

THIS WEEK

Articles appearing in this print journal have already been published on thebmj.com, and the print version may have been shortened



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Loquacious, energetic, and kind



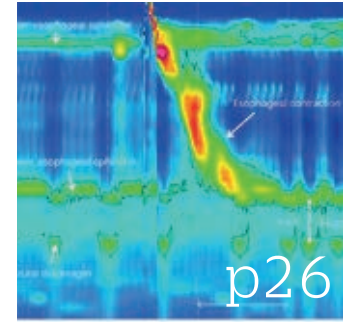
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25 October 2014 Vol 349

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AFOLABI SOTUNDE/REUTERS

PICTURE OF THE WEEK

A candlelit vigil in Abuja, Nigeria, in honour of Stella Ameyo Adadevoh, the doctor who treated the first case of Ebola virus in the country and who died of the infection in August. She is credited with responsibility for Nigeria being declared Ebola-free by the World Health Organization earlier this week.

MOST READ

- Management and prevention of exacerbations of COPD
- Vitamin B12 deficiency
- Should we take patients to hospital in cardiac arrest?
- Suicides associated with the 2008-10 economic recession in England
- Antibiotic treatment failure in four common infections in UK primary care 1991-2012

RESPONSE OF THE WEEK

While the enhanced port of entry screening for Ebola is problematic, it appears many governments and agencies are keen to satisfy political pressures as citizens demand to see some action by their governments on their behalf. Being informed and observing the border screening measures calms fear, which is an outcome that governments intend also to achieve.

Adamson S Muula, professor of public health and epidemiology, University of Malawi, Blantyre, Malawi, in response to, "Airport screening for Ebola"

THEBMJ.COM POLL

Last week's poll asked:

Is the UK adopting a proportionate response to the Ebola outbreak?

65% voted no (total 158 votes cast)

News [▶ BMJ 2014;349:g6199](#)

This week's poll asks:

Has the crisis in general practice in Britain been overstated?

Editorial [▶ BMJ 2014;349:g6268](#)

Personal view [▶ BMJ 2014;349:g6274](#)

[▶ Vote now on thebmj.com](#)



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The *BMJ* website is fully responsive, which means that its pages automatically fit the different screen sizes of desktop and laptop computers, tablet devices, and smartphones.

The new design is also less cluttered, which should mean that browsing is easier and pages load faster, with more prominent links to *The BMJ's* campaigns, investigations, and advice for authors.



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John Heintzman and colleagues

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EDITOR'S CHOICE

Belated reform and “redisorganisation”

Ebola is firming up the case for WHO's critics, who argue that it has failed in its governance role and is increasingly a bystander in the world's health affairs



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The World Health Organization is at the forefront of our efforts to defeat Ebola virus disease. Preventing and treating communicable diseases were the making of WHO as an international organisation capable of delivering successful health campaigns. Historically, Africa has preoccupied WHO more than any other continent. Recent pandemic threats, from avian flu to Middle East respiratory syndrome, readied WHO for the current crisis that now threatens 15 countries (*BMJ* 2014;349:g6305).

Ebola, on the face of it, plays to WHO's strengths. WHO might demonstrate the benefits of its focus on health information and strengthening of health systems. Instead, Ebola is firming up the case for WHO's critics, who argue that it has failed in its governance role and is increasingly a bystander in the world's health affairs.

An internal WHO document leaked to news agencies lends credence to accusations by the charity Médecins Sans Frontières that WHO was slow to respond to Ebola. Its experts failed to report developments in a timely manner, bureaucracy stopped \$500 000 reaching the response effort, and doctors who wanted to help were delayed by visa problems (p 1). WHO says it is currently preoccupied with fighting the Ebola epidemic and will investigate the criticisms once the outbreak is contained.

Any review is likely to damage WHO, which must seize the opportunity to redefine its purpose and its limits. The challenge of building the capacity of health systems—the central weakness in the response to Ebola—is complex but sits at the core of WHO's responsibilities. If confirmed, any failings by WHO will increase calls for reform. WHO remains an organisation with great potential to help

nations improve health outcomes but is crippled by continuing political and financial woes.

Health system challenges aren't confined to Africa, of course. UK primary care is stretched and may even be at breaking point. David Cameron's promise to deliver a seven day service has raised alarm. Recent reviews concluded that England's GPs were too few and too stressed, Veronica Wilkie writes (p 23). Stephen Gillam questions how a seven day service can be achieved, given workforce shortages and demoralisation (p 7). Andrew Lansley's NHS reorganisation, which underestimated costs and overestimated financial upsides, is now described by Downing Street sources as “unintelligible gobbledygook” and the worst mistake of the coalition government, as Kieran Walshe describes (p 22). Goodwill towards future “redisorganisation” is elusive.

The experience of Oregon is that expanding services, in this case insurance coverage, requires primary care to be bolstered, otherwise efforts to improve the health system will fail (p 17). How else can we offer, for example, the better care services that are needed for young people who self harm (pp 9, 13)? Or, attend to people who present with a history of fever of >38°C in the past 21 days and who have recently come from an area affected by Ebola?

On the last point, at least you can turn to our full online coverage of the Ebola outbreak (thebmj.com/ebola), which includes a briefing for primary and secondary care staff that summarises the latest guidance, including that from WHO (*BMJ* 2014;349:g6288).

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Cite this as: *BMJ* 2014;349:g6400

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