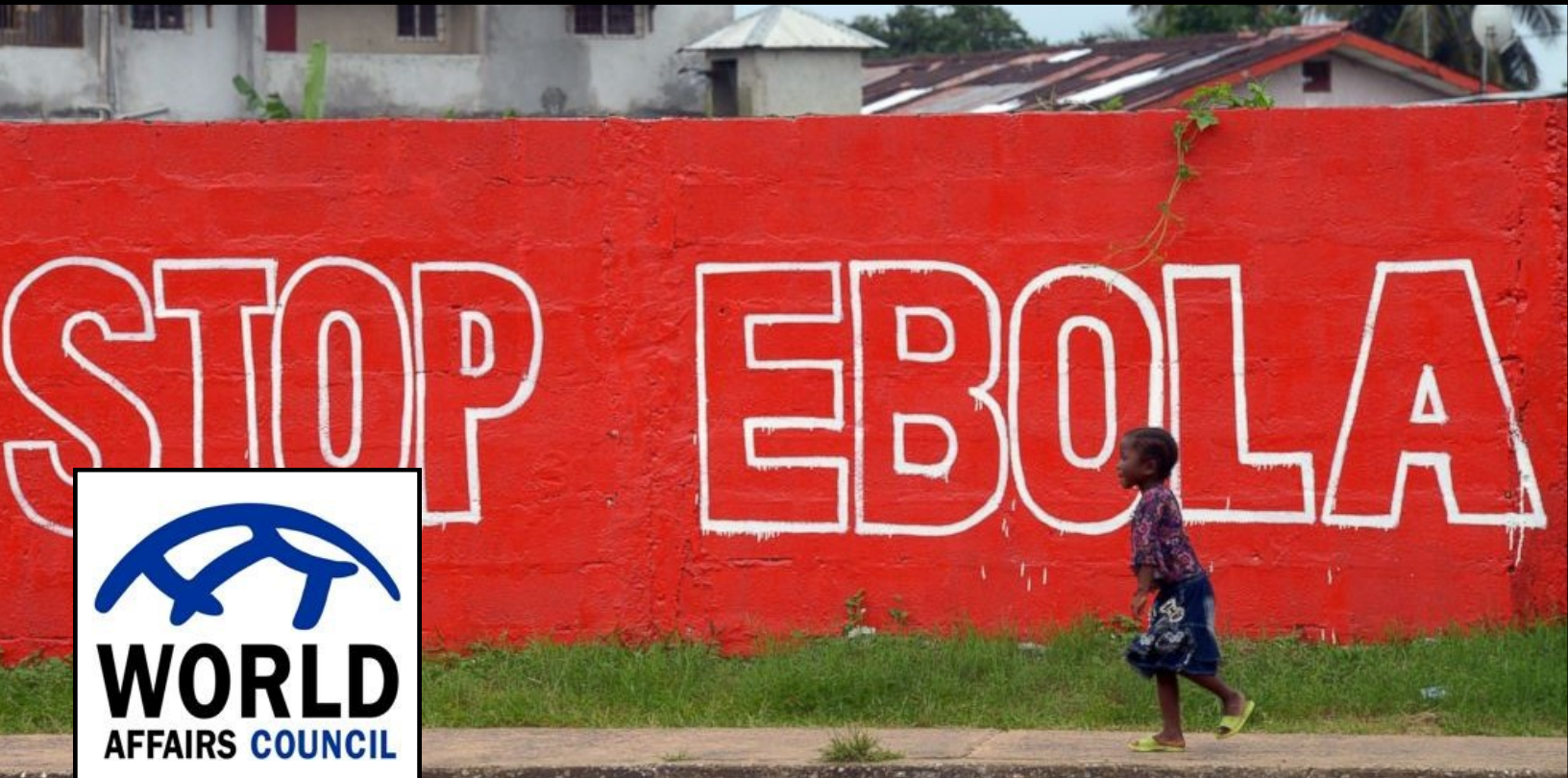


Measuring the Impact of Global Health Crises: Ebola in 2015 and Beyond



http://a.abcnews.com/images/Health/GTY Ebola_3_kab_140901_16x9_992.jpg



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A Resource Packet for Educators

COMPILED BY:

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WORLD AFFAIRS COUNCIL

January 22, 2015

MEASURING THE IMPACT OF GLOBAL HEALTH CRISES

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USING THIS RESOURCE GUIDE

NOTE: Many of these descriptions were excerpted directly from the source website.



Recommended



The Day After: Common Core Connection



Audio



Charts and Graphs



Visual Media



Lesson Plans/Education Resources



Breaking Stereotypes



Science, Technology, Engineering, and Math (STEM)

INTRODUCING THE SPEAKERS



Matthew Sparke, PhD, is a Professor of Geography and International Studies at the University of Washington, and Director of UW's online BA in Integrated Social Sciences. He is the author of *Introducing Globalization: Ties, Tensions, and Uneven Integration* (Wiley, Oxford: 2013), and *In the Space of Theory: Postfoundational Geographies of the Nation-State* (University of Minnesota Press, Minneapolis: 2005), and has published widely on topics relating to globalization, global health, governance, and mapping. With Steve Gloyd, he teaches the core gateway class into global health for undergraduates at UW: Introduction to Global Health (GH 101, GEOG 180, SIS 180). He is currently working on a book on Global Health and Globalization that examines how different ways of understanding globalization shape different approaches to implementing and evaluating global health policies.



Ann Marie Kimball, MD, MPH, FACPM, is a physician and epidemiologist. Most recently she served as technical and strategic lead for the Bill and Melinda Gates Foundation surveillance strategy formation. Prior to her recruitment as Senior Program Officer for the Foundation she served as Professor of Epidemiology for the University of Washington School of Public Health with adjunct appointments in Medicine (Bioinformatics and Infectious Diseases) and the Jackson School of Foreign Affairs. During her tenure at UW, Dr. Kimball founded and directed the APEC Emerging Infections Network, and led research and training programs in Surveillance and Informatics in Peru and Thailand. She has authored numerous scientific publications, and served on numerous Institute of Medicine panels. Most recently she led the Rockefeller Foundation evaluation of their global Disease Surveillance Network portfolio. A former EIS Officer for the Centers for Disease Control in Atlanta, prior to joining UW she worked and lived in the Yemen Arab Republic, Ivory Coast, and Senegal.



Philip Eckhoff, PhD, works in the epidemiological disease modeling team at Intellectual Ventures' Global Good Fund which develops computer simulations of malaria, polio, and other disease transmission dynamics to assist public health professionals and other scientists in planning eradication of different diseases. Beyond modeling disease eradication, his research interests include technologies for improved public health in the developing world and other global development issues, such as vaccine delivery, developing world nutrition and agriculture, and improved sanitation. Philip received his PhD at Princeton University in applied and computational mathematics. While at Princeton, he began work on malaria and mathematical models of disease transmission. Philip received a Special Achievement Award by a Hertz Fellow in 2009 for his work on malaria modeling. He also serves as an External Reviewer for the Bill & Melinda Gates Foundation and as a pro bono external advisor for the foundation's programs in Global Health and Global Development.



Eric Williams, MPH, is the Director at williamsworks in Seattle. Previously, he served as the Democratic Staff Director for the House Subcommittee on Africa, Global Health, Global Human Rights and International Organizations and a senior foreign policy staffer in the U.S. House of Representatives. In this role, he provided leadership, critical analysis and directed teams to elevate and strengthen U.S.-Africa policy including by advancing trade legislation such as the Africa Growth and Opportunities Act; addressing security challenges posed by rebel groups and longstanding conflict; and raising awareness and crafting policy solutions in global health and human rights. He had served as a senior policy associate at Physicians for Human Rights where he oversaw the Health Workforce Advocacy Initiative established through a grant from the World Health Organization. A native of Washington D.C., Eric received his Master's Degree in Public Health from Columbia's Mailman School of Public Health. He has studied worked and traveled extensively in Africa.



David Townes, MD, MPH, DTM&H, joined the faculty at the University of Washington in 2001 in the Division of Emergency Medicine. In addition, he is currently a Senior Public Health and Medical Technical Advisor to the Office of Foreign Disaster Assistance (OFDA) at the United States Agency for International Development (USAID) and Medical Epidemiologist in the International Emergency Response and Recovery Branch (at the Centers for Disease Control and Prevention (CDC)). In this capacity his interests and responsibilities include providing expert technical advice, formulating and conveying OFDA public health policy and technical positions, and design, implementation, and monitoring and evaluation of some OFDA funded programs. Previously, Dr. Townes was appointed as an Epidemic Intelligence Service (EIS) Officer and Medical Epidemiologist in the Malaria Branch at the CDC. His research interests include response to complex humanitarian emergencies, disease surveillance in humanitarian emergencies, health policy for humanitarian emergencies, and malaria.

INTRODUCTION TO GLOBAL HEALTH

What is Global Health? (04/06/2010)

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2852240/>
'Global health' is coming of age, at least as measured by the increasing number of academic centers, especially in North America, which use this title to describe their interests. Two recent papers raise important issues about the meaning and scope of global health and highlight, yet again, the need for a common definition of global health which is short, sharp, and widely accepted, including by the public.

10 facts on the state of global health (06/2014)

http://www.who.int/features/factfiles/global_burden/en/
Studies describe the state of global health by measuring the burden of disease – the loss of health from all causes of illness and deaths worldwide. They detail the leading causes of deaths worldwide and in every region, and provide information on more than 130 diseases and injuries across the world.



<http://www.theguardian.com/global-health-workers/a-truly-global-health-worker-crisis>

Global health's "grand convergence" (10/16/2014)

<http://www.theguardian.com/global-development-professionals-network/partner-zone-path/2014/oct/16/global-healths-grand-convergence>

If we make the right health investments – to scale up existing health interventions and delivery systems and to develop and deliver new tools – we could see a "grand convergence" in global health within our lifetimes. Within one generation, we could reduce the rates of infectious, maternal, and child deaths in nearly all low and lower-middle-income countries down to the low levels seen today in richer countries like Turkey, Chile, and Costa Rica.

Global Health Check (2011)

<http://www.theguardian.com/global-health-workers>

This subsection of *The Guardian* is produced in partnership with the Global Health Workforce Alliance, and contains *Guardian* articles regarding global health issues as well as infographics illustrating various topics in global health.

Global Health Strategy – United States Department of Health and Human Services (2011-2015)

<http://www.globalhealth.gov/pdfs/Global%20Health%20Strategy.pdf>

The Global Health Strategy identifies three goals that contribute to achieving Health and Human Services' global health vision of a healthier, safer world: to protect and promote the health and well-being of Americans through global health action; to provide leadership and technical expertise in science, policy, programs, and practice to improve global health.

Overpopulation: An Overlooked Factor in Global Health (03/19/2014)

<http://www.healthline.com/health-news/overpopulation-driving-global-health-crisis-031914>

New research suggests that population growth is driving numerous global health crises, yet it's rarely factored into the equation.

What does the Ebola crisis reveal about the state of global health? (11/06/2014)

<http://www.theguardian.com/global-development/audio/2014/oct/31/ebola-crisis-global-health-podcast>

How did the Ebola outbreak in West Africa escalate in such unprecedented fashion? Why was the response from the World Health Organization so slow? And how can future outbreaks of the disease be prevented?

A social explanation for the rise and fall of global health issues (10/29/2008)

<http://www.who.int/bulletin/volumes/87/8/08-060749/en/>

This paper proposes an explanation concerning the rise, persistence, and fall of issues in global health: a way to understand the reasons some health issues come to attract attention from leaders of international organizations and national political systems, while others are neglected.

Infographic: Global burden of disease

<http://cdn1.sph.harvard.edu/wp-content/uploads/sites/21/2013/05/HPHSPRING2013infographic.pdf>

This is an infographic published by the Harvard School of Public Health which illustrates the global burden of disease and illustrates the improvements and changes in prominent issues in global health.

INTRODUCTION TO GLOBAL HEALTH

The “Celebrity Couples” of Global Health and Development (10/14/2014)

http://www.huffingtonpost.com/leith-greenslade/the-celebrity-couples-of-_b_5915662.html

Maybe global health and development were odd couples once upon a time, but, after 15 years of hard work under the Millennium Development Goals, we know that lack of access to toilets compromises a child's ability to absorb food. We know that lack of access to contraception is adding 600,000 newborn deaths each year. We know that educating young women can reduce child deaths by half. We know that roads, electricity, and water are critical to maternal survival.

Helping Achieve the Eight Millennium Development Goals

<http://www.gavi.org/about/ghd/mdg/>

In September 2000, world leaders set far-sighted goals - Millennium Development Goals (MDGs) - for the health of women and children, gender equality, education, the environment and global partnerships. In the same year, Gavi, the Vaccine Alliance was established to address lagging immunization coverage. The power of vaccines combined with a range of investments to strengthen systems that deliver immunization and other services to women and children, provide health benefits which accrue to all the MDGs.

Millennium Development Goals for Health: What Will It Take to Accelerate Progress? (2006)

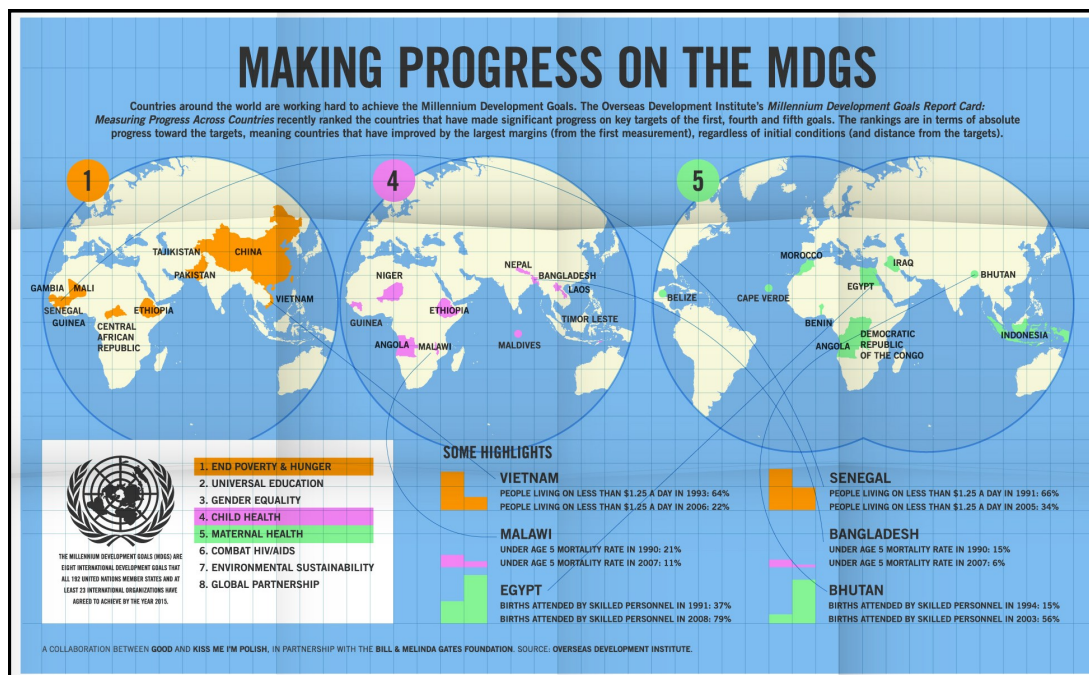
<http://www.ncbi.nlm.nih.gov/books/NBK11716/>

As the 1990's closed, the international community decided that even more needed to be done. At the United Nations Millennium Summit in September 2001, heads of 147 states endorsed the MDGs, nearly half of which concern different aspects of health—directly or indirectly. Several other goals are indirectly related to health—for example, the goals on education and gender. Other health outcomes than those included in the MDGs measure progress on health—for example, targets related to noncommunicable diseases.

