

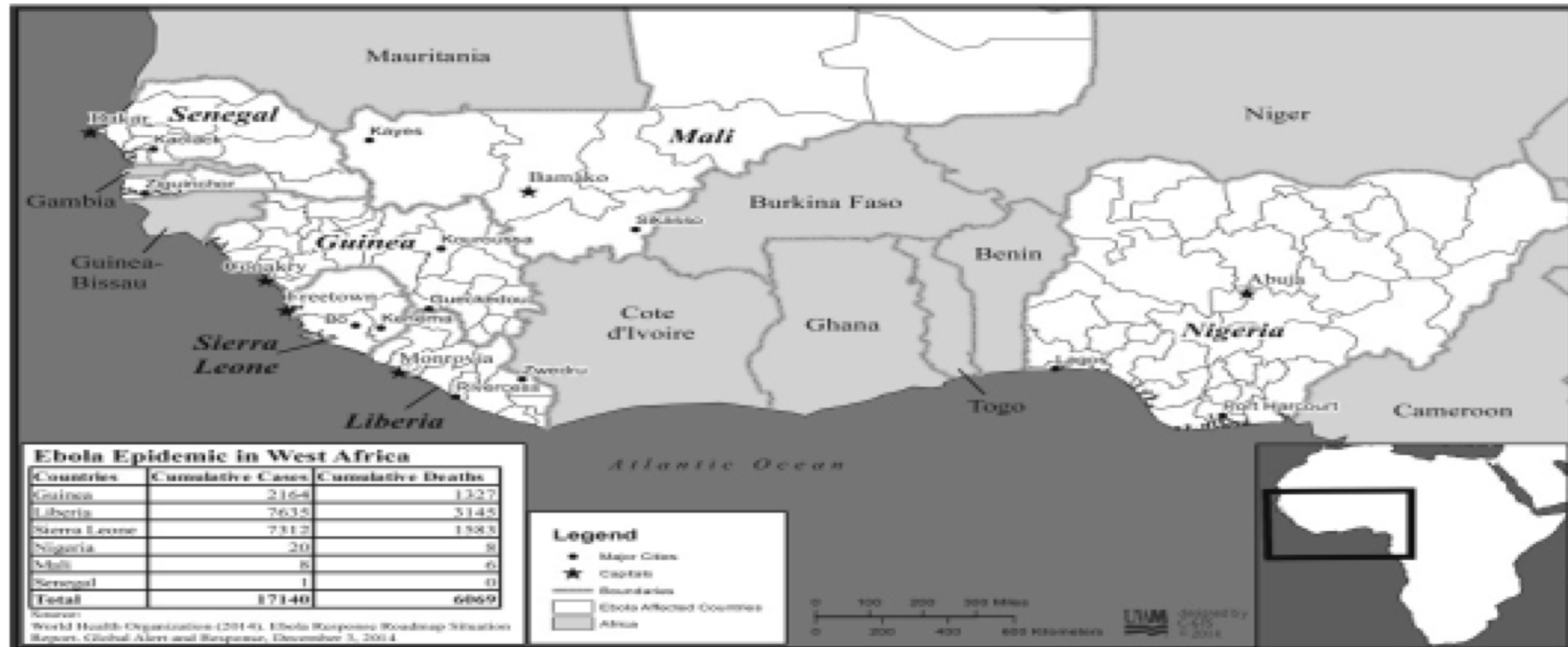


Ebola Virus Disease Outbreak Response in West Africa

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An old disease in a new context



Countries affected by EBV were Guinea, Liberia, Sierra Leone, Nigeria, Mali, Senegal. The Ebola Virus Disease (EVD) outbreak in West Africa in 2014-2016 was one of the largest and most devastating outbreaks of the disease in history

Temporary intensive care unit for Ebola patients during the 1976 outbreak in Yambuku, Democratic Republic of Congo (then Zaire).



