# The killer is beaten


**Ebola was set to claim millions of lives — until the world fought back. Last month, West Africa was deemed to have won the war on the disease. *Christina Patterson* meets some of those involved — politicians, aid workers and one of the British victims — and asks: can it happen again? Photographs by *Daniel Berehulak***

Ibrahim is trying to smile. His eyes are dull, but he is trying very hard. "I thought," he says, "that I wouldn't come back. I had seen and heard of many people who had gone and never come back." When the ambulance finally came to pick him up, the route to the hospital was blocked. In the end he got there and in the end he came back. The laminated certificate he is holding up for the camera shows that he is one of the lucky ones. Like his country, Ibrahim is now free from ebola. Like his country, he will bear the scars for years.

I talk to Ibrahim two days before "day zero", the day Sierra Leone is declared ebola-free, after hitting the World Health Organization's criterion of 42 days without a new case. On November 7 in Freetown, there was dancing and singing. On the streets, there were marching bands. "I feel happy," said President Koroma, "because I consider it the end of a journey that has been very difficult for our nation."

You can say that again. In the 18 months of this outbreak, Sierra Leone has seen more than 14,000 cases of ebola and nearly a third of these have died. The WHO thinks the real figures may be two or three times as high. Sierra Leone was already reeling after 11 years of civil war, but at the time ebola hit, it was beginning to pick itself up. In 2013-14, it was the second-fastest-growing economy in the world. Now, after losing about $1.4bn of its GDP, it is in severe recession.

**"It wasn't like haemorrhaging, it was oozing. People would be lying in bed dying slowly, quietly, like skeletons"**

Javid Abdelmoneim worked for a month at the Médecins Sans Frontières (MSF) centre in Kailahun, Sierra Leone. When he put on his protective suit that first day on the ward, he felt the full force of what he had taken on: "When I was putting my goggles on, I could see my pupils were dilated." On the ward, he saw "patients on the floor, patients delirious, patients with diarrhoea, a dead patient, babies alone". The bleeding wasn't what he expected: "It wasn't like haemorrhaging, it was oozing. People would be lying in bed, dying slowly, quietly, like skeletons."

His worst moment was when a baby called Alpha died. Alpha's parents had already died of ebola and there was no one on the ward to look after him. "The last time I saw him, he was crying. His tears were blood. I knew he was going to die. He was dead the next morning." Abdelmoneim's eyes well up at the memory. "I went to his grave because I wanted someone to be watching him as he was being buried. It was," he says, and now his voice is breaking, "such a beautiful sunset that day."

It's now a year since Alpha died, and he was one of many. But Abdelmoneim's experience in Sierra Leone has taken its toll. "I want to get better at this," he says, wiping away tears. "This summer, I had a low period. I don't want," he adds with a dry laugh, "to be fragile."

Although aid workers such as Abdelmoneim remain haunted by their experiences, things could certainly have been much worse. In September 2014, the US Centers for Disease Control and Prevention predicted that there might be 1.4m cases around the world. There could, in other words, have been a global epidemic. Ebola did reach Europe and the US. In the UK, there were three cases, each person infected in Sierra Leone. Pauline Cafferkey, a nurse who volunteered at the Kerry Town clinic, has only just recovered from the meningitis she contracted in October, caused by the "lingering" ebola virus that nearly killed her earlier this year.

Ebola was first identified in the Democratic Republic of Congo (then Zaire) in 1976. The virus is spread by direct contact with the bloody fluids of infected humans or animals. It still isn't clear how ebola spreads from animals to humans, but it's thought to be carried by fruit bats, which are often eaten grilled. In the latest outbreak, first reported on March 22 last year, there have been 28,637 confirmed cases and 11,314 deaths. It has, in other words, killed five times more people than all the other outbreaks combined.

The latest outbreak started with the death of a two-year-old in Guinea in December 2013. Liberia, which has lost 4,808 people to the disease, was declared ebola-free (for the second time) on September 3, but has since seen at least three new cases. Guinea, which has lost 2,536, is now in a state of "heightened surveillance".

Justine Greening, secretary of state for the Department for International Development (DFID), said we should "be proud of what Britain did. We had the Department of Health there, all these incredible nurses and doctors. It was so hot as well! I remember trying on their protective clothing, and your hands were sweating."