The Challenge of Global Health

<http://www.foreignaffairs.com/articles/62268/laurie-garrett/the-challenge-of-global-health>

Less than a decade ago, the biggest problem in global health seemed to be the lack of resources available to combat the multiple scourges ravaging the world's poor and sick. Today, thanks to a recent extraordinary and unprecedented rise in public and private giving, more money is being directed toward pressing health challenges than ever before. But because the efforts this money is paying for are largely uncoordinated and directed mostly at specific high-profile diseases there is a grave danger that the current age of generosity could not only fall short of expectations but actually make things worse on the ground.



<http://blog.thechangeheroes.com/wp-content/uploads/2013/10/transparency-25.jpg>

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WHAT IS EBOLA?



What You Need to Know about the Ebola Outbreak (09/22/2014)

http://www.nytimes.com/interactive/2014/07/31/world/africa/ebola-virus-outbreak-qa.html?_r=0

This page covers basic biological facts about Ebola, including timeline of the progression of Thomas E. Duncan's infection, statistics of global Ebola cases, U.S. action in response to its first Ebola case, and many others. It periodically updates according to new Ebola-related news.

Ebola outbreak: Get up to speed with the latest developments (10/22/2014)

<http://www.cnn.com/2014/10/23/health/ebola-up-to-speed/index.html>

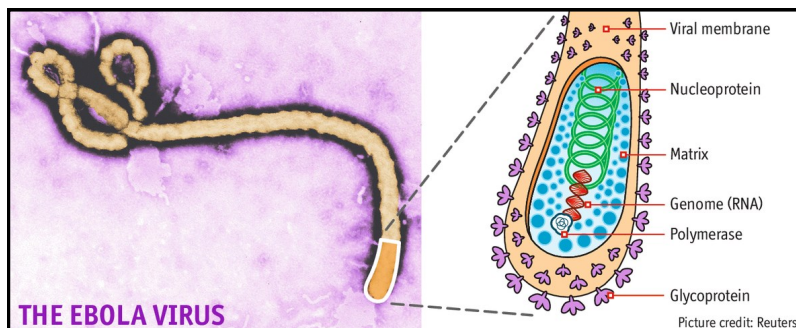
This page, hosted by CNN, updates periodically about the latest Ebola-related events and developments, both in the United States and all over the world.



A Killer in Close Up (10/18/2014)

<http://www.economist.com/news/international/21625807-you-can-do-lot-damage-just-seven-genes-killer-close-up?fsrc=widget/ebola>

Ebola is a simple virus, but also a subtle one. The stringy looking particles consist of a genome wrapped up in two layers of protein (see diagram). This long, thin package, along with a large protein called a polymerase, is packed into a membrane that is studded with glycoproteins—that is, proteins with sugar stuck to them.



<http://www.economist.com/news/international/21625807-you-can-do-lot-damage-just-seven-genes-killer-close-up?fsrc=widget/ebola>

Picture credit: Reuters

Five myths about Ebola (10/10/2014)

http://www.washingtonpost.com/opinions/five-myths-about-ebola/2014/10/10/6daf70de-4ffe-11e4-babe-e91da079cb8a_story.html

The Ebola outbreak in West Africa has reportedly claimed close to 4,000 lives, and World Health Organization officials believe the true death toll could be far higher. An international response — including U.S. military personnel, as well as assistance from several other countries and nongovernmental organizations — has begun, yet global concern about the virus is spreading. How worried should we be? What are the risks? Let's separate fact from fiction in this crisis.

How to Keep Ebola Out of Your Neighborhood (10/06/2014)

http://www.foreignpolicy.com/articles/2014/10/06/how_to_keep_ebola_out_of_your_neighborhood_travel_bans

In the age of globalization, there is no simple way to bar viral entry across national borders. Flights route through multiple countries; jet-age travel allows incubating viral colonies to thrive inside an asymptomatic human, only emerging days after the person has arrived at his or her destination. Duncan is a case in point: Airport fever tests were administered, but the Liberian citizen had no fever while traveling, nor did he exhibit symptoms for days after arriving in Dallas.

4 Pieces of Good News About Ebola That Have Gotten Lost in the Hysteria (10/20/2014)

<http://thinkprogress.org/health/2014/10/20/3581701/good-news-ebola/>

Public panic about a potential Ebola outbreak in the U.S. — largely stoked by unscientific fearmongering from public figures — has led to an increasing number of overreactions, ranging from school cancellations to outward hostility toward people of West African origin. Amid the hysteria, however, it can be easy to miss any small steps of progress we're making to contain the global outbreak.



HealthMap: 2014 Ebola Outbreaks

<http://healthmap.org/ebola/#timeline>

This interactive timeline records chronologically the spread of Ebola on a world map.



Education World: Ebola Outbreak: Student Discussion Guide

http://www.educationworld.com/a_lesson/ebola-virus-epidemic-outbreak-student-discussion-guide.shtml

Now that the United States saw its first patient develop symptoms in Texas and later die, teachers may be concerned about how to effectively teach about Ebola in the classroom. Provided by *The New York Times* in its article, "Learning from Disaster: Exploring the Ebola Epidemic," teachers can refer to a number of lesson plans, videos, and other ideas provided by the world's leading publication.

WHAT IS EBOLA?

Ebola outbreak: Six surprising numbers (10/22/2014)

<http://www.bbc.com/news/world-africa-29658778>

This piece offers a breakdown of some of the numbers related to the Ebola outbreak.



Ebola Deeply

<http://www.eboladeeply.org/>

Ebola Deeply is an independent digital media project launched by a team of journalists and technologists, working to improve the state of information around a global crisis. Our goal is to build a better user experience of the story by adding context to content, integrating expertise in science, health, and public policy with a range of voices on the ground.

Graphic: As Ebola's Death Toll Rises, Remembering History's Worst Epidemics (10/25/2014)

<http://news.nationalgeographic.com/news/2014/10/141025-ebola-epidemic-perspective-history-pandemic/>

Ebola is the latest in a long list of infectious disease outbreaks that have plagued humankind. The worst become pandemics, sweeping across continents and killing as many as tens of millions of people. This graphic shows the casualties of Ebola in comparison to other epidemics in history.



<http://news.nationalgeographic.com/news/2014/10/141025-ebola-quarantine-isolation-health-medicine/>

Ebola and Quarantine (10/27/2014)

<http://www.nejm.org/doi/full/10.1056/NEJMe1413139>

The governors of a number of states, including New York and New Jersey, recently imposed 21-day quarantines on health care workers returning to the United States from regions of the world where they may have cared for patients with Ebola virus disease. We understand their motivation for this policy — to protect the citizens of their states from contracting this often-fatal illness.

This is how you get Ebola, as explained by science (09/30/2014)

<http://www.pbs.org/newshour/updates/know-enemy/>

As of Sep. 30, the Ebola virus had killed more than 3,000 people in the West African countries of Liberia, Sierra Leone, Guinea and Nigeria, according to the latest numbers released by the World Health Organization. As the virus spreads and medical workers feverishly battle to contain it, we wanted to know, how exactly is this virus transmitted from human to human?

Ebola Fast Facts (10/21/2014)

<http://edition.cnn.com/2014/04/11/health/ebola-fast-facts/>

Here's some background information about Ebola, a virus with a high fatality rate that was first identified in Africa in 1976.

Ebola Facts: Where Are the Most New Cases Being Reported (11/11/2014)

http://www.nytimes.com/interactive/2014/07/31/world/africa/ebola-virus-outbreak-qa.html?_r=0

There were fewer new cases of Ebola in the week ended Nov. 4 than in any week in the preceding three months. The outbreak's epicenter, Guekedou, Guinea, reported just four new cases for the week, continuing a downward trend in recent weeks.



Mapping the Spread of Ebola (09/14/2014)

<http://news.nationalgeographic.com/news/2014/09/140925-mapping-the-spread-of-ebola/>

In recent weeks, the United States and Spain have reported their first imported cases, adding to international tensions about how to contain the virus. With no proven treatment, the World Health Organization (WHO) is scrambling to halt an epidemic that has had more cases and deaths than all previous Ebola outbreaks combined.

Ebola Epidemic Not Even Close to Over, UN Officials Say (11/21/2014)

<http://www.nbcnews.com/storyline/ebola-virus-outbreak/ebola-epidemic-not-even-close-over-un-officials-say-n253661>

"There has been some welcome progress," Ban said. "The results are uneven. The rate of transmission continues to worsen." Three top international leaders — Ban, World Health Organization director-general Dr. Margaret Chan and World Bank president Jim Yong Kim — used uncharacteristically strong language to urge more cooperation, coordination and a faster, sustained international response to the epidemic.

5 Questions about Ebola, answered with infographics (10/24/2014)

<http://www.one.org/us/2014/08/06/everything-you-need-to-know-about-ebola/>

This map from World Health Organization and CNN puts the Ebola outbreak into context. Guinea, Liberia and Sierra Leone are the most affected countries, but a few cases have popped up in the US, Spain, Nigeria and Senegal.

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World Affairs Council resource packet

GLOBAL HEALTH GOVERNANCE

The Challenges of Global Health Governance (5/2010)

http://ec.europa.eu/health/eu_world/docs/ev_20111111_rd01_en.pdf

The revolution in global health governance has had two fundamental impacts. First, it elevated the importance of health in many global governance regimes, thus increasing the importance of regimes and the health-related scrutiny to which the regimes are subject. Second, the revolution in global health governance has brought into sharper focus the root causes of ill health and inequitable health outcomes. In doing so, it puts root-cause problems, such as social determinants of health, squarely in the mix of debates about how global health governance functions.

The New England Journal of Medicine: Governance Challenges in Global Health (3/13/2013)

<http://www.nejm.org/doi/full/10.1056/NEJMr1109339>

A robust response to new challenges in global health requires improved governance of health systems — certainly at the national level but also at a worldwide level in what could be thought of as the “global health system.” However, the concept of governance is still poorly understood despite its growing visibility in current debates about global health. In this article, we define and discuss the importance of good global governance for health, outline major challenges to such governance, and describe the necessary functions of a global health system.

Global Health Governance

<http://blogs.shu.edu/ghg/>

Global Health Governance is an open access, peer-reviewed, online journal that provides a platform for academics and practitioners to explore global health issues and their implications for governance and security at national and international levels. The Journal is particularly interested in addressing the political, economic, social, military, and strategic aspects of global health issues.

The United Nations and Global Health

http://www.pbs.org/wgbh/rxforsurvival/series/politics/who_united.html

In 2000, a significant shift occurred: health moved for the first time onto the agenda of the UN Security Council, whose main responsibility is the maintenance of international peace and security. While much of the authority in the UN is concentrated in its Security Council, the only UN body with power to impose decisions that other member states must carry out, 10 UN programs and funds engage in significant public health-related activities. This article analyzes the UN organizations and programs contributing to global health governance.

Seven things we now know about how the world has handled Ebola (10/6/2014)

<http://www.washingtonpost.com/posteverything/wp/2014/10/06/seven-things-we-now-know-about-global-health-governance/>

As the Great Ebola Freak Out continues in the United States, inveterate Africa reporter Howard French tweeted something pretty trenchant. But as a follow-up, I'd note that there already has been some outstanding journalistic and scholarly work on this very question over the past few months or so. And a perusal of this literature reveals seven observations.

Ebola, Security, and Governance in West Africa: Why a Limited Problem Needs a Global Response (08/11/2014)

<http://journal.georgetown.edu/ebola-security-and-governance-in-west-africa-why-a-limited-problem-needs-a-global-response/>

The outbreak is a manifestation of a public health threat to the vital national interests of the entire international community. Even as it is in the midst of a truly heroic response to the outbreak, that community—and the NGOs and humanitarian assistance actors that collaborate with it—must learn the right lessons from the current outbreak, and must do so quickly.

“When one’s neighbor’s house is on fire, it is a foolish homeowner who does not run to help put out the flames. And in today’s globalized world, everyone is our neighbor.”

From *Ebola, Security, and Governance in West Africa*

Gross governance errors led to Ebola epidemic (10/04/2014)

<http://america.aljazeera.com/opinions/2014/10/ebola-epidemic-liberiaworldhealthorganizationerrors.html>

The U.S. military has arrived in Liberia to help manage the Ebola pandemic in West Africa. This effort is unfortunately too little and too late and will not reverse the original governance errors of isolating rural villages, alienating hospital workers, abandoning the sick, quarantining slums and understating the scale of infections. In fact, it is quite unclear whether the World Health Organization’s worst-case projection of 1.4 million cases of Ebola by January 2015 can be prevented.

GLOBAL HEALTH GOVERNANCE

Ebola and Global Health Governance: Time for the Reckoning (09/22/2014)

<http://www.chathamhouse.org/expert/comment/15811>

States and international organizations are scrambling, from the Security Council to the streets of Monrovia, to triage the damage to social order and human dignity from the outbreak of Ebola in West Africa. It remains to be seen whether scaled-up responses can control the epidemic. But, there awaits another reckoning—the challenge of identifying what went wrong, where mistakes were made, why we ended up in crisis and how to ensure a similar failure does not happen again.

Human Security in the Age of Ebola: Towards People-centered Global Governance (10/25/2014)

<http://www.e-ir.info/2014/10/25/human-security-in-the-age-of-ebola-towards-people-centered-global-governance/>

While the UNSC's actions are a watershed moment that put human security on the international agenda, we lack the appropriate global governance mechanisms to make people-centered security a reality. The next step is to link back the idea of a people-centered human security to people through appropriate global governance mechanisms that enhance accountability to beneficiaries of humanitarian aid.

Battling Ebola: Grading the Global Response to the Epidemic (08/06/2014)

<http://www.bu.edu/today/2014/grading-the-global-response-to-the-ebola-epidemic/>

How have African governments and the West responded to the Ebola outbreak in Liberia, Guinea, and Sierra Leone that has likely infected more than 1,700 people and killed over 900, according to the World Health Organization (WHO)? About as well as possible, given huge impediments, says Davidson Hamer, BU ethicist and infectious disease physician. He says more resources are needed to develop vaccines and treatments for the killer virus—even if it means diverting money earmarked for combating other infectious diseases.

The Global Health Regime (06/19/ 2013)

<http://www.cfr.org/health/global-health-regime/p22763>

Despite medical advances and improvements in sanitation, water supply, nutrition, housing, and education, poor health continues to plague many countries in the world today. International institutions need to help ensure sustained financing for global health, improve alignment of recipient- and donor-country priorities, increase harmonization of multiple donor efforts, and engage the private sector to help mitigate persistent inequities in the development and delivery of resources to meet global public health challenges.

