International Cooperation and Assistance in the Context of the Ebola Outbreak in West Africa

The outbreak of the Ebola virus in West Africa has now hit four countries: Guinea, Liberia, Nigeria, and Sierra Leone, along with several suspected cases in Senegal. This outbreak demands a concerted, coordinated, and urgent response to save lives and prevent the spread of infection within the currently affected countries and beyond. All those who respond must conduct their activities with the utmost respect for the human rights of individuals and communities, while adhering to best public health practices.

Guinea, Liberia, and Sierra Leone have weak health care systems and few medical workers. In Liberia and Sierra Leone, the World Health Organization (WHO) estimates that there are only one or two doctors for every 100,000 residents. The disease has further eroded their already depleted ranks. As of September 16, approximately 5,000 cases of Ebola had been confirmed, with a mortality rate around 50 percent, though the actually number of infections and deaths may be several times higher. Liberia and Sierra Leone have been hit particularly hard. Across the region, health care workers represent nearly 10 percent of cases, with at least 140 deaths, including prominent doctors in Liberia and Sierra Leone.

As the WHO has acknowledged, the response of the international community has been slow and inadequate, at best. Médecins Sans Frontières, the international medical nongovernmental organization (NGO) that is often on the frontlines delivering medical care in developing countries, has condemned the current focus of states on containing the disease in West Africa instead of contributing in a meaningful way to stopping its spread. For example, the cancelling of flights – a misguided step already taken to contain the virus – means that critical resources cannot be delivered in a timely manner. Initiatives by NGOs can and are making an important contribution during this crisis, but the scope of this outbreak requires support from governments with the resources and expertise to deal with what is truly an emergency.

The failure of the international community to respond with the urgency that this health crisis demands means that medical workers and others who work with Ebola patients are at greater risk of infection themselves.
Typically, once Ebola is identified, any risks to medical workers are mitigated because well-established practices aimed at preventing transmission are put into place. Medical workers and all other staff who have any contact with people suffering from Ebola use special protective gear, set up a monitoring system, and limit their exposure by controlling time in the isolation ward where patients are being treated. Limiting the number of hours that medical workers spend in isolation wards reduces the likelihood of exhaustion and ultimately mistakes that could result in exposure.

However, in the current environment of scarce resources— including lack of protective gear, understaffed clinics, misinformation, fear, few health care facilities, and even fewer that can be outfitted as Ebola treatment centers—it is apparent that many more people will become infected before the outbreak is brought under control. It is imperative that the international community coordinate its response, provide much needed resources, and mobilize personnel with the required expertise to address all aspects of the crisis. Specifically, experts with extensive experience in Bio level 4 environments must be deployed to work directly with doctors, nurses, and other medical workers. These experts can help to ensure that health workers responding to the crisis have access to appropriate protective gear and equipment, know how to work at this level, and can routinely follow the most effective measures to prevent the spread of the virus. This is particularly crucial when understaffing means that doctors, nurses, and other staff are working around the clock to save lives and—in their weariness—may make mistakes.

Doctors and nurses are not the only ones at risk. Others who work in clinics, hospitals, and Ebola treatment centers, such as janitors and morgue workers, also need to be properly equipped and trained to ensure they do not become infected. Experts are needed to set up teams to identify people with symptoms, ensure their safe transfer to treatment centers, conduct contact mapping of people who may have been exposed, and monitor those at risk for the duration of the virus’s incubation period.

**Obligations of the International Community to Respond with Assistance**

States are the primary duty-bearers under international human rights laws, and as such are responsible for protecting the people they govern and ensuring respect for their human rights. However, particularly with respect to economic, social, and cultural rights, international cooperation and assistance is not just an option, but also an obligation. International cooperation can play a particularly vital role in supplementing the efforts of states directly affected by natural or man-made disasters. The key caveat with regard to the role of other states and intergovernmental bodies is that an intervention should come only after consent from the state has been secured.

