Ebola outbreak in West-Africa exposes the need for reforms in the functioning of the World Health Organization

Saurabh RamBihariLal Shrivastava, Prateek Saurabh Shrivastava, Jegadeesh Ramasamy

Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Kancheepuram, Tamil Nadu, India

The 2014 outbreak of Ebola virus disease which was eventually acknowledged as one of the public health emergencies of international concern exposed multiple deficiencies in the public health system, implementation of the international health regulations (IHR), and functioning of the World Health Organization (WHO) in responding to an outbreak or an emergency [Table 1].\(^1,2\) This is a fact, as since its emergence, cases of the disease have been reported in ten different nations accounting for more than 28,600 confirmed cases and in excess of 11,300 deaths.\(^1\) This outbreak caused a major dent in the functioning ability of the WHO and its readiness to support capacity building in the affected nations, deployment of an adequate number of health professionals and in establishing linkages with different agencies to expand the coverage of health services.\(^1\)

In fact, the critical analysis of the outbreak and the response highlighted multiple deficiencies in three major facets, namely preparedness of a nation, the readiness of the WHO to initiate a smooth response and early recovery, and inability to identify and mitigate the risk of high threat infectious organisms.\(^3\) In an attempt to bridge the existing gap and strengthen the shortcomings, a roadmap has been laid with an ultimate aim to create the world in which impact of any emergencies is significantly minimized, especially due to an effective, adequate, coordinated action, well-financed, and supervised by the WHO.\(^3\) However, this can only be achieved provided WHO can correctly ascertain the nature (slow/acute onset) and the risk associated with emergencies (outbreaks/natural disasters); develop an action plan to respond to these risks; implement the strategies in such a manner to minimize people’s suffering/deaths; ensure early recovery of the health care delivery systems; and involve other stakeholders successfully.\(^3\) Furthermore, there is an indispensable need to strengthen WHO in reducing the health hazards and humanitarian aftereffects associated with an emergency.\(^3,4\)

Although, it is not easy to accomplish worldwide, nevertheless measures like the development of a global health emergency workforce (foreign medical teams) and deploying them at times of emergencies in coordination with national/international responders; strengthening of the health system at national levels (viz. to enable prompt detection, implementation of appropriate infection and control measures, and delivery of people-centered health services in accordance with the principles of primary health care); establishing an integrated system for surveillance, notification, and reporting; ensuring strict implementation of IHR at different points of entry; integrating information technology with the emergency systems; developing a framework to encourage research and development during outbreaks; and creating funds to appropriately finance health emergencies, can play a crucial role.\(^3-5\) In

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Address for correspondence: Dr. Saurabh RamBihariLal Shrivastava, Third Floor, Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Ammapettai, Thirupurur-Guduvancherry Main Road, Sembakkam, Kancheepuram - 603 108, Tamil Nadu, India. E-mail: drshrishri2008@gmail.com
addition, the creation of a communications strategy and plan consisting of effective emergency risk communications is also of vital importance.\textsuperscript{[4]}

In conclusion, it is high time that major reforms are made to the different levels of the WHO. This will not only strengthen the organization but will even play a significant role in reducing the sufferings of people and deaths associated with public health emergencies.

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\begin{table}[h]
\centering
\caption{Expectations and reality in the 2014 Ebola outbreak}
\begin{tabular}{|l|l|}
\hline
What was expected of WHO and affected nations & What really happened \\
\hline
Containment of the Ebola outbreak at the earliest & The WHO and the affected nations were way short in their efforts and none of the expectations were fulfilled in the initial 4–6 months of the outbreak. Most of the determinants of the disease could not be controlled leading to declaration of the disease as “Public Health Emergency of International Concern” and eventually till date the disease has claimed lives of more than 11,000 people, including health professionals. If this preparedness the WHO and affected nations have for a disease which has appeared more than 20 times in the form of outbreak, then there has to be something seriously wrong with the organization in terms of its immediate mobilization of resources. \\
No transmission of the disease across land borders (outbreak starting in Guinea has then spread across land borders to Sierra Leone and Liberia) & No deaths among general population (in excess of 10,500 deaths till the end of February 2016) \\
Strict implementation of IHR regulations so that international travel does not posed a risk to the travelers (due to the shortcomings in the IHR implementation, the disease did spread to Nigeria and USA by air, and to Senegal and Mali by land) & No deaths of health professionals (viz. 512 deaths in Guinea, Sierra Leone and Liberia by February 2016) \\
No deaths among general population & To implement standard infection prevention and control measures in all health establishments from day 1 of the outbreak \\
No deaths of health professionals (viz. 512 deaths in Guinea, Sierra Leone and Liberia) & Having a better preparedness and an action plan to respond to a known enemy \\
To implement standard infection prevention and control measures in all health establishments from day 1 of the outbreak & Standardized management guidelines \\
Having a better preparedness and an action plan to respond to a known enemy & Access to an effective vaccine \\
Standardized management guidelines & Better awareness campaign acceptable to cultural norms of the region \\
Access to an effective vaccine & Ensuring optimal community support \\
Better awareness campaign acceptable to cultural norms of the region & Building faith among people to access health system rather than traditional healers \\
Ensuring optimal community support & Contribution in contact tracing \\
Building faith among people to access health system rather than traditional healers & Refrain from high risk sociocultural practices, etc. \\
Contribution in contact tracing & IHR = International health regulation
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\end{table}

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