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THE EBOLA CRISIS: U.S. LEADERSHIP AND INTERNATIONAL RESPONSE

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PANEL: THE EFFECTS OF THE EBOLA CRISIS

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P R O C E E D I N G S

MR. TALBOTT: So, good afternoon, everybody. I'm Strobe Talbott, and it's my pleasure -- although it's a somewhat melancholy subject that brings us here this afternoon to welcome Raj Shah and Eric Postel to the podium to talk about one of the more serious, and poignant and dangerous phenomena of the day.

Here at Brookings, we sometimes talk about the challenges and opportunities of the 21st century, in terms of big bets that we should place on major goals for the human enterprise and black swans. Black swans are really serious. It's very, very bad news that comes at us out of nowhere, as it were.

There are plenty examples of those that are, of course, generated by human beings, but sometimes Mother Nature has a way of showing us that she, too, can complicate our efforts to govern the world in a way that takes full advantage of modern science, particularly medical science.

And it's hard to imagine a moment in the history of the American government when it would have been more appropriate to have a medical doctor in charge of the humanitarian enterprise of the USG. And we have that, of course, in Raj. And we're also very grateful to Eric for joining this discussion, as well.

They both have, within the last month or so, been to West Africa, as well as to other travels. In fact, Raj might mention how the Ebola crisis actually came up in the course of a recent visit that he just made to India.

The way that we're going to proceed here is, I'm going to put a couple of questions to our two guests. Raj, by the way, is a frequent visitor here at Brookings, and that's something we're very grateful for. But because in looking around the room, I know -- and having seen the guest list, I know there are a lot of you who are truly expert in the subject. I want to open it up to you as quickly as possible. And then, of course, after about an hour of discussion here, we're going to go to a panel.

Raj, maybe you could just start by giving your assessment as of now how the Ebola crisis in West Africa is going.

MR. SHAH: Well, thank you, Strobe, and thanks for having me. We are always grateful for your leadership, and the chance to be at Brookings, with all of its expertise and relevance to tackling the toughest challenges we face right now.

And, clearly, the Ebola crisis is one of the toughest challenges we've faced. Since March, we've seen in West Africa about 1,300 people get Ebola. More than 5,000 of them have unfortunately died -- by far and away, the worst pandemic crisis we've had in the context of an Ebola outbreak anytime in the past four decades.

And it is true and worth remembering, because of the extraordinary focus -- appropriately -- on American safety and security from this disease, that, as President Obama has noted, we're only going to succeed at protecting ourselves if we succeed at controlling this virus at its source in West Africa. And I think that's important to continually remind ourselves when we look at how we allocate resources, effort, and said policy on a host of issues that allow us to either succeed or not against that task.

I'd note that I'm thrilled to be here with Eric Postel, who leads our Africa bureau, and has a focus mostly on growth and development. And, in fact, West Africa was growing rapidly prior to this crisis. All three countries that are endemic are post-conflict, but they were experiencing rates of growth bordering on 10 percent a year. They were experiencing some of the fastest reductions in (inaudible) and maternal mortality anywhere on the continent and anywhere around the world, and they were working hard with leaders like President Ellen Johnson Sirleaf to build systems in their governments to fight corruption, create the basis for investment and growth -- and, in fact, you know, had become a destination for major private investment.

So, the context here is both one of resource scarcity and poverty, but also one of growth and hopefulness that has unfortunately been unwound considerably

by this crisis.

Just very quickly, to go through where we are -- I think today, there are somewhere around 3,000 current active cases in West Africa. Liberia, which had been the previous epicenter of the disease, has seen over the last eight weeks -- and, I think, in large part due to the leadership the United States has shown with others -- has seen a rapid, and significant, and sustained reduction in the number of new cases we see on a day-to-day basis.

I think that reduction has been driven by a science-oriented, evidence-based strategy that has prioritized efforts like removing bodies of the deceased rapidly through safe burial teams that, in a dignified way, are removing now north of 95 percent of those who die from Ebola within 24 hours -- having a dignified burial in a body bag that is WHO-approved and avoids the risk of spreading the disease. Seventy percent of spread of transmission was basically people hugging, kissing, washing, and touching dead bodies. And so we've seen a rapid reduction in transmission with that type of strategy.

In Sierra Leone, the United Kingdom is taking a lead international partner role with U.K. military and my counterparts at DFID, the Department for International Development, kind of leading the international response in Sierra Leone. I assess that there are probably about 1,500 active cases in Sierra Leone right now. That number's been going up quite rapidly, and they are learning from and adopting some of the successes we've seen in Liberia over the last several weeks to accelerate reduction in that context.

And then, finally, Guinea is where I'm quite concerned, especially in the difficult-to-reach forest region and rural areas. There are anywhere from 300 to 500 current active cases, and the elements of international effort and control of the disease has not yet been placed in that environment. So, we're very focused on finding partners

who will go out there and work in those difficult-to-reach communities, and change mindset and behavior.

I'll just conclude by saying -- and I know we'll get into this as we talk more -- that you'll read a lot about Ebola treatment units and, you know, the need to have a viable treatment capability for those with Ebola. And that's a big part of the response.

What I think folks don't realize quite as much is that the changing behavior actually does more to reduce transmission than virtually anything else. And during my trip throughout the region, you know, you elbow-bump instead of shaking hands, as we did earlier. Before going into any building, you wash your hands and feet with chlorinated water. There are billboards everywhere in Monrovia that say, "Ebola is real. Here's the hotline to get access to services." And the more you can help entire societies change basic cultural practices, and simply stop touching each other, the faster you can reduce the rate of transmission of what is otherwise actually a somewhat difficult disease to transmit.

So, a big part of the focus that doesn't usually get a lot of press attention, but, I think, deserves it is the fact that communities themselves and the behaviors they choose are a big part of the solution here.

I think we can succeed.

MR. TALBOTT: Eric, picking up on what Raj said about the ripple effect, if I can put it that way, on what had been some fairly welcome trends in development -- it's probably much too soon to put statistics to it, but could you just give us a sense, since development is your own expertise, on how much of a setback this is going to be for development in the region?

MR. POSTEL: Thanks, Strobe.

Well, we are already getting some very preliminary data that it will cause some setback. A couple of examples -- there have been a bunch of investments that

were under negotiation, and those have been halted.

There was a major project involving (inaudible) the mining and steel company and they sent their 600 expats out of Liberia.

We did a -- USAID staff in Liberia did an informal study of some markets to try to get a sense of what was happening with employment in small and medium-size enterprises. And that survey revealed that, on average, people said that they laid off 30 percent of all their staff.

So, right now, what we're seeing is these leading indicators that show that the growth is going to come down. We don't know yet whether the growth will come down, and still miraculously manage to be at one or two percent, or whether it's going to go outright negative -- because there's a lot of things that could affect which of those two scenarios.

We know, also, agriculture's another thing that's being hurt, and the advanced warning system is currently indicating that there may be food shortages next year. So, we are preparing to jump in and do things that would help address this, both as we work our way through the crisis, as well as when it's peaked and on its way out -- and to really try to help these countries rebound very quickly.

MR. TALBOTT: Speaking of that, either one of you might be able to address this: Have we seen enough by way of the figures, the graphs, as it were, of cases to be able to extrapolate whether this is still going to be going up, whether it's leveling off, when one might realistically expect it to come down?

MR. SHAH: Well, we have. And, you know, two months ago -- I think it's important to know the timeline here. In March, we had a pretty standard Ebola epidemic. And the international community did put control efforts in place, and it brought the epidemic down. And it looked like it was on the path to being resolved by the time we hit mid-May, late May.

Then it exploded again. And the explosion took place in urban transmission in Monrovia and elsewhere, in a manner that had not been seen before -- with transmission rates that were two, two and a half, which meant everyone who got infected two and a half other people. That's unheard of for Ebola, because it's not an airborne-spread disease; it is spread through the bodily fluids of those who are sick.

And at that time, 20 percent; now it's come way down -- of all people who got Ebola who were healthcare workers. So, it decimated the health system in all three countries, and it took off.

In September, we mounted a much bigger international response -- included U.S. troops (inaudible) we now have 2,100 U.S. troops on the ground in West Africa -- included mobilizing hundreds of millions of dollars from international partners, including getting doctors and nurses from Norway and Sweden, and construction engineers from China, and equipment and scientists from India -- so a major global coalition.

And I think we have seen those transmission rates in Liberia, for example, come down from two and a half to now one -- which sustains the epidemic, but it doesn't grow at the same pace that it was before.