Delayed international Response

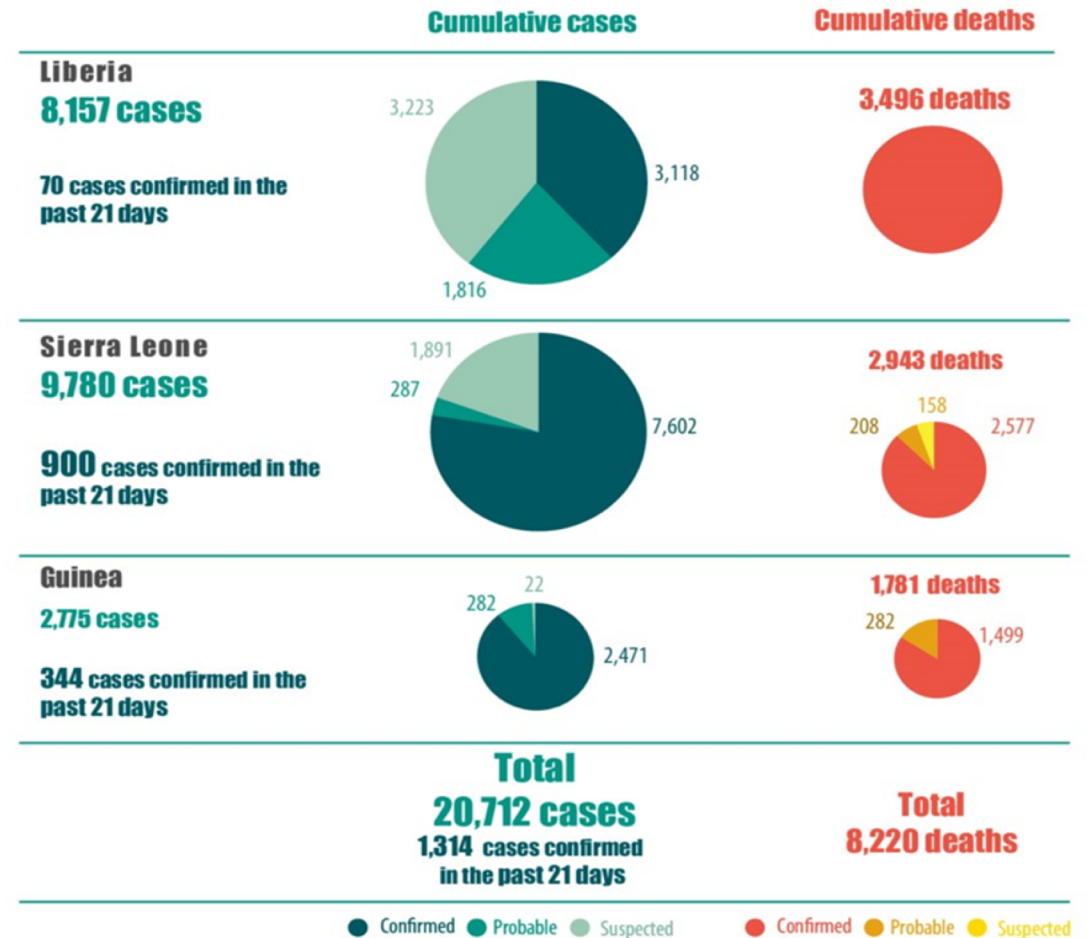
Factors that contributed to undetected spread of the Ebola virus and impeded rapid containment

- Weak Surveillance Systems:
- Socio-Cultural Factors:
- Inadequate Infrastructure and Resources:
- Delayed International Response:

