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Public Health Association of Australia (PHAA) calls on Australian Government to take further concrete actions to support WHO Ebola Response Roadmap

The current outbreak of Ebola virus disease in West Africa continues to spiral out of control despite the efforts of affected governments, and support from the United Nations (UN), World Health Organisation (WHO), Medecins Sans Frontieres (MSF), United States Centers for Disease Control and other agencies.

As of 31 Aug, WHO confirmed 3706 cases in 4 countries, with 1848 deaths. Given known difficulties with surveillance, detection and reporting, these numbers are certainly under-estimates. WHO has warned that without an immediate, effective and coordinated international response, case numbers could exceed 20,000.

The Ebola virus outbreak was declared a 'Public Health Emergency of International Concern' on August 8th, and WHO released an Ebola Response Roadmap on August 28th to guide the international response. It contains a comprehensive range of measures, designed to end the outbreak in 6-9 months and prevent further international spread, at an estimated cost of US$490 million dollars.

The good news is that control of this outbreak, like all previous Ebola outbreaks, can be achieved by standard public health measures - community education, early diagnosis, isolation and treatment of cases, contact tracing and home quarantining where necessary, as well as safe burials. There is also good evidence that early treatment and supportive therapy can be effective, with at least a 45% survival rate in the current outbreak.

However, up to this point, the international community, including Australia, has not responded with sufficient resolve to support the affected countries. The UN has asked member states not to label this an 'African problem' but rather see it as a problem for us all. It has asked for a surge in support from member states. The World Federation of Public Health Associations together with the African Federation of Public Health Associations have also called on the international community to show solidarity with countries directly affected and at risk, and to respond to contain the epidemic.
The focus of concern of most developed countries up till now has been to institute airport controls, and to ensure clinical and laboratory readiness, should a case be suspected. Vaccines and new treatments are important longer-term goals but are not what is required to curtail this epidemic in the short to medium term.

We know that the three West African countries initially affected (Guinea, Sierra Leone and Liberia) were already hard-pressed providing effective health care prior to the outbreak. The Ebola epidemic has directly impacted on the local health workforce, and their capacity to deliver usual healthcare (including acute treatment of malaria, treatment of chronic conditions like TB and HIV, and providing immunisations and childbirth services). The impact of the epidemic on vulnerable groups like young children, is highlighted by the UNICEF statement that the situation in West Africa is its number one priority in the world at the moment.

With Ebola-specific treatment services overwhelmed, there will likely be greater transmission in the community, and further cases. Failure of control in the three most affected countries has led to further cases in Nigeria and Senegal. The longer the virus circulates in the community, the greater the biological chance of a mutation in the virus leading to even greater transmissibility and spread. And the longer the outbreak continues without effective control, the greater the cost to human lives, the damage to national and regional economies, and the failure of the international system.

We salute the efforts to date of local and international healthcare workers, and public health professionals. We are saddened by the large toll this epidemic has taken on healthcare workers. But we believe that virus transmission in the healthcare setting can be prevented by proper infection control practices, including use of appropriate personal protective equipment. The Roadmap tells us there is a desperate need for more staff on the ground, local and international, properly trained and equipped to do their jobs. We have reached the limit of what international NGOs, like MSF, can do. We now need the full engagement of national governments.

We welcome the announcement, made on August 24th, from Hon Julie Bishop, Australia's Foreign Minister, of an extra $1 million to the WHO to support their response. But in light of the escalating crisis, more now needs to be done.

We note that the call in the Roadmap for international assistance, including Foreign Medical Teams, either civilian or military, has been specifically supported by MSF International. Australia has a good record in this area, having deployed Australian Medical Assistance Teams (AUSMAT, the Australian equivalent of a Foreign Medical Team) firstly after the Asian tsunami of 2004 and most recently to the Philippines in 2013 after Typhoon Haiyan. AUSMAT teams are staffed by fully trained volunteer health and logistical staff, and operate under clear protocols, with safety and security of members critical considerations.
Australia has a strong humanitarian position and record. It has a place on the Security Council. As a highly developed country, it has the capacity to respond with both resources and personnel, military and/or civilian. It has done so in the past and is currently playing its part in the international response to the humanitarian crisis in Northern Iraq. Australia also has strong business links with a large number of countries in West Africa, especially in the mining and resources sector.

We call on the Australian government to do three things:
1) respond to the UN call by immediately providing more financial assistance, given the magnitude and high cost of the tasks outlined in the Roadmap;
2) actively consider the request from WHO, which has been strongly backed by MSF, for the deployment of an AUSMAT (Australian Medical Assistance Team) as part of the strengthening of medical and public health capacity in the region; and
3) support those Australians who have volunteered, and are considering volunteering through international NGOs, and WHO, by encouraging employers to provide special leave, continuation of entitlements, and the like.

In years to come, this crisis will be seen as a turning point in international public health. As the time when we demonstrated that we really do act as a global community, with better off nations supporting those less well off, in a coordinated fashion through the WHO. Or as the time when we looked away, secured our borders, and left those at greatest need to fend for themselves.