In the particular case of the Ebola outbreak in West Africa, the states that are affected are seeking assistance, especially expertise, from the international community, making the question of consent a moot point. However, states that have the necessary capacity and funding are not responding to the specific needs with the urgency and resources required to bring this health crisis under control. International cooperation and assistance does not mean sending what you want, rather than what is needed. This is not about charity, it is about human rights.
The Committee on Economic, Social and Cultural Rights’ General Comment 3 addresses this point explicitly:

14. The Committee wishes to emphasize that in accordance with Articles 55 and 56 of the Charter of the United Nations, with well-established principles of international law, and with the provisions of the Covenant itself, international cooperation for development and thus for the realization of economic, social and cultural rights is an obligation of all States. *It is particularly incumbent upon those States which are in a position to assist others in this regard* (emphasis added). The Committee notes in particular the importance of the Declaration on the Right to Development adopted by the General Assembly in its resolution 41/128 of 4 December 1986 and the need for States parties to take full account of all of the principles recognized therein. It emphasizes that, in the absence of an active programme of international assistance and cooperation on the part of all those States that are in a position to undertake one, the full realization of economic, social and cultural rights will remain an unfulfilled aspiration in many countries. In this respect, the Committee also recalls the terms of its General Comment 2 (1990).\(^1\)

Closing borders to people traveling from West Africa, stopping flights in and out of the affected countries, and effectively mailing a check does not meet the obligations set out in the International Covenant on Economic, Social and Cultural Rights. Just as none of the affected states can legitimately seek to contain the virus by cutting communities or marginalized populations off through sweeping quarantine regimes, neither can the international community effectively quarantine West Africa.

**Immediate Actions**

**Global Support for a Coordinated Region-wide Assessment:** This current outbreak needs to be addressed on a regional basis given porous borders, high mobility, and lack of information. Therefore, a team of international and national experts should immediately carry out an assessment of what actions need to be taken on a region-wide basis to ensure effective surveillance to track the outbreak, identify how the disease is spreading, and ensure that well-trained and well-equipped medical workers are available to work in appropriately located treatment centers and have the equipment and supplies they need. While the flow of equipment into the region has increased, it is critical that a system is established to ensure that the necessary resources are being transported to Ebola treatment centers. In many parts of West Africa, this necessitates bringing in people and equipment to build isolation wards where patients with Ebola can be safely treated. For those countries at risk if the outbreak spreads, building the emergency infrastructure now would be prudent.

**Assuring Safe Conditions for and Treatment of Health Care Workers:** Many health care workers, including doctors and nurses, have already become infected as a result of providing treatment and care in conditions that are grossly inadequate. It is imperative that the international community ensures immediate support for the health care community by providing the supplies and expertise necessary to create safe working conditions for health care workers and – in doing so – helps to restore trust in the health care system. Given the

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very low ratio of health care workers to population in the region and the exhaustion of health
care workers who have already been treating patients for more months, countries should
deploy teams of medical professionals and public health workers with expertise in
communicable diseases to increase the capacity to address the outbreak. For example, the
U.S. Centers for Disease Control has deployed more than 100 experts and USAID has
deployed a Disaster Assistance Response Team to the region.

Infection of health care workers and others employed in the health sector in an Ebola
outbreak is not inevitable. With adequate resources, appropriate training, and proper
procedures, medical workers can be protected from exposure. When people see doctors,
nurses, and other workers in hospitals and clinics becoming infected and dying, they lose
faith in the health care system and may not seek treatment for either Ebola-related
symptoms or other illnesses out of fear and distrust.

The Ebola outbreak is occurring in countries that have other severe health challenges,
including malaria, tuberculosis, HIV/AIDS, and high rates of infant and maternal mortality.
The governments in these countries, supported by the international community, must work
to restore faith in the health care system so that people who need urgent care for Ebola or
other diseases or conditions will seek care. Otherwise, the loss of life from the Ebola outbreak
will move well beyond those who die from Ebola alone.

