## EHFG 2014 on the Ebola crisis: Strong health care systems are the best defence against epidemics

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*Health experts at the EHFG 2014 described the Ebola crisis as an expression of long-standing and growing inequalities in access to health care services. The health care systems in the affected countries are too weak to face the challenges posed by Ebola. Massive acute help is now needed. In the medium term these countries require a more robust and efficient health care system and public health monitoring systems so they can respond more quickly and effectively in case a new epidemic hits. In a globalised world, Ebola can develop into a geopolitical crisis unless suitable counter-measures are taken.*

**Bad Hofgastein, 2 October 2014** – “The Ebola epidemic is a clear call to action from a public health perspective. If left unresolved, it can turn into a geopolitical crisis.” That is one of the core messages made in an open letter in which 44 health experts from 15 countries called on governments of EU member states “to mobilize all available resources” in the fight against Ebola. EHFG President Prof Dr Helmut Brand was among these experts. Prof Brand:  “For instance, action should be taken to enable members of the health professions to assist temporarily as volunteers in the areas affected by Ebola.” The EU governments should play an active role as partners of the countries in West Africa and the UN so the support measures can be carried out transparently and effectively in the months ahead. The activities should encourage human and economic development in the region.

**Ebola need not be an epidemic**

Dr Armin Fidler, Lead Advisor, Policy and Strategy, World Bank: “Many current analyses and commentaries assume that Ebola could be brought under control quickly and effectively if the disease had broken out in the EU, for instance, instead of in three West African countries. There is much evidence supporting this view.” In countries with a well-developed health care system, people suspected of being infected would be isolated quickly and consistently. Health care workers would be suitably equipped to minimise the risk of contagion. Doctors and nursing staff would offer the best possible treatments, for instance, to combat dehydration, impaired liver and kidney functions, bleeding and an electrolyte imbalance. Contaminated material would be properly disposed of. There would be thorough information for the public about the disease, how it is transmitted and how to behave correctly in an Ebola epidemic.

**Ebola as an expression of long-standing and growing inequalities**

The premise that Ebola could probably be brought under control quickly and effectively in a well-functioning health care system is supported by the example of the Marburg virus, a disease similar to Ebola that triggers hemorrhagic fever. When it broke out in 1967 in Germany and Yugoslavia, the death rate among infected people was 23 per cent. In the countries of Sub-Saharan Africa, it has been 86 per cent. Dr Fidler: “The difference is that Germany and Yugoslavia had well-functioning health systems and sufficient resources for treatment. The countries in West Africa currently forced to fight Ebola have neither. The Ebola crisis is an expression of long-standing and growing inequalities in access to health care services. The health care system in these countries is too weak, the treatment costs are too high and health care service providers are too rare.”

For example, there is one physician for every 70,000 inhabitants in Liberia and one physician for every 45,000 in Sierra Leone. An analysis from mid-September showed that about 70 per cent of the patients with definite evidence of Ebola are dead. The mortality rate is considerably lower if only patients in hospitals are taken into account. This fact reinforces the assumption that quick therapy has major benefits. The deciding factor for bringing Ebola effectively under control will therefore be whether we manage to bring places of transmission sufficiently under control and considerably boost the percentage of infected persons undergoing treatment. The treatment rate is estimated to be less than 50 per cent in Liberia and 40 per cent in Sierra Leone (as of the end of September).

The agenda is clear: There is an acute need to deploy additional health care service providers and to give them suitable support. Then the affected countries need more mobile laboratories, clinics and fast tests but also more communication about the disease, its spread and its treatment. Dr Fidler: “In the medium term these countries require a more robust and efficient health care system and public health monitoring systems so they can respond more quickly and effectively in case a new epidemic hits. To achieve these goals, international organisations and wealthy countries need to proceed in a coordinated, decisive and appropriate manner to tackle the challenge of Ebola. And adequate investments in the health care systems of this region are needed along with a better understanding that investments in health care are sensible.” For example, per capita annual spending on health care amounts to US$ 4,459 in Germany and only to US$ 44 in Uganda. One consequence is that people in Germany live to an average age of 80 whereas those in Uganda live only to an average age of 54.

Development assistance in the health sector was often earmarked for projects and measures that show short-term results or generally are easy to understand, such as vaccination programs or HIV/AIDS according to Dr Fidler: “As important as such projects may be, in this way, however, no sustainable health system structures are built, and the next epidemic can strike without any hindrance. We are ultimately complicit in this if we do not support the development of sustainable health care systems.”

Professor Brand: “In a globalised world, we cannot consider epidemics such as Ebola a purely regional problem. For one thing, the disease can be exported quickly not only to neighbouring countries but also to other parts of the world, including places such as Europe and the United States. The later international aid arrives and takes effect, the higher the risk of this spread. For another thing, an epidemic such as Ebola can cause deep and persistent destabilisation to economically weak countries, which have also gone through serious military conflicts. That can definitely also have international effects.”

“Electing Health – The Europe We Want” is the motto for this year’s EHFG. Around 600 participants from more than 50 countries are attending the most important health policy conference in the EU to exchange view on key issues affecting European health systems. The future direction of European health policy is the key topic on the conference agenda.

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