Ebola and the Politics of a Global Health Crisis (10/20/2014)

<http://www.e-ir.info/2014/10/20/ebola-and-the-politics-of-a-global-health-crisis/>

Ebola reveals the following about the politics of a health crisis. First, the globality of global health governance is a fallacy. Second, institutions of global health are unable to respond to global health emergencies, particularly when they impact on regions of the world that are not seen as strategically significant by the rest of the world. Third, global health institutions have long ignored the basic needs of health provision – health systems – and encouraged countries to prioritize vertical health interventions.



http://www.un.org/News/dh/photos/large/2014/May/05-19-2014World_Health.jpg

GLOBAL HEALTH GOVERNANCE

The Ebola crisis: exposing the failures of local and global governance (09/20/2014)

<https://www.opendemocracy.net/philippa-atkinson/ebola-crisis-exposing-failures-of-local-and-global-governance>

The governments of the three affected countries, Liberia, Sierra Leone, and Guinea, among the poorest in the world, clearly lack the capacity to respond effectively to the challenge presented by such a highly contagious and almost untreatable disease. But the deficiencies of the three countries' health sectors have been greatly compounded by failures of governance, and particularly the widespread lack of trust in the government or any officials representing authority.

Understanding Governance in Liberia Through Ebola (10/06/2014)

<http://frontpageafricaonline.com/index.php/op-ed/commentaries-features/3255-understanding-governance-in-liberia-through-ebola>

Liberians are experiencing the worst public health safety crisis in living memory and possibly since the country declared independence in 1847. This crisis like the civil war before it has cast the issue of governance into the spotlight. Liberians are now asking: what went wrong? Why has Ebola been allowed to threaten public safety and grip the entire country in fear? Has Ebola shown that contrary to what we have been made to believe by "international experts," post-conflict Liberia like pre-war Liberia is experiencing low quality governance?

How the Ebola quarantine became a 'states' rights' issue (10/30/2014)

<http://blogs.reuters.com/great-debate/2014/10/29/why-quarantining-ebola-patients-is-a-states-rights-issue/>

What if someone with a deadly and mysterious infectious disease arrived at one of the largest urban centers in the United States? But what if the governor of the state disagrees with the president? And because he knows that U.S. law gives individual states the authority, he demands his own version of quarantine? No, I'm not talking about the current Ebola crisis. Instead, we need to go back to the fall of 1892. The president was Benjamin Harrison. The chilling infection was "Asiatic cholera," which had stalked the globe three times before in the 19th century to deadly effect.

The Challenges of Security Sector Governance in West Africa (02/17/2012)

<http://www.dcaf.ch/Event/The-Challenges-of-Security-Sector-Governance-in-West-Africa>

There has been little systematic research into the nature of security sector governance across the West African sub-region. In particular, the developments, challenges and lessons from francophone contexts have not been sufficiently analyzed. To help fill this gap, DCAF in partnership with the African Security Sector Network (ASSN), has initiated a project to better understand security sector governance dynamics in each of the nine francophone West African states.

Ebola: It's Governance, Stupid (11/19/2014)

<http://www.equaltimes.org/ebola-it-s-governance-stupid?lang=en#.VH-OTDHFqVs>

Dr. Paul Farmer, Harvard Medical School Professor of Infectious Diseases and founder of the Boston-based NGO Partners in Health, says that the Ebola crisis in the worst-affected countries of Guinea, Liberia, and Sierra Leone, is exacerbated by a lack of "staff, stuff, and systems".

GLOBAL RESPONSE

Fact Sheet: Emergency Response to the Ebola Crisis (11/05/2014)

<http://www.worldbank.org/en/topic/health/brief/world-bank-group-ebola-fact-sheet>

Economic costs can be limited if swift national and international responses succeed in containing the epidemic and mitigating fear resulting from people's concerns about contagion, which is fueling the economic impact. The World Bank Group's emergency response to the unfolding Ebola crisis is to help contain the spread of infections, assist countries in coping with the economic impact, and improve public health systems throughout West Africa.

The War on Ebola (10/18/2014)

<http://www.economist.com/news/leaders/21625781-win-it-requires-much-larger-effort-west-africa-outside-world-has-so-far?fsrc=widget/ebola>

The World Health Organization (WHO) fears up to 10,000 new victims a week by December, perhaps 70% of whom will die. Its chief calls the epidemic "the most severe acute public-health emergency in modern times". Now that the world has woken up to the danger, the task is to stop the toll reaching hundreds of thousands, if not millions. That is feasible only with sustained international collaboration. And so far, collaboration is something the response has tragically lacked.

Why Wasn't the WHO ready for Ebola? (10/22/2014)

http://www.slate.com/blogs/the_world/2014/10/22/who_ebola_response_the_politics_and_economics_of_why_the_organization_was.html

The agency's officials, including its director-general, Margaret Chan, have publicly defended the organization's response. But an internal WHO review, obtained last week by the AP, confirmed what many critics have been arguing: "Nearly everyone involved in the outbreak response failed to see some fairly plain writing on the wall," the report said.

Ebola crisis: global response has 'failed miserably', says World Bank chief (10/08/2014)

<http://www.theguardian.com/world/2014/oct/08/ebola-crisis-world-bank-president-jim-kim-failure>

The president of the World Bank, Jim Kim, admitted on Wednesday that the international community had "failed miserably" in its response to the Ebola virus that has killed more than 3,800 people in west Africa and warned that the crisis now affecting Spain and the US was going to get much worse. Amid signs yesterday that western governments were being forced to take the risks of a global pandemic more seriously, Kim said he wanted them to back a new \$20bn (£12bn) global health fund that would be able to react instantly to emergencies.

Global Response to Ebola marked by lack of coordination and leadership, experts say (09/11/2014)

http://www.washingtonpost.com/national/health-science/global-response-to-ebola-marked-by-lack-of-coordination-and-leadership-experts-say/2014/09/11/35365264-39dc-11e4-8601-97ba88884ffd_story.html

More than six months into the worst Ebola outbreak in history, there is no clear sense of who is leading the international response, how funds are being collected and disbursed, which organizations are providing equipment and personnel, and when any of these efforts will make a significant difference in slowing the epidemic in West Africa.

Out of Control: How the world's health organizations failed to stop the Ebola disaster (10/14/2013)

<http://www.washingtonpost.com/sf/national/2014/10/04/how-ebola-sped-out-of-control/>

That conversation, nearly six months after the World Health Organization (WHO) learned of an Ebola outbreak in West Africa, was part of a mounting realization among world leaders that the battle against the virus was being lost. As of early September, with more than 1,800 confirmed Ebola deaths in Guinea, Liberia, and Sierra Leone, there was still no coordinated global response.

Alarmed U.S. officials realized they would need to call in the military.



[http://img.rt.com/files/news/2f/07/40/00/ebola-conference-combat-](http://img.rt.com/files/news/2f/07/40/00/ebola-conference-combat-epidemic.si.jpg)

[epidemic.si.jpg](http://img.rt.com/files/news/2f/07/40/00/ebola-conference-combat-epidemic.si.jpg)

Measuring the Impact of Global Health Crises: Ebola in 2015 and Beyond

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GLOBAL RESPONSE

Ebola and Nations Cup: South Africa rule out being 2015 hosts

<http://www.bbc.com/sport/o/football/29690366>

South African sports minister Fikile Mbalula has stated the country will not step in as hosts for the 2015 African Cup of Nations if Morocco withdraws. The Confederation of African Football (CAF) approached South Africa last week, after Morocco asked to postpone the event because of the Ebola crisis. "I can tell you unambiguously and categorically that hosting is a no no," Mbalula told South African media.

Nigeria is now free of Ebola virus transmission (10/20/2014)

<http://www.who.int/mediacentre/news/ebola/20-october-2014/en/>

This is a spectacular success story that shows that Ebola can be contained. The story of how Nigeria ended what many believed to be potentially the most explosive Ebola outbreak imaginable is worth telling in detail.

From Senegal and Nigeria, 4 Lessons on How to Stop Ebola (10/24/2014)

<http://news.nationalgeographic.com/news/2014/10/141024-ebola-nigeria-outbreak-lessons-virus-health/>

Health officials say the Ebola containment efforts in Senegal and Nigeria offer lessons to other nations—including the U.S. "If a country like Nigeria, hampered by serious security problems, can do this," said World Health Organization Director-General Margaret Chan, "any country in the world experiencing an imported case [of Ebola] can hold onward transmission to just a handful of cases."

An Ebola Strategy Brings Good News To One Liberian Town (10/28/2014)

<http://www.npr.org/blogs/goatsandsoda/2014/10/28/359355410/an-ebola-strategy-brings-good-news-to-one-liberian-town>

In one corner of Liberia, a community has come together to change the course of the deadly epidemic. New cases have been brought to a standstill. This success shows that it's going to take more than extra beds at a ward to stop Ebola.

A Doctor's Diary: Encountering Chaos And Kindness In An Ebola Ward (10/26/2014)

<http://www.npr.org/blogs/goatsandsoda/2014/10/26/355119076/a-doctors-diary-encountering-chaos-and-kindness-in-an-ebola-ward>

My journey to Sierra Leone and Kenema Hospital to serve as a physician in the Ebola Treatment Unit (ETU) started more than a month before I actually traveled there. It is as much a mental journey as a physical one. What was once a textbook understanding of the virus quickly became an intimate experience of losing many around me to the disease. Before I left, traveling to West Africa to take care of these patients was an abstract humanitarian imperative for me. Now that I'm back, having seen what I have seen, I could never forgive myself if I did not make another trip.

4 Lessons on How to Stop Ebola

- 1) Trace, isolate, and treat
- 2) Detect early before lots of people can be exposed
- 3) Strong Leadership is essential
- 4) The public needs to be part of the solution



<http://pif.org/wp-content/uploads/2014/09/ebola-crisis-africa-obama-response-africom.jpg>

GLOBAL RESPONSE

Ebola crisis: WHO focuses on preventing regional spread (10/16/2014)

<http://www.bbc.com/news/world-africa-29648598>

The World Health Organization is to "ramp up" efforts to prevent Ebola spreading beyond the three countries most affected by the deadly virus. Fifteen African countries are being prioritized, top WHO official Isabelle Nuttall told a Geneva news conference. They will receive more help in areas including prevention and protection. But former UN Secretary General Kofi Annan has said he is "bitterly disappointed" with the international community's response.

U.N. Ebola Chief: We Are Working 'At Full Speed' (10/19/2014)

<http://www.npr.org/2014/10/19/357341765/un-ebola-chief-we-are-working-at-full-speed>

After criticism of a poor response to the Ebola crisis, the United Nations is establishing a management hub in Ghana. The head of UNMEER says the agency is in a race against the disease. This is audio coverage of Tony Banbury, who was recently tapped to head up a new United Nations emergency response mission to manage the crisis. He addressed the U.N. Security Council this past week saying the world is way behind the race to contain the virus.

Op-Ed: Bill Foege on how to make Ebola worse (10/29/2014)

<http://www.humanosphere.org/global-health/2014/10/op-ed-bill-foege-make-ebola-worse/>

Ebola's potential spread in this country has spawned such harsh criticism that the critics themselves may be a bigger risk to public safety than this virus. If only we, as a country, could show as much ingenuity in responding to our major health problems as we show with our criticism of the public health workers laboring to make the world safer.

President's Delivery Unit: Ebola Crisis Response

<http://pdu.worldbank.org/sites/pdu2/en/about/PDU/EbolaCrisisResponse>

This page records the financial response to containing the Ebola crisis and analyzes them against the World Bank's goals.

Beijing Donates \$6 Million for Food Aid in Ebola Fight (10/20/2014)

<http://sinosphere.blogs.nytimes.com/2014/10/20/beijing-donates-6-million-for-food-aid-in-ebola-fight/?action=click&contentCollection=US%20Open®ion=Article&module=Promotron>

The Chinese government, eager to show it is committed to the fight against the Ebola epidemic, announced on Monday that it was donating \$6 million to the United Nations World Food Program. The assistance is to be divided equally among the three West African countries hardest hit by the epidemic: Guinea, Liberia, and Sierra Leone.

Donations for Ebola Relief Efforts Are Slow to Take Off (10/21/2014)

<http://www.nytimes.com/2014/10/21/business/donations-for-ebola-relief-efforts-are-slow-to-take-off.html?rref=homepage&module=Ribbon&version=origin®ion=Header&action=click&contentCollection=Home%20Page&pgtype=article>

When Mark Zuckerberg of Facebook and his wife, Priscilla Chan, donated \$25 million last week to support the treatment of Ebola victims and their families, they gave the gift to the foundation that funnels private donations to the Centers for Disease Control, not one of the nonprofit groups that Americans typically shower with money during a humanitarian crisis.

The New England Journal of Medicine: Ebola 2014 – New Challenges, New Global Response and Responsibility (10/25/2014)

<http://www.nejm.org/doi/full/10.1056/NEJMp1409903>

Stopping the outbreak at the source in Africa will take many months. Three core interventions have stopped every previous outbreak and can stop this one as well: exhaustive case and contact finding, effective response to patients and the community, and preventive interventions.



http://si.ibtimes.com/sites/www.ibtimes.com/files/styles/v2_article_large/public/2014/11/03/rtr472er.jpg?itok=qEy2PGmi

DONATIONS AND AID

Letter from Liberia: Ebola is not a Failure of Aid or Governance (10/28/2014)

<http://www.cgdev.org/blog/letter-liberia-ebola-not-failure-aid-or-governance>

Yet Ebola has also led to heroic overstatement as well. Sisonke Msimang recently wrote a piece that the spread of Ebola in Liberia is a result of a failure of aid and governance. Gyude Moore (our former Scott Fellow and current deputy chief of staff to Liberia's president Sirleaf) disagrees: the evidence shows that both public and aid monies improved health and health services quite dramatically in the post-war period.

Ebola outbreak fails to generate donations for emergency aid (10/29/2014)

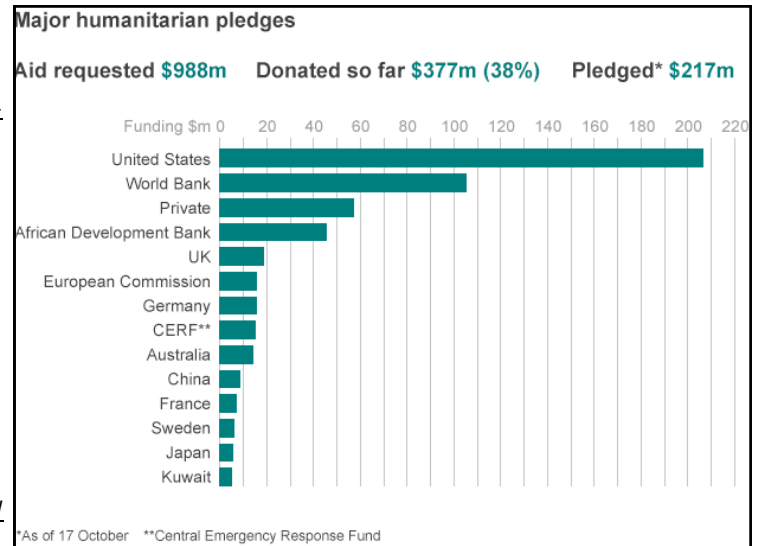
<http://www.post-gazette.com/news/health/2014/10/29/Ebola-failing-to-generate-donations/stories/201410290042>

After a devastating earthquake rocked the island nation of Haiti in January 2010, unsolicited checks immediately poured into Brother's Brother Foundation — a North Side nonprofit that collects and ships medical supplies to hospitals and clinics worldwide and focuses on places in need of emergency aid. But in the months since the Ebola virus crisis has dominated news reports, Brothers' Brother has received, on average, one \$25 check per day for Ebola relief efforts.

