



COVID-19: protecting health-care workers



Denis Lovrovic/AFP/Getty Images

Worldwide, as millions of people stay at home to minimise transmission of severe acute respiratory syndrome coronavirus 2, health-care workers prepare to do the exact opposite. They will go to clinics and hospitals, putting themselves at high risk from COVID-2019. Figures from China's National Health Commission show that more than 3300 health-care workers have been infected as of early March and, according to local media, by the end of February at least 22 had died. In Italy, 20% of responding health-care workers were infected, and some have died. Reports from medical staff describe physical and mental exhaustion, the torment of difficult triage decisions, and the pain of losing patients and colleagues, all in addition to the infection risk.

As the pandemic accelerates, access to personal protective equipment (PPE) for health workers is a key concern. Medical staff are prioritised in many countries, but PPE shortages have been described in the most affected facilities. Some medical staff are waiting for equipment while already seeing patients who may be

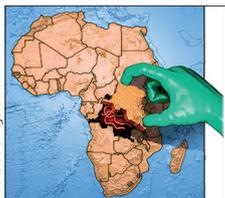
infected or are supplied with equipment that might not meet requirements. Alongside concerns for their personal safety, health-care workers are anxious about passing the infection to their families. Health-care workers who care for elderly parents or young children will be drastically affected by school closures, social distancing policies, and disruption in the availability of food and other essentials.

Health-care systems globally could be operating at more than maximum capacity for many months. But health-care workers, unlike ventilators or wards, cannot be urgently manufactured or run at 100% occupancy for long periods. It is vital that governments see workers not simply as pawns to be deployed, but as human individuals. In the global response, the safety of health-care workers must be ensured. Adequate provision of PPE is just the first step; other practical measures must be considered, including cancelling non-essential events to prioritise resources; provision of food, rest, and family support; and psychological support. Presently, health-care workers are every country's most valuable resource. ■ *The Lancet*

For more on COVID-19 in Italy see [Online/Health Policy](https://doi.org/10.1016/S0140-6736(20)30627-9) [https://doi.org/10.1016/S0140-6736\(20\)30627-9](https://doi.org/10.1016/S0140-6736(20)30627-9)



Ebola in DR Congo: getting the job done



Maurizio De Angelis

With the world's focus on the coronavirus disease 2019 (COVID-19) outbreak, a good news story receiving far less attention is that of Semida Masika, the last person in DR Congo confirmed to have Ebola virus infection and discharged from care after her recovery on March 4. This important milestone is a remarkable achievement given the insecurity in DR Congo, which led to serious attacks on health-care facilities, workers, and patients, and a continual disabling of the outbreak response.

The 18-month Ebola outbreak in DR Congo has claimed 2264 lives and the number of cases exceeded 3000, making it the largest Ebola epidemic ever recorded after the west Africa outbreak of 2014–16. Unlike previous Ebola outbreaks, the national government took charge in coordinating the response, ably supported by WHO, donors, and other partners, including the African Centres for Disease Control and Prevention, which importantly allowed African experts rather than international experts to remain at the front and centre of the response. Another unique feature was the multidisciplinary approach to the outbreak, which included employing

more social scientists, applying new technologies, such as whole genome sequencing, and building community trust and engagement alongside a competent workforce for new surveillance and laboratory capacities. Having vaccines and treatments, plus the ability to conduct trials during the outbreak, was crucial and helped communities to have confidence in the health-care system.

Most urgent now is ensuring no new cases emerge in the 42-day period that must pass infection-free before declaring the outbreak over, and the immediate US\$20 million WHO needs to fund the remaining response. Concerns that COVID-19 will now steer attention away from the need to close the deal with Ebola control in DR Congo are real. Donors must step up and all teams must continue their resolve and commitment to not leave until the job is done. Furthermore, new capacities and regional mechanisms to coordinate efforts must be retained and properly funded after the outbreak ends so that the country's strengthened health-care system can serve its people far beyond Ebola. ■ *The Lancet*