We must join fight against deadly ebola

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THE number of deaths from Ebola in West Africa has almost tripled since the World Health Organisation declared the disease a public health emergency of international concern early last month.

Though Ebola is controllable via public health measures, such as isolation of patients and tracking and monitoring of patients’ close contacts, such measures are heavily resource-intensive. The situation is spiralling out of control partly because affected countries already lack necessary resources — and the resource gap grows with the exponentially rising number of cases.

While previous Ebola outbreaks were limited to small rural African communities, the current epidemic is unprecedented in affecting major population centres. It has killed more than all previous Ebola outbreaks combined, and the bigger it gets the harder it will be to stop.

Given that affected countries are among the poorest, justice demands more assistance from wealthy developed nations and donor organisations.

Although the US government’s diversion of $US500 million ($557m) of military funding to Ebola control is a big step forward, there is a long way to go before the UN call for $US1 billion is met. After spending tens of millions of dollars in the search for missing Malaysia Airlines flight MH370 — an effort that would not have saved lives even if it had been successful — Australia has only pledged $1m towards the fight against Ebola.

There are human rights and global justice reasons why wealthy countries should do much more to assist Ebola control efforts. But there are also straightforward self-interested reasons. When infectious diseases are allowed to run rampant in poor countries, this poses risks to wealthy countries.

Infectious diseases, famously, show no respect for international borders. Of particular concern is that Ebola has been mutating while spreading. It is possible that a more transmissible strain of the disease could thus evolve. Given its high mortality rate, of about 50 per cent during the present epidemic, this could turn into a global public health disaster.

Much ethical attention to date has focused on the use of experimental medications that have not been tested previously in humans. The consensus of a World Health Organisation ethics panel convened last month was that it would be ethically acceptable to use such interventions — and that we should gather as much scientific data as possible about their safety and efficacy in the process.

Given that Ebola outbreaks have been occurring for almost 40 years, the fact we do not already have scientifically studied Ebola therapies reflects a prior injustice. Because Ebola has primarily affected poor people in Africa, there was not much (if any) financial incentive for the pharmaceutical industry to invest in research and development of Ebola medications. Though the failure of private companies to invest in such R&D is understandable, more public money should have been devoted to such efforts.
A recent WHO consultation concluded that the safety and efficacy of blood and blood plasma transfusions from recovered Ebola patients, among other possible therapies, should be studied scientifically.

Given that such interventions have been used previously — for Ebola and other infectious diseases — it is remarkable that they have not already been subjected to proper scientific evaluation.

The failure to better study such therapies in the past is perhaps best explained by the fact we are here talking about natural products that would not be easy for private companies to patent and profit from.

While five of seven Ebola patients treated with the experimental monoclonal antibody treatment ZMAPP have survived, it cannot be concluded that this treatment is actually effective. This is because treated patients were not enrolled in controlled scientific studies. Their survival, thus, might be attributed to other care they received (including convalescent plasma transfusion).

The survival rate of Ebola patients during the present epidemic has varied quite widely — and thus could be due to variation in basic “supportive” care. In addition to scientifically studying new experimental medications, therefore, controlled studies of existing standard care measures are needed to determine what works best.

Last, but not least, the efficacy of various kinds of public health measures — such as screening of passengers at airports for fever, tracing of various kinds of patient contacts, and quarantine — is largely uncertain. As well as scientifically studying the safety and efficacy of medical interventions, the efficacy of measures such as these should be evaluated during the current Ebola epidemic. Again, we cannot rely on private industry to fund this kind of research.

A much larger investment from wealthy countries, including Australia, is thus needed both to do things already known to work and to learn more about what else might work to curb the current Ebola epidemic, and those that will arise in the future.

The tragedy will grow if the global community fails to adequately address Ebola due to bad timing. Ebola has perhaps not received the attention it warrants because world powers have been so heavily focused on crises in Israel and Gaza, Ukraine, and Iraq since this public health emergency of international concern was declared.

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