The challenge, though, is twofold. One, we never know when it's going to explode again. And second --

MR. POSTEL: Or where.

MR. SHAH: -- or where. And second is the where issue -- which is in parts of rural Liberia, in parts of Sierra Leone, and in most of Guinea where the epidemic is occurring, transmission rates are very, very high.

So, we're now shifting from a kind of generalized response that has to continue that way, and adding to it these rapid response teams that can react very flexibly and quickly to immediate outbreaks.

And the last thing I'll say about that is, the success or failure of this effort actually comes down to having great real-time data -- because if you know where a case is, you can figure out how to get there, how to trace contacts, how to contain it, how to isolate it. If you don't, and you're flying blind, you just can't succeed.

So, we have been working with world-class epidemiologists from CDC, Johns Hopkins. Hans Rosling is a famous Swedish statistician. We've deployed them to West Africa. They are working with local mobile phone providers. Microsoft and the Paul Allen Foundation have donated nearly 10,000 ruggedized Android devices that we'll be using to help improve data collection in the field. Those are the kinds of efforts that, over time, will help us have an outstanding and very timely real-time data system that will help both track and allow for a nimble and effective response -- and, in my hope, track this for months and years to come so we don't have what happened in May and June happen again, which is a surprise resurgence of the Ebola epidemic.

MR. TALBOTT: Before going to the group here, let me ask one last question. It goes back to something I said at the outset, which is that this is a challenge to global governance, if I can put it that way. This has been a rude reminder that, in addition to climate change and other global threats that can only be met by global solutions, there is a threat to the health of humanity.

So, I put the question this way: So, we've had this black swan, and we're trying to kill it, if I can put it that way. But has the experience that we've had so far and the experience that you imagine we will have as we succeed, ultimately, in the international effort here -- has that spun off some lessons that are not only applicable to another outbreak of Ebola, but other pandemics? And is there already thinking about how to take those lessons, and use the crisis, the bad news, to push them to the front of the agenda for the international community?

MR. SHAH: Yes and yes. I think if you look at the history of the creation

of the World Health Organization, it was in the late 1940s, and it was created largely to react, in the first instance, to cholera epidemics and measles outbreaks that were just devastating and killing children at very, very high rates in resource-poor countries.

And the idea was, we needed a global institution that could help marshal technical capacity and resources to resolve that, because that was seen as was it was, which was a real destabilizing impact on a world trying to recover from World War II, trying to come together and create governing institutions that could help maintain stability.

Fast forward to where we are now. I think this crisis -- and this is a great question for the Brookings community, to help us understand and then act on -- gives us the opportunity to say, how can we do this better? How can we modernize the fact that, you know, having -- these might be poor countries, but everybody has a mobile phone. And it should be possible to imagine a global health security system that helps us understand, where are there outbreaks of different diseases? Where can we, for pennies per dose, save young children who would otherwise die of pneumonia or diarrhea? Where are health systems not reaching communities?

And often, if you just track the immunization rate in a country -- I was just doing Afghanistan -- you can see where health systems reach kids, and they get vaccinations -- and the 70 percent of children who don't.

And, you know, until we build -- and this is not an expensive project, but until we build a global health system that can track diseases, provide vaccinations and immunity to children around the world, the likelihood of further consequences is very, very high.

And I would just say right now, we've asked Congress -- the President's asked Congress for an emergency investment of $6.2 billion to help protect America from the Ebola crisis, which includes a modest component in West Africa. In 2002 and 2007,

in both of those cases, with H1N1 and H5N1, Congress appropriated $5 or $6 billion each. You know, these get costly when you have to deal with a crisis. If you make sustained, long-term investments in the health of the world's poorest communities, you can prevent the need for that, and I suspect it wouldn't cost nearly as much.

MR. TALBOTT: I suspect, also, we'll get into that in the panel discussion that's going to follow this conversation.

So, please, if you'd be good enough to raise your hands, and I will call on you. And I would ask, please make sure that you're one question each. Make sure it's a question, and identify yourself.

The gentleman right here. We'll wait for a microphone.

SPEAKER: Thank you very much. My name is (inaudible).

I was born in Guinea, but Washington is my home. And the thing about Ebola that worries me the most -- the people dying is shocking, the economic impact is shocking, but as an African, I can tell you what worries me the most is the cultural impact, because the culture has held African societies together.

So, I'm wondering what your comment is on, you know, burial practices, and if USAID were looking to working with community leaders -- not just religious leaders, but community leaders -- to adjust the societies to cope with this tragedy.

Thank you.

MR. TALBOTT: And you can split it up between the two of you, or however you want to do it.

MR. SHAH: I want to thank you for the question.

We have -- in the process of doing our work, the most effective work has been deeply connected to religious and community -- because only those leaders have the moral authority in their community to ask people to do something that, frankly, is very, very hard to do -- asking a spouse not to hug her deceased husband, asking a mother

not (inaudible) deceased child is an extraordinary request to make. Really, only those who are close, respected, and having that moral authority are successful at communicating (inaudible).

But on my visit, in each of the three affected countries, I met with groups of community -- I did meet with groups on an interfaith basis of religious leaders, as well (inaudible) that's the only way to be successful.

You know, that said, there are some long-term culture practices, I think, that will have to change in order to protect populations. I hope that the practice of, you know, hand washing and chlorinated water being used for that in a widespread way -- I hope that sustains itself, because if it does, the rate of diarrheal disease, the fact that 20 percent -- if you're a family with 3 kids in rural Liberia, there's a 20 percent chance 1 of your 3 kids are going to die under the age of 5 before the Ebola crisis -- usually of easy-to-deal-with disease that simple hand washing would prevent.

So, I do think there's some opportunities here for cultural practices to -- new ones to sustain in a way that will improve the health of families and communities. We just need to be very respectful of the point that you mentioned.

Last thing I'll say is that -- and this speaks a little bit too how hard it is to work quickly in these environments -- there's some question as to why are there empty beds in Ebola treatment units in Monrovia. When I met with some survivors, I asked them that question. They said, "Look, sometimes families are worried about coming here, because they -- in an effort to reduce transmission risk, they wrap the bodies in body bags, and dispose of them so fast that family member brings someone to the front door of an Ebola treatment unit, and then never has an opportunity to see, or grieve, or connect with that individual again."

So, we went back, and our partners are changing their protocols to be respectful of that. But I think it speaks to your point of how important culture is, and I

hope everyone here recognizes how hard -- what we're asking of people is so incredibly hard. Imagine not holding your child when they get a fever -- actually doing that. It's very, very hard.

MR. TALBOTT: Eric, do you want to add anything?

MR. POSTEL: No, I think Raj covered it.

MR. TALBOTT: Lady over here.

MS. CADEI: Hi -- Emily Cadei, with Ozy Media.

And, Dr. Shah, I had a question for you. You alluded to your concerns about Guinea, and I was hoping you could elaborate a little bit about what's going on there, because their infection rates and their case rates were quite low in the beginning, even though it started there. They've been outstripped by Liberia and Sierra Leone, but now we're seeing a spike, so I'm curious if you could talk a little bit about both why they were able to avoid the early spike, and what's going on with this latest spike.

MR. SHAH: Well, the -- I don't know why they avoided an early spike, other than the urban spread in Monrovia -- and, to a lesser extent, in Freetown -- hasn't been seen in (inaudible), and overwhelms the data and led to these thousands of cases.

It is still a rural challenge in Guinea. They still have enough capacity to effectively identify cases, trace contacts, and isolate those who are sick. Some of the challenges in Guinea have been -- in that part of forest region, there's been some community resistance to outside teams.

You know, imagine if you live in a rural community. You don't get a lot of outside visitors, and someone has a fever, and calls it into the national hotline. And the next thing you know, you see six people arrive in something that looks like -- well, what we call an ambulance, but many of you would not recognize it as an ambulance -- kind of a pickup truck with a contraption built onto the back of it -- in full hazmat suits -- you know, completely covered -- and they're there to help. That can also be very scary to

people for the first time.

So, there's a lot of community-based work that has to take place, in order for people to accept that the drastic measures that have to be taken to protect communities and families are in their interest. I think there's a lot of that going on now in rural Guinea, and it'll have to be accelerated and continued before we start to see real success in bringing the transmission (inaudible).

MR. TALBOTT: Sure, and then I'll go to the back.

MR. MURRAY: Hi -- Jon Murray with UNOPS.

