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Rid and Emanuel2 made a compelling ethical case for action, and Gotzin and colleagues5 urged a substantially accelerated international response to halt this Ebola outbreak. However, for that response to be effective and sustainable, it needs to be thoughtfully crafted—not only to provide critical aid in the short term, but also to invest in creating systems that provide enduring security.

Staff
The scarcity of health care workers in western Africa poses a serious challenge. Even before the outbreak, Liberia’s 4.3 million people were served by just 51 physicians—fewer than many clinical units in a typical major US teaching hospital. Many more physicians are needed, but focusing on physicians will not be enough. Successful integration of prevention and treatment efforts requires a comprehensive strategy, including community health workers, who can encourage sick patients to come to health care institutions, and nurses, who provide lifesaving supportive care, such as intravenous rehydration and electrolyte management, in an environment that is safe for both practitioners and patients.4 With patients increasingly turning their frustration toward health care workers, an essential component of any strategy must include ensuring and in some cases restoring trust. A key to this goal should be to recruit and train local workers, many of whom will be from the most affected communities. Survivors, likely immune, can play a role in this regard and in communicating the importance not only of isolation but also of early diagnosis.

Health Care Resources
The Ebola epidemic is a battle of basic medical care, and future epidemics in these and other countries with poorly developed health care systems are likely to require similar services. While experimental therapeutics have garnered significant attention, vaccines or monoclonal antibodies that have yet to enter clinical trials are no panacea for the current outbreak. However, appropriate supportive care can help reduce many unnecessary deaths.3 Currently, the lack of basic health care resources—such as protective gloves and gowns, intravenous fluids, and straightforward protocols and guidelines—has limited front-line health workers who risk their lives to care for those affected with Ebola. The health systems of high- and middle-income countries that are awash in basic health care materials and guidelines, and there is no good reason these fundamental health care resources cannot be provided to front-line workers in West Africa to save lives.

Lacking the necessary health care resources, the current approach is to warehouse patients in depleted hospitals or public buildings repurposed as isolation centers. Many affected patients who arrive at such facilities in Liberia receive no intravenous rehydration and extremely limited monitoring of hematocrit and liver and kidney function. Other affected patients wait, and may die, outside the closed gates of overwhelmed facilities. Is it any wonder, then, that so many individuals are losing confidence in the ability of their health systems to care for them?

Systems
In 1967, an outbreak of Marburg hemorrhagic fever—a disease closely related to Ebola—occurred in Germany and Yugoslavia. At the time, almost nothing was known about it.
about the virus, and the health systems of both countries were still recovering from the destruction of World War II. Despite these challenges, the case-fatality rate associated with the outbreak was 23%.6 Nearly half a century later, the case-fatality rate for Ebola across West Africa is 2- to 3-fold higher. Is this all because of a lack of health care staff and resources? It is more than that. Fundamentally, this high mortality is related to lack of adequate systems in which the health care staff and resources can be effectively deployed.

The problems of inadequate systems reach far beyond West Africa. Despite a recent global movement to expand access to health care, the Ebola outbreak is a cogent reminder to carefully consider 2 simple questions: What kind of care are people going to access? Is that care worth having, and can it be made better? A focus on accountability, especially for quality, is critical. Over the past decade, many countries have committed to spend more money on health care, but spending more is not enough. There has been little effort to understand the quality of care that such spending buys and how that care might be made better. While some might see tradeoffs between interventions to stem the Ebola epidemic and investments in health systems for the long run, these 2 notions can coexist. Indeed, building systems that provide high-quality care in this crisis can be used to provide effective disease management and chronic care once the epidemic has subsided.

Quality is often thought to be as nebulous but involves 3 main components: care that is safe, effective, and delivered in ways that respect the dignity of individuals in the context of their own “local moral worlds.”7 An insufficient focus on quality involves reengineering health systems around the patient, there remains an opportunity to bring lasting progress for those who need it most.