

***KEYNOTE ADDRESS BY H.E. AUGUSTINE KPEHE NGAFUAN,
MINISTER OF FOREIGN AFFAIRS OF THE REPUBLIC OF LIBERIA
ON THE OCCASION MARKING THE MEETING OF THE SUB-REGIONAL
WORKING GROUP ON “ETHICAL & REGULATORY CHALLENGES DURING
EMERGENCY SITUATIONS”
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Coordinator

Sub-Regional Working Group

Members of the Health Communities of the Republics of Liberia, Guinea and Sierra Leone and Other Partners, Who Have Today Conglomerated in this Auditorium

Friends of Liberia, Distinguished, Ladies and Gentlemen

Let me thank the organizers of this very important meeting for conferring on me the honor of serving as keynote speaker and giving welcome remarks at this meeting of the Sub-Regional Collaboration Working Group on “Ethical & Regulatory Challenges During Emergency Situations”.

On behalf of President Ellen Johnson-Sirleaf, and the Government and People of Liberia, I want to welcome all of you, especially our visiting friends, to the historic city of Monrovia.

It is my understanding that this meeting is meant to deliberate and gain better appreciation of the complex ethical challenges occasioned by rapidly increasing clinical trials aimed at identifying effective vaccines and therapeutic agents in emergency situations and how to seek sub-regional strategies to effectively intervene in these emergencies.

As one person, who had to trot from one city to the other during the height of the Ebola crisis trying to bring the global attention to and woo support for our fight against the Ebola virus disease, I am especially happy that a sub-regional effort is being undertaken to build collaborative systems that will build our technical and scientific capacity to ethically respond to emergency situations. In this respect, I want to heap unalloyed thanks and appreciation on Dr. Kennedy and his team at the Partnership for Research on the Ebola Vaccines in Liberia (PREVAIL) and all others, who contributed immensely to the organization of this Monrovia gathering.

Ladies and Gentlemen,

Today with the sirens of ambulances not wailing through the streets of Monrovia, Conakry or Freetown and CNN, Al-Jazeera and BBC not zooming in on and reporting about helpless mothers with their babies tumbling to death on the doorsteps of ETUs, and doctors and health workers losing their precious lives in the process of trying to save others, we can now afford the luxury of sitting back and conducting a post-mortem on how we performed in terms of treading the tightrope of responding quickly and effectively to one of the world's most deadly health crises and at the same time trying to do so within the perimeters of medical ethics and regulations.

During the height of the Ebola emergency, pandemonium and fear reigned supreme in the nook and corner of our countries. We did not have the time to fully reflect and consider all the many and varied implications of our actions. We had to act and act fast.

But what did we do right? What did we do wrong? In fact, what is considered 'wrong' in a medical emergency? Can wrong be narrowly

defined as straying beyond the strict borders of medical ethics and regulations? Or should we have a flexible definition such that if a good outcome is achieved, the means to the achievement of that outcome should not matter?

In Liberia, the Ebola crisis exposed us to many fears in many ways and put many medical practitioners and family members on the horns of a dilemma, being forced to make difficult and uncomfortable choices. For a person who wants to live, there is not much of a choice between virtual certainty of death within 21 days versus the slim probability of survival within 21 days if a therapeutic drug is administered regardless whether such a drug has been fully approved or not. It is usually said that a drowning man can desperately reach out to a straw in a mad quest to live.

And so in extreme emergencies, as in the case of Ebola where there was absolutely no proven treatment and the death toll in the three hardest hit countries kept spiraling up, more often than not, people are less concerned about procedural niceties and more concerned about saving lives.

Indeed risks were taken and necessity became the mother of invention. We are told that during the height of the Ebola crisis, some of our doctors, in their quest to save lives at all cost used Selenium, an anti-retro viral drug in order to save lives. We are left to rather ask ourselves, is it wrong to use “unproven interventions,” even if its effectiveness or complications are unknown? If not who should get it first? Did those doctors, who used "whatever means" necessary and succeeded in saving lives, act unethically?

The Ebola crisis brought into sharp focus a debate as to what exactly can be considered "ethical". As sound as the medical advice not to touch and show love to an Ebola infected person, even if the person is your wife or husband or your child, might have been, some, especially lay people, may argue that it contradicts the basic ethics of good human behavior, especially our time-honored African tradition, which is rooted in showing empathy, compassion, and running to, not running away from your brother or sister when he or she is sick. Additionally, medical ethics or regulations would require that before a drug is sanctioned for use in humans, it must have gone through all the stages of trials to ascertain its efficacy and potential side effects. However, going through the loops, all the loops, of all

the ethical requirements is time-intensive and may not jive with the urgency and speed that dealing effectively with health emergencies such as Ebola will require.

Others may also argue that, all though medical ethics and regulation would demand that the full course and duration of trials be completed before a vaccine or cure to a deadly disease such as Ebola can be approved for use in humans, it is "unethical," they may argue, to allow perfection to be the enemy of the good. To put it bluntly, to delay in doing something, when the consequence of such delay is certain death of a huge number of people may also be considered by some as unethical behavior.

These are some of the many questions that may have some ethical twists depending on who's asking these questions and when these questions are being asked.

The Ebola epidemic was indeed massive. Its magnitude was so profound that for the first time in the long history of the United Nations, the Security Council passed a resolution declaring the Ebola crisis a threat to global peace and security. Many risks were taken with experimental drugs,

including the now famous Zmapp, which up till then had never been tested on humans, but was out of desperation and courage administered to some infected individuals. Some survived; some passed away. We are yet to determine whether the survival was on account of the administering of these drugs or whether these drugs were indeed were indeed efficacious.

I can recall I had the singular honor and at the same time the singular burden of conveying to Liberia the experimental ZMapp serum. Aboard a Delta flight on my way to Liberia with the box containing the ZMapp Serum tightly strapped to the seat next to me, I wouldn't help but reflect on the many disclaimers and waivers that had to be signed by relevant actors before I brought the experimental drug to Liberia.

So let me extend profound congratulations to our friends in the medical community (doctors, nurses, nurse aids, first responders) because despite the ethical, logistical, manpower and other challenges, they stood up tall and did not run for cover, rather they fought though they were engaged in a battle with an enemy (Ebola) they knew practically very little about. In Liberia alone, we lost more than two hundred or nearly two hundred health

workers. Their resilience and gallantry in service to humanity are forever etched in our hearts.

I also want to extend deep congratulations to the gallant health workers of our sisterly republics of Guinea and Sierra Leone for also defending their respective peoples and remaining steadfast and also to delegates from the MRU and other organizations and partners, who efforted to help us beat back the jungle of Ebola.

As you begin your deliberations today, I wish for you fruitful and successful deliberations and we hope that the outcomes of these deliberations, will give clarity as to how we respond in future health emergencies.

Thank you very much for this opportunity and welcome.