

THE EBOLA OUTBREAK, 2014 AND BEYOND

The Ebola Crisis in West Africa drew worldwide attention throughout the summer and fall of 2014. Though no brief commentary can deal with the horrendous suffering that has been inflicted on families, communities, and entire countries involved, I feel it would be worthwhile to point out some key events that had a profound effect on how the crisis developed.

Three August articles shed light on the origin of the outbreak. An August 9 [article](#) in the *New York Times* provides initial assessment from the field. A BBC [news report](#) three days later underscored the need to invest in a multi-faceted package to contained the virus. An [article](#) in *Science* published a few weeks later concluded that virus likely came from central African ten years earlier and crossed from Guinea to Sierra Leone in May 2014.

In response to three earlier outbreaks of the disease, Uganda had, by 2012, instituted a complete Ebola Preparedness and Control Program with help from Doctors Without Borders and CDC. The program consisted of surveillance and community-based education throughout the country, the establishment of rigorous treatment protocols and rapid and reliable lab testing (using cell phones to convey results), and a coordinated plan to close borders, isolate patients, and trace contacts when an outbreak took place. Uganda continues to maintain the program in 2014 and did not have patients with Ebola during the 2014 outbreak. Other African countries have adopted similar programs – but not Guinea, Liberia, and Sierra Leone.

A two-year-old boy died Dec 6, 2013, in a village in southeast Guinea, near open borders with Liberia and Sierra Leone. This was probably the first Ebola death in this area, and was likely due to exposure to blood while killing or butchering an infected animal. The virus may have been spread into Sierra Leone when women became infected after attending the funeral of a traditional healer who had been treating Guinean Ebola patients.

In brief, events unfolded as follows:

- In early December, Doctors Without Borders and other agencies announced an outbreak of Ebola in West Africa to WHO and other agencies.
- WHO later claimed on their website that they were first informed three months later, on 23 March 2014.
- WHO sent the relevant preparedness, alert, control, and evaluation materials to Guinea, Liberia, and Sierra Leone three months after that, in June 2014.
- As of Nov 13, 2014, a total of 15,901 individuals had been infected with the Ebola virus in those three West African countries; 10,018 were laboratory-confirmed-cases, and 5,674 people had died.
- The cost of controlling the Ebola Crisis could run into the billions of dollars, and the death toll as of April 22, 2015, stood at 10,824. Direct consequences of the Ebola

Outbreak includes food shortages, resulting in price increases and widespread chronic hunger, all of which will leave communities and families devastated and the health services in these countries in tatter for decades. The United States, UK, World Bank, and Gates Foundation will be major underwriters of rehabilitation efforts.

- The Ebola Outbreak has served to remind leaders and populations how interconnected the world is, how vulnerable health systems can be, and how crucial money spent on basic surveillance and swift prevention in local areas can be.
- Superior achievements: Nigeria and Senegal contained the spread of Ebola in August and September of 2014. Both governments activated preparedness systems and emergency operation centers and worked with international partners. There were a total of 20 cases and 8 deaths in Nigeria.

This brief litany of facts raises several important questions about how the situation spun so rapidly out of control.

- Did WHO and World Bank remain ignorant about the Ebola crisis until March 2014, when well-connected physicians in the field were aware of it the previous December?
- Wouldn't this inexplicable three-month delay have had a profound impact on how fast and far the virus was able to spread?
- The excuse offered by development agencies and bureaucrats—that Liberia and Sierra Leone had just come out of 'post conflict' civil wars (it was ten years ago) during which many health workers left those countries – is extremely lame. Since the wars, these economies were applauded for their economic growth, but evidently no one thought it worthwhile to devote a portion of that wealth to train and upgrade professionals and local staff or build basic surveillance infrastructure. Isn't that one of the things development aid is for?
- Who is responsible for these abject failures? Official reports have surfaced belatedly pointing a finger at WHO.

One thing we can predict with certainty: when the Ebola outbreak is finally controlled, those same development agencies and bureaucrats will begin making exaggerated claims about the important role they played in controlling it, and comparing this effort to the long-term achievement of eradicating smallpox!

Even development professionals like the president of The Rockefeller Foundation are extolling the virtues of investing in local health services. Bill Gates also acknowledges this necessity. Though controlling a health crisis as serious as the one West Africa faced in 2014 will never be easy, many things can be done to improve the ways we prepare for them and handle them once they arise. It's largely a matter of rearranging the structure and shape of the development

industry to focus its talents and resources more productively where they're needed across a broad range of issues and locales.

That is the theme of my book, *The Sincere Veneer*.

Readers will find that the book's framework, analysis, and examples will help them see through the mist and self-serving sensationalism that so often engulf the reporting of current events. It will give them tools to focus on core issues and investigate them productively.

I offer five key recommendations, which might be summarized as follows:

- The industry needs to decentralize, returning primary attention to the district level and empowering communities to participate in building and maintaining their systems, reducing corruption, and sustaining local economic growth. The Uganda Ebola preparedness program stands as a striking example of how effective such a focus can be.
- I propose that pilot projects be established in ten countries with subsequent upscaling to other selected countries after evaluations are made and enhancements added.
- How much would such projects cost? Far less than the cost of dealing with the Ebola Crisis of 2014 and its aftermath.

The principles outlined in *The Sincere Veneer*, if put into effect, would ensure that the rebuilding efforts undertaken by WHO, the World Bank, and other organizations to rebuild the health systems and enhance agriculture production in these three West African countries actually addresses the underlying issues, rather than lining the pockets of elites in both the development industry and the country involved. In *The Sincere Veneer*, I describe how such a Collusion of Elites can side-track even the most well-intended projects and programs, and I then advance a detailed New Dynamic Approach to replace the highly wasteful methods popular today.

We have listened to reports of the orphans, women, and families in the West African villages devastated by the ravages of Ebola showing part of scale of real problems. These reports were playing alongside reports of a hastily arranged March 3rd Brussels conference—Ebola: From Emergency to Recovery—featuring the presidents of Guinea, Liberia, Sierra Leone and senior representatives from the UN, the African Union, EU and 160 delegations. The focus was a request of \$5.1 billion in emergency and recovery funding—many times the amount needed to establish and maintain the basic surveillance and preparedness system that would have spared families and communities throughout West Africa their current suffering.

We have no reason to believe that the next trillion dollars spent will prove more effective than the last, unless we first reorganize the intellectual infrastructure, adopt a new operating system, and finally begin making a serious effort to improve the lives of the half of the world's population who live on \$2.50 a day or less.