It was decided at the time that Britain would lead on the response in Sierra Leone. The Americans would lead on Liberia and the French on Guinea.

Justine Greening is, by training, an accountant. Managing international pandemics was not on her job description at PricewaterhouseCoopers. It was also pretty new to DFID. "This was something nobody had really been involved with before," she says, "we had to think our way through it, every step of the way. We had to sit in this room, work out the epidemiology, get the scientists to give medical advice and think, 'What's the logical way to have different bits of the jigsaw in place?'"

More than 1,500 British military personnel helped oversee the construction of six treatment centres and trained more than 4,000 Sierra Leonean and international healthcare workers. Over 150 NHS volunteers worked on the front line to support more than 1,400 treatment and isolation beds. Over 100 Public Health England staff ran three new laboratories, testing more than a third of all the samples across the country. DFID supported more than 100 burial teams to provide "safe and dignified" burials and supplied more than 1m Personal Protective Equipment suits. This has so far cost the British taxpayer about £427m.

Can she assure us that this was money well spent? "Actually, yes. It didn't just save lives in Sierra Leone. It protected us here in the UK, it was done really well and with an eye on value for money."

Greening talks so matter-of-factly, it's hard to remember she was dealing with a disease that was wiping out whole communities. Only when she talks about a visit to an orphanage does a trace of emotion creep in. A little girl called Howa showed her round and at the end of the visit whispered: "Take me with you." "It really upset me," says Greening, "she was so vulnerable." Did she suffer sleepless nights? Greening returns to matter-of-fact mode. "I'm not the kind of person who has sleepless nights," she says, "but it *was* all-consuming."

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THESE PAGES: TOMMY TRENCHARD/SAVE THE CHILDREN FOR THE SUNDAY TIMES MAGAZINE

**CARING FOR HER COMMUNITY**
***Above:*** **Joyce Bangula, a nurse from Freetown in Sierra Leone. She takes many initiatives to keep local people safe from ebola, but has lost several colleagues to the disease**

***Previous pages:*** **Health workers enter high-risk wards in an ebola treatment centre in Liberia**

Marshall Elliott is director of the Joint Inter-Agency Task Force for Ebola in Sierra Leone, overseeing agencies from Canada, Ireland as well as all the agencies — Ministry of Defence, DFID, Foreign and Commonwealth Office, Department of Health and the stabilisation unit — from the UK. He has been working with the different arms of government in Sierra Leone — health, police, army, office of national security — and bringing together "humanitarians who have worked on crises throughout the world".

Like Greening, Elliott is careful to talk about working "in partnership" with the Sierra Leonean government, but working "in partnership" with African governments is rarely as straightforward as it might sound. Negotiating the complexities of African bureaucracy isn't much fun at the best of times, but in an emergency situation, it can be catastrophic. Was it accepted that he, as leader of the agency, was the boss?

"That," says Elliott carefully, "is a good question. There's a slightly complicated answer," he adds tactfully, "because it's been a complicated outbreak." When his predecessor arrived, there was, he says, "a lot of panic" and "somebody needed to take responsibility and get things to happen". That was in September 2014. By the time Elliott took over, this March, the Sierra Leonean government had "found their feet" and there was "a very direct and deliberate change of posture".

So have there been many clashes? "I'll highlight the one that has been the most sensitive and most difficult," he says, "which has been maintaining the protocol on safe and dignified burials. It's a very tough thing to impose in a country where the tradition is to go about honouring the dead, and taking time to mourn them, and to wash bodies." There was, he says, "pressure to relax the new protocol in areas where the outbreak had been contained, but the Sierra Leonean authorities agreed to stick with it until the outbreak is over. He is also worried about FGM, which he knows has continued in spite of an official — if temporary — ban. But he is, he says, "confident" that "we'll never see the like of an outbreak that's out of control in this way again".

