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THE 2014-2015 EBOLA OUTBREAK: LESSONS LEARNED FROM THE RESPONSE

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The most recent Ebola outbreak demonstrated a clear lack of preparedness from the global health and humanitarian system for an outbreak of infectious disease and a number of weaknesses in the international health and emergency response infrastructure. The first case of the outbreak occurred in December 2013 in Meliandou in southeastern Guinea but was only confirmed as Ebola in March of 2014. It is clear that a number of factors affected the nature of response and that any possible combination of these factors could occur. During the post Ebola recovery period and in the interest of our study, we approached key stakeholders from relevant response organizations who were asked to describe how their organizations would have responded to a case study scenario in which a non-state actor claims responsibility for new cases of Ebola in an adjacent geographical area with a previously unexposed population just like it was the case in Guinea, Liberia and Sierra Leone just before the outbreak. The study subsequently sought the views of major bilateral donors to the Ebola response to better understand the challenges and approaches nations would take in the event of a deliberate use and its impact on a humanitarian disaster response. Our engagement aimed to bring together a selected group of multi-sector participants to glean what has been learned so far and develop firm proposals for action. Whatever the next event or outbreak is, and regardless of its source, the Ebola outbreak revealed weaknesses in the global health and humanitarian responses that must be fixed. Coordination between agencies should be increased, and efforts should not be duplicated. A one size fits all approach will not work for future outbreaks, nor did it work for Ebola, and flexibility should be engineered into the system and coordination to allow for the international community to provide what is needed, when it is needed, rather than everything at once.

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