What countries have pledged to fight Ebola...and how much they've paid into the fund (10/22/2014)

<http://www.telegraph.co.uk/news/worldnews/ebola/11179135/What-countries-have-pledged-to-fight-Ebola...-and-how-much-theyve-paid-into-the-fund.html>

A UN agency has lashed at out China's billionaires for not contributing enough to fight Ebola as the global round of finger-pointing between the world's wealthiest nations continues.



http://news.bbcimg.co.uk/media/images/78304000/gif/_78304592_ebola_pledges_624_v2.gif

Ebola outbreak response: a breakdown of the key funding pledges (10/09/2014)

<http://www.theguardian.com/global-development/2014/oct/09/ebola-outbreak-response-breakdown-key-funding-pledges>

This is a detailed list of funding pledges, monetary and material resources, made by governments, multilateral organizations, NGO's and foundations, and the private sector.

China's Emerging Global Health and Foreign Aid Engagement in Africa (11/2011)

http://csis.org/files/publication/111122_Freeman_ChinaEmergingGlobalHealth_Web.pdf

This collaborative report from the Center for Strategic and International studies contains six different articles regarding different parts of China's health activity and foreign aid in Africa, and addresses how the U.S. can collaborate with China in the health sector.



The World's Financial Response to Ebola (10/22/2014)

<http://www.statista.com/chart/2853/the-worlds-financial-response-to-ebola/>

Last week, Congress approved a \$750 million transfer from Department of Defense war funds to the struggle to contain Ebola in West Africa. According to *Business Insider*, that move has pushed the United States to the top of the Ebola donation league by a considerable distance, ahead of the World Bank and the United Kingdom who have contributed \$400 million and \$201 million respectively.

A New Challenge (10/11/2014)

<http://www.economist.com/news/science-and-technology/21623581-gates-foundations-grand-challenges-global-health-programme-decade-old>

Ten years ago the Bill & Melinda Gates Foundation began divvying up the money for what it hoped would be a novel approach to the task of solving the world's health problems. Not surprisingly, since the foundation had announced a year earlier that it was making \$200m available to pay for all this, hundreds of research groups lined up to dip their bread in the gravy.

Fear, confusion slow public's donations to fight Ebola outbreak, charities say (10/14/2014)

http://www.washingtonpost.com/local/fear-confusion-slow-publics-donations-to-fight-ebola-outbreak-charities-say/2014/10/14/ad7be016-53d3-11e4-892e-602188e70e9c_story.html

While the Ebola outbreak has been spreading faster than the world's ability to contain it, the public's willingness to donate funds has lagged behind that for other major disasters, according to philanthropic and governmental organizations.

Measuring the Impact of Global Health Crises: Ebola in 2015 and Beyond

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EBOLA IN WEST AFRICA

2014 Ebola Outbreak in West Africa

<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>

This page, managed by the Centers for Disease Control and Prevention, gives a brief overview of the Ebola epidemic occurring in Western Africa, and provides up-to-date reports on outbreaks, articles on combatting Ebola, and a collection of CDC publications on statistics and reports.

The Big Picture: Living With Ebola in West Africa (10/18/2014)

http://www.bostonglobe.com/news/bigpicture/2014/10/08/living-with-ebola-west-africa/vTCGB1bQTSbQitjUkSsTWI/story.html?_p1=Gallery_InThisSection_Bottom

The World Health Organization estimates that the Ebola virus has killed more than 3,400 people in West African countries and infected twice as many since the recent outbreak began. The World Bank estimates the economic impact of Ebola will exceed \$32 billion by the end of next year. This collection of images shows the effects of the epidemic over the last month in Africa.

Ebola Virus Disease in West Africa—The First 9 Months of the Epidemic and Forward Projections (10/16/2014)

<http://www.nejm.org/doi/full/10.1056/NEJMoa1411100>

This report written by the WHO Ebola Response team for the New England Journal of Medicine reports on the clinical and epidemiologic characteristics of the epidemic in Guinea, Liberia, Nigeria, and Sierra Leone during the first 9 months of the epidemic (as of September 14, Senegal had reported only a single case). They document trends in the epidemic thus far and project expected case numbers for the coming weeks if control measures are not enhanced.

Pentagon Dispatches from West Africa Paint Stark Portrait of Ebola Epicenter (10/25/2014)

<http://www.nbcnews.com/storyline/ebola-virus-outbreak/pentagon-dispatches-west-africa-paint-stark-portrait-ebola-epicenter-n233621>

Corruption, distrust of outsiders that has led to murder, and a thriving black market in blood are adding to the chaos at the epicenter of the Ebola epidemic in West Africa and challenging efforts to stop the disease at its source, according to a series of daily U.S. military dispatches reviewed by NBC News. Six weeks' worth of summaries of the crisis by officers assigned to Operation United Assistance, the Pentagon's aid program, document problems like the loss of front-line medical workers and increasing concerns about the food supply and civil unrest in the hardest hit region.



UN Foundation CEO on 3 untold Ebola stories (10/17/2014)

<http://fortune.com/2014/10/17/un-foundation-ceo-on-the-3-things-missing-from-the-medias-ebola-coverage/>

The UN Foundation, which serves as an advocate for the UN and a platform for ideas and resources to help the organization solve global problems, is focused on delivering accurate information to communities around the world about what exactly is happening on the ground. The foundation has also set up a fund for people who want to make a taxable donation to UN operations working to halt the Ebola outbreak. Yet as the U.S. combats its first domestic cases of Ebola, Calvin says there are still a few key story lines that are getting left out of the discussion.



Rally around West African communities to fight Ebola (11/01/2014)

http://seattletimes.com/html/opinion/2024924352_maxweihecolumnebolao2xml.html

Shifting the attention to West Africa's communities would go further than attracting resources. It would send an important signal to the people there that the world stands with them. The Liberians I meet show extraordinary resilience as they face this crisis, even with decades of devastating civil war in their near past. It is critical that the international community joins their fight against Ebola rather than isolate itself from it.



EBOLA IN WEST AFRICA

The Deadly Chain: Tracing Ebola in a Sierra Leone Village (11/17/2014)

<http://www.npr.org/blogs/goatsandsoda/2014/11/17/364641074/ebola-surges-in-sierra-leone>

It began with a little boy. A 4-year-old who was feeling sick. His family sent him to a neighboring village called Royail, where his grandmother lives, so she could care for him. Her name was Sinnah Turay. What happened in Turay's house has set off a deadly chain of infections in a country where Ebola is now surging, where government and aid groups are scrambling to build treatment centers and where local communities, like the district that Royail is in, are straining to care for patients, with mixed results.

Here's What Scientists Know About Ebola in Sierra Leone (10/29/2014)

<http://time.com/3546306/ebola-sierra-leone/>

Everything we know about Ebola since the disease's two dozen or so outbreaks since 1976 comes not from a rich, deep database of scientific evidence that's been carefully collected and recorded. Instead, much of our knowledge comes from the haphazard scrawl of doctors' notes and their recollections about treatment and survival rates. But for the past 10 years at Kenema Government Hospital in Sierra Leone, the country's Ministry of Health has been working with a group of international researchers to establish a meticulous medical records system.

The Birthplace of An Outbreak: A portrait of Sierra Leone in the wake of the Ebola Crisis (08/28/2014)

<http://www.washingtonpost.com/sf/style/2014/08/28/ebola-outbreak/>

The epicenter of the Ebola crisis in Sierra Leone sits in the rural Kailahun district. Nearly half of the country's Ebola cases have been found there. The province shares a border with Guinea and Liberia, the two other nations hardest hit by the worst Ebola outbreak in history.

Journey through the Ebola heartland in Sierra Leone and Guinea (11/23/2014)

<http://www.bbc.com/news/world-africa-30160666>

The current Ebola outbreak is the worst the world has ever seen. One reason it's been able to spread so quickly is because of where it first emerged: in the porous remote border area between Guinea, Sierra Leone, and Liberia.

Fighting Ebola in Sierra Leone: The world is not safe (10/31/2014)

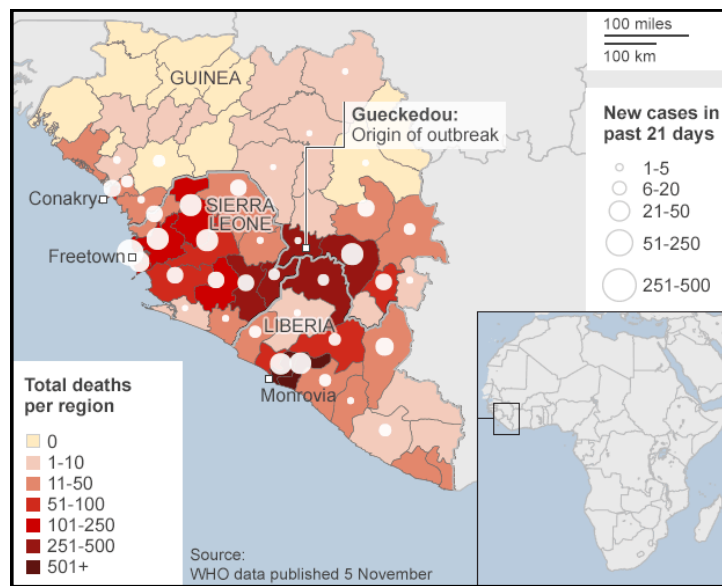
<http://www.theguardian.com/world/2014/oct/30/ebola-sierra-leone-fight-who-disease-fight>

While locals can convert buildings within days, the British hospitals are taking two months to build and there is skepticism that the remaining facilities will be built in four weeks. "Time is against us."

Ebola: Danger in Sierra Leone, Progress in Liberia (10/31/2014)

<http://www.bostonglobe.com/news/world/2014/10/30/ebola-danger-sierra-leone-progress-liberia/jjJRTfBTEDzJAre5O6nbll/story.html>

Liberia is making some progress in containing the Ebola outbreak, while the crisis in Sierra Leone is going to get worse, the top anti-Ebola officials in the two countries said. International assistance is still desperately needed and the people of both countries must redouble efforts to stop the disease, which has infected more than 13,000 people and killed nearly 5,000, the officials said.



http://news.bbcimg.co.uk/media/images/78881000/gif/_78881853-ebola_detail_624_06_11_14.gif

Combating Ebola in Liberia

<http://www.cbsnews.com/pictures/combating-ebola-in-liberia/>

A slideshow of 41 photos in Liberia surrounding the Ebola outbreak.



Learning From Disaster: Exploring the Ebola Epidemic (10/30/2014)

http://learning.blogs.nytimes.com/2014/10/01/learning-from-disaster-exploring-the-ebola-epidemic/?_php=true&type=blogs&r=0



Guinea, Liberia and Sierra Leone have been struggling since March to stop what has become the largest Ebola outbreak ever recorded. How can teachers help students understand a situation that is overwhelming even to the experts?

EBOLA IN THE UNITED STATES

Why American's Still Shouldn't Be Scared of Catching Ebola (10/19/2014)

<http://www.forbes.com/sites/matthewherper/2014/10/19/why-americans-still-shouldnt-be-scared-of-catching-ebola/>

The utter failure of state and federal authorities to protect two nurses who treated a Liberian Ebola patient in Texas make it seem that America's defenses against this deadly virus have crumbled. But the United States' built-in defenses are stronger than this infection.

Ebola Facts: When Did Ebola Arrive and Spread at a Dallas Hospital? (10/16/2014)

<http://www.nytimes.com/interactive/2014/07/31/world/africa/ebola-virus-outbreak-qa.html>

This interactive series of graphs and charts provides basic information about Ebola and its presence in the United States. It records things such as the timeline of Thomas Eric Duncan's death, how the experimental ZMapp drugs works, and the rate of outbreak in West Africa.

U.S. lacks a single standard for Ebola response (10/12/2014)

<http://www.usatoday.com/story/news/nation/2014/10/12/examining-the-nations-ebola-response/17059283/>

As Thomas Eric Duncan's family mourns the USA's first Ebola death in Dallas, one question reverberates over a series of apparent missteps in the case: Who is in charge of the response to Ebola? The answer seems to be — there really isn't one person or agency.

Ebola in West Africa: Four Questions for the U.S. Response Going Forward (08/18/2014)

<http://kff.org/global-health-policy/perspective/ebola-in-west-africa-four-questions-for-the-u-s-response-going-forward/>

Ebola has severely impacted the daily life of affected communities, and the fact that this outbreak has led to so many cases and deaths is concerning for the individuals and families struggling with the disease, and leads to questions regarding the global capacity to detect and respond to such events. It also brings up four key policy questions for the U.S. concerning its engagement to combat Ebola and other emerging infectious disease outbreaks.

US Ebola weakness: Politics in policy (10/27/2014)

<http://www.bbc.com/news/blogs-echochambers-29792836>

If there's one thing the past few days have made clear, it's that the US doesn't have a unified response to dealing with the public health challenge presented by the Ebola virus. It has 50 responses, influenced by politics and personalities in states across the country. Blame lies with the nation's founders, perhaps, who devised a federal system that delegates power to lower levels of government.

In U.S., Ebola Turns From A Public Health Issue to a Political One (10/09/2014)

<http://www.npr.org/2014/10/09/354890869/in-u-s-ebola-turns-from-a-public-health-issue-to-a-political-one>

The Ebola virus, which killed a patient at a Dallas hospital Wednesday, has become part of the conversation among politicians and pundits — in particular, conservative politicians and pundits. The virus has added heat to conversations about immigration and border control, as well as ongoing criticisms of the Obama administration and the government in general.

Ebola and Obama's crisis of competence (10/27/2014)

http://www.washingtonpost.com/opinions/marc-thiessen-ebola-and-obamas-crisis-of-competence/2014/10/27/ee8db35a-5dd2-11e4-9f3a-7e28799e0549_story.html

Ebola may not be a widespread health crisis in the United States just yet, but it is creating a crisis of another kind — a crisis of confidence in the competence of the federal government.



<http://www.blogcdn.com/slideshows/images/slides/294/193/9/S2941939/slug/l/obama-ebola-1.jpg>

President Obama's Weekly Address: Focused on the Fight Against Ebola (10/25/2014)

<http://www.whitehouse.gov/blog/2014/10/25/weekly-address-focused-fight-against-ebola>

In this week's address, the President discussed what the United States is doing to respond to Ebola, both here at home and abroad, and the key facts Americans need to know. There is no country better prepared to confront the challenge Ebola poses than the U.S. and although even one case here at home is too many, the country is not facing an outbreak of the disease. Our medical professionals tell us Ebola is difficult to catch, and is only transmitted through direct contact with the bodily fluids of someone who is showing symptoms.

HUMAN RIGHTS AND EBOLA

HRW: Ebola Outbreak Tests Human Rights (09/15/2014)

<http://www.voanews.com/content/ebola-rights-15sept14/2450348.html>

West African governments are being urged to ensure human rights are respected as they battle the ongoing Ebola outbreak. Human Rights Watch says the response to the crisis has been slowed by ignorance, fear, denial, and mistrust.

