the past 7 years. 'The SA health department needs to take ownership of this funding in order to make it sustainable. It’s meant to increase the country’s capacity for outbreak investigations – the current Ebola outbreak simply highlights this,' he said. Medina-Marino addressed the WMAs annual assembly in Durban in mid-October on his recent Liberian experiences. The WMA (40 national medical associations) passed an emergency resolution urging governments to do 'far more' to fight the viral disease. It said that evidence from those treating patients in affected communities was that a shortage of healthcare workers, personal protective equipment and beds, plus poor ability to initiate control measures, was bedeviling efforts. It called on the United Nations and its agencies to provide these immediately, emphasising that healthcare workers needed adequate supplies of gloves, masks and gowns. These should be urgently dispatched to every functional treatment centre to prevent the cross-infections of healthcare workers that were currently crippling an effective treatment response.

**Human rights moves centre stage**

Meanwhile, the ethical and human rights dimension of the outbreak has moved centre stage. Prof. Frans Viljoen, Director of the Centre for Human Rights at the University of Pretoria, says that HIV has taught South Africans that ‘coercion and compulsion is not the way to go,’ driving patients underground and exposing the population to greater risk. Instead, education, raising of awareness and making clinics ‘open and desirable, places where you go to be healed,’ were crucial to an effective response to Ebola. Viljoen says that a balance needs to be struck, instead of seeing Ebola victims solely as vectors or victims: ‘If you over-emphasise the community’s interests in curbing the disease, you can miss taking the victim seriously. We have a duty of care – a totalitarian approach can never work.’ He says that healthcare workers cannot be forced to treat Ebola patients, using the metaphor of a lifeguard declining to rescue a blood-soaked swimmer floundering one kilometre out to sea in the midst of a pack of hungry sharks. ‘However, if the swimmer is half that distance away in a very strong sea, you still have to go.’ He said that ‘clearly’ not all healthcare workers could be issued with infection-hazard suits. Reasonable, commonsense precautions should prevail around asymptomatic patients, with risk-benefit analysis taking priority. ‘You have to ask to what extent you can uphold the Hippocratic Oath while at the same time considering the risks,’ he said, adding that ‘it’s all contextual; it depends on what equipment you have. There will be optimal conditions and other contexts where you and other healthcare workers are at great risk.’ He took issue with President Obama typifying Ebola as a global security threat, saying that it had been around since 1976 and that malaria had killed 300 000 Africans over the time of the latest Ebola outbreak. He said Ebola was being ‘othered’ by the global developed world – and by African leaders. ‘At first it was restricted to rural areas, now it’s urban and suddenly they’re taking notice – woken up. Lagos (Nigeria) is a perfect example. The political elite couldn’t have bothered initially. The positive is that we can hopefully now prioritise these neglected diseases.’ Putting a travel ban on all Nigerians, for example, was ‘just one step away from stigmatisation.’

‘You can’t see the pandemic as this monolithic presence that turns all those affected into vectors – you have to create the intellectual and mental space to take rational, reasonable decisions.’

**Chris Bateman**
chrisb@hmpg.co.za

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