I was wondering if you could talk a little bit more about what the post-Ebola region looks like. Do you view the region as undergoing a true transition? Might this be an opportunity for OTI to work there? With so many kids missing schools, you know, might there be an opportunity to rebuild the school system stronger than it was before? And, also, with all the data you've collected, what does the timeline look like for when that might start happening?

MR. POSTEL: So, I'll take part of it. I'm not as familiar with the timeline on the healthcare part of it. But we see this as a great opportunity to rethink all the assumptions, and build it back better. And we've been having conversations with a number of other donors in the same way.

That said, I also want to say that just because there's a crisis doesn't mean that we're not trying to think through what to do right now, and your education reference is a case in point. The schools are closed; that's true. But we're looking, for instance, what can we do through radio and other ways, in order to try to at least maintain some of the progress? Because we don't want to lose all that.

But in every area, such as education, we need to then look at, what do we need to do to get those schools reopened -- and in doing that, how to have conversations with teachers about coming back stronger and faster; same thing with

having discussions with a lot of potential partners.

As so often happens in the United States and other countries, whenever there's a crisis, people are at their best, and they come forward with a lot of great ideas. And one of the ways they're doing that is the grand challenge we've launched around this, but, also, just in a broader sense of companies that are already invested there saying, "Well, what can we do once this gets under control, to try to come back stronger than ever, rebound quickly?"

So, I think that there's a great opportunity -- and certainly within the USAID teams, there are people, both in Washington and with our offices overseas, that there are some people trying to make plans, and prep, and work on these other areas besides the actual response at the same time that the bulk of our staff are working with others to deal with the crisis.

MR. TALBOTT: In the back. Yep, right there.

MR. MODI: Thank you. My name is Chica Modi. I'm from Nigeria.

And one of the things that happens with the Ebola crisis is, we've seen, like you mentioned, 20 percent of the healthcare workers -- you know, (inaudible) is very high among healthcare workers. Before the crisis and during the crisis, you've heard of massive migration (inaudible) of healthcare workers. Post the crisis, there's a need to significantly build capacity in that area, because (inaudible) already very low. I mean, Liberia had, like, one healthcare worker to 900 people. Are there any plans for, you know, for USAID to -- in this direction?

Thank you.

MR. SHAH: Well, thank you. Let me just first say on the second part of the last question, on the timeline -- I don't think anybody can answer the question of, what's the timeline? The best way to track it statistically is to say, how many new cases do you have every day, and is that number defining? And can you start to imagine that

getting to very, very low numbers, and then sustaining at those low numbers long enough so the disease effectively burns out? And what "burns out" means is, enough people either pass away or survive such that, you know, you're reducing total current active cases significantly. That's going to take some time.

MR. TALBOTT: But on that (inaudible) does our historical knowledge of past Ebola epidemics give us a sense of whether, once it starts to go down, it stays down, or is there a zigzag?

MR. SHAH: So, I would've said with confidence in the spring that the history shows once it starts to go down, it goes down fast and stays down -- so long as you maintain the control system long after the number of new cases stop. And it's a little bit like polio that way. When you're eradicating any disease, you continue to pursue disease eradication for some amount of time after you have no new cases, and that's how you certify that it's gone.

But in this case, because of the urban spread that we saw, you know, that assumption would've been inaccurate in the spring. So, I think we're hesitant to make it again now. And that's why it's very important that our political colleagues, our leaders in Congress see that in order to protect the American people from Ebola, we have to be effective at controlling it at source in West Africa, and that has to be effective -- you know, the resource request we made covers activities for the full period of next year -- because even if we're fortunate, and by the spring or early summer, you have very low levels of Ebola, you'll still need proper, coherent, at-scale disease control for many, many months after that point, to ensure that you're not going to see a resurgence.

And a resurgence can -- you know, because the virus mutates, a resurgence can be much worse, for a variety of reasons.

MR. TALBOTT: We took a detour from the gentleman's question.

MR. SHAH: Yeah -- and remind me what the question was.

MR. MODI: Was the healthcare capacity -- and you see a decline in that capacity in Liberia (inaudible), and that is going to continue going forward. So, post this crisis, what can be done to increase that capacity?

MR. SHAH: Well, thank you. I think the first thing we can do is, do the crisis response in a way that builds real resilience into the health systems of these three countries. And so I'll just give you very practical examples.

We are building a procurement and supply chain capable of sending protective equipment -- the gear that people wear -- for Ebola response, you know, into the deep rural communities and health clinics throughout these three countries. This should end up being -- five years from now, we should be able to look back and say we leveraged that investment to create a proper medical and pharmaceutical supply chain for every person in (inaudible) three countries -- and for much of West Africa.

Another example is, today, our military colleagues in Monrovia are training a few hundred Liberian community health workers a week on how to be effective in the Ebola response; how to protect themselves. That is going to lead to thousands of trained community health workers that should be able to power a community-based health response in West Africa for years to come.

We saw in Ethiopia that hired, and trained, and deployed 32,000 community health workers to tackle simple things: diarrhea, pneumonia, malaria -- five years later, you saw the fastest reduction in child mortality anywhere in the world. Tens of thousands of children's lives are saved every year now because of those health workers in Ethiopia. And Bill Gates featured it in his annual letter, making the point that this doesn't have to be costly, but it does have to be comprehensive and data-driven to succeed.

So, I think there's some things we're trying to do right now that will, I hope, lay the groundwork for real step function improvements in healthcare and the

region for many years to come.

MR. TALBOTT: This lady here, and then this gentleman there.

MR. POSTEL: While she's walking to the mic, I'll just add one thing -- which is that we're also trying to work with a number of the other countries in the area -- because if you look at the map, for instance, of Liberia, you see a number of cases that are on the border of Côte d'Ivoire, for example. You've heard about this child who went to Mali.

So, these other governments are seeing what's happening, and we see a real increase in their interest, in their focus -- not only in trying to make sure that the crisis doesn't reach there, but also realizing the importance of health systems in their countries. So, while our emphasis is on these three countries, we've already got active work working with other U.S. government colleagues to try to help increase the capabilities of the healthcare systems in other countries in the region, so that it's not just those three countries that can benefit from this renewed focus on health systems.

MR. TALBOTT: Yes, ma'am.

MS. LENI: My name is Martin Leni from IBI International. We manage the USAID GEMS project in Liberia. Our focus is to help build the capacity of the government of Liberia in finance management.

The challenge I have right now in project implementation is that I've lost a lot of expat due to the crisis, and I'm having difficulty hiring new ones, because of the perception of danger in Liberia.

So, my question is, for USAID implementers who want to stay in country, stay the course, and help the Liberians, how do we incentivize the people we want to send there to help -- with danger pay, for example, because the definition seems not to help the case of Ebola?

MR. SHAH: I think that's an excellent question, and we have tried to

provide resources for danger pay and a numbe of other things. We've made direct payments to the government of Liberia to make extraordinary payments to their health workers, to bring them back into the fold. And President Sirleaf has expressed a lot of gratitude for that (inaudible).

You know, I think two things are worth noting. One is, especially for expats and others that have left, our sense is, people want to go back, but they also are concerned about how they're going to be treated when they return. And so President Obama gave, I thought, a very powerful speech outlining why we've made science-based protocols and decisions about when people return, as I did. You get monitored actively for 21 days, and then you're cleared, but you're not precluded from going to work or being mobile, so long as you're connected to the health system here in the United States.

You know, I think what happened that was unfortunate was the New Jersey issue of quarantining people who didn't have a risk that merited that. We saw a big drop-off in medical personnel volunteering to be part of the response because they weren't sure what would happen to them when they come back. So, one thing we all have to do is maintain a calm, science-based approach to honoring those who go, and protecting them when they return in a safe way.

The second is, we have to recruit actively. So, maybe you can help us -- others can help us. We right now have a website system for collecting names, and we've collected 4,000. We send them to InterAction. And Sam Worthington is here, and I know your partners have contacted more than 1,200 of those 4,000, and are getting them into projects and programs in West Africa.

MR. TALBOTT: (inaudible) go to this gentleman. In answer to one of the questions coming up, you might say something about outfits like Doctors Without Borders, and the role (inaudible).

Yes, sir?

DR. CHOWDHRY: I am Dr. (inaudible) Chowdhry, with PML.

I just was wondering, since this disease is restricted to one region -- and then if part of that region is mainly affected -- when you detect this disease, and to the person -- in addition to be isolated and insulated -- how do you really treat -- what kind of regimen of medications (inaudible) do you take? And what is the prognosis once a person gets infected? And has the organizations tried to figure out, what is our probably source of Ebola in that region?

Thank you.

MR. SHAH: Well, there's sort of three questions there.