Opinion: Ebola, Human Rights, and Poverty (10/27/2014)

<http://www.ipsnews.net/2014/10/opinion-ebola-human-rights-and-poverty-making-the-links/>

In the three most affected countries in West Africa, the health systems were all dysfunctional before Ebola hit, and were often a place where people – especially women and children – experienced their poverty and marginalization.

U.N. Rights Chief Warns Against Anti-African Discrimination Over Ebola (10/16/2014)

<http://www.nytimes.com/2014/10/17/world/europe/un-human-rights-chief-denounces-funding-shortage-for-his-office.html>

The new United Nations human rights chief expressed alarm on Thursday over anti-African prejudices arising from the Ebola crisis, warning against what he described as ill-conceived quarantine enforcements and discriminatory travel restrictions.

Human Rights are Important in Health Crises (08/25/2014)

<http://www.bdlive.co.za/opinion/2014/08/19/human-rights-are-important-in-health-crises>

We have learnt the hard way with HIV/AIDS that this type of dehumanizing discourse is one of the most harmful phenomena in dealing with an epidemic effectively. This hysteria worsens stigmatization, ignorance, and superstition and drives people in need of treatment and care into the shadows, away from the knowledge and resources needed to reduce harm to themselves and others.

African healthcare laid bare by Ebola epidemic (09/15/2014)

<http://livewire.amnesty.org/2014/09/15/african-healthcare-laid-bare-by-ebola-epidemic/>

Two years ago, I had the privilege of visiting Freetown and other parts of Sierra Leone where Amnesty International was training maternal health volunteers to monitor antenatal care. It was evident then that Sierra Leone's health infrastructure was in a very poor state, undermined by years of war and lack of investment. But today, the outbreak of Ebola has meant that its struggling healthcare system, and others in neighboring African countries – particularly Liberia and Guinea – have been completely overwhelmed.



<http://cdn.breitbart.com/mediaserver/Breitbart/Big-Peace/2014/Ebola/ebola-quarantine-AP.jpg>

Gays in Liberia caught up in Ebola blame game (10/23/2014)

<http://www.trust.org/item/20141023123738-p60q6/?source=spotlight>

Leroy Ponpon doesn't know whether to lock himself in his flat in Monrovia because of the deadly Ebola virus, or because he is gay. Christian churches' recent linking of the two have made life hell for him and hundreds of other gays, he says.

Ban Ki-Moon: The Ebola Fight is Far From Over (11/07/2014)

http://www.washingtonpost.com/opinions/ban-ki-moon-the-ebola-fight-is-far-from-over/2014/11/07/432a3378-667c-11e4-836c-83bc4f26eb67_story.html

Ebola is drawing oxygen away from businesses and basic services, driving up food prices, stigmatizing growing numbers of people, keeping children out of school, and preventing pregnant women and those suffering from malaria and other diseases from accessing medical care. Household incomes across entire nations have declined by as much as one-third in six months.

Has Ebola Exposed a Strain of Racism? (10/21/2014)

http://op-talk.blogs.nytimes.com/2014/10/21/has-ebola-exposed-a-strain-of-racism/?_php=true&_type=blogs&_r=0

Some say that when the deadly Ebola virus traveled from West Africa to the United States, it brought out worrying signs of underlying racism in the American health care system, media coverage, politics and even on United States streets.

Why Ebola Quarantine is legal (10/27/2014)

<http://www.cnn.com/2014/10/27/opinion/cevallos-ebola-quarantine/>

After much protest, Kaci Hickox was finally released on Monday. In her opinion, her "basic human rights have been violated." She appeared on CNN and criticized politicians' reactions to Ebola and the lack of forethought and plan. This newest quarantine has us wondering again how far the government can restrain individuals for the common good. No doubt, being physically confined by the government feels like a fundamental violation. But it's rarely a legal violation.

HUMAN RIGHTS AND EBOLA

Why Kaci Hickox might lose a legal battle against Ebola quarantine (10/30/2014)

<http://www.washingtonpost.com/news/morning-mix/wp/2014/10/30/why-kaci-hickox-may-lose-a-legal-battle-against-ebola-quarantine/>

Last Friday, Hickox arriving at Newark airport from Sierra Leone, where she was working with Ebola patients. She was detained for seven hours at the airport and then placed in an isolation tent with no shower or flushable toilet after a second temperature reading indicated fever. Now back in her home state of Maine, Hickox again finds herself at odds with state officials who expect her to remain quarantined at home for 21 days, the incubation period for Ebola. Could she win a court fight?

Protecting Civil Liberties During Quarantine and Isolation in Public Health Emergencies

http://www.americanbar.org/publications/law_practice_today_home/law_practice_today_archive/april11/protecting_civil_liberties_during_quarantine_and_isolation_in_public_health_emergencies.html

While states have the authority to quarantine and isolate individuals with dangerous and communicable diseases in order to protect the public's health, they also have a duty to respect individual civil liberties. This article discusses states' roles in protecting individuals' civil liberties while simultaneously effectuating quarantine and isolation orders to protect the public's health.

Human Rights and Ebola: the issue of quarantine (11/5/2014)

http://blogs.plos.org/globalhealth/2014/11/ebola_and_human_rights/

Although the West African epidemic demands stringent measures to prevent further spread of the virus – which may include imposition of quarantine protocols that comply with international law – it is fair to say that the quarantine protocols for returning health workers introduced in New Jersey, amongst other States, are not justifiable under international law, and are not supported by scientific evidence.



Health and Human Rights (Grades 7-10)

http://apps.nlm.nih.gov/againsttheodds/online_activities/lesson_plan_health.cfm

This lesson plan helps students explore the concept that health is a basic human right. Primary sources—Article 25 of the "U.N. Universal Declaration of Human Rights" and Article 1 of the "Declaration of Alma-Ata"—are used to help students define health and human rights, and to build a connection between the two. Students apply the concept of health as a basic human right by analyzing case studies from the Against the Odds exhibition.

Learning Outcomes: Students will be able to:

- Analyze two historical documents and relate their content to real life situations.
- Use different graphic organizers to understand the relationship between health and human rights.
- Apply the concept of health as a basic human right in understanding past examples of health solutions.
- Identify at least one human rights issue they are aware of and one action that they can take to address that issue.

Activity 1: Post the following definition of health on the overhead—"health...is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity." And provide a brief overview of Declaration of Alma-Ata (see Background Information above) to the class. Tell students that they will now work on identifying the basic needs for health as stated in the Alma-Ata handout. Distribute copies of the Health and Human Rights List worksheet and the full or short version of the Declaration of Alma-Ata to students and have them list three examples of basic needs for staying healthy on the right side of the Health and Human Rights List. Have students share their examples with the class and guide the discussion so that students understand the concept of health as defined in the Declaration of Alma-Ata.

Activity 2: Provide students with brief background information on the Universal Declaration of Human Rights (see Background Information above). Distribute copies of the full or short version of the Universal Declaration of Human Rights. Have students read the Human Rights Declaration handout and list three examples of human rights that are relevant to health on the left side of the Health and Human Rights List. Share selected student responses while helping students be specific about their examples—e.g., not just food but nutritious and affordable food.

Activity 3: Have students review their lists of examples of rights and needs related to health. Ask students if they see a pattern between the two lists. Have students work in pairs to use a Venn diagram to organize the examples on the bottom part of their sheets—circle A is titled "human right" and circle B is titled "basic needs for health". Share selected responses from student pairs and discuss examples of contemporary human rights issues that persist today.

HEALTH AS A HUMAN RIGHT

WHO Article: A Human Rights-Based Approach to Health

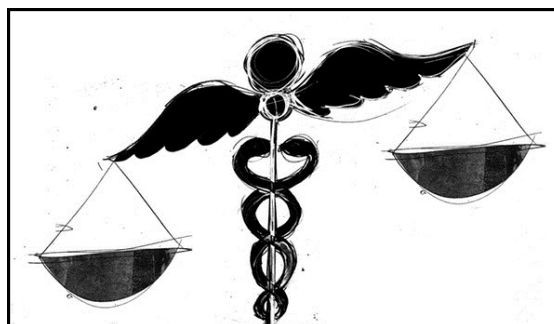
http://www.who.int/hhr/activities/hrba_to-health_infosheet.pdf?ua=1

A human rights-based approach (HRBA) aims to support better and more sustainable development outcomes by analyzing and addressing the inequalities, discriminatory practices and unjust power relations which are often at the heart of the development problems. Under a human rights-based approach, development efforts are anchored in a system of rights and corresponding State obligations established by international law.

WHO: The Right to Health (11/2013)

<http://www.who.int/mediacentre/factsheets/fs323/en/>

The right to health means that governments must generate conditions in which everyone can be as healthy as possible. Such conditions range from ensuring availability of health services, healthy and safe working conditions, adequate housing, and nutritious food. The right to health does not mean the right to be healthy. The right to health has been enshrined in international and regional human rights treaties as well as national constitutions all over the world.



<http://www.indiana.edu/~healthit/wp-content/uploads/2014/02/health-inequality.jpg>

Health Is A Human Right (12/21/2008)

<http://www.npr.org/2008/12/21/98460202/health-is-a-human-right>

I've had the privilege of joining many others providing medical care to people who would otherwise not be able to get it. The number of those eager to serve is impressive, and so is the amount that can be accomplished. I believe that stupid deaths can be averted; we've done it again and again. But this hard and painful work has never yet been an urgent global priority.

At Year's End, News of a Global Health Success (12/19/2012)

<http://opinionator.blogs.nytimes.com/2012/12/19/at-years-end-news-of-a-global-health-success/?module=Search&mabReward=relbias%3A%2C%7B%22%22%3A%22RI%3A12%22%7D>

<http://opinionator.blogs.nytimes.com/2012/12/19/at-years-end-news-of-a-global-health-success/?module=Search&mabReward=relbias%3A%2C%7B%22%22%3A%22RI%3A12%22%7D>

Sierra Leone, Malawi, Laos, Bangladesh, and Nicaragua are among the poorest nations in the world. The state of countries like these is often cited to illustrate the failures of development, the persistence of poverty. But here's what has changed: Bangladesh dropped its death rate of children under 5 by two-thirds between 1990 and 2010. Child mortality is down by 56.5 percent in Malawi since 1990, 63.8 percent in Sierra Leone, 55.6 percent in Laos, and 61.9 percent in Nicaragua.

Everyone Has the Right to Health (11/26/2013)

http://www.huffingtonpost.com/laurindo-garcia/everyone-has-the-right-to-health_b_4338742.html

Achieving health for disadvantaged groups is a major bone of contention for stakeholders in the Asia-Pacific HIV response. Tensions are rising because it is precisely in these marginalized groups where the burden of new HIV infections is highest. In order to solve these significant challenges, stakeholders and community organizations will be required to innovate. But how can community organizations think "out of the box" if we don't invest in them?

The Ethics and Philosophy of Health Care as a Citizen Right—A U.S. Perspective (09/21/2012)

http://www.huffingtonpost.com/miles-j-zaremski/health-care-reform_b_1892221.html

But as this is my conclusion, so it is useful in my presentation to back up a bit and look at how we in the United States have looked at this notion called health care and how I am led to conclude and have previously written and published that, health care is a right for all Americans.



From the Office of the UN High Commissioner for Human Rights: The Right to Health

<http://www.ohchr.org/documents/publications/factsheet31.pdf>

This fact sheet aims to shed light on the right to health in international human rights law as it current stands, amidst the plethora of initiatives and proposals as to what the right to health *may* or *should be*. The fact sheet starts by explaining what the right to health is and illustrating its implications for specific individuals and groups, and then elaborates upon States' obligations with respect to the right. It ends with an overview of national, regional, and international accountability and monitoring mechanisms.

Inequalities and the Ebola Crisis (10/27/2014)

<http://www.thehindu.com/opinion/lead/lead-article-another-round-of-elections/article6535468.ece>

The response to Ebola, which has killed nearly 5,000 Africans but only two western citizens, cannot be color coded anymore. For the future, we cannot but raise questions about the structural inequalities that prevent accessible health care for the global poor, and societies that eliminate these inequalities.

ECONOMIC IMPACT

Ebola's economic impact (09/03/2014)

<http://www.economist.com/blogs/baobab/2014/09/costs-pandemic>

More than 1,900 people have so far died from Ebola in the four affected west African countries, but many more will suffer the economic consequences.

Bill for Ebola Adds Up as Care Costs \$1,000 an Hour (10/08/2014)

<http://www.bloomberg.com/news/2014-10-07/bill-for-ebola-adds-up-as-care-costs-1-000-an-hour.html>

The care provided Ebola patient Thomas Eric Duncan may have cost as much as half a million dollars, a bill Texas Health Presbyterian Hospital Dallas is unlikely to ever collect. Duncan's care probably cost \$18,000 to \$24,000 a day, said Gerard Anderson, a health policy professor at Johns Hopkins University's Bloomberg School of Public Health.

Global Health and the Global Economic Crisis (04/2011)

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3052329/>

New scientific discoveries can make wide-ranging contributions to improved health; however, improved global health depends on achieving greater social justice, economic redistribution, and enhanced democratization of production, caring social institutions for essential health care, education, and other public goods. We describe aspects of an increasingly unstable world and why the market-driven growth paradigm is insufficient to achieve improved global health.

Ebola economic impact in West Africa could be catastrophic: World Bank (10/08/2014)

<http://www.latimes.com/business/la-fi-ebola-economic-impact-world-bank-20141008-story.html>

The Ebola outbreak could be "catastrophic" to the West African economy, with an impact of \$32.6 billion by the end of next year if health officials are slow to contain the spread of the deadly virus, the World Bank said in a report Wednesday.

The toll of a tragedy (10/31/2014)

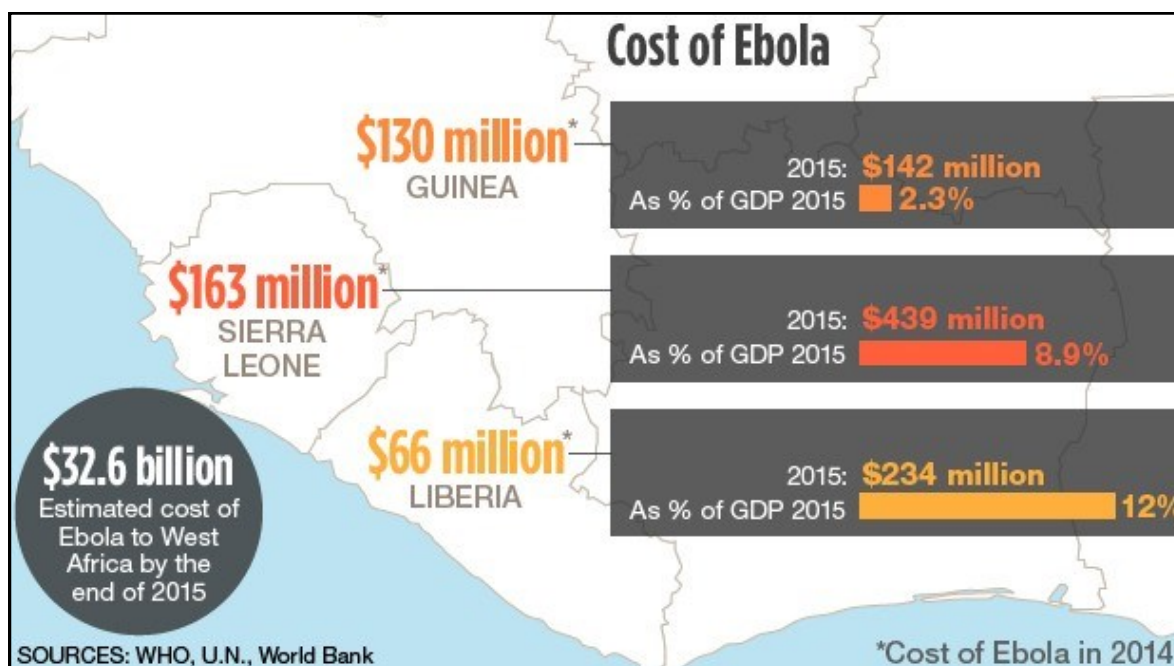
<http://www.economist.com/blogs/graphicdetail/2014/10/ebola-graphics>

This series of infographics provided by The Economist visually shows the death rates in epicenters of the outbreak as well as the economic impacts of Ebola and treatment access.