The first outbreak, in the Democratic Republic of Congo in 1976, was contained, says David Heymann, an international expert on tropical diseases, because people thought patients were "filled with evil spirits". They didn't touch them and "stopped the spread". In the second outbreak, in DRC, the infected girl was isolated. In five years, 21 people were confirmed as having ebola, but the policy of isolation made sure the disease didn't spread. The third big outbreak was in 1995, also in DRC, in Kikwit. "We arrived at the sight of the outbreak," says Heymann, "and in the car headlights I could see all ⋙→

**LONELY JOURNEY** A man, Joseph Bumbo, leans over his mother's plot in a graveyard for ebola victims in Foya, Liberia. Three other members of his family are buried here

DANIEL BEREHULAK REPORTAGE/GETTY IMAGES

the people being buried." When they got to the hospital, all the health workers had gone.

Heymann has been chairing what the director general of the WHO calls a "kitchen cabinet" for this outbreak, gathering six experts from around the world every two or three weeks on the phone. He no longer has an official role at WHO, but worked there for years, first as a medical epidemiologist in sub-Saharan Africa, and later heading the global response to Sars. The WHO has been widely criticised for its response to this ebola outbreak. An independent report, led by the former chief executive of Oxfam, Barbara Stocking, concluded that it had made "significant and unjustifiable delays".

Will Pooley has good reason to have doubts about the competence of the WHO. It was while he was working at the Ministry of Health treatment centre in Kenema, led by WHO clinicians, that he was infected with the virus that nearly killed him. The hospital, he tells me "was widely acknowledged to be disastrous in its safety, with nurses dying and poor standards of care." He had been working there for six weeks when he started feeling unwell and woke up to find a WHO nurse dressed in full protective clothing. He was airlifted by the RAF to the isolation unit at the Royal Free Hospital in north London, given the experimental drug ZMapp and discharged 11 days after he arrived. He praised the hospital for the "world-class" treatment he received, but was well aware that it was a far cry from the care his patients got from him.

Pooley makes an unassuming hero. He is slight, mild mannered and wears square glasses that make him look as if he's more likely to be hunched over a MacBook Air than mopping blood, vomit and the sweat from patients' brows. He was working as a nurse in a hospice in Freetown when he heard that nurses were abandoning the ebola unit at Kenema. "I thought, 'At least I believe in it!' A lot of healthcare professionals didn't. All the people I worked with, educated people with degrees, believed in witchcraft. Some thought ebola was caused by supernatural forces."

**"People I worked with, educated people, believed in witchcraft. Some thought ebola was caused by supernatural forces"**

So he went to Kenema to volunteer and the next day he was working on the ward. The first part of the day was the worst. "You'd find all the corpses from the night and realise how many people had run away." He and his co-workers often did 16-hour days. Sometimes, the night staff didn't turn up. Six weeks after he was discharged from the Royal Free, he went back to Sierra Leone, to work at the Connaught Hospital in Freetown. He was shocked to see so many corpses. "There were patients coming to the gates," he says, "we didn't have the beds to put them in. We'd give their families bags and plastic gloves, and just send them home." This was four months after the WHO declared an international emergency. No wonder he told the BBC the international response had been "woeful". He is careful not to criticise individual agencies, but the only one he praises is MSF. They took a different approach to that of UK government agencies and NGOs, building their own centres and parachuting in their own highly trained teams.

Workers from all the NGOs struggle with the emotional toll of dealing with the disease. Juan Diaz, a senior health adviser for Save the Children, says he has learnt to toughen up. "When I started," he tells me from Save the Children's office in Freetown, "I was more unprotected from an emotional point of view. We are here to work. We are not here to do tourism or to experience all that life has to show us." What he *is* here to do, he tells me, is to lead Save the Children's activities outside its treatment centre: "prevention, ⋙→

**LOOKING FORWARD** Ibrahim, from Freetown, survived ebola, but lost all 17 members of his family to the disease and saw his brother carried out of hospital in a body bag. He says he wants to learn to become a doctor to help others who are suffering

surveillance, social mobilisation, awareness raising and countless things to make people aware of the threat".

The charity has run a big programme called IPC, "infection, prevention and control", and has trained healthcare workers and support staff at health centres around the country. Since it has been up and running, not a single healthcare worker has become infected.

