the outbreak. The virus, now present in three capital cities, has killed at least 887 people so far.

Médecins Sans Frontières (MSF) has described the 6-month outbreak as “out of control” as a steadily increasing number of patients enter hospitals and overstretched health workers search remote areas for people who refuse to seek help.

In response, the international community launched a US$100 million plan on Aug 1 to scale up efforts to stem the outbreak—the largest in history. It calls for the deployment of hundreds of additional doctors, nurses, and social mobilisers. At the same time, west African leaders have intensified their own efforts to control the outbreak by closing borders and quarantining some of the worst-affected areas.

“If the situation continues to deteriorate, the consequences can be catastrophic in terms of lost lives but also severe socioeconomic disruption...”

Leaders from all four affected countries attended the early August meeting in Conakry, Guinea, which Chan said must be a “turning point” in controlling the spread of the virus. “Experiences in Africa over nearly four decades tell us clearly that, when well managed, an Ebola outbreak can be stopped”, she said.

Stephen Monroe, a deputy director at the US Centers for Disease Control and Prevention, described the plan as a “surge”—flooding the most-affected areas in each country with “as many resources as we can” to identify and isolate patients and track all of the people they came into contact with after becoming symptomatic. The international community recognises that it will need to sustain the response “over a long period of time”, he said.

Ending the outbreak will simultaneously require raising local knowledge about the disease and how it is spread. The virus is transmitted through contact with a contagious person’s bodily fluids. Initial symptoms include fever, headaches, and muscle pain—similar to malaria, which is common in west Africa. In some cases, it can eventually lead to severe haemorrhaging and death.

The region is contending with the Zaire strain—the most deadly subtype of the virus. It can kill up to 90% of people who are infected, although the present fatality rate is about 60%. No cure or vaccine exists. Last week, the US National Institutes of Health announced that it was working with the US Food and Drug Administration to fast-track an experimental vaccine that has had encouraging results in primates into a phase 1 clinical trial this September.

In some affected areas, Chan said, the chain of transmission has “moved underground”. People who become infected would rather hide within their communities than seek care—and potentially die—in an isolation ward away from their friends and family. In some communities, fears that health workers are actually spreading the disease have led to threats of violence against international teams.

Liberian President Ellen Johnson Sirleaf, in a national speech, mandated local and national leaders to “go out and fight Ebola” by organising community meetings and urging people to assist health workers and seek treatment as soon as they exhibit any symptoms.

On Aug 4, the World Bank announced $200 million in emergency funding to help the affected countries contain the spread of Ebola, deal with the economic impact of the crisis, and strengthen health systems in west Africa.

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