**Ensuring a Coordinated Strategy for Dissemination of Information:** It is crucial that everyone
understand what Ebola is, the means of its transmission, how to prevent transmission, and
where to seek treatment if a person fears that she or he has been exposed. Given different
dialects and literacy rates, the information must be provided in a culturally appropriate
manner. The government should make every effort to ensure that all people have access to
the information, making clear that no group is being denied information nor receiving
information in a targeted manner, which would suggest that they are responsible for the
outbreak. Where misinformation is taking hold, a counter-campaign based on the facts
should be launched to stop panic and prevent stigmatization based on erroneous ideas of how
the disease spreads.

In those countries where people working in the health care system may have received little or
no training, every effort should be made to ensure that they know about the disease and
specifically what measures need to be taken in a health care setting to prevent transmission
of the virus. The disease cannot be brought under control in a timely manner and the death
toll limited when frontline health care providers are not adequately equipped or informed to
manage both individual cases and containment.

States should also disseminate information about the response on a regular and timely basis
in an accessible manner.

**Appropriate Strategies for Containing the Spread of Ebola:** Contagious diseases with
significant mortality rates strike fear in communities as well as among government officials.
Education is critical to explaining to members of the affected communities how the disease is
spread and what actions they can take to protect themselves. However, in response to the
fear, government officials sometime chose to focus on “containing” the disease to specific
areas rather than doing the difficult, but more important, work of contact tracing. This
The process includes working with the patient to determine who may have been exposed to the virus and then tracking down those who were possibly exposed, checking them for symptoms, and – depending on their status – either bringing them into a treatment facility or monitoring them for the duration of the incubation period until they are given a clean bill of health.

Isolation, whereby patients with the disease are placed in a secure ward for treatment to ensure that the risk of their transmitting the virus to anyone else is fully mitigated, is an appropriate action. Quarantining entire neighborhoods or regions of a country – while creating a false sense of security among those outside the quarantine area – undermines both the public health imperative to proactively prevent the spread of the virus and uphold human rights standards.

The Siracusa Principles were designed to guide any decisions that restrict exercising a right such as freedom of movement. Public health is a legitimate interest of a state and may be invoked to justify restrictions on specific derogable rights. However, any such limitation on a right must meet the following criteria:

- The restriction is provided for and carried out in accordance with the law;
- The restriction is in the interest of a legitimate objective of general interest;
- The restriction is strictly necessary in a democratic society to achieve the objective;
- There are no less intrusive and restrictive means available to reach the same objective;
- The restriction is based on scientific evidence and not drafted or imposed arbitrarily, i.e. in an unreasonable or otherwise discriminatory manner.

Any restrictions imposed under the Siracusa Principles must be limited in duration and subject to review and appeal.

In the specific case of a restriction on freedom of movement imposed to prevent the spread of a contagious disease, the most critical principle is that such a restriction must be based on scientific evidence. Similar to the arbitrary and discriminatory decision by the U.S. government to quarantine HIV positive Haitian boat people in Guantánamo Bay, the recently reversed decision to close off the West Point informal settlement in Liberia appears to be based on fear and a desire to contain the virus to a part of the city where economically marginalized people live. Under no circumstances should quarantines be imposed without ensuring that all those affected have information regarding the scope, duration, and purpose of the quarantine. Additionally, those who are quarantined must be provided with access to basic necessities, such as housing, food, water, sanitation, and health care, including emergency care. Any decision to impose a quarantine, pending the effective screening of a neighborhood or community to identify those who are ill, should be made by public health officials who are knowledgeable about the community and can ensure that the quarantine does not lead to human rights violations.

The first priority should be identifying those who have symptoms of Ebola. Individuals experiencing symptoms should immediately be transferred to a hospital or clinic with the resources to provide treatment for the patient. Contact tracing should then take place to identify the people possibly exposed to the virus from the infected patient. Overbroad or
sweeping measures against entire communities fail not only to have the intended impact, but are also often counter-productive. Such measures drive people underground, meaning that those who should be identified through contact mapping are missed, which leads to increase risks of additional infections.