His colleague, Sian Long, has been doing similar work in schools, spearheading a programme to train teachers in hygiene and showing them how to use the chlorine and hygiene kits that have been sent to every school in the country. "We have," she tells me, "also been training the teachers in how to identify and refer children who have been affected by ebola. There's a lot of stigmatisation in these children and it's important that teachers have the skills to recognise that trauma and make sure the environment is friendly."

Joyce Bangula knows all about stigma. As a community nurse in the Hill Station area of Freetown, she was the one calling the emergency number, 117. The people who were taken away in those ambulances sometimes didn't come back. Their relatives blamed Joyce. "The whole community was very angry," she tells me by Skype, fresh from her shift at the health centre, having swapped her scrubs for a brightly patterned dress. "They weren't talking to me. They didn't want to talk to my children."

But Joyce knew she was doing the right thing. She was never in any doubt that the disease was real. "I lost many of my colleagues," she says, and now the face on my computer screen looks sad. "I felt so bad. During those days last year it wasn't easy for us to work."

She tells me about the things she has been doing to keep the community safe: persuading imams and pastors to "sensitise" the people in their mosques and churches about the need to wash their hands, not touch the sick, not touch any dead people and call 117.

Some of her neighbours, she adds, did not believe in the disease. "In our local language," she explains, "we say *swea*, ghosts, witchcraft. After they see now that this is not witchcraft, they started to put measures in place, started mobilising people to go into the community, telling people not to touch sick people. With that," she says, and now the sadness in her face is swapped for a smile so big it makes me want to smile, "we are free in our community".

**"The whole community was very angry. They were not talking to me. They did not want to talk to my children"**

Ibrahim is one of the people who shouted at Joyce when she called 117. He has since apologised to her, but nobody has apologised for the things that have happened to him. Outside a concrete house in Hill Station, and with birds squawking in the background, he answers the questions I have sent through.

It was Ibrahim's father, he tells the Save the Children worker who is acting as my proxy, who got ill first. When he died, and his body was swabbed and found to be positive for ebola, the house was put under quarantine and nobody from the family was allowed to watch him being buried. Three days later, Ibrahim's mother and two sisters started to show symptoms. They called 117 and were taken away.

When Ibrahim and his brother got sick, it was, he says, "sickness, sickness, toilet, toilet". He didn't want to dial 117, because he thought he wouldn't come back. When he woke up in hospital, he saw one of his sisters and one of his brothers. A few days later, he saw his brother in a body bag, being carried out of the ward.

Ibrahim was sent home from hospital with the certificate he is now holding, a piece of foam to sleep on, a bag of rice and oil. He found his house was empty. Everybody and everything had gone. Over the next few days, he learnt that all 17 members of his family had died. "He is," says the interpreter, in a tone that implies that his story is not unusual, "the only one left."

Now, says the interpreter, "he is doing nothing. He managed to engage with some elders in the community to see how best they can help him to do something, but there is no fruitful discussion. It's a problem for him to survive. People used to give him food before. Sometimes they give him, sometimes not."

By now, the last question I sent through, about Ibrahim's hopes for the future, seems barely relevant, but the Save the Children worker asks it anyway. What does Ibrahim want? In his reply, the interpreter is matter-of-fact. "He wants," he says, "to learn and become a doctor so he can give the same help to other people in cases like this. He will pray for it, but..."

When I listen to the tape, I want to pray, too. I want to pray that Ibrahim will become a doctor, that he will find his younger sister, Grace, who is rumoured to have survived. Save the Children have said they will try to help him. Save the Children are trying to help a lot of people. "They are," says Joyce, "supporting us greatly," but they certainly have their work cut out.

It will take more than Save the Children to keep Sierra Leone free from ebola. It will take more than all the combined agencies to keep Africa free of ebola and more than a rocket up the bottom of the WHO. It will take more than European taxpayers, and US taxpayers, and individual donations to charities.

Some lessons may have been learnt from this last, terrible outbreak. It's possible that we won't see one like this again. But what it will take to keep Africa free from ebola is efficient governments who can tackle poverty, invest in healthcare and resist the urge to fight wars. You'd probably have to believe in witchcraft to think that this is going to happen soon ■

**KILLER AT LARGE**
**Anthony Lloyd reports from Sierra Leone at the height of the ebola outbreak last year at *thesundaytimes.co.uk/ebola***

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