Unit on Health and Globalization

<http://www.globalization101.org/health-3/>

This unit contains a series of activities through which students will study how globalization has affected health around the world, learn about international public health officials' suggested responses to the spread of infectious diseases, and participate in a role-playing exercise about providing inexpensive medications to poor countries.



<http://i2.cdn.turner.com/money/dam/assets/141008164622-ebola-africa-economics-620xa.jpg>

ECONOMIC IMPACT

Ebola: Economic Impact Already Serious; Could Be “Catastrophic” Without Swift Response (09/17/2014)

<http://www.worldbank.org/en/news/press-release/2014/09/17/ebola-economic-impact-serious-catastrophic-swift-response-countries-international-community-world-bank>

A World Bank Group analysis of the Ebola epidemic released today finds that if the virus continues to surge in the three worst-affected countries – Guinea, Liberia, and Sierra Leone – its economic impact could grow eight-fold, dealing a potentially catastrophic blow to the already fragile states. However, the analysis finds that economic costs can be limited if swift national and international responses succeed in containing the epidemic and mitigating “aversion behavior.”

The Economic Impact of Ebola (10/08/2014)

http://www.huffingtonpost.com/marcelo-giugale/the-economic-impact-of-eb_b_5951458.html

To put things in perspective, more than half of the twenty million population of Guinea, Liberia, and Sierra Leone live in poverty -- real poverty. Their average annual incomes range from just over \$400 to less than \$700. They have lived through violence and civil wars. But, in recent years, thanks to a mix of mineral discoveries and better governance, they were finally beginning to climb the development ladder. Ebola is now putting all of that into question. How bad is the initial economic impact, and how bad could it get?

Calculating the Grim Economic Costs of Ebola Outbreak (10/13/2014)

<http://dealbook.nytimes.com/2014/10/13/calculating-the-grim-costs-of-ebola/>

Christine Lagarde, the managing director of the I.M.F., was seen wearing a button that read: “Isolate Ebola, Not Countries.” She implored the audience: “We should be very careful not to terrify the planet in respect of the whole of Africa.” That’s because the economic cost of fear, far more than medical costs, may be the most expensive outcome.



http://www.sbs.com.au/news/sites/sbs.com.au.news/files/styles/full/public/ebola_5.jpg?itok=xHS6lbz6&mtime=1413105531

Ebola Help for Sierra Leone is Nearby, but Delayed on the Docks (10/05/2014)

<http://www.nytimes.com/2014/10/06/world/africa/sierra-leone-ebola-medical-supplies-delayed-docks.html>

It has been sitting idly on the docks for nearly two months: a shipping container packed with protective gowns, gloves, stretchers, mattresses, and other medical supplies needed to help fight Sierra Leone’s exploding Ebola epidemic.

World Bank: Cost of Ebola could top \$32 billion (10/09/2014)

<http://edition.cnn.com/2014/09/24/business/ebola-cost-warning/>

The price of cassava, a root vegetable that is a staple ingredient in Liberian diets, shot up in August. In the Redlight Markets of Monrovia, the Ebola-stricken country's capital, Liberians were forced to pay 150% more for cassava, a basic for flour and bread. It's a small example, noted by the UN Food and Agriculture Organization, which represents massive economic pain hitting the countries of West Africa.

Ebola crisis crippling West African economies, says World Bank (12/3/2014)

<http://www.medicalnewstoday.com/articles/286359.php>

An update report from the World Bank says the Ebola crisis in West Africa continues to cripple the economies of Guinea, Liberia, and Sierra Leone—prompting calls for the international community to do everything it can to put those countries back on the road to economic recovery and development.

Health and the Economy: A vital relationship (05/2004)

http://www.oecdobserver.org/news/archivestory.php/aid/1241/Health_and_the_economy:_A_vital_relationship_.html

Investment in health is not only a desirable, but also an essential priority for most societies. However, our health systems face tough and complex challenges, in part derived from new pressures, such as ageing populations, growing prevalence of chronic illnesses, and intensive use of expensive yet vital health technologies.

THE THREAT TO FOOD SECURITY

Ebola outbreak prompts food scarcity and threat of social conflict (10/23/2014)

<http://www.theguardian.com/global-development/2014/oct/23/ebola-outbreak-food-scarcity-social-conflict>

Farmers in Liberia are too frightened to work together in their fields, fertilizers and seeds are stuck on the other side of closed borders, markets are almost empty, people have less money because jobs that involve physical contact with others are disappearing, and prices for everything are rising. It's a devastating chain reaction sparked by an unprecedented outbreak of disease in one of the world's poorest countries. Beyond the high mortality rate and human suffering, aid agencies fear the fabric of a society that endured a brutal civil conflict may be ruined

Ebola threatens food security in West Africa: FAO (09/02/2014)

<http://www.reuters.com/article/2014/09/02/us-health-ebola-food-idUSKBN0GXoHB20140902>

The world's worst Ebola epidemic has endangered harvests and sent food prices soaring in West Africa, the U.N. Food and Agriculture Organization (FAO) said on Tuesday, warning the problem would intensify in coming months. The FAO issued a special alert for Liberia, Sierra Leone, and Guinea, the three countries most affected by the outbreak, which has killed at least 1,550 people since the virus was detected in the remote jungles of southeastern Guinea in March.

UN, Liberia assessing food security impact of Ebola outbreak, planning response (10/01/2014)

http://www.un.org/apps/news/story.asp?NewsID=48975#.VE_BofnFqgo

The Liberian Government, along with key United Nations agencies, is set to carry out a rapid field assessment on food security and livelihoods in the wake of the Ebola outbreak, as the top UN envoy on curbing the spread of the virus in West Africa arrived today in the Liberian capital, Monrovia.

A Food Crisis Follows Africa's Ebola Crisis (08/22/2014)

<http://www.npr.org/blogs/thesalt/2014/08/22/342480343/a-food-crisis-follows-africas-ebola-crisis>

In the shadows of West Africa's Ebola outbreak, food shortages are starting to develop. This time of year is traditionally the lean season in West Africa, when last year's harvest of rice or groundnuts is mostly exhausted. Until recently, people were quite hopeful about the approaching harvest this year. But then came Ebola.

West Africa: Ebola outbreak puts harvests at risk, sends food prices shooting up (09/02/2014)

<http://www.fao.org/news/story/en/item/242177/icode/>

Disruptions in food trade and marketing in the three West African countries most affected by Ebola have made food increasingly expensive and hard to come by, while labor shortages are putting the upcoming harvest season at serious risk. In Guinea, Liberia, and Sierra Leone, quarantine zones and restrictions on people's movement aimed at combating the spread of the virus, have seriously curtailed the movement and marketing of food. This has led to panic buying, food shortages, and significant food price hikes on some commodities, especially in urban centers.

WFP's Response to Ebola Emergency (10/09/2014)

<http://www.wfp.org/stories/wfp-response-ebola>

WFP is scaling up its response to the Ebola virus to provide assistance to around 1 million people affected by the outbreak in Guinea, Liberia, and Sierra Leone, delivering food alongside the health response. WFP is also assisting the wider humanitarian community with logistics, helping other organizations to get aid workers and critical supplies into the affected areas.



http://www.foreignpolicy.com/files/fp_uploaded_images/141024_ANX.png

ETHICAL ISSUES

Battling Ebola: The Ethical Issues (8/13/2014)

<http://www.bu.edu/today/2014/battling-ebola-the-ethical-issues/>

As West Africa experiences the largest and most severe outbreak of Ebola virus disease in history, the World Health Organization convened a panel of ethics experts to weigh some of the complex questions around access to treatment. The group reached consensus that it was ethical to offer “unproven interventions,” even if effectiveness or complications are unknown.

West Africa: Respect Rights in Ebola Response (09/15/2014)

<http://www.hrw.org/news/2014/09/15/west-africa-respect-rights-ebola-response>

West African governments should ensure rights protections as a crucial element in controlling the unprecedented Ebola epidemic ravaging the region. Governments in Ebola-affected countries should better protect health workers from infection, limit use of quarantines, address the gender dimensions of the outbreak, ensure security forces responding to the crisis respect basic rights, and facilitate independent monitoring of emergency measures and donations.

“The most important point to make about Ebola drugs is that the Ebola epidemic will not be solved by any existing drug, no matter how effective. The Ebola epidemic is a public health disaster that requires a heavy-duty public health response, complete with the establishment and maintenance of clean, well-supplied, and professionally staffed clinics to care for patients with the disease, and a clear plan to identify and monitor those that have been in close contact with symptoms of the disease.”

George Annas
Boston University

Ebola in Liberia: Sufferers ‘robbed of dignity’ (10/28/2014)

<http://www.bbc.com/news/world-africa-29797263>

This news report by the BBC recounts how Ebola has changed the social fabric due to fear of its spread. In order to stop and record the spread of the disease, the report shows how patients go missing and undocumented and the stigmatism that results.

Ebola is Keeping Kids From Getting Vaccinated in Liberia (10/23/2014)

<http://www.npr.org/blogs/goatsandsoda/2014/10/23/358117900/ebola-is-keeping-kids-from-getting-vaccinated-in-liberia>

When Ebola began killing people in the Monrovia suburb of Clara Town several months ago, some residents blamed vaccines. One vaccinator in the town says mothers didn't want her near their babies. Rumors like that, combined with the closing of many health facilities, have caused childhood vaccinations rates to plummet in Liberia.

Experimental Drugs and the Ethics of Fighting Ebola (12/03/2014)

<http://www.nytimes.com/roomfordebate/2014/12/01/experimental-drugs-and-the-ethics-of-fighting-ebola>

International medical teams this month could begin administering experimental Ebola drugs in West Africa, where the outbreak has killed more than 5,000 people. But is it ethical for the drugs to be given in randomized, controlled trials — considered the gold standard in methodology — since that would require some patients to take placebos?

The Ethics of the Ebola Outbreak: Who should Receive Experimental Treatment? (08/21/2014)

http://www.huffingtonpost.com/ruth-macklin/the-ethics-of-the-ebola-o_b_5698128.html

The current outbreak of Ebola in West Africa, which has led to at least 1,200 deaths, poses a number of ethical questions that are both pressing and unfamiliar. There are currently no approved drugs to treat Ebola. However, new, untested treatments have been given to a few people during this latest outbreak, in the hopes of defeating a disease with a mortality rate of up to 90 percent. The questions are: how will these therapies be distributed, and who will receive them first?

Ebola, Ethics, and Public Health: What Next? (11/18/2014)

<http://annals.org/article.aspx?articleid=1897364>

Ebola virus disease has ignited some of our worst fears in a globalized world. The disease spreads quickly, with high mortality, and is crossing borders. More than half of infected persons have died. The confirmed cases include 2 Americans who have become the focus of public attention because of their heroism and for the extraordinary measures taken to ensure that they received optimum medical care.

Ethical dilemma for Ebola drug trials (11/11/2014)

<http://www.nature.com/news/ethical-dilemma-for-ebola-drug-trials-1.16317>

With clinical trials of experimental Ebola treatments set to begin in December, public-health officials face a major ethical quandary: should some participants be placed in a control group that receives only standard symptomatic treatment, despite a mortality rate of around 70% for Ebola in West Africa?

HEALTH AND NATIONAL SECURITY



Global Health Enhances National Security (11/14/2012)

<http://www.usgic.org/2012/11/14/global-health-enhances-national-security/>

Global health is not often thought of as a national security issue, but development professionals and military leaders have been coming together in the belief the two are “closely tied together.” Preventing the spread of infectious disease and promoting global health are increasingly seen as ways to promote a country’s stability without using military force. Demonstrating compassion for the neediest in the world, it seems, can also make us safer at home.

Opening Remarks by National Security Advisor Susan E. Rice at the Global Health Security Agenda Conference (09/26/2014)

<http://www.whitehouse.gov/the-press-office/2014/09/26/opening-remarks-national-security-advisor-susan-e-rice-global-health-sec>

This is a transcript of a speech delivered by Susan E. Rice at the beginning of the Ebola outbreak. In here, she illustrates the reason why global health is imperative and interconnected to national security: “Pathogens are equal-opportunity threats. They can infect almost anyone and pass to large groups, sometimes without immediate detection. As we are seeing in West Africa, epidemics can claim thousands of lives with alarming speed and cause billions of dollars of economic damage. ”

Why Global Health Security is Imperative (02/13/ 2014)

<http://www.theatlantic.com/health/archive/2014/02/why-global-health-security-is-imperative/283765/>

Berro’s San Francisco station is one of 20 CDC Quarantine Stations that monitor U.S. ports of entry by air, land, and sea. This is one line of defense. The front line is wherever diseases break out. With the globalization of travel and trade of foods and drugs, dangerous pathogens that arise anywhere in the world are just a plane ride away. U.S. national health security depends on global health security, because a threat anywhere is a threat everywhere.

The U.S. Government & Global Emerging Infectious Disease Preparedness and Response

<http://kff.org/global-health-policy/fact-sheet/the-u-s-government-global-emerging-infectious-disease-preparedness-and-response/>

Emerging infectious diseases represent an ongoing threat to the health and livelihoods of people everywhere, including those of Americans. Over the last few decades, there have been several EIDs that have taken the global community by surprise and drawn new attention to EIDs, including HIV, SARs, H1N1, and Ebola. Governments, multilateral institutions, and other organizations have increasingly recognized the threat such diseases pose and have augmented global efforts to prepare for and address them; the U.S. government has been a key supporter of these activities.

Global Health Security in an Era of Global Health Threats (10/2011)

http://wwwnc.cdc.gov/eid/article/17/10/10-1656_article

A global vision of health security is very much part of contemporary rhetoric. However, this vision lacks the drive and speed needed to make proposals materialize and operationalize ideas in the geographic areas where they are most desperately needed.

Global Health as a Bridge to Security (09/26/2012)

<http://csis.org/publication/global-health-bridge-security>

Our understanding of global health and its relationship to national security, the safety of our citizens, and the well-being of the wider global community has grown and evolved over time. It is now widely accepted that nations with healthy populations are more likely to be productive, prosperous, and peaceful.



Gapminder World: Wealth and Health of Nations

<http://bit.ly/18DsuHx>

This graph shows how long people live and how much money they earn. Click the play button to see how countries have developed since 1800.