On what the protocol is for treatment, it's largely supportive therapy. So, people die of Ebola from severe electrolyte imbalance, because they have diarrhea and vomiting that's uncontrolled and unmanaged. So, the main supportive care is oral rehydration, intravenous rehydration, electrolyte balance (inaudible) handling, you know, what back in my medical days, we called the ins and outs, so that you're keeping patients viable as their bodies are clearing the disease.

The second question, I guess, was about the mortality rate. We've seen in West Africa mortality rate of around 50 percent. It was higher. It was maybe 70, and I think it's come down to 50 as we've had better supportive care.

I'd note that here in the United States, we've obviously had a much, much higher rate of success. And Dr. Spence is now -- in a public way, I think, has been declared that he's been successfully treated. And that just shows that when you get patients very early, and take care of them very, very well, that the mortality rate can come down quite (inaudible).

Those are just some thoughts in terms of how we do that.

MR. TALBOTT: Lady over here.

SPEAKER: Good afternoon. I'm (inaudible) former Minister of

Commerce and Industry of Liberia and former Minister of Foreign Affairs. I came over here in April to receive the birth of a grandchild, and I find myself still here. I'd like to make some comments and a suggestion.

Foremost, I'd like to express appreciation to the international community, to the U.S. government, (inaudible) the U.N. system, all the internationals (inaudible) all of them for the extraordinary work and help they are giving us.

My interest is both Liberia and the Mano River Union sub region, regional integration being one of my areas of interest.

First, on the issue of the rate decline -- let us be careful, in terms of interpreting that. The decline is in Monrovia. In (inaudible) it's rising in other places. So, if we do not look at it properly, like in the case of Guinea -- sometime ago, it was low, then it came back. So, please, in your interpretation and analysis, please bear this in mind.

Secondly, there are an extraordinary amount of innovations taking place among Liberian doctors -- Dr. Brown, Dr. Logan, Dr. Massaquoi -- and Liberian health workers. And I'm sure this applies in other countries.

I would like to urge and ask Brookings Institute for you all involved in this at this international level to please look at what our own people are doing. Lots of local doctors are doing extraordinary things. In Nigeria, the extraordinary work of Dr. Adadevoh was critical in terms of containing that. She was my family.

My own doctor in Liberia, the deputy to the Ministry of Health, he succumbed to Ebola, and he succumbed. He got this (inaudible) but he was diabetic. We didn't have enough experience as to what happens if you're diabetic. He went into a coma. So, even though he got what you all sent, and we appreciate it -- so please look at the innovative things that our own doctors are doing. Some of them are tapping into the HIV and other approaches.

Please look at that. We need a study. We need to give credibility to what our own people on the ground are doing. So, please, I would like Brookings to -- and USA to try to look at that.

On the issue of lessons, Richard Preston has published "The Hot Zone: The Terrifying True Story of the Ebola Virus." I don't know if any of you saw it recently. It was extraordinary. But he talks about the lessons; what happened in DRC -- the fact that there was several waves.

You mentioned, for example, you hope that after this, we -- but it does come back. It does come back. Let us see what it did.

Now on the issue of the economic aspect, the power plant was supposed to be coming on stream by the end of this year. This is an extraordinary, important aspect of the economic movement forward of our country. It's off because the company, the people went. So, in terms of the economic impact, it is very, very real. We were moving forward, but this is tremendous.

Now the supply chain and all you're talking about -- please, USA, can you do something about putting in place, and encouraging investors to go to my country, Liberia? Take the rubber industry. We've got rubber there. Look at the backward linkages, and get factories established. It will not only service Liberia; it will service the Mano River Union sub region. Please do that. This is your link between the health and the economic investment.

Get some investors to go and take a look at that. Let's not just look at (inaudible) in terms of having more rubber gloves available; let us start producing those rubber gloves in Liberia. Firestone is there. Rubber industry -- try to show a direct linkage between the economic growth development post-conflict and so on.

I think those are the points that I want to make. But the economic dimension is tremendous. A lot of work and money has gone in by U.N. and other

organizations for post-conflict recovery. All of a sudden, President Johnson Sirleaf and our country, our people, find this going backwards. So, as we move forward, in terms of the post-Ebola, look at the economic investment dimension that you can do at the same time. Link it up together. Get your investors to go there. Please, those gloves, okay, building on the rubber industry.

And, again, I thank you all very, very much. We want to thank especially the Médecins Sans Frontières and the extraordinary work that the humanitarians are doing. There was a little boy, 14 years old, whose blood was used to help bring the first Ebola-infected American doctor here. What happened to that 14-year-old boy's blood? We haven't heard anything about it. We see the impact. We see the impact of the blood from those who have recovered, yeah, but, hey, what happened? Let us look at that. What did the Liberians do?

Please check it out. Let us give some highlight internationally to what our own people are doing -- in Liberia and other countries.

Thank you again very much -- most appreciated. Thank you.

MR. TALBOTT: Powerful statement.

MR. SHAH: There's a lot there. I want to thank you for your leadership and those comments.

On innovation, I'm heartened by the fact that -- and I've been a part of a lot of these responses. This is the first one that has such a strong medical element. But we've built a unique partnership with the National Institute of Health. We actually are launching clinical trials in Liberia of the vaccine, the Canadian vaccine. We are working with the Gates Foundation on the plasmapheresis that you mentioned -- blood of survivors (inaudible) and evaluating that as a response.

While we've seen a lot of experimentation with HIV-related antiretrovirals, we're running those through more rigorous protocols, because there is a

sense -- you know, it's easy -- in an environment where 50 percent of people survive and 50 percent don't, if 3 or 4 patients survive and 3 or 4 don't with a particular approach, people want to be hopeful, and they want to think that's a solution -- and it may or may not be a solution. So, we're testing those types of things right now.

In addition to President Obama having launched something called the Grand Challenge in Ebola, where we have had more than 1,000 innovators present proposals on everything from new forms of protective equipment to novel laboratory diagnostics that can (inaudible) time it takes to identify a positive patient. So, that's very important.

On economy, I hear you, and I believe in your optimism. I just believe -- having just been there and spoken with the mining company, with Firestone, with the mobile operators -- right now, it is a devastating economic consequence. Even the mobile operators are unable to fully maintain their cell towers and things like that. Supplies are much, much, much more costly. Food prices have gone up (inaudible) and I think that the economy recovery is going to take a long time.

And what that should remind us of is, conflict and disease are essentially development in reverse. And I hope, Strobe -- it's hard, because people don't, unfortunately, pay as much attention to modest-sized countries in West Africa, but these countries were very hopeful. They're post-conflict, growing fast, well-led, real democratic elections, and we want to sustain that progress, even as we face what is a pretty devastating disease.

MR. TALBOTT: A disease like this and an epidemic like this is not just killing -- just carry the risk of killing individual human beings; it can kill an (inaudible).

Do you want to add anything, Eric?

MR. POSTEL: Just a couple of things. Your reminder about listening to Liberian innovators, I think, is a great reminder for all of us, because people are

innovating everywhere. And oftentimes, they can be the most eloquent folks for what needs to be done. I mentioned before, we were working with a number of other countries to help them prepare, and make sure it doesn't come to their countries. One of these sessions, we had a whole bunch of experts around the world, but the folks that had the biggest impact were some folks who came from Nigeria.

Some of the people on the forefront of the effort in Nigeria kindly took time out of their busy days to come to (inaudible) and meet with some other government officials who were there, and they really were able to persuade people that there were even more steps that could be taken that would be preventative, and help them make sure that there wouldn't be problems. So, that's another example of what you're talking about, and it's a really important thing to do.

And, of course, people are challenged, because they're working 24/7. But we have to try to share those lessons, and spread them, both real-time and after the fact.

MR. TALBOTT: We have time for perhaps one more question -- this gentleman here.

Yes? It's coming to you right now.

MR. SMITH: My name is Jim Smith. I'm a geologist with the U.S. Geological Survey, but my question has nothing to do about geology.

I've heard a lot about stresses on various organizations and groups of people -- cultures and so forth -- but no one has asked you about what stresses this has placed on your own organization, and particularly on your first responders, OFDA. And I think, more importantly, is the stress -- are you able to sustain this stress, and continue to work and thrive?

MR. TALBOTT: Sometimes the last question in a session like this is one you wish we'd stopped one -- this is a very important question, and I'm sure you welcome

a chance to answer it.

