Ebola experience leaves world no less vulnerable

Report concludes that not enough has changed nearly two years after the start of the catastrophic epidemic in West Africa.

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The Ebola outbreak in West Africa has not spurred enough reforms to prevent a similar catastrophe, a review finds.

The world is no better prepared for the next global health emergency than it was when the current Ebola epidemic began nearly two years ago, a panel of health experts warns.

The problems that hampered the response to the Ebola outbreak, which has killed more than 11,000 people, have not been solved, the group warns in a paper published on 22 November in *The Lancet*¹. The panel, convened by Harvard University and the London School of Hygiene and Tropical Medicine, comprised more than 20 physicians, global health experts, lawyers and development and humanitarian specialists.

Meanwhile, the outbreak stubbornly hangs on: on 20 November, hopes that it might be declared over by year's end were dashed by reports of new infections in Liberia, which has twice been declared Ebola-free.

"We're closer, but we're not yet ready for another outbreak of this magnitude," says epidemiologist David Heymann at the London School of Hygiene and Tropical Medicine, a report author.

Wide reforms

The report comes from one of four major Ebola review panels that are expected to call for an overhaul in the way that the international health community prevents and responds to outbreaks; others have been convened by the World Health Organization (WHO), the United Nations and the US National Academy of Medicine. It lays out ten recommendations for better preventing, detecting and responding to outbreaks; for speeding research on diseases that cause them; and for reforming the global systems that manage them.

Like previous analyses, the latest report singles out the WHO for failing to alert the world to the severity of the outbreak early enough, and recommends several reforms to the agency's structure, including changing the way it declares and responds to health emergencies and narrowing the scope of the WHO's activities, which far outstrip its budget.

But the committee says that the blame is not solely on the WHO. It calls for steps to bolster international research and development on emerging diseases between and during outbreaks, including negotiating agreements ahead of time on how to share data and samples and on how to conduct ethically sound clinical trials during outbreaks. And it recommends that those agreements ensure that affected communities gain access to the benefits of research. Ethical disputes, disorganization and bureaucratic barriers delayed research on experimental interventions during the current outbreak until it was largely too late to test them.

The report also calls for a dedicated research fund aimed at interventions for neglected diseases that afflict the poor, which generally hold little potential for profit.

'Noble ideals'

Although there is consensus that the WHO is not up to the task of managing global outbreak response, long-term observers of the agency are doubtful that most of the report's suggested reforms will be adopted, because of resistance from the 194 member states that govern it. Health-security specialist Adam Kamradt-Scott at the University of Sydney in Australia says that the report's ideas for WHO reform represent "noble ideals", but are unlikely to be passed. He wishes that the report had laid out more realistic recommendations.

"It is genuinely disappointing that there are so few practical suggestions that take account of the very real political constraints that the WHO currently confronts," says Kamradt-Scott. "I honestly doubt that many of these recommendations will be acted upon."

But physician Ashish Jha, co-chair of the report panel, is hopeful that the scale of this epidemic will serve as a wake-up call.

"We have a horrific human casualty that should spur us on," Jha says. "We have to engage in a sustained effort for as long as it takes to make sure the world is better prepared for the next pandemic."

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References

1. Moon, S. et. al. Lancet http://dx.doi.org/10.1016/S0140-6736(15)00946-0 (2015).