

NEWS

WHO's crisis handling to be overhauled after slow response to Ebola

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London

International health leaders have voted for reorganisation at the World Health Organization in the wake of its poor initial handling of the epidemic of Ebola virus disease in west Africa.

At a special session of WHO's executive board, delegates passed a resolution to overhaul the organisation's emergency response, including the establishment of a 1500 strong global health reserve workforce and a \$100m (£66m; €89m) contingency fund. Many delegates spoke of WHO's poor crisis handling capacity, with Tom Frieden, director of the US Centers for Disease Control and Prevention speaking on behalf of the US government, saying, "The WHO we have is not the one we need."

A spokesman for the charity Médecins Sans Frontières told the meeting that thousands of people had died from the disease because of "international negligence," adding, "It has become alarmingly evident that there is no functioning global response mechanism to a potential pandemic in countries with fragile health systems."

Sally Davies, the chief medical officer for England, speaking on behalf of the UK government, said that the world was "shamed" by its initial response. She committed \$10m to the new contingency fund, making the UK the first country to put up money.

WHO's director general, Margaret Chan, agreed that in the early stages of the outbreak the organisation was slow to act. "The world, including WHO, was too slow to see what was unfolding before us," she said.

She said that change was needed in three main areas: to rebuild and strengthen national and international emergency preparedness and response; to improve the way new medical products were brought to market; and to strengthen the way WHO operated in emergency outbreaks. Chan said that countries must build their own teams for responding to emergencies, ones that were "trained and drilled to perform with military precision." And she added that WHO needed to strengthen its workforce, particularly in the area of field epidemiology, and that it needed to be able to mobilise additional "surge capacity" during public health crises.

At a press conference after the meeting Bruce Aylward, assistant director general at WHO, said that the reserve workforce of public health staff, epidemiologists, and logisticians would comprise a core of WHO staff, with global networks providing support when necessary. He said that many of these staff

members were already at WHO but that there was currently no central mechanism to manage, mobilise, and coordinate them.

Aylward conceded that many of the reforms agreed at the meeting, such as the contingency fund and reserve workforce, had already been recommended by a committee set up after the 2009 flu pandemic. "The difference now is that these are the member states saying this is the change they want to see," he said.

Speaking at the board session, David Nabarro, the United Nations' special envoy on Ebola, said that any emergency response had to be built on already established systems. "It's difficult to establish new ways of working in the middle of an emergency, and we have found this out during this outbreak," he said. He said that combating the disease had so far cost around \$4bn and that a further \$1bn would be needed this year to bring the number of new cases down to zero.

Chan confirmed that fewer cases of the disease were being reported in the worst affected countries. WHO data published on 21 January showed that in January Guinea reported its lowest weekly total of new confirmed cases since August. Liberia also reported the lowest weekly total of confirmed cases since June. Sierra Leone has reported a decline in incidence for the second week running and recorded its lowest weekly total of new confirmed cases since August.

But Chan warned against complacency and donor fatigue. "As we have seen time and time again, an upsurge in new cases can follow a single unsafe burial or violent act of community resistance. Both of these high risk situations are still occurring," she said.

Meanwhile in Britain, Pauline Cafferkey, the Scottish nurse who contracted Ebola virus disease in Sierra Leone while volunteering with the charity Save the Children, has been declared free of the disease and has been discharged from the Royal Free Hospital in London.

She was admitted to the hospital's high level isolation unit on 30 December,¹ just hours after her return from Sierra Leone, and was discharged on Saturday 24 January. She was treated with plasma from a recovered Ebola patient and an experimental drug.

Access all of *The BMJ's* content on the ongoing Ebola outbreak at thebmj.com/ebola.

1 Gulland A. Second Ebola patient is treated in UK. *BMJ* 2014;349:g7861.

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