MR. SHAH: Well, thank you. You know, I've learned over the years that our folks don't get the credit they deserve for what they do, you know. They are, every day, going into Ebola treatment units in all three countries. We've had folks cycling into the region on four to six-week rotations and much longer, taking risks to go out into the community, learn what's going on, and design projects and grants to our partners. Many of you are in the room (inaudible) leading this effort.

The truth is, it's very, very challenging right now. We all know that America plays a lead role around the world on security. And when things fall apart, the United States military often steps up to provide a degree of global governance through alliances elsewhere to project that power in a responsible way, but in a way that is critical to the way our world comes together.

One of the things your question makes me yearn for is more of a recognition that America also plays that role, as the world's unquestioned humanitarian and developmental leader. And it is unquestioned.

And so when this looked really, really problematic and challenging in August, we started putting plans together to accelerate our efforts. We've already expended more than $400 million, and I think that expenditure has helped bring the transmission rate down in Liberia and elsewhere. We're the ones who pulled the international community together in a coherent system, to try to scale up this effort.

And, you know, Sam Power just came back, and told about how she saw with her own eyes American service personnel taking humanitarian supplies off of a Chinese cargo plane in Monrovia.

Those are the kinds of things that happen because President Obama had the courage to lead, said, "We're going to step up and tackle this. This is a national security priority, and we're going to treat it with that prioritization."

I hope Congress supports the emergency funding request. That's going to be essential to having the staff and the support to maintain this level of effort over the next year. I hope the larger community recognizes that we're also dealing with level three humanitarian crises in South Sudan. Our folks will never get visibility for it, but, every day, they're preventing a famine from taking hold in South Sudan. We've expended more than $2 billion, lost 120 of our implementing partners, and provided 11 million people with humanitarian care and support in Syria and in neighboring countries -- in Jordan, and Lebanon, and Turkey -- over the last three years. That continues to be a priority, as well.

So, yes, we are stressed as an agency right now. Our disaster assistance response teams are going from one place, to another, to another. Our folks are rotating, and they are sometimes exhausted. But I will say, they have a kind of bottomless well of commitment to this mission, and I really do hope that the U.S. Congress supports the emergency request, because that's what it's going to take to sustain our ability to do this for the full year.

MR. TALBOTT: Well, the Congress is more likely to do what you're very reasonably asking them to do if their constituents -- which is to say the American people -- understand the actual figures and the actual percentage of what our foreign aid as a whole comes to. There's a dispiriting large number of American who believe it to be 10 or more times what it is.

And if there is -- among the opportunities for you in the tragic adversity here is to educate the American people about how much they are getting for what is really a tiny part of the budget.

MR. SHAH: Well, I appreciate -- Lindsey Graham says it best when he says that this is the -- we get the most bang for buck out of this one percent of the federal budget that we spend around the world.

MR. TALBOTT: As opposed to the 25 percent --

MR. SHAH: As opposed to the 25 percent that people think we spend. And there's a great set of videos that the ONE Campaign had done where they interviewed folks around the country, and they said, "How much do you think we spend?" And, Strobe, to your point, the answer's always 20 percent, 25 percent, 10 percent. And they say, "Well, what if we told you it's one percent?" And then they say, "Well, even that, you know, sounds problematic."

Then they're like, "Well, what if we told you that for that one percent, we're able to save hundreds of thousands in lives in Haiti after an earthquake, or lead the effort to rebuild after the typhoon in the Philippines -- or now tackle the Ebola crisis, or stem the tide of HIV/AIDS, or save 400,000 young children every year from death related to malaria in sub-Saharan Africa? Now what do you think?" And across the board, they say, "Well, we'd like to do more," you know.

And what's great is, the video -- they just focus on regular folks who, you know, have a very natural reaction. And within 40 seconds, they change their mind. And so, hopefully, people will change their mind, and we can continue to play this leadership role.

MR. TALBOTT: Well, in a moment, I'm going to ask you to join me in thanking Raj and Eric. But before I do, I want to thank and compliment every one of you who posed a question this afternoon. And, Madame Minister, thank you particularly for your own very moving set of statements.

But now thank our two guests, please.

(Recess)

MR. O'HANLON: I think we'll launch right into panel two. I'm Michael O'Hanlon from the Foreign Policy Program here at Brookings. I think Strobe and the administrator and his colleague have got us all thinking already about the subject, so I'm

going to launch right in. I've got a great panel here to help us understand more implications and more of the policy questions that are on the table now as we think about Ebola.

We're starting with Oscar Bloh immediately to my right who is a Liberian who works in Liberia. He is the office and Country Director for Search for Common Ground there. He also runs an NGO consortium of sorts; a task force for the NGO community on Ebola. We're delighted to have him, and I'll begin with him in just a second with some questions about what's going on the ground, what he sees, if he can tell us a little bit about what's been going on from his vantage point, and what needs to be done next.

My colleague, Amadou Sy, is in the Africa Growth Initiative here at Brookings in the Global Economy and Development Program. He is an economist as well as a great follower of many political, diplomatic, and organizational and other debates in Africa and a former staffer and analyst at the International Monetary Fund. He is going to be a great person to continue the conversation about the economic implications of this crisis but also the path ahead as we think about recovery.

Finally, my colleague, Beth Ferris, also in the Foreign Policy Program here at Brookings, directs the Brookings-LSE Project on internally-displaced persons. As you know, the United Nations system does not have an agency dedicated to internally displaced to complement its very fine organization focused on refugees. Most of the kinds of displacements we see in a crisis like this are internal, and so she's certainly got a vantage point that needs to be heard.

But beyond that, she's also focused on the global challenges of refugees and, more specifically, IDPs which were already off the-the-charts before the Ebola crisis. I think she can also help us situate this crisis in broader global terms and talk about what this is doing to the world's ability to react to other ongoing tragedies and crises and what

we should do to compensate if we don't have enough capacity right now.

The only credential I have really, although it's not much of a credential, is that I was a Peace Corps volunteer in Kikwit, Zaire, which is one of the cities that had an Ebola crisis. Not while I was there; I have nothing to do with certainly helping Kikwit recover from it, but Kikwit did a remarkable job while acknowledging, as the Minister said earlier, the great efforts throughout Africa on handling many of the local crises. I'd like to give a brief shout-out to my friends and colleagues in the Democratic Republic of Congo, as it's now known, who, despite the odds, have handled these crises over the years with remarkable capacity.

But we obviously have a big challenge here. Oscar, if I could ask you -- there's a lot on the table already. I'm sure I don't need to ask too specific of a question. Please give us your reactions, a little bit of what you're up to with your organizations, and what we have to think about going forward.

MR. BLOH: Let me start by trying as much as possible not to bore you with what you already know about Ebola. But at the same time, I would not want to assume that you know a lot about what is taking place within the (inaudible).

We'll start from the premise that Ebola is a public health issue, but equally it's a governance and accountability issue. Ebola in the region has questioned the government's capacity to provide quality service delivery. It has questioned how we provide aid to post-conflict countries. It has questioned how we define fragility in a post-conflict environment. We are celebrating 10 years of peace, and the UN last year was very happy (inaudible). They were now about to draw down and allow us to move in the development process.

We define fragility and peace in terms of political stability and internal peace and security. (inaudible) 2014, March, as we drag onto July, April (inaudible) the nation has come to a halt. What was the peace that had been defined? Is it just enough

that we had two elections? Is it enough that we have internal security and no threat from external aggression? I think we need to move beyond this conceptual definition of what peace is.

Ebola from March to July, you begin to see a stiff peak, and it was due largely by the incapacity of the government to respond. Citizens were being told, if you are sick, call 44-55 or (inaudible) number. If someone dies in your community, don't touch the bodies. Okay, we won't touch the bodies. But then when you call 44-55, there are no responses. You're telling us, don't touch the sick, don't touch dead bodies. But when we call, there's no response.

The unresponsiveness by the government due largely to the incapacity to provide the (inaudible) that was required (inaudible) crisis. It was a myth that it was a new health issue that our government was not prepared for it in terms of the scale of the epidemic. No response. Citizens then began to lack trust in what the government was saying. A lack of trust then meant that we, as a community, had to go back and try to respond to the virus in the way that we best knew.

That's why I say Ebola is a government issue because it's also linked to a poverty issue. In household in Liberia is five to seven persons a household. A normal family will have maybe one or two bedrooms: Dad and mom in one bedroom; second bedroom for four kids. How can one kid be affected by the virus, and you say put that kid in isolation -- where? There's just two rooms, nothing else. We saw whole families being wiped out in a matter of days because of the close (inaudible) of family members.

That's why it's important when we say that our country was growing rapidly, according to the World Bank, but the growth didn't trickle down to the ordinary people. Yes, there was growth, but there was no development.

