InterAction
A UNITED VOICE FOR GLOBAL CHANGE

The largest alliance of U.S.-based international nongovernmental organizations focused on the world's poor and most vulnerable people.

Ending the Ebola Epidemic

The outbreak of Ebola virus disease in West Africa is the worst the world has ever seen. As with all epidemics, the best way to prevent Ebola from spreading is to stop it at the source of the current outbreak, as well as be prepared for further spread. That means greater investments must be made to prioritize response to the epidemics in Liberia, Sierra Leone and Guinea. Measures to mitigate the risks in the U.S., as well as in Europe, Senegal and Nigeria, have been effective and should continue to be guided by science. Focusing on quarantine without medical evidence, closing borders, and banning flights distracts and severely hinders access to the resources those at the forefront of the response need to end this epidemic. If we don't act quickly, and focus on getting the resources, supplies, and response personnel into the affected region, the epidemic will only grow and become harder to contain.

Currently, the number of Ebola cases doubles approximately every 20-40 days depending on the region, and the World Health Organization reports that the situation will continue to worsen if major steps to stem the epidemic are not taken. We must act quickly if we plan to meet the UN's goal of treating 70% of patients and ensuring 70% of burials are safe, by December 2014 – the ratio necessary to effectively curb and defeat the epidemic.

Recommendations:

1) The international community, including the U.S. government, should ensure that the affected states receive the response personnel (health workers, lab workers, cleaners, sanitation experts, burial workers, etc.) and resources (personal protective equipment; medical supplies; lab equipment; water, sanitation and hygiene equipment and supplies; etc.) they need to stop the spread of Ebola at its source.
    - To beat Ebola, we must be able to fly workers in and out of West Africa. Reducing access to the region only impedes the ability of NGOs to respond.
        i. Calls for commercial travel bans will inhibit recruitment efforts for qualified response personnel and the ability to quickly move people and supplies into the region.
        ii. Travel bans and visa restrictions are easy to evade and will encourage individuals to subvert the effective system currently in place to track exposed individuals.
        iii. If visa restrictions are put in place by the U.S. government, they would need to exempt all response personnel, regardless of nationality. Restrictions create a bureaucratic distraction that will only hinder the response. Past visa restrictions have not been effective:
            - Travel bans following the HIV/AIDS outbreak in 1984 did not stop the spread of the disease.

        - Travel restrictions following the outbreak of H1N1 swine flu in 2009 only delayed the arrival of the infection by three days and achieved no containment of the virus.
        - Travel bans were not adopted following the 2003 outbreak of SARS – which is more infectious than Ebola – and airport screening technology did not detect one case.
        - Travel bans limit the ability of West African diaspora as a resource for personnel, as well as economic remittance – which now tops $500 billion annually.
    - Local and international health workers, who are at the greatest risk of infection, must be adequately trained, equipped, motivated and supported.
        i. Practical and comprehensive training must be made available to health workers on the frontlines of the epidemic, as well as to other aid workers who might be unprepared to identify symptoms of the virus among patients at other medical facilities.
        ii. Providing health workers with personal protective equipment (PPE) and adequate training on how to use this equipment (including training conducted in local languages) is essential for ensuring on-the-ground medical personnel consistently adhere to appropriate protective precautions.
    - Since air travel continues to be impeded and the availability of commercial flights remains low, Congress should ensure funding is available to provide charter or military air service in the event the humanitarian community continues to face obstructions while trying to deliver assistance and personnel (charter and military air is cost prohibitive to NGOs due to their focus on ensuring funding is for programing and not overhead).
2) The U.S. government should ensure that response personnel have access to top-quality health care and medical evacuation (Medevac) services should they contract Ebola or have a high risk exposure while responding to this crisis on our behalf.
    - All international aid workers must have access to Medevac within a 48-hour window to a WHO-approved healthcare facility.
    - Insurance companies should be held accountable by the U.S. government to honor healthcare and Medevac coverage for response personnel. This includes workers' compensation and life insurance policies.
    - Response personnel, regardless of their nationality, should be provided with these assurances if they are working on a U.S. government or U.S.-NGO funded Ebola project. Limited and temporary humanitarian visa exemptions should be given to foreign nationals who require medical treatment in the U.S. if their country of origin is unable to provide it.
3) The U.S. military should mobilize as quickly as possible to complete the planned 17 Ebola Treatment Units (ETU) in Liberia. During construction of the ETUs, a needs analysis should be completed so that U.S. troops can fill any remaining gaps in the response (train Liberian personnel, staff ETUs, etc.).
4) National governments, the United Nations, the U.S. government and other foreign governments should include all NGO first responders in West Africa in all planning and coordination efforts.
    - NGO expertise on engaging local communities must be utilized. Stopping the spread of the virus is dependent on behavior change. The U.S. government and international community

must work closely with these communities and consider their needs, perceptions, and cultural practices to ensure each approach is effective.

5) NGOs should continue to work with their response personnel returning to the U.S. from Ebola-endemic areas to ensure they are strictly following the CDC's guidelines. Compensation for returning staff should be provided even if they are in the "high risk" category and are observing a 21-day isolation regime.
6) State and local officials should seek to maintain nation-wide consistent quarantine policies by following CDC guidance on the proper ways to monitor and evaluate potentially exposed citizens; they should avoid placing additional and unnecessary quarantine regulations on response personnel responsibly complying with CDC guidance. Creating additional requirements at the state level will further impede recruitment efforts and increase the level of apprehension and stigma returning response personnel are already facing.
7) The international community should plan for and commit to addressing the long-term impacts of the crisis.
    - **Donors should commit to working with neighboring governments in the region to strengthen preparedness and contingency planning** so that they are ready to quickly respond to a potential outbreak and minimize the risk of further contagion. This was the case in Senegal and Nigeria, both of which have now been declared Ebola-free by the WHO.
    - **Donors should work to immediately strengthen public health systems and hygiene education in the affected countries** to address not only the treatment of Ebola, but also the delivery of essential health services to prevent continued suffering and death from treatable ailments.
    - **Donors should invest in the public health system and WASH infrastructure to avoid future outbreaks.** Building up the capacity of local health systems and ensuring water, sanitation, and hygiene infrastructure are in sufficient supply will enable communities to prevent and respond to future outbreaks of Ebola and other infectious diseases. These countries can only be prepared for future outbreaks if they have the proper infrastructure and systems in place.
    - **Donors should also direct resources outside of the medical and clinical response** to support the needs of communities, families, and especially children impacted by Ebola; these needs should include food security, economic support, social mobilization (including the involvement of faith leaders), alternative education programs, family reunification, tracing systems for children orphaned by Ebola, and psychosocial support.
    - **Donors and implementing partners should include all internationally recognized standards in their response plans,** including those on child protection and prevention of sexual exploitation and abuse**.**