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LETTERS

EBOLA CRISIS

We mustn't forget other essential health services during the Ebola crisis

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In addition to those interventions proposed by Tomori,¹ support is needed to fully implement the International Health Regulations (IHR),² which provide a legally binding framework for coordinating public health emergencies of potential international concern, such as the outbreak of Ebola virus disease. Importantly, neighbouring countries need support to implement these regulations to mitigate further spread of the disease, and the three worst affected countries need to strengthen their IHR systems to be better able to cope with future events.

However, dealing with the Ebola outbreak and mitigating further effects must not be at the cost of other essential health services. In Sierra Leone, for example, at least 2400 pregnant women were at risk of dying each year before the outbreak of Ebola.³ In addition, women are more vulnerable to the consequences of Ebola infection—two different studies suggest that pregnant women have a higher risk of mortality than non-pregnant women and that their newborn babies have a lower chance of survival.⁴ The social vulnerability of women increases their susceptibility to morbidity and mortality related to Ebola because of their role as prime care giver to those who are sick.⁵ In addition, reports in the media suggest that pregnant women are being triaged out

of care owing to the perceived risk of potential transmission of the Ebola virus during childbirth.⁶

Substantial long term investment is needed to rebuild all aspects of the health systems in these affected countries and stronger evidence based voice must be given to citizens to hold their elected governments to account on their health related commitments.

Competing interests: None declared.

- 1 Tomori O. Ebola in an unprepared Africa. *BMJ* 2014;349:g5597. (15 September.)
- 2 WHO. International health regulations (2005). 2nd ed. 2008. www.who.int/ihr/9789241596664/en/.
- 3 WHO. Maternal mortality in 1990-2013: Sierra Leone. 2014. www.who.int/gho/maternal_health/countries/sle.pdf?ua=1.
- 4 Mupapa K, Massamba M, Kibadi K, Kuvula K, Bwaka A, et al. Ebola hemorrhagic fever and pregnancy. *J Infect Dis* 1999;179(suppl 1):S11-2.
- 5 Hewlett BS, Hewlett BL. Ebola, culture, and politics: the anthropology of an emerging disease. Belmont, CA; Thomson Wadsworth, 2007.
- 6 Lang J. Ebola in the maternity ward. *New Yorker* 2014 Oct 29. www.newyorker.com/tech/elements/ebola-maternity-ward.

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