



## SUMMARY OF THE KAPUSCINSKI DEVELOPMENT LECTURE

### ***FAILURE TO COLLIDE: EBOLA AND MODERN MEDICINE***

delivered by Paul Farmer

on 20<sup>th</sup> April 2015

*If all victims had access to the Western level of care, Ebola fatality rates should be no more than 10 percent. Instead, in some areas of the three heavily affected countries, they remain close to 70 percent – Paul Farmer*

In his lecture, Dr. Paul Farmer focused on the Ebola outbreaks in West Africa and its effects on populations. While not a single of the few infected Americans has died from the disease due to the receipt of prompt and good quality supportive care, the fatality rates in West Africa have been devastating. Farmer highlighted that, like in other public health crises, we are quick to blame the poor for inappropriate health behavior, or point to their exotic seeming traditions. In this case, there has been much discussion of ritual burial practices, the diets of bush meat or the failure to cooperate with contact tracing efforts. On the other hand, we seldom reflect on ways in which we in high-income countries are implicated in the fact that low-income countries like those in West Africa only have frail, and now possibly collapsing, public healthcare systems.

#### ***A need for investing in medicine***

Farmer stressed the importance of providing effective medical investment to prevent future deadly outbreaks and called for high-income countries to not forget this, in the current state of post Ebola triumphalism. Dr. Farmer said: ‘We cannot make the same mistakes as the past. Our response to the epidemic was just too late. Efforts were hampered further by a lack of logistical support, medical equipment, facilities and staff. We need to ask ourselves, how can we help move forward this agenda of significant investments, in order to lessen the risk of spread?’

#### ***Toll of inappropriate healthcare***

If all people had an appropriate level of care, like intravenous therapy to replace fluid loss, Ebola fatality rates should be no more than 10 percent according to Farmer’s estimations. Even though the required intervention is not expensive or in any way complicated, death rates in the heavily affected countries remain at 70 percent. He said: ‘We need to integrate prevention in care to stop this from happening again. If all victims had access to the Western level of care, fatality rates should be no more than 10 percent. Instead, in some areas of the three heavily affected countries, they remain close to 70 percent.’ In order to change this,

significant investments have to be made in research funding, the building of healthcare systems including training of staff, and enabling rapid diagnosis. Progress cannot be expected when countries like Liberia have only 0.1 doctors per every 10,000 people. In contrast, America, boasts 24.5 doctors per every 10,000 people.

### ***Lessons learned***

However, instead of feeling defeated by Ebola and weak healthcare systems, Farmer suggests to take the crisis as an important opportunity for improving such healthcare systems, enhancing capacities, and improving diagnosis and treatment strategies. He stated: ‘Ebola is the occasion to do the right thing. We need to ensure that modern medicine and Ebola collide. It’s not easy. But it’s not rocket science’. Indeed, the crisis has already led to an increase in donations. As of March 2015, donors have pledged more than \$5 billion to the Ebola response. It is now important to use the money wisely and not simply invest it into short-term emergency responses. Rather, it needs to be invested in ways that would allow for the development of sustainable health system reforms with a focus on staff and systems to deliver primary and preventive care.