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## Keeping Ebola Away From Asia: Lessons from SARS

*By Mely Caballero-Anthony and Gianna Gayle Herrera Amul*

### Synopsis

*Is East Asia prepared for an Ebola outbreak? Even with lessons from the SARS epidemic and the current cooperative mechanisms in place, the region cannot let its guard down in the face of a grave threat to global health security.*

### Commentary

WITH THE Ebola epidemic in West Africa showing no signs of being effectively contained, and the latest news of a health care worker infected with the Ebola virus in the United States, prospects of the deadly disease hitting Asia can no longer be excluded. Anthony Banbury, Head of the United Nations' emergency Ebola mission has warned that the Ebola virus is "far ahead of us and every day the situation gets worse". Against this scenario, how can Asia prepare itself?

In 2013, East Asian states through the ASEAN Plus Three (APT) framework (including China, Japan and South Korea) had committed to use cooperative mechanisms to improve disease surveillance and to boost pandemic preparedness and response in the region. Lessons from the SARS outbreak in 2003 had prompted countries in East Asia to establish this regional framework for combatting highly infectious pandemic outbreak. While the response is more than timely under the threat of Ebola, further commitments and actions, through increased financing, vigilance in disease surveillance and using mobile health infrastructure are critical steps to prevent an Ebola outbreak in the region. Moreover, East Asia's contribution to boost the supply of qualified health workers in West Africa can go a long way in checking the spread of the Ebola epidemic beyond West Africa.

### Critical global response

The deadly Ebola virus has already killed about 4,000 people in West Africa since its outbreak this year. With the alarming rate of infection, the UN has called for a twenty-fold increase in global epidemic response. Despite complaints of a belated global response—the WHO declared Ebola to be Public Health Emergency of International Concern (PHEIC) only in August -- several countries have now come forward to provide the much needed financial assistance to affected countries in Africa.

The US has topped the list of contributing countries, pledging about US\$ 168 million followed by the

United Kingdom and Germany at US\$ 19 million and US\$ 15.3 million respectively. Most recently, the IMF fast-tracked US\$130 million aid to fight the Ebola epidemic while the World Bank had contributed US\$ 105 million.

While financial assistance is no less critical, West African leaders and humanitarian workers on the ground have also urgently called for more assistance from qualified and trained health workers to be deployed in the affected areas to stem further infections. So far, East Asian countries have responded to the call for help.

The Philippines has recently announced plans to deploy a substantial number of its health workers in West Africa, while Malaysia has pledged to send more than 20 million medical gloves to affected countries. Japan has already given about US\$2 million to the WHO, UNICEF and the International Federation of Red Cross and Red Crescent Societies since April and further pledged to provide personal protective equipment (PPE) and laboratory experts. Meanwhile, China has sent two medical teams, mobile laboratories, around 170 health workers and more than US\$5 million in humanitarian aid.

### **Fast spreading Ebola**

With a fast spreading Ebola, more can be done to combat the disease. The Ebola virus has evolved since its first outbreak in Central Africa in the 1970s. While transmission used to be limited to forested, remote and rural areas in West Africa, the latest outbreaks are now seen in urban areas. The reported rapid rate of infection has been caused by the weak and often substandard health systems in these countries. Since Ebola has similar symptoms to malaria, typhoid fever and meningitis, effective diagnosis has proven to be a tough challenge.

The Ebola outbreak has also seen an alarming feature of health workers at high risk of infection. So far, the WHO has reported 233 deaths of health workers while caring for Ebola infected patients.

The health crisis is also proving to be very costly for less developed regions. With the WHO projecting Ebola infections to escalate to 20,000, the World Bank estimated that the epidemic can financially cripple the West African region by US\$32.6 billion in losses by the end of 2015. SARS had set back the East Asian region by US\$20 billion in economic losses.

### **How prepared is the region?**

East Asia has always been susceptible to infectious diseases. But with ASEAN playing a central role, the region could hopefully put up a strong defence given existing regional frameworks and the lessons from SARS and bouts of combatting episodes of avian flu pandemics. With its experience with SARS and bird flu, the WHO noted that East Asia is more prepared than other regions to respond to a possible pandemic with its existing mechanisms of surveillance and transparency.

One such mechanism is the APT regional disease surveillance mechanism which has standardised a Protocol for Communication and Information Sharing on Emerging Infectious Diseases that encourages member states to report all cases of diseases that are categorised as a PHEIC.

Another mechanism is the Regional Multi-Sectoral Pandemic Preparedness Strategic Framework which evolved from the ASEAN Highly Pathogenic Avian Influenza Taskforce (2004-2010). The framework combines collaborative pandemic preparedness with multi-level disaster management leveraging on the central role of the ASEAN Coordinating Centre for Humanitarian Assistance (AHA Centre).

In addition, the expertise in joint disease surveillance and clinical management of the APT Field Epidemiology Training Network (FETN) can be utilised to conduct epidemiological studies and to share treatment protocols to comply with the ASEAN Minimum Standards on Joint Multi-sectoral Outbreak Investigation and Response. This framework has started discussions on the appropriate mechanisms to prevent and control Ebola.

In terms of transparency, timely information sharing and capacity building, another mechanism is the

ASEAN Risk Communication Resource Centre (RCRC) which aims to support efforts in managing health emergencies.

Increased cooperation on emerging public health concerns is further under way. Last September, the 12th ASEAN Health Ministers' Meeting issued a Joint Statement with China to increase health workers' capacity and to prevent newly-emerging infectious diseases including Ebola, H7N9, H5N1 and MERS-CoV.

Despite WHO's pronouncement, East Asian countries cannot let their guard down. With more uncertainty confronting global health security, increased vigilance, stepped up efforts in surveillance and transparency, as well as heightened public awareness should always be the order of the day for the region.

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