

The West African Ebola Crisis: Beyond Short-term Consequences and Responses

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Introduction

This document provides a transcript of a presentation given on the medium- and long-term challenges arising from the Ebola outbreak in West Africa. The meeting was held at Chatham House in November 2014. A summary of the discussion that followed the presentation is also provided.

The Ebola outbreak is concentrated in countries with limited state capacity that had been making promising but fragile recoveries from political instability and conflict. Beyond the immediate health concerns, there will be longer term socio-economic and political consequences of the outbreak, which may present risks to national and regional development and stability. As the global response moves beyond medical assistance, addressing these deeper impacts must be part of a long-term solution. The meeting examined the wider implications of the 2014 outbreak, and the requisite regional and global response.

The presentation was held on the record.

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Professor Piot

I hope and I guess that the emphasis of this conversation on Ebola will be a bit different from others in the sense that at the moment, and rightly so, we are concentrating our efforts and our debates on what to do about the crisis. But this is also about how we need to think beyond the crisis, to the long-term and medium-term consequences; I think and I am afraid there will be quite a few.

But before that, just a few words on where I think we are. And when I say I think, it's not always particularly clear what is going on, particularly not at the scale of three entire nations. It seems that, first of all in terms of numbers, over 5,000 people have died now, and well over 15,000 have been infected. To put that in perspective, since 1976, when our team discovered the Ebola virus, there have been about 25 outbreaks, all in Central Africa – with one exception: one case in Côte d'Ivoire. Cumulatively, about 1,500 people died, and that means that on average only 40 people died from Ebola before. Here we have already three or four times as many people who died from Ebola in one outbreak as compared to everything we know from before. So that puts it in perspective.

Secondly, it seems that in Liberia the number of cases is decreasing, and even if reporting is not perfect the trends are quite clear. On the other hand, in Sierra Leone it's still a very active epidemic, and in Guinea as well but at a lower level. National averages and figures can be extremely misleading, particularly for an epidemic like Ebola, because what you have is not an even distribution of people with Ebola virus, but there are outbreaks here and there. Looking into my crystal ball, in the future I think what we will see, thanks to the massive efforts from all levels – locally, nationally, internationally and so on – we will see a decrease in new infections in a number of places, but it will be a bumpy road. It is most probable that where as the outbreak would be controlled in one county or in one district, but it will pop up in another one. We've seen this before in Guinea at the end of May, early June, when I thought that this would be a classic Ebola outbreak and contained, with the number of cases going down. But then [there was] the funeral in Guéckédou, in the bordering area between Guinea and the other two countries, and that reignited the epidemic.

Lets not forget that this whole epidemic started with one person; it's all coming from one person. The same is true for HIV by the way – we have 70 or 80 million people coming from one person who became infected. In other words, it will not be over until the last person with Ebola is dead or has recovered and has not infected anybody else. Theoretically, and I think it's not impossible, we could have a situation where it's under control nearly everywhere, but that there could be a few areas where there could be a few cases or maybe one, which could refuel the entire epidemic. And that's the daunting task that we have, and that's the big difference from before, where we had small outbreaks, usually in rural areas or small towns, and when you act early you can contain it. But applying isolation and quarantine and so on at the scale of entire nations, well these are medieval techniques – if you think of the 21st century, that that's all we have – but also that's a daunting task. So why do we have this? I call it a perfect storm; a combination of many, many factors, but I think the most important one is probably the denial in the beginning and the slow response.

Moving to the consequences, much of course will depend on the duration of this epidemic and the extent. There again, my crystal ball: don't believe anybody's projections that go beyond a few weeks. We have heard from the Centers for Disease Control [and Prevention] (CDC) in the US, 1.4 million cases in January. We never believed that with our colleagues here in the UK, and that was a very simplistic extrapolation. But it's bad enough; we don't need this kind of scaremongering. But because of the patterns of spread and the uncertainty about the effectiveness of measures, we don't know. What is safe to say is it will, certainly in Sierra Leone and in Guinea, it will get worse before it gets better. I hope, because I am an optimist in general, that by the end of the year we should start seeing a real decline a bit everywhere. And some countries have done a good job themselves; they are not waiting for any international effort. They were particularly pushed by traditional leaders who changed the way they were burying people, and so on. Let's not forget that Senegal had one imported case and not one single secondary case; that Nigeria contained it, there were more secondary cases; the DRC [Democratic Republic of the Congo], which is not always the best organized country in the world, but it contained it with purely Congolese staff, measures, diagnosis, contained an epidemic in two months time, and is now officially declared Ebola-free. It is not that this is an impossible task if you act early. And if you have the will to do it.