Utilizing an identification and tracking system is the best way to understand how and why the outbreak is growing. Once that is understood, and if there are adequate treatment centers with trained staff and the necessary supplies, the disease can be brought under control.

A government may decide that – given the high prevalence of the disease in a particular neighborhood – all residents must be screened. In such cases, it is critical that residents understand what is being done and why, what actions the government will take to ensure treatment for those who are infected, and how they will effectively monitor those who have been exposed. If there are no treatment centers, no system of transporting patients to treatment centers located in other areas, and no system for dissemination of information and assurances of help for those being monitored, people are likely to evade the screening or resist any attempt to impose quarantines.

When a country lacks the requisite number of trained people to conduct such screenings, the international community must step in and provide the expertise.

The mobilization of the military or other security services, particularly in communities that have borne the brunt of conflict and abuses by such forces, can be counter-productive particularly if they are making decisions that should be made by public health experts. In consultation with international specialists, public health experts from the country should advise on the best means of identifying people in need of treatment, contact mapping those who may have been exposed, engaging with those identified through the mapping, and then monitoring them. The military should not make such decisions and should not be seen as driving public health policies.

It may be appropriate to engage the military or security forces to build emergency health care infrastructure, such as Ebola treatment centers, or to ensure the delivery of much needed equipment. However, under no circumstances should military or security forces be the public face of a government’s responses to this crisis.

Long-term Actions

This particular outbreak has exposed the world to the significant problems with the health care systems in the affected countries that their residents know all too well. While much of the focus has been on the lack of investment, and while far greater funds are required, there are other actions that governments can take to improve their ability to respond to a public health crisis.

Planning a response to an emergency in the midst of an emergency is always difficult. Instead, states should have disaster preparedness plans in place that anticipate the actions critical to stopping an emergency from turning into a full-blown crisis.
This includes, among other responses, a system for communicating with the general public so that information is first received from their government, providing citizens with reliable, concrete information and preventing rumors and misinformation from taking hold and triggering panic. Additionally, a public health law in line with human rights standards should be enacted that provides the legal basis for the application of the Siracusa Principles. Governments should also establish a system whereby needs assessments can be conducted quickly at the provincial and/or national level so that requests for international cooperation and assistance are timely and appropriate.

Additionally, as the high mortality rate indicates, current treatment protocols for Ebola have limited efficacy. Experimental treatments are just that – experimental – and it is too soon to draw conclusions about the role that ZMapp may have played in the recovery of some of the people who received these treatments. Under no circumstances can access to treatment be biased based on nationality or other discriminatory basis. However, during outbreaks where there are limited or untested resources for treatment, a plan of action must be in place to ensure that medical workers – who are at high risk and crucial to the provision of medical care to others and who are expected to provide treatment for others – are prioritized for receiving treatment. Guinea, Liberia, and Sierra Leone already suffer from a dearth of doctors and nurses and the toll taken on medical workers in the current outbreak is devastating both in the short and long term.

**Conclusion**

The strength of this outbreak and its catastrophic impact on medical workers is due in large part to chronic underinvestment in the health care systems in the affected countries. They lack a trained and equipped health workforce, essential infrastructure, and the necessary supplies of equipment and medicine. These and other countries in sub-Saharan Africa – already plagued by child and maternal mortality, malnutrition and other infectious diseases such as HIV/AIDS, tuberculosis, and malaria, and increasingly non-communicable diseases as well – have failed to develop integrated health systems that serve all of their populations, including in remote and marginalized areas. The deaths of health workers struggling to respond to the Ebola crisis are leaving already fragile systems bereft and broken.

These countries in Africa could have been significantly better prepared to face the latest outbreak of Ebola and other infectious diseases that can devastate populations had appropriate investment, including international investment, in health systems been implemented during the past few decades. The current Ebola crisis should be a wake-up call to the affected governments and the international community to invest in strengthening the health workforce and health systems in these and other least developed countries.

It is already too late for the several thousand people who have died of Ebola and for the health care workers who lost their lives caring for the sick even though they were not adequately equipped to do so. The international community can and should act now to prevent further deaths.