World Health Statistics 2014: Part 2 Highlighted Topics

http://www.who.int/gho/publications/world_health_statistics/EN_WHS2014_Part2.pdf?ua=1

This is an excerpt of a larger report published by the Global Health Observatory (GHO) of the WHO. This section highlights global health issues that need to be addressed in the upcoming year and provides statistics as to why this issue is important.



http://media1.s-nbcnews.com/i/newscms/2014_32/603176/140805-ebola-nigeria-airport-jms-2250_6094eed5241ab4f8db438c0eaff048fd.jpg

FEAR AND STIGMA

In U.S., Fear of Ebola Closes Schools and Shapes Politics (10/19/2014)

<http://www.nytimes.com/2014/10/20/us/fear-of-ebola-closes-schools-and-shapes-politics.html?hp&action=click&pgtype=Homepage&version=HpSum&module=first-column-region®ion=top-news&WT.nav=top-news&r=0>

In the month since a Liberian man infected with Ebola traveled to Dallas, where he later died, the nation has marinated in a murky soup of understandable concern, wild misinformation, political opportunism, and garden-variety panic.

A message to American media: Stop spreading Ebola fear and start being ashamed (10/06/2014)

http://www.salon.com/2014/10/06/a_message_to_the_media_stop_being_scared_of_ebola_and_start_being_ashamed_of_yourselves/

For all the coverage that the Ebola virus has received in the mainstream media, relatively little of it has been devoted to the region that is actually being pummeled by the disease. Instead, networks and pundits have chosen to focus on the political and sensational aspects of the virus' journey to the United States.

Time to cut the hype and focus on the real dangers of Ebola (08/07/2014)

http://www.washingtonpost.com/opinions/time-to-cut-the-hype-and-focus-on-the-real-dangers-of-ebola/2014/08/17/62ce7e64-2496-11e4-8593-da634b334390_story.html

The Ebola virus outbreak in West Africa has seized the world's attention like a summer horror movie. The images of a terrible disease without a cure have surged across news and social media. Late last week, a spokesman for the World Health Organization (WHO) said the scope of the outbreak appears to have been "vastly underestimated."

The Media Covering Ebola: Fear Tactics that Play on Racial, Economic Divides (10/20/2014)

http://www.huffingtonpost.com/mario-machado/ebola-media-coverage_b_5899790.html

Behind the fear-mongering and scare tactics that have conflated all of today's hot news issues into some sort of dystopic conservative nightmare -- Ebola on the backs of ISIS crossing into the U.S. through the porous Mexican border -- lie very palpable undertones of colonialist attitudes towards racism and cultural elitism. In no vein of reporting has this become clearer than through the popular media's handling of the current Ebola epidemic.

How panic about Ebola is spreading faster than the virus (10/15/2014)

<http://www.bbc.com/news/blogs-trending-29618224>

Besides a small number of cases in the US and Spain, the Ebola outbreak remains confined to West Africa. But that hasn't stopped the spread of rumors and false alarms, spurred on by social media. This is a collection of examples where on the role of social media in the global Ebola scare.

Don't Blame CNN For the Ebola Panic (10/24/2014)

http://www.foreignpolicy.com/articles/2014/10/24/dont_blame_cnn_for_the_ebola_panic_media_coverage

In the midst of the growing hysteria over Ebola, to what degree is American news media coverage fueling the panic happening in the United States? Does the arrival of a "foreign" epidemic on domestic shores cause a refocusing of American policy? And, what can we learn about media coverage and emerging foreign policy issues?

One Powerful Illustration Shows Exactly What's Wrong With How the West Talks About Ebola (10/07/2014)

<http://mic.com/articles/100618/one-powerful-illustration-shows-exactly-what-s-wrong-with-media-coverage-of-ebola>

The Ebola headlines in Western media outlets, however, don't tell that story. The Western media circus has lapped up the Ebola epidemic and paraded it around as its newest act. It's everywhere you look — stories about "necessary" precautions, tales of children and even police cars under quarantine, fear that the disease has spread to other parts of the country. And it all has one singular focus: America and the West.



<http://www.gannett-cdn.com/-mm-/1987e3a824924f3ff47adc74ba4a68365fcd691c/c=85-0-769-514&r=x404&c=534x401/local/-/media/USATODAY/None/2014/10/24/635497647476760385-NY-headlines.jpg>

FEAR AND STIGMA

Ebola Brings Another Fear: Xenophobia (10/29/2014)

<http://time.com/3544130/ebola-panic-xenophobia/>

They were called “Ebola” by other students, taunted about possibly being contagious and excluded from playing ball. The brothers’ experience is an extreme example of the backlash felt by some Africans in the U.S. since the Ebola virus arrived from West Africa. Many others tell of facing subtler, but no less hurtful, forms of discrimination at work, in school and as they commute as fear of the little-known but often deadly disease has spread among the public.



<http://i.huffpost.com/gen/2206006/thumbs/o-EBOLA-STIGMA-facebook.jpg>

For the U.S. Liberians, Stigma Adds to Ebola’s Burden (10/20/2014)

<http://online.wsj.com/articles/for-u-s-liberians-stigma-adds-to-ebolas-burden-1413830673>

Worries about people from West Africa have become a new burden for Liberians in the U.S., who also are mourning loved ones and sending money to relatives who can’t work because of the Ebola epidemic. Community leaders in enclaves from New York to Minnesota said some children are taunted at school, and workers have been asked to go home after sneezing or coughing, even though they haven’t traveled recently to an Ebola-affected country.

Battling fear and stigma over Ebola in West Africa (04/01/2014)

<http://www.ifrc.org/ar/news-and-media/news-stories/africa/guinea/battling-fear-and-stigma-over-ebola-in-west-africa-65367/>

Fear and stigma are often common human reactions to a disease, in particular when it comes to Ebola, a highly infectious disease which can spread quickly and for which there is no known cure. When patients recover and are discharged, the community still believes they were actually being treated for Ebola and could still be contagious. Fear of being marginalized or isolated may also cause people to conceal their illness. Survivors of Ebola who have had family members die, also suffer from stigma.

Bellevue Employees Face Ebola at Work, and Stigma of It Everywhere (10/29/2014)

<http://www.nytimes.com/2014/10/30/nyregion/bellevue-workers-worn-out-from-treating-ebola-patient-face-stigma-outside-hospital.html>

As Bellevue Hospital Center goes into its eighth day of treating Dr. Craig Spencer, who had worked with Doctors Without Borders in Guinea, some of its employees are feeling stigmatized — a harsh consequence of being at the first hospital in the city to deal with an outbreak that has killed about 5,000 people in West Africa, and that is known to kill about half the people who become infected. Bellevue’s medical director, Dr. Nate Link, said more than a dozen employees — not limited to those taking care of Dr. Spencer — had reported being discriminated against, including not being welcome at a business or social event.

‘I am a Liberian, not a virus’: west Africans hit back against Ebola stigma (10/22/2014)

<http://www.theguardian.com/world/2014/oct/22/ebola-liberia-not-virus-stigma>

Solomon, a photographer and TV presenter, moved her daughter to the US from a school in Liberia’s capital Monrovia in September. Despite coming from an Ebolazone, she says she was not subjected to any particular scrutiny upon arrival on American soil. But as fear about Ebola mounts, Liberians in the US are increasingly finding themselves in a difficult position. With stigma and paranoia on the rise, Solomon has launched a campaign aimed at encouraging others to treat Liberians normally.

Ebola stigma hindering medical response, says Red Cross (12/02/2014)

<http://www.bbc.co.uk/news/world-africa-30297850>

Stigma against travellers from Ebola-infected countries is hindering the fight against the disease, the International Federation of Red Cross and Red Crescent Societies (IFRC) says. The head of the IFRC, Mr Elhadj As Sy, warned that travel bans were preventing his organisation’s medical workers from dealing with the outbreak.

In Nigeria, battling the stigma of Ebola (09/30/2014)

http://www.unicef.org/infobycountry/nigeria_76103.html

As the West African Ebola outbreak continues to spread, its impact on families and communities is becoming more pronounced. UNICEF announced that at least 3,700 children in Guinea, Liberia, and Sierra Leone have lost one or both parents to Ebola since the start of the outbreak, and many of them are being rejected by their surviving relatives for fear of infection.

EDUCATING THE POPULATION

WHO supports Ministry of Health community education to contain Ebola in Liberia (08/2014)

<http://www.who.int/features/2014/orientation-contain-ebola/en/>

WHO is supporting the Ministry of Health and Social Welfare to conduct these sessions on the basics of the disease, how it is transmitted, and what people can do to help authorities contain the disease.



Meet the Liberian Girls Beating Ebola (10/29/2014)

<http://www.thedailybeast.com/articles/2014/10/29/meet-the-liberian-girls-kicking-ebola-s-ass.html>

In a Monrovia slum, a group of teenage girls has formed to go door to door to educate residents about the disease—and they're already changing behaviors, with lifesaving results.

Using music to fight Ebola in Liberia (10/21/2014)

<http://www.cnn.com/2014/10/21/world/ebola-entertainment-education/>

The United Nations Children's Fund -- UNICEF -- has worked with local musicians to produce a song "Ebola is Real," which urges Liberians to take measures against the disease, such as washing their hands.



<http://www.thedailybeast.com/articles/2014/10/29/meet-the-liberian-girls-kicking-ebola-s-ass.html>

A Tale of Two Africas (08/22/2014)

<http://online.wsj.com/articles/a-tale-of-two-africas-1408749489?KEYWORDS=global+health>

Authorities from the nation's president to village leaders exhort Ugandans to be on the lookout for people with symptoms. Health officials screen airline passengers and have stockpiled hospitals with supplies. Teams of veterinarians test wildlife for viruses like Ebola that can infect humans. Uganda has even sent doctors to West Africa to train medical staff there during the outbreak.

Countering Fear of Ebola With Education Where West Africans Live in U.S (10/02/2014)

<http://www.nytimes.com/2014/10/03/us/countering-fear-of-ebola-with-education-where-west-africans-live-in-us.html>

In the northwest suburbs of Minneapolis, home to tens of thousands of people of Liberian descent, a new group called the Minnesota African Task Force Against Ebola is blanketing neighborhoods with fliers. Their message: Stay away from West Africa for now.

Big Data, Better Global Health (02/21/2013)

<http://www.cfr.org/diseases-noncommunicable/big-data-better-global-health/p30042>

Bill Gates, Margaret Chan, the Director General of the World Health Organization (WHO), and other experts and leaders gathered this month in Geneva for a very important meeting on a very unimportant-sounding subject: global disease estimates. The impetus was the release of the Global Burden Disease (GBD) Study, the most comprehensive and ambitious effort to date to quantify the world's health status. The legacy of the study may be helping to usher in the emerging era of global health, in which governance, efficiency, and better collaboration among trade, regulatory, and technical agencies matter more.



IHME Global Burden of Disease Data Visualizations

<http://www.healthdata.org/gbd/data-visualizations>

This page of the Institute for Health Metrics and Evaluation contains collections of data visualizations regarding various topics of global health.



IHME Infographic collection

<http://www.healthdata.org/results/infographics>

This is a page of the Institute for Health Metrics and Evaluation that has collections of images that convey statistics and other bits of information regarding global health.

"It isn't only rich countries with sophisticated hospitals and expansive pharmaceutical industries that can squash outbreaks. Basic medical training, everyday vigilance, and sustained political will go a long way. Propping up the health systems of poor nations with outside aid and workers—without passing on skills to locals—may provide a quick fix but won't immunize them from the next outbreak, which could be even bigger."

From *A Tale of Two Africas*

ORGANIZATIONS

Direct Relief

http://www.directrelief.org/?gclid=CL_3otXhu8ECFa1aMgod8SwA6A

The mission is to improve the health and lives of people affected by poverty or emergency situations by mobilizing and providing essential medical resources need for their care.

Global Ebola Response Coalition

<http://www.ebolacrisisresponse.org/>

The Ebola epidemic in West Africa requires a coordinated, system-wide response by the UN and its partners facilitated by the Global Ebola Response Coalition (GERC). Beyond enacting the WHO roadmap, it needs to include the social, economic, political, development, security, and humanitarian dimension.

Doctors Without Borders

<http://www.doctorswithoutborders.org/our-work/medical-issues/ebola>

If contracted, Ebola is one of the world's most deadly diseases. It is a highly infectious virus that can kill up to 90 percent of the people who catch it, causing terror among infected communities. Doctors Without Borders/Médecins Sans Frontières (MSF) has treated hundreds of people with the disease and helped to contain numerous life-threatening epidemics.

Africare

<http://www.africare.org/>

Africare is a leading non-governmental organization (NGO) committed to addressing African development and policy issues by working in partnership with African people to build sustainable, healthy, and productive communities.

PATH

<http://www.path.org/>

PATH is the leader in global health innovation. An international nonprofit organization, we save lives and improve health, especially among women and children. By mobilizing partners around the world, we take innovation to scale, working alongside countries primarily in Africa and Asia to tackle their greatest health needs. Together, we deliver measurable results that disrupt the cycle of poor health.

USAID

<http://www.usaid.gov/ebola>

USAID is the lead U.S. Government agency that works to end extreme global poverty and enable resilient, democratic societies to realize their potential. USAID carries out U.S. foreign policy by promoting broad-scale human progress at the same time it expands stable, free societies, creates markets and trade partners for the United States, and fosters good will abroad.

The Henry J. Kaiser Family Foundation

<http://kff.org/>

Their goal has been to build an institution that plays a special role as a trusted source of information in a health care world dominated by vested interests. One of Henry Kaiser's favorite sayings was "find a need and fill it," and that's what the Foundation has tried to do.

World Health Organization (WHO)

<http://www.who.int/en/>

WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries, and monitoring and assessing health trends. It is reforming to be better equipped to address the increasingly complex challenges of the health of populations in the 21st century.



UNICEF

<http://www.unicef.org/>

UNICEF is the driving force that helps build a world where the rights of every child are realized. They have the global authority to influence decision-makers, and the variety of partners at grassroots level to turn the most innovative ideas into reality. That makes them unique among world organizations, and unique among those working with the young. Their purpose is to work with others to overcome the obstacles that poverty, violence, disease, and discrimination place in a child's path.

ORGANIZATIONS

Center for Disease Prevention and Control (CDC)

<http://www.cdc.gov/>

The CDC works 24/7 to protect America from health, safety, and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. To accomplish their mission, CDC conducts critical research and provides health information that protects our nation against expensive and dangerous health threats, and responds when they arise.

Humanosphere

<http://www.humanosphere.org/>

We are devoted to covering and analyzing the most important (or entertaining) issues in the global health, aid and development arena. We are deadly serious about poverty, injustice, and suffering. This page is the human rights subsection of the website and contains original news articles about various health-related human rights issues.



UW Department of Global Health

<http://globalhealth.washington.edu/>

Our mission is to address the causes of, and help provide solutions for, disparities in health around the globe, and to enable international partners to achieve sustainable and independent control of their global health programs. Their current and emerging focus areas include: health metrics and evaluation, infectious diseases, workforce development, women, children, and adolescent health, and a strong cross-cutting focus on social justice and equity.

Washington Global Health Alliance

<http://www.wghalliance.org/>

Formed in 2007 with initial funding from the Bill and Melinda Gates Foundation, WGHA connects participants in one of the world's most dynamic centers for global health innovation. The WGHA invites and activates every sector in their region to advance global health equity.

