

Still not ready for Ebola

Ebola is back. The disease that killed more than 11,000 people in West Africa just a few years ago has returned, striking the Democratic Republic of the Congo (DRC). Last week, intervention with a new vaccine was initiated to help contain the outbreak, adding another tool to a response that is exponentially better than it was 4 years ago. But we are not out of the woods. No matter how long this Ebola outbreak continues, the world faces critical tests in its battle against deadly pathogens. Unlike 2014, when delayed recognition of Ebola led to undetected disease spread, the DRC promptly admitted it had an outbreak and called for assistance. The World Health Organization (WHO) did not try to minimize the problem. Rapid response units from within the DRC and around the world deployed immediately. And, fortunately, the DRC has well-trained epidemiologists as well as laboratory capacity to test for the virus.

The Ebola vaccine is a very important tool, but it is not a game-changer. Comprehensive detection and response is still necessary to stop this and other outbreaks. And an outbreak in a dense urban setting is far different from a rural outbreak. A single patient can infect dozens of others in taxis, buses, and crowded housing and health-care facilities, making outbreak control more difficult. Nigeria contained Ebola in Lagos, but only with an extraordinary effort that relied on highly experienced polio eradication teams operating within a structured incident-management system.

Globally, we must address three issues to tackle Ebola and other deadly pathogens. One is community engagement. Lack of trust between responders and communities has resulted in patients fleeing isolation, as well as likely missed cases and contacts. Ebola emerged in a remote community; it is essential to understand community perspectives and structure and to gain trust and enlist the community's strengths to stop the disease.

Another issue is WHO's effectiveness. The African Regional Office of WHO now has many staff with the

needed technical and operational excellence, and the Geneva-based emergency program is more effective than before. But WHO country offices in DRC and elsewhere are not nearly as effective as they need to be. Tedros Adhanom Ghebreyesus, coming up on his first anniversary as WHO Director General, has unveiled a potentially transformative general program of work. His leadership will be essential for these ambitious goals and inspiring rhetoric to overcome operational and managerial weaknesses at WHO headquarters in Geneva, as well as in some regional and many country offices.

Most important, the entire world needs to support countries, including DRC, that have undergone voluntary external assessments of preparedness, known as Joint External Evaluations (JEEs). The JEE is an objective, transparent, meaningful report card on a country's ability to find, stop, and prevent outbreaks. By the end of 2018, approximately 100 countries will have undergone the rigorous JEE process. Thousands of technical experts—the vast majority coming from within these countries themselves—and billions of dollars are ur-

gently needed to close the thousands of life-threatening gaps identified, and resources that have been committed need to be rapidly and effectively deployed.

The United States, historically a leader on global health security, now risks falling behind in pandemic preparedness. The proposed federal budget would slash U.S. global health security funding by two-thirds and require the Centers for Disease Control and Prevention (CDC) to leave the field open to microbes in dozens of countries. As the latest Ebola outbreak reminds us, if the CDC's funding is not protected, the agency will not be able to help protect us. Because an outbreak can spread from a remote area to any major city in the world in 36 hours or less, we are all at risk. And as long as some countries remain at risk, none of us is safe.

—Thomas R. Frieden



A DRC facility expecting Ebola cases sprays a visitor with chlorine.

“...as long as some countries remain at risk, none of us is safe.”



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Science

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