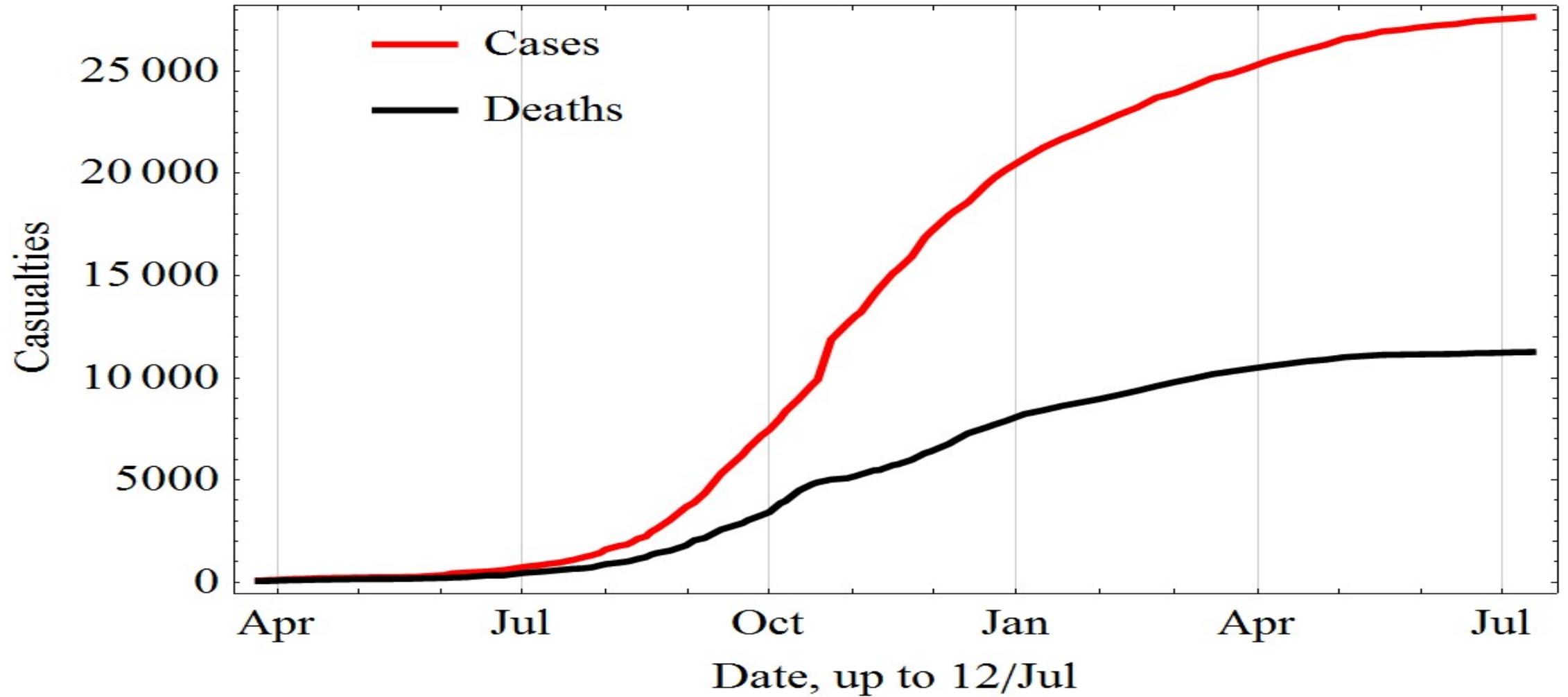


Proportion of deaths by country

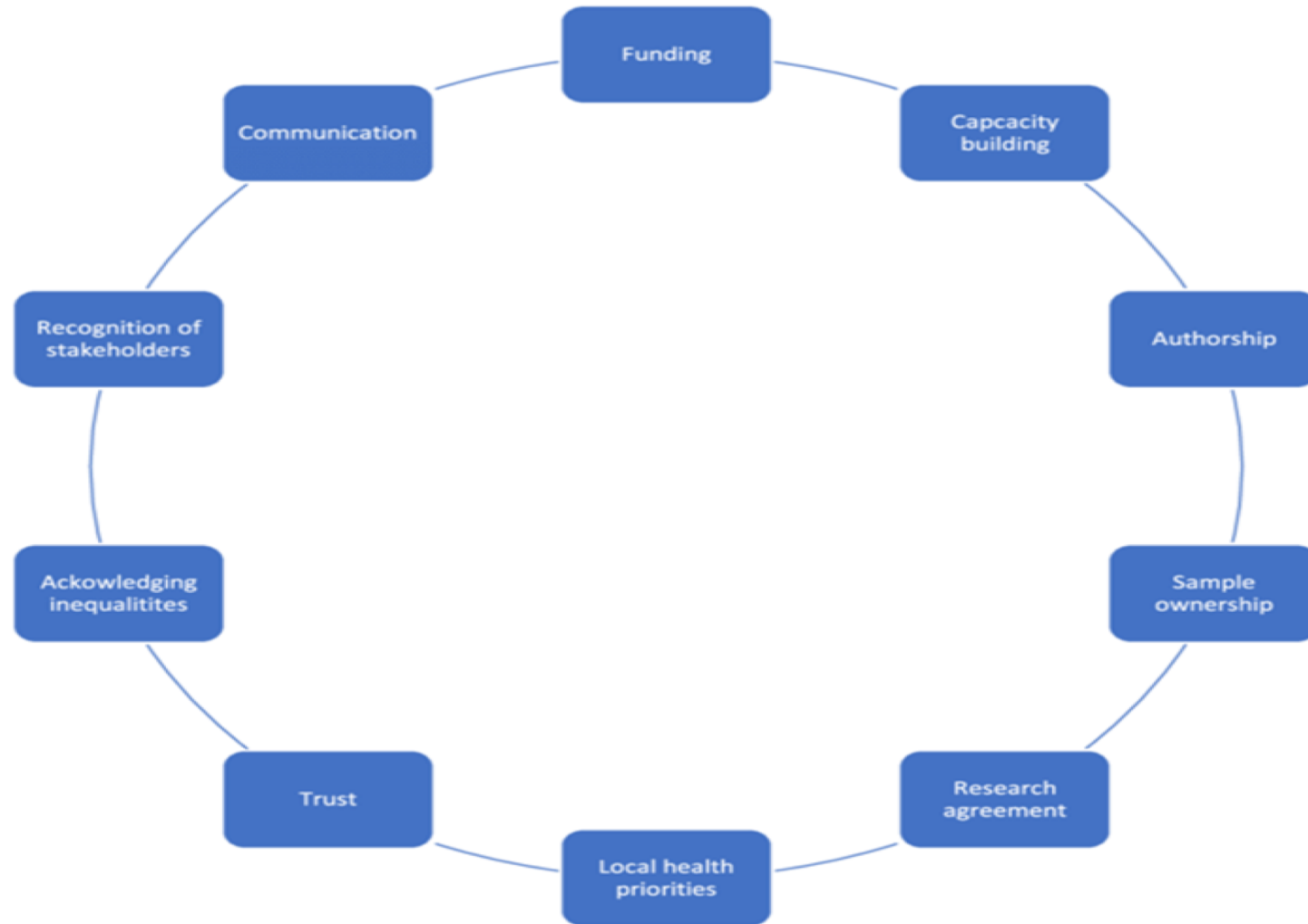
The EVD outbreak had a devastating impact on the affected countries, with over 20,712 deaths. Guinea, Liberia, and Sierra Leone were all severely affected, with Liberia having the highest number of deaths



Estimates of WHO upto July 12, 2014.



The power imbalances between HICs and LMICs in research priority setting.



What were the Ethical Issues



Lack of Representation

The development and distribution of experimental drugs like ZMapp reflected a lack of transparency and equity in research prioritization. LMICs were underrepresented in decision-making processes for research priorities and resource allocation, resulting in research agendas that did not adequately address the health needs and priorities of the affected countries.

Exploitation of research participants

Unfair power dynamics between HICs and LMICs led to the exploitation of research participants in LMICs, who were more vulnerable to exploitation due to factors such as poverty, lack of education, and limited access to healthcare

Control over funding

HICs may exert control over funding for research in LMICs, which can limit LMICs' ability to conduct research that addresses their own health needs and priorities



Unbalanced distribution of benefits

Unfair power dynamics between HICs and LMICs resulted in an unbalanced distribution of benefits from research. HICs may benefit from research conducted in LMICs, such as the development of new drugs or vaccines, without adequately compensating or acknowledging the contributions of LMIC researchers or communities.

Conclusions and recommendations

The recommendations to policy makers highlight that the Ebola outbreak response in West Africa calls for more equitable research prioritization and resource allocation, particularly for neglected diseases affecting LMICs which include;

- Increase LMIC representation
- Prioritize ethical considerations
- Establish robust frameworks for rapid international response to outbreaks

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- Address disparities in resources and protective equipment to safeguard their health and effectiveness in combating the outbreak
- Prioritize timely and adequate assistance to mitigate economic hardships, address healthcare needs, and combat social stigma.

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- Emphasize community engagement and collaboration to aid in the recovery process.
- Investment and involvement of local communities in research initiatives
- Ensuring culturally sensitive and community-centered approaches