



## **WHAT WORKS IN THE FIGHT AGAINST EBOLA AND OTHER DANGEROUS DISEASES?**

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### **The first policy; is inclusivity.**

A common mistake is to believe experts alone should design a response and implement it in a top down-way; for instance by using force or military forces.

Actually, the Ebola crisis showed that policies designed and associating communities, patients, health workers and citizens were those that were the most efficient.

Let me illustrate this with the example of Ebola Treatment Centers.

Ebola Treatment Centers are a kind of field hospital built for a temporary period to provide care for Ebola patients.

At the beginning; these centers were built with fences around, armed guards at the entrance, and very few people who got in came out alive; because of the extremely high mortality rate of Ebola.

As a result, people and communities did not trust these centers and avoided them, which contributed to spread the disease further.

What we learnt from this experience is that involving communities is key to make these treatment centers efficient. And how can we involve them?

Well, that could be by hiring trusted individuals to work for these treatment centers in order for them to report back to neighbors and friends what is going on.

Another way is to provide space for families to see what is going on in there, be more transparent.

Finally, another option is to offer to provide care for other medical conditions impacting communities to show that everyone matters, not only Ebola patients.

### **The second policy that I would like to highlight is international solidarity and cooperation.**

Very few countries in the world are capable of handling a health crisis on their own – and having an global cooperation system based on solidarity is key to respond to epidemics.

One of the success stories of international cooperation during the Ebola crisis is the development of an Ebola vaccine.

The first Ebola vaccine proven to be efficient is the result of fantastic cooperation to implement a vaccine trial in the middle of the Ebola crisis.

This trial brought together:

- the public health authorities of Guinea,
- the World Health Organization,
- the Public Health Institute of Norway and a wide range of research institutes who contributed to the scientific committee of the trial;
- it also involved an NGO; Doctors Without Borders who enabled the vaccine to be tested in their treatment centers,
- the private company who owned the vaccine;
- and a wide range of donors, including rich countries and philanthropic organizations who made this trial possible.

This success was also based on a premise of solidarity, including that if the vaccine tested did work, it should be made available in priority to those needing it most, and not those willing to pay the higher price.

**Finally, the last policy I would like to highlight is the need to have strong public health systems in place.**

Nigeria actually had a remarkable system in place to track epidemics and managed to limit the spread of Ebola to 20 individuals. This was a remarkable achievement given the risk of Ebola spreading to this densely populated country.

Now, the reason for why Nigeria had this system in place is that world polio eradication program was very active in the country and had tremendous surveillance, detection and response capacities to deal with polio and could repurpose this system to track Ebola.

Unfortunately, this system is temporary and will phase out after the full eradication of polio. But this example shows that having a solid public health system in place is a pre-condition to respond to epidemics and that investing in health systems works.

To conclude, now that we are in the middle of this new coronavirus pandemic, it is important to remember lessons from past experiences of fighting dangerous diseases. We know what works, and I mentioned, amongst other things, inclusivity, international cooperation and solidarity, and investing in health systems.