

# ALTERNATIVES HUMANITAIRES

---

## HUMANITARIAN ALTERNATIVES

*Marc Poncin, MSF coordinator for the Ebola emergency in Guinea from April to December 2014, presently a researcher at the Unité de Recherche sur les Enjeux et Pratiques Humanitaires (UREPH), MSF Operational Center in Geneva, wishes to respond to the article by Dr. Aboubacar Sidiki Diakité « [Ebola in Guinea : strengths and weaknesses brought to the fore](#) », published in our inaugural issue.*

I was surprised with the interpretations about the role of MSF in responding to Ebola. Indeed, Dr. Diakité acknowledges in his article that MSF's engagement « proved determining and salutary, in particular by the opening of the first treatment centers and by its patient management. » But this explanation comes after a number of criticisms, even of untruths in the paragraph referring to the collaboration with international partners:

“At the same time, some of these partners were reluctant to work together as they were intent on leading the response in order to extend their influence internationally. The matter of whether to incorporate the mobile biomedical analysis laboratory provided by the Russian Federation into the response arsenal is a prime example of this: Médecins Sans Frontières (MSF) demanded that prior approval be obtained from WHO, although this had not been considered necessary for the first laboratories brought into operation in the field. This kind of friction was due in part to the Guinean government's difficulty in imposing its leadership. This was also a factor in the delay in opening the treatment centres in Macenta, Coyah and Forecariah, MSF considering that, given the resources at its disposal, it was not pertinent for it to go ahead with this, despite the risks posed by the Ebola outbreaks in Liberia and Sierra Leone. In this regard, the National Health Crisis Committee had considerable difficulty controlling the international statements made by NGOs, in particular MSF, which complicated things for the authorities and did nothing to reassure Guinea's investors: remember the disarray caused in the mining and airline companies?” (p. 60)

It is tendentious to say that we required a specific process for the Russian laboratory. What is true is that MSF announced its intention of engaging with this laboratory, whenever necessary (on its arrival in the country, the two functional Ebola treatment units were already associated with some laboratories), provided that the WHO validate it through the applicable process at their level. This had not been necessary for the two other laboratories, the one from Pasteur-Dakar and the EU's mobile laboratory, as they both had been deployed on behalf of the WHO, and thus already validated. Not to mention the fact that this laboratory got involved for the first time in an Ebola epidemic and that it is then normal that it should follow WHO's usual practices, so as to ensure its reliability for the partners.

Regarding the Treatment Center at Macenta, this is a misinformation from Dr. Diakité, because MSF opened this treatment center in August 2014. Its starting up required a period of assessment, for at the same time the epidemic continued to multiply in the three countries of the sub-region, most notably in Monrovia, where MSF had gradually deployed the largest CTE ever built (250 beds). It was not clear whether MSF had the ability to open up a third center in Guinea besides those in Liberia and in Sierra Leone. It is probably this delay of a few days to think it over which misled Dr. Diakité. Macenta was emblematic from several points of view in Guinea:

- it was the first « transit center » set up in the sub-region, referring these confirmed patients to a referral CTE (the one in Gueckedou), a model of sanitary organisation which was multiplied later on with the increase and the dispersal of cases in the three countries;
- it was subsequently transformed into a CTE, managed by the French Red Cross, with the help of the laboratory of Pasteur-Paris, following a collaborative process between the Guinean Ministry of Health, the French government, MSF and the French Red Cross<sup>1</sup>.

---

<sup>1</sup> « Ebola : à Macenta, un centre "quatre étoiles" contre l'épidémie », *Radio France International*, 15 novembre 2014.  
<http://www.rfi.fr/afrrique/20141115-ebola-macenta-guinee-msf-croix-rouge-girardin>

# ALTERNATIVES HUMANITAIRES

## HUMANITARIAN ALTERNATIVES

Within this collaborative framework and seeking to render possible the scaling of health care, MSF built a new generation CTE, in order to give it turnkey to the French Red Cross, who's international and domestic personnel had been beforehand trained by MSF. This allowed the admission of the first Ebola patient in a CTE managed by a different organisation than MSF in mid-November 2014, about eight months after the onset of the epidemic, a late but nevertheless significant improvement of the response.

As far as stating that « some of these partners were reluctant to work together as they were intent on leading the response in order to extend their influence internationally », but also through reckless declarations of such a nature as to frighten investors, Dr. Diakité is giving us groundless accusations, for it is really MSF which is referred to at half-words in these assertions. MSF which for many years has worked in Guinea, has always respected the leadership of the ministry of Health, our institutional partner. It is for pragmatic reasons and in order to address the inadequate experience and capacities in the management of Ebola by the United Nations and the Guinean side, within the first months of the epidemic, that MSF made a commitment to the ministry of Health, in a role it doesn't normally accept, that of technical referent and expert at the international level, in addition to its medical work in the field.

The crucial role of MSF at the level of the understanding of the epidemic, of the mobilisation of the international community, and of the implementation of response strategies, has long been recognized by various panels of independent experts, just like WHO's technical and political failure in the first months<sup>2</sup>. It is true however, that the relationship between MSF and the Guinean authorities had not been without difficulties in the first weeks, when the latter, with WHO's implicit approval, were seeking to play down the gravity of the situation for political reasons, while MSF was repeatedly blowing the whistle<sup>3</sup>. But Guinean authorities, most prominently the President of the Republic, then acknowledged and later regularly requested our technical support. MSF played for example a leading role in the implementation of the new Unit of National Coordination, in August-September 2014, so as to provide more efficiency and leadership for national authorities.

MSF also got engaged, as of August 2014, in an exceptional training component of other national and international stakeholders, to facilitate their deployment and their response in Guinea. I have already mentioned our pragmatic and fruitful relation with the French government and the French Red Cross, but MSF also signed collaborative arrangements with Alima and the Guinean Red Cross for the training of their teams. MSF also made available to PAM CTE's ground plans, so that it could undertake constructions.

Without wanting to disregard our own operational weakness ([Dr. Bradol's article](#) is there in fact to give evidence of some questioning within MSF), it is clear that MSF played a leading role in many aspects of health care and the control of the epidemic in Guinea.

---

<sup>2</sup> Dubois M., Wake C., Sturridge S., Bennett C., *The Ebola response in West Africa: exposing the politics and culture of international aid*, Working and Discussion Paper, ODI, october 2015, <http://www.odi.org/publications/9956-ebola-response-west-africa-exposing-politics-culture-international-aid> ; WHO, *Report of the Ebola interim assessment panel*, World Health Organization, july 2015, <http://www.who.int/entity/csr/resources/publications/ebola/report-by-panel.pdf?ua=1> ; Cheng M., Satter F., "Emails show that UN health agency resisted declaring Ebola emergency", *AP*, 20 March 2015, <http://www.stripes.com/news/africa/emails-show-that-un-health-agency-resisted-declaring-ebola-emergency-1.335648>

<sup>3</sup> Dubois M., Wake C., Sturridge S., Bennett C., *The Ebola response...*, *op. cit.* ; ICG, *The politics behind the Ebola crisis*, Africa Report n° 232, 28 October 2015, <http://www.crisisgroup.org/en/regions/africa/west-africa/232-the-politics-behind-the-ebola-crisis.aspx>