As we progressed, then we began to ask for international support. Their response was very slow. (inaudible) as early as April have said Ebola was

unprecedented. Then the (inaudible) said no, Ebola was isolated cases in the three countries. With that kind of approach to the request from the international community, the virus began to spread.

We now have a place in Liberia where we've seen some progress, and I will say it's largely -- and we do appreciate the construction of ETUs by the American government, the supplies of PPEs from the medical doctors, and the provision of resources to pay medical practitioners. These are very important factors that help. But in my view, the community's participation in quarantining households and providing food for households that were affected by the virus, the community involvement in (inaudible) and treason and due to (inaudible) were, in my view, critical in what we've seen so far in the breaking-in of the transmission of the virus.

It's very important that we highlight that there's a shift now in the transmission. We now need to readjust our strategy. While it is important that we build more ETUs and have rapid teams on ground to respond, we also need support for the reopening of normal health facilities so that those who are sick with other illnesses can be treated. We find incidents in Monrovia in August and September where women were giving birth in the streets because no health facility would accept a pregnant woman. That's unacceptable in (inaudible) time. To mitigate the lack of trust in our government, there needs to be a huge investment in the reopening of the health facilities.

We need, as we prepare for the post-Ebola (inaudible), but to be mindful that the government is now losing a lot of revenue, especially from the agricultural sector where multinationals have now closed down. They've left. These companies have paid their royalties. They paid taxes. They paid revenues. They've left. These are companies who come to make profits. They lost profit now from March to where we are. We don't know how long. As soon as the Ebola slows down and they return, it is our view that the government now is vulnerable and will be desperate to attract resources.

This vulnerability could be exploited by the multinationals, and it could begin to alter some of the current concession agreements either to expand on more land or to increase the duration of the contract per (inaudible) agreements. It is most likely that our government, because it is vulnerable and will be seeking resources, will give in. It will be a source of conflict for the communities because communities know that they have not benefited previously from these concession agreements.

MR. O'HANLON: Can I stop you there and follow-up? I just want to ask one follow-up question and then go to Amadou because time is short, but you've also really crystallized an important question, and the Minister helped us think about it and the administrator as well earlier. I want to make sure I understand correctly and then ask you for a brief comment before we move on.

It sounds like from some of the other comments, Liberia and other countries in the region are saying, okay, finally the international community is helping. There's a lot more to do, but at least the scale of the effort is commensurate with the scale of the problem for the first time. However, the international community, broadly defined with the business community, the world economic system hasn't reengaged, and we're going to hear more about this, perhaps, from Amadou in a second.

I was coming away with the impression that the most-important thing that the world could do now apart from sustaining the effort with NGOs and governments, is to encourage the business community to return. My question for you is two-fold: Do you agree with that, and then secondly, how do we make that happen? You're concerned that it could happen the wrong way. Could you give us just one or two guidelines for how it could happen the right way? What kinds of specific concerns should your government have as it tries to induce investors back to Liberia?

MR. BLOH: It's important that we begin to attract companies to come back, but we cannot rebuild (inaudible). What we've seen for the past 7, 8 years in our

country, concession agreements are top-down. They negotiate between policymakers and the companies. There's no involvement of those who are affected by the concession agreement. Yes, we'll see them comeback. They create jobs, putting some money back into the country, but this time around it's not business as usual. There has to be the community at the center of this renegotiation if they are to take this.

MR. O'HANLON: Just to make sure I get you right before I move on to Amadou, and we'll have more time to talk about this in a second, but it sounds to me like if you could ask for one big thing to happen that's not currently happening, it's what you just said. In other words, there's a lot more that has to happen on the ground. There's a lot more that has to happen by way of ongoing effort, but if there's one big thing that needs to happen that's not yet happening, it's to get foreign investors back but on different terms than before; is that a fair understanding?

MR. BLOH: Yes, quite correct.

MR. O'HANLON: A great segue to Amadou. We've already heard about the economic slowdowns and other problems from this crisis, but the path ahead. How do we accelerate recovery in West Africa? Anything else you want to put on the table?

MR. SY: Yeah, sure. I'll get to that. Maybe I'll just focus on Liberia since we've been talking about Liberia, although Sierra Leone and Guinea are the other two countries that (inaudible) a huge humanitarian cost. Definitely to me, the humanitarian impact is the first level; it's the first order of priority. But the economic impact of this outbreak also has some effect on (inaudible) lives.

Typically we just take this macro view, helicopter view, of the economy, but that's just one part of the story. The other part of the story is the micro view; it's what's happening on the ground and so on. But sticking to this macro view, like the Liberia elections in 2005, some improvements, at least on the macro picture, growth rebounding -- put yourself in the president's shoes. Earlier this year, the country's growth

is projected to reach 6 percent. In August, it's less than half; it's about 2.5 percent. If you look at your budget, you have a double warning now.

You take your revenues, and they are completely down because the economic activity has slowed down. You have less tax revenues, you have less non-tax revenues, and your expenditures are increasing very rapidly because of the cost of dealing with the health. Just to put it into perspective, I did some back-of-the-envelope calculations. According to the World Bank, the increase in the fiscal deficit is about $100 million. It's a country of about 4 million people. If you were to scale it to the seize of the US economy, it would be like $2 trillion of fiscal deficit. We're almost back to 2009 in the US. It's costly. Lots of efforts are suddenly disappearing.

Why? Because restrictions on peoples mobility; restrictions having a negative impact on trade, having a negative impact on transport; agriculture is 40 percent of GDP in Liberia; people cannot move; you have also the planting season; the harvesting season; all these negative impacts.

The key question is: Is this temporary? It's not very clear because if solutions are not found very quickly, if you're not able to come back to your trend growth, you will have a permanent shock. It means that your whole economy, which was able to grow at six percent before with its capacity, suddenly doesn't even have the capacity to grow as fast as it could before. You have this permanent shock to your economy, and that would be really, really terrible for a country that has been able to rebound.

Basically my main point is there's an urgency here to move quickly and avoid having the economy really lose the engine of growth and have smaller engines of growth.

MR. O'HANLON: Let me quickly follow-up with you before going to Beth. How do you that because the administrator was talking about the severity of the ongoing health problem -- so were you, sir -- and we know that a lot of investors are going to be

frightened for a long time to come.

The administrator said the best-case scenario, as I understood it, was by the spring we start to see a major improvement in the health situation. But even after that, we've got to worry about resurgence for all of 2015. Therefore, what's realistic in terms of coaxing an investor to think about this part of the world unless they happen to be of the diaspora or have some other personal reason to want to invest?

MR. SY: Personally I think what is urgent right now, because this fiscal deficit which is increasing very fast, is to allow to the government -- because trust is very important, and if you don't have trust and confidence you will also ruin the economy, so it's important for the government to play its role. Here the IMF and the World Bank are also helping out in terms of filling in the gap that the government is having and making sure that that money is efficiently spent and goes where it should go.

To me, the urgency is really restoring the government's ability to provide services; to play its role as the government and other institutions around it starting with the health sector. You've heard it; if Ebola is crowding out the other health emergencies we have a problem, and the government needs help there. That's where I would start.

The second point now is really to avoid this permanent shock in the economy by really looking at the engines at the growth in this country, the agricultural sector and so on, and make sure that they are not permanently hit. Having a whole country lose one year of education is a permanent shock, and you want to avoid that. You want to avoid this permanent shock to education, to agriculture, and so on, and investment.

MR. O'HANLON: Thank you. Now let's go to Beth, and then we'll go to all of you for our remaining time. I'd like to ask any thoughts you have on specifically West Africa, but also more generally about what I know is one of your big concerns, which is what this acute crisis and the appropriate international response to it is doing to

our more-general international capacity to respond to all the other world problems out there, and then what the lessons and takeaways and policy recommendations are that you would offer?

MS. FERRIS: It's hard being the fifth of five speakers when the clock is approaching 5 o'clock, so I'm going to be very brief and just make a couple of comments that we can pursue in the discussion.

First of all, I want to pick up on what Rajiv was talking about: The impact of this crisis on the staff of USAID. That is being replicated across the board with almost every single UN agency, bilateral development agency. The system itself is under unbearable (inaudible). A couple of years ago, the emergency relief coordinator, the senior UN official charged with the impossible task of coordinating humanitarian response, came up with a transformative agenda suggesting how we're going to have these super, level 3 crises, all hands on deck. Now we've three, but we have got at least a dozen major, complicated crises going on right now. We have Syria and Iraq, which are sometimes in the news. We have Yemen and Libya, which are often not on the front pages but really concerning. South Sudan, Central African Republic, Ukraine, rebuilding Gaza; there are too many crises right now to respond.