So in terms of the consequences, let me mention four: economic consequences, social consequences, political consequences and then consequences for what I call regional and global governance. Much of what I'm going to say is speculation or extrapolation, so this is not very evidence-based. I am supposed to be a scientist, we try to do that but I'm kind of extrapolating.

First, in terms of economic consequences, classically you look at the direct impacts, direct cost and then the indirect ones. In the case of Ebola, the actual direct costs are not so great. I mean 5,000 deaths in about a year's time, because it started in December, across three countries – that's not much. I mean, far more women died while giving birth; children died from malaria probably, and so on. But it's the indirect impact which goes beyond these 5,000 people, because among these 5,000 are 350 health care workers. Not that they're more important in society than anybody else but they are the front line for anything else. So as a direct result, the health system collapses, and that's what we've seen in every single outbreak: they're the most affected. But the direct costs are now, for 2015 if it continues along these lines without getting worse, UNDP [UN Development Programme] estimated this to be around 3–12 per cent of GDP, which is a lot.

But then when you look at the macroeconomic impact, the World Bank has made some estimates that are along the same lines as CDC's 1.4 million cases and were not very credible, but it seems that we

should talk and count on probably at least around \$10-20 billion of impact. And that reminds me of SARS [Severe Acute Respiratory Syndrome]: about 11 years ago there was an epidemic by a virus transmitted by air (fortunately that isn't the case now). It started in China, Hong Kong, then went to Toronto. Only 700 people died but the economic impact was incredible, because of travel restrictions, commerce came to a halt and so on. So that's the second point: macroeconomic impact.

Thirdly, the impact on business and agriculture is going to be very significant. Let's not forget that harvest time is now: October to December. And because of quarantine, because of restrictions, because of the fact that transport has become very difficult, this is going to hit the farmers and the agriculture sector in a big, big way. And then also leading to food security issues. So it's those who produce but also those who have to be fed. In terms of mining, which is a major, major sector in the countries, it's not so clear, but there particularly the impact on the workforce, and transport and export is a big problem. The fact that so many countries have put entire nations in quarantine is very counterproductive. They are speaking with a forked tongue: you can't at the same time say 'we are providing support' and then on the other hand we ban everybody from these countries, we stop flights.

The fourth economic consequence is on households, and that has been a bit better documented now: purchasing power has gone down by 20 per cent in Sierra Leone across the board; the price of cassava has gone up by 150 per cent. These are two very powerful indicators. Then we can speculate on unemployment and poverty and so on, but I haven't found good data there.

From the economic consequences to the social ones, which I already alluded to, the impact on health services is just dramatic. It's fair to say that in many areas, normal care for treatable diseases is now at a very low level. That's why it's not impossible that more people are dying from many other causes than are actually dying from Ebola. The question is what can we do? It's not part of the international aid actually, but some people I spoke with, at Médecins Sans Frontières for example, and they say until we can bring Ebola under control, it will be very difficult to do anything else. This is a big issue for the health infrastructure and all that. Let's not forget that in a country like Liberia there were 51 registered medical doctors in 2010, because most health professionals had left the country during the civil war. The same is true for Sierra Leone to a certain extent. So that's all going to be compounded by this epidemic.

Secondly, impact on education. Children have not gone to school in many parts of the countries because of Ebola. Thirdly, further on children, there is now another generation of orphans that is there, and they are left behind, so what will that mean? And that's not so much – when you look at the figures it may not be enormous, but it's very concentrated in certain communities. Certain communities are going to be very heavily affected by that because Ebola is not evenly distributed. It's hitting more certain points of the country than others. The food security is probably going to be a big issue in the future. Then a last point – I don't know how to formulate it, but I would say impact on social cohesion, collective post-stress trauma, trust and stigmatization of survivors, burial teams and orphans; again this is more guesswork than facts.