Health Alliance International

<http://www.healthallianceinternational.org/>

Their mission is to promote policies and support programs that strengthen government primary health care and foster social, economic, and health equity for all. Their vision is a just world that promotes health and well-being, including universal access to quality health care.

Institute for Health Metrics and Evaluation (IHME)

<http://www.healthdata.org/>

IHME was created at the University of Washington to address questions of population health status and disease burden, identifying the factors that determine health outcomes, and rigorously evaluating health policies and interventions through research and presentation of data. Their aim is to create the most up-to-date roadmap to help policymakers and donors determine which avenues to pursue to help people live longer, healthier lives.

Public Health—Seattle and King County

<http://www.kingcounty.gov/healthservices/health.aspx>

The goal of the Public Health department is to protect and improve the health and well-being of all people in King County, as defined by per person healthy years lived. Whenever possible, employ strategies, policies, and interventions to reduce health disparities.

International Training and Education Center for Health (I-TECH)

<http://www.gozitech.org/>

A partnership between the University of Washington's Department of Global Health and University of California, San Francisco, the non-government organization works with local partners to develop skilled health care workers and strong national health systems in resource-limited countries. I-TECH promotes local ownership to sustain effective health systems.

LESSON PLANS



PBS Newshour Extra: Ebola outbreak lesson plans

<http://www.pbslearningmedia.org/resource/107044cf-e437-430b-94e8-f427b66546df/ebola-outbreak-lesson-plan/>

Use this mission-based lesson plan to help students learn basic concepts about epidemiology in the context of the current outbreak and apply what they've learned to design a strategy to control the epidemic. We have created an Ebola outbreak: mission instruction and resources – digital student guide webpage for students that guides them through their mission from start to finish.



Learning From Disaster: Exploring the Ebola Epidemic

<http://learning.blogs.nytimes.com/2014/10/01/learning-from-disaster-exploring-the-ebola-epidemic/>

Ebola is causing widespread fear and disruption in West Africa, and shows no signs of being brought under control. How can teachers help students to understand a situation that is overwhelming even to the experts? Below, quick ideas for teaching about the Ebola outbreak in one or two class periods, all grounded in *The Times's* continuously-updated Ebola Q & A. Then, we offer two ideas for going further by writing point-of-view pieces and by undertaking additional research.



Ebola in the News Resource Collections

<http://www.pbslearningmedia.org/resource/47aa94a2-8b31-4bda-9e5e-4131e56d57b2/ebola-in-the-news/>

Use this collection of news stories and resources from the *PBS NewsHour* to help students understand the Ebola outbreak in Western Africa. Links for student worksheets are on linked at the bottom of the page under "Support Materials".



Ebola—The Plague Fighters

http://www.pbs.org/wgbh/nova/education/activities/2304_ebola.html

The objective of this classroom activity is to simulate and trace the spread of a virus, a task that many in West Africa are trying to achieve as part of the effort to control Ebola.



Rx for Survival: A Global Health Challenge Teacher Resource Page

<http://www.pbs.org/wgbh/rxforsurvival/series/teachers/>

This is a PBS resource for teachers in global health. The program, called "Rx for Survival," provides 6 different programs and curriculum plans tackling different topics within global health, such as vaccines and spread of disease.



Gapminder for Teachers

<http://www.gapminder.org/for-teachers/#.VEbPxPnF9go>

Gapminder is a non-profit venture – a modern "museum" on the Internet – promoting sustainable global development and achievement of the United Nations Millennium Development Goals. This page shows teachers how to utilize the maps in Gapminder World in the classroom and provides other resources on topics of development and global health.



For Educators: Global Health

<http://www.pbs.org/now/classroom/globalhealth.html>

At the end of this lesson, students will examine the social, economic, and political effects of disease, explore the efforts of a philanthropist, research global health issues and infectious disease, determine ways to address global health issues, and write a grant proposal.



Harvard Global Health Institute Teaching Resources

<http://globalhealth.harvard.edu/curricula-slides-reading>

This guide was created to serve as a user-friendly reference for teaching fellows (TFs) of undergraduate global health courses at Harvard. Recognizing the rich diversity of disciplines and stages of training represented by global health TFs, we have gathered a collection of information and resources that addresses knowledge and skills that global health TFs may be asked to draw upon during the course of their teaching.



University of Washington Global Health Toolkit

<http://hsl.uw.edu/toolkits/global-health>

This page contains links to various information resources on global health as well as teacher resources.

NEWS IN BRIEF**A Global Health Crisis Unfolds**

NOVEMBER 2014

In December 2013, in the West African country of Guinea, two-year-old Emile Ouamouno came down with a mysterious illness. He died after just four days of fever and vomiting. The sickness spread quickly in Guinea and then to neighboring Liberia and Sierra Leone. In March 2014, the World Health Organization reported that this was an outbreak of Ebola. In less than seven months, over 13,000 cases have been reported in West Africa. Nearly 5,000 people have died.

Ebola is a virus that is transmitted by direct contact with bodily fluids of infected people or animals. With no known cure or vaccine, it is extremely deadly.

Though Ebola outbreaks were well known in other parts of Africa, the disease has rarely been seen in West Africa. This made it hard for health workers to recognize and treat the disease at first. As the virus traveled to crowded cities with people living close together, it spread quickly. Fear, lack of knowledge, and rumors made things worse. People were afraid to listen to health advice from governments they did not trust. Weak health systems without enough doctors and hospitals became overwhelmed and could not keep up with the growing number of cases. An international effort was needed to stop Ebola.

Today humanitarian organizations and governments are working hard to provide lifesaving information and needed supplies to affected communities. Helping to stop Ebola in West Africa will help prevent the spread of Ebola worldwide.



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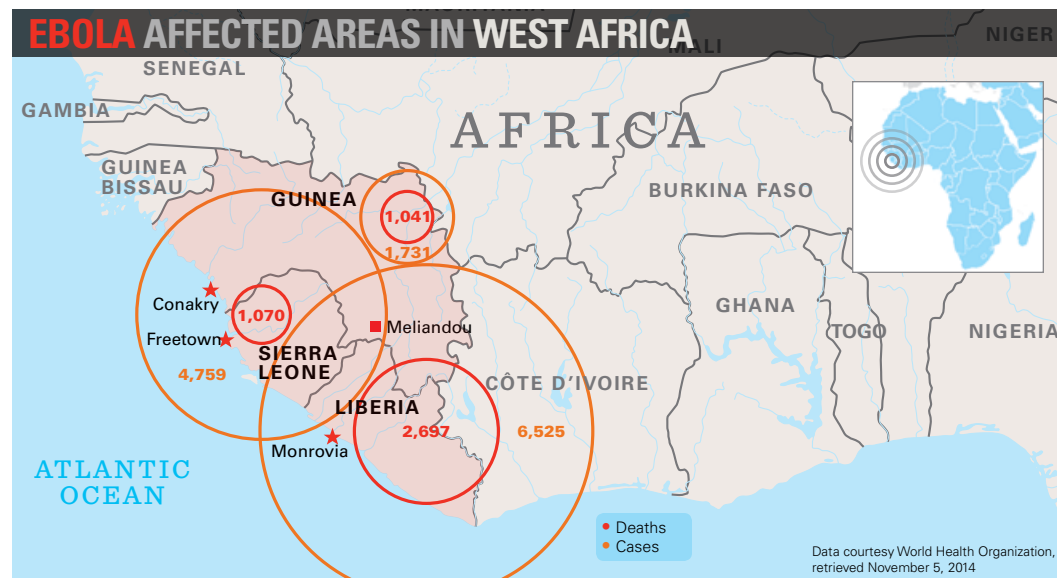
Liberian girls look at a poster distributed by UNICEF with information on how to prevent the spread of Ebola.

What Are the Odds?

- **1 in 662,000** odds of winning an Olympic medal
- **1 in 10,000,000** odds of being elected President of the United States
- **1 in 13,300,000** odds of catching Ebola in the United States this year

“The bottom line is we know how Ebola spreads. We know how to stop it from spreading.”

—Thomas Frieden
Director, Centers for Disease Control
Atlanta, Georgia



Hawa's Story: Survivors Join the Fight Against Ebola

In the communities affected by Ebola, there's a feeling that the virus has settled in with no plans to move on. Chlorine buckets sit outside restaurants for handwashing. Crackly radios broadcast conversations about Ebola. Handshaking has been replaced by a brush of elbows.

Fourteen-year-old Hawa Kamokai from Sierra Leone knows this feeling well. She became sick with Ebola after losing family to the disease. "I was in the hospital when my aunt died," explains Hawa. "Just after they buried her, my younger brother died. Since then, we have all been infected. At first I felt a pain in my chest. It was so painful. I used to cry."

Hawa is not alone. Children make up almost one-fourth of Ebola cases in Guinea, Liberia, and Sierra Leone. And at least 3,700 children have lost one or both parents to Ebola. In addition to coping with the loss of family, some children are also dealing with rejection by relatives who fear infection. These children face discrimination, and many are left to fend for themselves.

Thankfully, through the help of health workers and groups like UNICEF, Hawa and hundreds of other children are surviving Ebola. "It feels good because now I can see my friends," says Hawa. "I can be happy again."

After a full recovery, Hawa is immune to Ebola. She now spends her days caring for other children with the disease. She feeds them, distracts them with stories and games, and helps to fill their sadness. "It's the older ones I think about most," says Hawa. "They know exactly what's happening. I try to encourage them by getting them to explain their feelings."

Survivors like Hawa play a special role in the fight against Ebola. They are understanding caretakers who are educating others to put an end to myths about the disease and discrimination against its victims. Through their brave stories, young people like Hawa are bringing their communities together in the fight against a killer disease.



© UNICEF VIDEO

Watch a video of Hawa talking about her experiences at bit.ly/hawastory.

Think, Write, Discuss...

- What do you think has been the biggest challenge for Hawa in dealing with the Ebola outbreak? What do you think would be hardest for you in that situation?
- How do outbreaks of diseases like Ebola affect a whole community, even the people who don't become infected?
- How has Hawa's supporting other children helped her with her own healing? What important role do survivors play in their communities?

Compose Your Thoughts:

What would you say to Hawa if you met her? How would you help her and others affected by Ebola if you could? Develop a brief letter or video in which you share your thoughts.



Five-year-old Ebola survivor Abu Bangura stands with another child outside a treatment facility in Sierra Leone.

Ebola Strikes, UNICEF Responds

Ebola is causing extreme distress in the lives of children, and UNICEF is there to help. Below read about some of the problems the outbreak has caused, and how UNICEF and its partners are protecting, supporting, and educating millions of children in response.

NEED: Weak health systems in West Africa have left many communities without medical care for common illnesses and routine immunizations. In addition, more children are experiencing hunger and malnutrition because their families have been unable to plant or harvest crops.

NEED: Many children have witnessed the suffering and death of family members. Some have been pushed away by communities who fear the children will pass the disease to others. These orphans and other troubled children need physical and emotional assistance.

NEED: With schools closed due to the Ebola outbreak, almost 5 million children ages 3 to 17 are missing out on their education. We know from experience that the longer children stay away from school, the less likely they are to return to it.

RESPONSE: In airlift after airlift, UNICEF has been delivering essential supplies to children in Ebola-affected regions. These lifesaving shipments include health kits and food packets called RUTF (ready-to-use therapeutic food).

RESPONSE: UNICEF is training people who have survived Ebola to assist children since they are immune to the disease. Over the next six months, more than 2,500 survivors will be trained to provide care and support to children in treatment centers. (See *Hawa's Story* on page 2.)

RESPONSE: A radio education program was recently launched in the country of Sierra Leone. Lessons in core subjects are being broadcast to nearly 1.7 million students in their homes. It's a good way to learn until schools can be reopened.


HOW YOU CAN #StopEbola

Stay connected and current with these news websites for children: [CBBC Newsround](#), [KidsPost](#), and [Nick News](#).

Throw a #StopEbola fundraising event. Raise funds and awareness in your community. Visit bit.ly/ebolafundraising to learn how.

Obtain accurate information. Distinguish between Ebola fact and fiction.

Pitch in. Text Ebola to 864233 to donate \$10 or visit U.S. Fund for UNICEF's Ebola donation page at bit.ly/eboladonation.

unicef  works in more than 190 countries to help kids survive and grow. UNICEF supplies medicines and vaccinations, clean water, nutrition, shelter, and education. UNICEF also responds when emergencies occur, such as earthquakes, floods, and war.



BACKGROUND

The spread of Ebola in West Africa has been fueled by limited health infrastructure, poor hygiene practices, and the inability to control and screen population movements across borders.

Fears, rumors, and lack of understanding about the disease within local communities; lack of experience among health care workers; and limited capacities for rapid response have further aggravated the situation.

The outbreak has placed an extreme burden on already weak health systems. As of early September, some 301 health care workers have themselves become infected during routine contact with patients in health

facilities, leading some staff to flee out of fear.

In the meantime, public mistrust of health care systems and of government authorities in affected countries is mounting. Some treatment centers and clinics have closed, while the numbers of those still in operation are not enough to meet the growing needs, with many turning patients away.

The families who keep sick patients at home risk the further spread of the virus. The high level of community exposure is further exacerbated by resistance to proposed response measures as well as by traditional burial practices.



© UNICEF/NYHQ2014-1751/BINDRA

Key Stats (as of November 5, 2014)

- There are 13,042 confirmed, probable, and suspected cases in six affected countries, with 4,818 reported deaths.
- Some 8.5 million children and youth live in Ebola-affected areas.
- Without additional help and precautions taken, approximately 1.4 million people in Liberia and Sierra Leone could become infected by January 20, 2015.

SOURCES: WHO, U.S. Fund for UNICEF, CDC

TEACHING IDEAS

"A Global Health Crisis Unfolds" (page 1)

- Address the concepts in the third paragraph with students. For instance, how might rumors have made the epidemic worse? Why is an international effort needed to stop Ebola?
- Highlight the "What Are the Odds?" data box. Facilitate a discussion about how rare Ebola is in the United States, myths versus facts, media sensationalism, etc.
- Ask the following questions about the map:
 - From Meliandou, Guinea, in which direction did Ebola spread to Sierra Leone? To Liberia?
 - Which country has the greatest number of Ebola deaths? (Liberia) In which country do the greatest proportion of Ebola cases result in deaths?

(Guinea) Which do you think is the bigger problem, and why?

- For research: What might explain why Ebola has spread minimally to countries that neighbor these three?

"Hawa's Story: Survivors Join the Fight Against Ebola" (page 2)

- Engage students with the "Think, Write, Discuss" questions.
- Show the poignant UNICEF video of Hawa at bit.ly/hawastory (1:33). Discuss the emotional and psychological impact of the epidemic on children, responding with care to your own students' strong reactions.
- Assign the narrative task "Compose Your Thoughts" using well-structured event sequences (CCSS.ELA-LITERACY.CCRA.W.3).

"Ebola Strikes, UNICEF Responds" / "How You Can #StopEbola" (page 3)

- Explore students' feelings about the idea of their school being closed for months on end. Ask what the negative consequences might be, and to compare with the consequences for West African children. Debate the solution of schooling by radio, and discuss what might be an appropriate solution in your community.
- Discuss how your students can help children in Ebola-affected countries. Note the hashtag #StopEbola for students on social media.
- Emphasize the need for funds, and encourage students to organize a school fundraiser. Employ the suggestions and poster at bit.ly/ebolafundraising.