The stress isn't just on individual staff. It's on governmental budgets. How long can the international system sustain putting billions of dollars into humanitarian assistance in Syria when there is no hope for a political settlement that will enable refugees -- is this going to be for 1 year or 3 years or 10 years? The whole system is under strain. On top of that comes Ebola.

When you talk to colleagues working in the UN or even USAID, they say we've got too many emergency task forces. There aren't enough people to staff them. We're all running from meeting to meeting, and none of us are doing it very well.

I worry a lot about the international system. My policy recommendation

would be to somehow take a deep breath and step back and say, what are we going to do if the world, the political leaders, and our political processes through the UN can't put an end to these crises, then it's certainly a different way of responding on the humanitarian level that's needed. I think we need some fresh, creative, bold, and probably very painful thinking about how to do that.

Two additional, very brief comments. Nobody's mentioned gender in the discussion this morning. Present statistics are either between 55 and 75 percent of those infected and casualties, and that depends on the three countries, are women. If you think about it, it's obvious; women tend to be the caregivers. I'm a mother. I'm not sure if my child had a fever and I saw on the news I couldn't hold my child I would be able to do that. Women's role as caregivers and taking care of dead bodies, not being able to give birth in hospitals, and inadequate prenatal care; the impact on women is devastating.

One thing we've learned from Liberia globally is that Liberian women are some of the strongest, most creative, and most involved in the political process. I think it was Liberian women actually that were the key to bringing about peace to Liberia's law on war. But somehow we need to focus more on some of the gender dimensions of this.

Finally, in comparison with almost every other large-scale crisis we've seen, whether it's conflict or a natural disaster, the effect of disease is very different on the movement of people. Governments try to prevent internally with quarantines, and we saw some of that in Liberia when the government's efforts to restrict movement produced protests and a backlash in their human rights issues around that.

But also, I think we're seeing an unprecedented number of border restrictions. Not closing, but restrictions of entry and visas for people from these three countries which also has an impact on the humanitarian response of you're not allowed to travel. It makes it more difficult for needed workers to get to Liberia and feel secure that they can go home safely. Lots of dilemmas for the international level as well as for the

West African and Liberian one.

MR. O'HANLON: Thank you. I just want to follow-up on one thing before we ask for other questions, which is you mentioned in your first point that we need to consider, perhaps, some bold and even painful ideas.

Could you, without solving the problem in the 60 to 120 seconds you've got, give us an example of what you mean? I assume, given your longstanding dedication to problems like this, you're far from naïve about their protracted and prolonged character. I would assume that these kinds of problems are going to be with us for a long to come and that we should not turn our back on them. Given that, what do you mean by the need for painful, new soul-searching about response capacity?

MS. FERRIS: Painful in the sense I don't think humanitarian agencies can do it all. I think there has to be some limits. Eighty percent of the world's displaced people have been displaced for 5 or 10 years. The average length of persons as a refugee is 17. Humanitarians continue to assist because there is still humanitarian need in those cases. People can't turn their backs on these issues, but something is wrong. When you have so many crises that drag on for so long, maybe it's time for the humanitarians to say, okay, we'll be there for 3 years. We hope development agencies will come in. We hope some others will be able to pick up the pieces, but maybe we need to admit we can't do it well, we can't do it all, and we certainly can't do it all and do it well.

MR. O'HANLON: Now over to you, please. We'll use the same approach that we did with Strobe and the earlier panel. Start here in the second row.

MR. WORTHINGTON: Hi, Sam Worthington of InterAction. I hear you on this system that can't cope with this crisis. One of the observations here, we have the US military coming in building ETUs, but the staffing of all that infrastructure was -- somehow the NGOs take care of that, and the infrastructure isn't there at this level of

scale.

I think your point that it was ultimately the Liberian people taking care of themselves, that's the backbone. Because that's the backbone, and we have this system that builds up and another system that builds down, and (inaudible), which is the part of building down, hasn't quite reached the ground yet. The NGOs are the piece in the middle. It's a relatively dysfunctional system even though it's saving lots of lives.

The question really is there a different role for local groups? Is there a different role for the medical community to create what Rajiv was talking about as, perhaps, an international response a capacity? But we're building this bicycle as we're riding it, at least in this case.

MR. O'HANLON: Would any one of you like to start the answer or anybody who feels inclined? Okay, Oscar.

MR. BLOH: That's why I said in our post-conflict environment we poured in aid, but we did not question the model of the reconstruction. We went back and built on it old (inaudible) of which we started conflict in the first place. It's a top-down help-delivery system. Top-down. Now that there's a crisis, the government is not in a position to respond. Therefore, the citizens now have to step up. I see that as a huge opportunity that we don't go back and revert what we started post-Ebola and do the business as usual. We need now to say this is an emerging opportunity where a citizen's voice, those voices need to be heard in our development planning.

MR. O'HANLON: Another question in the next-to-last row, please.

MS. BROWN: Good afternoon. Kimberly Brown, Amethyst Technologies. We're a for-profit organization that works in Africa building laboratories, healthcare systems, and one of the things that we've found before the crisis is that it's difficult to get investment in health projects. You mentioned the need to bring in business investors back into Liberia, but one of the challenges is without a health system that is

strong, that can provide care locally for workers, it's a challenge. Do you see that there will be a change in the way that healthcare investments are made in Africa?

MR. O'HANLON: Amadou, you want to start?

MR. SY: Correct me if I'm wrong, but one thing is also the healthcare infrastructure. In the three countries that were affected were one of the weakest because also these countries were post-conflict and so on. If you look at, for example, other countries like Nigeria or Ethiopia, there's a lot of demand for healthcare investment. I've seen investors from East Asia, for example. In Thailand, you have health tourism. You have hotels plus hospitals, everything integrated, coming to Africa and looking at opportunity. I think it's a matter of which segment of the healthcare investment you're looking at.

MR. O'HANLON: Before I go back to the Minister, and I'm glad you have some more comments, I'm going to make one comment myself even though no one asked, which does play to my area of background which is in the military war gaming and modeling domain, and you'll see what I mean by the analogy in just a second.

But as many people have recognized, before the Iraq War, the kinds of predictions of how that war would go were actually a little too narrow in the sense that very few people look to what really could happen. There was only one or two analysts who really predicted a protracted insurgency who were prominent. I'm sure there were a number of people who some of these sentiments, but there were a couple of predictions only that were prominent. What we wound up seeing was that the actually casualties reached and probably exceeded the higher bound of even those one or two people who were to be commended for having tried to introduce a little more breadth into predicting the future.

The reason I mention this is because in the space of about one week in the late summer, we saw two organizations produce two estimates for possible

casualties. By the way, you'll see my point in just a second. The point is that this is a national security issue of the United States.

Anyone who says it's not, I think, is missing the big picture here because in the course of September we first saw an estimate, and it was a perfectly professional estimate at least as far as I can tell. I'm not a doctor, so I can't really do the epidemiology, but I have no doubt that there were reasonable assumptions that went into predicting. I think it was a World Health Organization estimate. There could be some 20,000 total victims of whom maybe 10,000 would die. In other words, roughly twice what had happened already?

Then within a week, the Centers for Disease Control said it could be a little bit more. It could be 1.4 million if nothing happens to change the course of this epidemic. Now, happily things were happening already and continued to happen, and that 1.4 million number is no longer, perhaps, quite as plausible as it might have been at that moment.

But the point here is in a lot of these kinds of domains that combine predicting human behavior with also other factors, we just don't know very well what's going to happen. The administrator got at it with the issue of what could this virus do by way of mutating? There's also the question of if it got into a conflict zone and you couldn't deploy healthcare workers there, how could it spread? The notion that we could somehow view this as a containable problem that can be somehow viewed as secondary to America's own wellbeing or even American national security is wrong, and we need to treat this very seriously.

For what little input I have into this conversation, let me second the administrator's notion that we really do need to ask the Congress to appropriate this money because I think it's not only a humanitarian crisis, which is bad enough. It's also potentially a very serious threat to American security still today. With that little sermon, I'll

close and go over the Minister, please, for your additional thoughts.

MINISTER: Ms. Elizabeth Ferris, I've seen your most recent book, *The Politics of Protection: the Limits of Humanitarian Action*. I haven't come across that book, but I'm hearing what you're saying. I'm hearing someone else say you are correct. The international system needs to come out with how are we going to approach these kinds -- there will be other ones. This gentleman I mentioned, Richard Preston, he talked about this Ebola crisis that happened as a tsunami. That it hit the world.

