NEWS

Hospital beds stand empty in Liberia, while patients are turned away in Sierra Leone

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Large treatment centres being built in Liberia are standing empty, because the number of new infections of Ebola virus disease being reported there has dramatically fallen. Meanwhile, in Sierra Leone, where the epidemic continues to rise, hospitals are still turning patients away for lack of space, and a UK built treatment centre is not yet able to open all its beds because it is still recruiting and training staff.

In September, when the epidemic was at its peak in Liberia and patients in the capital, Monrovia, were dying in the streets for lack of beds, the United States announced plans to build 17 treatment centres of 100 beds in a ramping up of the international effort to stop the outbreak. But three months later the US built centres that have opened are either empty or are now planning to use only 10 of their beds. The Chinese military also built a treatment centre on the edge of Monrovia, complete with air conditioning and digital record keeping systems, but by the time it opened on 24 November there were no new patients immediately needing treatment there.

"It takes states and some non-governmental organisations eight to 12 weeks to deploy," the international director of the charity Médecins Sans Frontières, Joanne Liu, told *The BMJ*. "Now they are arriving with a response that is tailored to yesterday's needs."

The treatment centres were planned as part of a multi-pronged approach that included promotion of safe burial practices and a communications effort that has reached 1.5 million of Liberia's 4.2 million population with leaflets, radio messages, and door to door meetings to build better understanding and teach people how to avoid catching the disease. The US believes that the effort led to the rapid decline of new cases in Liberia, where the total number of reported cases is now lower than in Sierra Leone, the latest World Health Organization figures show (7780 in Sierra Leone and 7719 in Liberia).

Today there is agreement that what is needed in Liberia is rapid response mobile units to reach remote areas quickly and treating

patients and contact tracing when new cases are reported. The US is now diverting some resources to that while continuing to build 15 of the 17 planned treatment centres, with a view to using only 10 beds in each.

"We don't want to be in a situation where the disease goes dormant for a period and then explodes in a different part of the country and the capacity is not there to respond," said Matt Herrick, spokesman for the US Agency for International Development, which is coordinating the US effort.

The US has spent \$800m (£510m; \$650m) on its effort to fight Ebola virus disease, most of which has focused on Liberia. It now has 28 000 government staff in Liberia, including 2600 military personnel, but only 75 staff in Sierra Leone, which has a larger population (six million) and where the UK is leading the response and has committed \$230m to a similar multi-pronged approach. There, a treatment centre built by the UK military on the edge of the capital, Freetown, and being run by Save the Children is not yet up to capacity, while government run hospitals are reportedly having to turn patients away.

"We're where Liberia was three weeks ago, not because we were complacent but just because it didn't kick off as early as Liberia," Donal Brown, head of the UK Ebola Task Force, told the *Washington Post* recently. "We're not a month behind because we were sitting on our hands: we're a month behind because of the way the disease has played out."

The US is now planning a supportive role in Sierra Leone. "It's apparent we need to expand our response across west Africa," said Herrick.

The BMJ has chosen Médecins Sans Frontières as its 2014 Christmas charity. Find out how to donate at <http://bit.ly/12pPyH3>. Many thanks for your support

Cite this as: *BMJ* 2014;349:g7590

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