Politically this is a very hot potato, as we've already seen in all three countries. What will it mean? I really don't know enough about the local politics, but it could mean a destabilization of the ones who are in power, because somebody will be blamed. But also indirectly because of an enormous fiscal deficit that is generated by this epidemic, that will put constraints on what anybody in power can do and can offer. How to deal with that? You can also think about what will be the consequences of the militarization of the response. On the one hand, I was one of them who called for what I would call a 'quasi-militarization' of the response because the military can build in no time hospitals,

infrastructure and so on. But in some cases there have been real conflicts. Is this going to mean a setback to peace and reconciliation efforts in countries? I don't know, I just ask the questions. And it's also quite striking, and it's not entirely negative, how the international support is along former colonial lines. It's not a judgment; it's a fact. What does that mean for the future? Are we going back to history or what?

Finally, some reflections on regional and global governance. What's striking to me has been the quite weak African response. The good thing is that at the AU [African Union] for example, it's the Peace and Security Commissioner who has been dealing with this. People have been sent: there's the Congolese team that now has gone to West Africa and so on; ECOWAS [the Economic Community of West African States] has had some meetings, and the president of Togo is now in charge of the focal point for Ebola, but it has been quite late. Among African structures – and since this is on the record I will be very explicit – has been a total absence of the WHO regional office for Africa; it really should be at the forefront of WHO's action in Africa. It is in charge of the country offices, it has to be there and has failed completely, has been completely absent actually. They were very busy electing their regional director. I hope both at a sub-regional level (ECOWAS), but also at an AU-level one, that can think through what it means for Africa. Because it will happen again, there will be other epidemics – Ebola or something else – and a continent can't depend on foreigners to deal with this. It's about security in the broadest sense of the word. At the global level also we had quite a failure from the side of the UN system and WHO. Some of it I can understand, in the sense that WHO was badly hit and beaten up by the last epidemic threat – H1N1 flu – and was accused of overreacting. I think that may have inhibited some of the responses, but my view is you can better overreact than underreact, because you see what it means. But now the priority is to stop the epidemic and build a broad coalition to do that, but we must make sure that we draw lessons from it for the future. And it's not just WHO that can be accused, I mean the budget cuts in WHO that basically cut most resources for outbreak control and so on, they were approved by the UK, they were approved by the US, and so on by every member state. So you can't just blame the secretariat, it's a very shared responsibility there. So it's all our responsibility to think through what the world needs.

I would say there is a clear indication of a US hegemony. (I don't know whether I pronounced that correctly; English is only my third language.) But in terms of global health security, they are the only ones. That's not a criticism; it's a fact that the CDC is very present and has a force with hundreds of people that can be deployed in no time to any country. But it is of course an arm of US foreign policy and paid for by tax payers in the US. I have no problem with that, but what I do have a problem with is when there is a monopoly. So we need something like that in the UK and in Europe, besides of course what I mentioned about the African continent.

Lastly, I would say something positive here, and that is I must say that I am very proud of the well-coordinated and effective response of the UK. I am really impressed. Being a foreigner here, I can say that, and I have been in many emergency situations globally and so on, and here is a response that is led from the Cabinet Office with strong backing from a scientific advisory group, so it is evidence-based as much as it can be, with various government departments and non-governmental organizations working in harmony. If someone would have told me that without having been there I wouldn't have believed it, but we could make a case study of that as well. When we draw lessons it's not about only what went wrong but also what worked.

So I think I'll stop here, I think I've done my 20 minutes. So lots of questions, but it's important that while we're delivering on all the promises, on all the commitments now, and that's being done, and it

takes time, that we also reflect together with all the people in the countries concerned. I forgot to mention Mali; I'm very concerned with what's going on there at the moment, whether they will be able to contain it. But we start preparing for the future, and that will require I think an effort that I think you can compare to a post-crisis, post-humanitarian emergency type of programme. Because this is no longer just an outbreak, this is a humanitarian crisis, and we have to deal with it both acutely and post-crisis. So thank you very much.