Your experience with natural disaster and so on, I'm wondering whether there might not be some lessons to help us in terms of how we prepare for the future. Perhaps what we have to do is get the private sector involved in helping us work out an approach other than a humanitarian approach which, as you said, there are limits. There are limits to it. First it was live aid, then it was something else and so on, and here we are again, UIDP, UIE and UNOPS. I know that. I'm coming from 25 years with the UN system. I'm hearing what you're saying.

Basically what I'm saying is perhaps we have to get the private sector involved in helping us come up with what will be the long-term solution. The African businessmen recently in Addis Ababa together with the African Development Bank, they came up with a $28 million fund towards responding to this issue. Perhaps we as Africa and together with our partners have to really think about a different way, a different approach, for the longer term.

You're 100 percent right in what you're saying, and I heard you very well. Just like how you are now using the US government, military, and whatnot to assist us in West Africa, perhaps we need to bring the private sector on board to come up with what might be some of the long-term solutions. Perhaps we need to try to train our own people on the ground so that after you all leave, after the medicine (inaudible) and all leave, that we have put in a capacity to be able to handle this. First we wait for the West,

then we wait for the Chinese, then we wait for Cuba, and each time there's a crisis and Africa reaches out.

I think you're all right, but let's be concrete, and let's do something. I want to read your book, and I'd like us to work together because I think there is something in this approach. We always go to the humanitarians, but there are limits to humanitarians. This has come on the table. Now let us see seriously what can be done about it. Thank you.

MR. O'HANLON: Thank you. Here's how I'd like to proceed. I see one more hand, two more hands, three. I'm going to take those three, and then I'm going to give the panel a chance to respond to any of the questions they individually wish to and include also their concluding comments, and we'll be done. We'll start over here in the third row, then in the back, and then over to the side. Take those all together.

SPEAKER: Thank you. For the Minister's comment about what to do in the future, I think the solution needs to come from Africa itself the prioritization of humanitarian help. What I have noticed on the ground is that we get ourselves in a system where you have the UN doing the exact same thing, the USA doing the same thing, Austria doing the same thing; different funding, the exact same project. When you have all of these people bringing help and you yourself don't know what you're going to do with it or where you're going to put it first, it gets wasted.

For Liberia right now, in my opinion, is to solve the healthcare system issues for non-Ebola-related diseases because I am having a hard time sending people to Liberia because they ask me, if I get in an accident what do I do? I'm like, you're going to die because there's no option. For investors to come back, like the lady said, the healthcare system at the basic minimum needs to function. That's where the government of Liberia itself needs to direct the aid that is coming, towards the priority that is going to bring economic growth back.

MR. O'HANLON: Thank you. Sir in the back.

SAMUEL: My name is Samuel (inaudible) Private Investment Corporation US Development Agency, and I travel around these areas a lot. I was actually in Liberia in late March, early April, and I went to Ghana in July.

The question I have for you is do you think, just as the US government did with Power Africa to electrify Africa, can we do something like that in terms of providing just primary healthcare for the African continent?

MR. O'HANLON: then finally over here in the third row, and then we'll go to the panel.

MR. GRETTA: Hello. My name is Steve Gretta. I'm with Insight Consulting. I recently just joined, and I mentioned that because I actually just came back from Sierra Leone in July where I was working in the agricultural private sector managing a juice company and then also helping develop the special economic zone there. Just for context purposes, those projects are at a halt, have totally stopped, because of the Ebola crisis as well as some other investment potentials that we were developing.

My question is what do you think the role of public-private partnerships is in emerging from this Ebola crisis and how that might help the economic recovery, especially in the agricultural sector, which is very important for rebuilding trust? Several of my colleagues I speak with back in Sierra Leone have commented that, on same occasions, this Ebola crisis feels worse than the war because there's limited mobility; you don't know when the enemy is coming; you can't run away; it's all around you everywhere, all the time; no hospitals, no schools. Trust is becoming an issue.

I wonder if you could just comment on the role that public-private partnerships may be able to play in both attracting the private sector to come back and to invest in the country a little bit more early than they would have otherwise? I also just want to qualify that with one more consideration, which is the agricultural cycle in that

region. For example, mango season a lot of the fruits takes place in March, April, and May. If the Ebola crisis isn't winding down by that time, we have to postpone that season. That's a huge amount of potential revenue. Same with rice-planting season. That's taking place in May, June, July, and August.

There are some key windows that we need to hit in terms of agribusiness recovery, looking at food security and moving forward. It would be helpful for us to think through how we might be able to structure some public-private partnerships to make sure that we don't miss those opportunities for food security in the region. Thank you very much.

MR. O'HANLON: Thank you. We've got a couple of questions, a couple of other broad comments and visions, and your own to combine. We'll start with Beth and just work down here.

MS. FERRIS: I'll start with the fist question in terms of rethinking the international humanitarian system. There is going to be a world humanitarian summit in 2016. A lot of creative discussions are going on including about the role of the private sector.

One of the most useful changes that's occurring in that discussion is instead of saying the private-public collaboration in terms of companies giving money to humanitarian organizations through corporate social responsibility is recognizing that maybe companies are most helpful when they do what they do best: Make money, provide jobs, rebuild areas. In terms of finding solutions to displacement, it's more helpful to have an agricultural enterprise or a factory hiring people than for a company to make a donation to UNHCR to provide tents, for example. I think we're rethinking the role of the private sector.

I also hope we rethink the role of local civil society groups, local NGOs, who are on the front line who should be trained, capitated, funded to be first responders

because they're going to be there. I've worked for an international NGO, and I know that you go in when the emergency's there, and you stay for a while, and then you go on to the next one.

But in terms of long-term, carry-through capacity; it's those local groups, faith-based groups, women's groups, architects groups, and local NGOs. We need to rethink the role they play. They're not just implementing partners of the UN or international agencies, but they're important actors in their own right, and somehow we need a system that reflects that.

MR. O'HANLON: Thank you. Amadou.

MR. SY: I would just start maybe with the case of the agriculture calendars, the (inaudible) calendar. I think this is really very important. If the FAO does that, the Food and Agricultural Organization, has this calendar for all these countries and saying when is the planting season? When is the harvest?

That's what makes things very urgent because if you miss the planting season, that's it. Then you have food prices going up, you have food shortages, and food security becomes a big issue. To me, this point of the crop season makes this issue even more urgent. This has to be done now, yesterday. We have to be much faster in our response.

Now, on the role of the private sector in health. Back even in colonial times, hundreds of miles from the capital sometimes, you should see some villages that had access to the best healthcare. Why? Because there was, let's say, a big mining company there, and it was in their interest to have healthy workers and healthy communities like in some companies that give you daycare in France. You would be taken care of by the company because (inaudible) profitable for the company. This has died in many countries.

I would like to say that companies that are abroad and have never

invested in Africa have a perception of risk which is much, much, much higher than those who are already there. I think for a potential investor, forget it. He's not going to think about this country right now. But for those who are on the ground, they can do something. In terms of thinking their role more as -- the fact that you have healthy workers and healthy communities is also a good-value proposition for your shareholders.

MR. O'HANLON: Thank you very much. Oscar, last word.

MR. BLOH: Most countries in West Africa, including the sub region, (inaudible) a resource-based economy, and we're endowed with a huge amount of natural resources. Why should we be asking consistently for external support to provide basic health services for our citizens? I think this is a shattered state where we place too much emphasis on external help and don't be creative and accountable for own internal resources. This Ebola crisis is going to heighten the whole question of external dependency, and this creates a very dysfunctional government. Thank you.

MR. O'HANLON: I'm going to say one last word because I also want to finish on a positive note and commend what Oscar has said, what Madame Minister has said, what some other friends in the room have said, and compare this with the Africa policy conundrum when I was a Peace Corps volunteer. It wasn't Africa's fault, but back then in the eighties, collectively because of, perhaps, what the world had left Africa with at the time of independence, you did not have a spirit, at least not to this degree, of Africans wanting to seize their own future and make their own solutions. Things have come so far. There is so much progress on the continent.

What's tragic, and we saw it with the Africa Leaders Summit in August, people didn't really want to talk too much about Ebola because it contradicted the message of hope that Africans themselves were taking things happen, and not just at the top level, but at the NGO level and in every other way. I just want to finish by sounding that note of admiration and hopefulness as we look forward. Thank you all for being here

today. (Applause)

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