

ASHGOVNet discussion forum

Over the last few months we have had interesting discussions going on, on this network and they have enlisted interesting and engaging comments. This issue captures some of your comments.

The Ebola menace persists, let's stay on this topic

The October discussion topic was still on Ebola, since it had not slowed down on its murderous rage in West Africa. Below are some of your comments

Community leadership

Dear Francis & Colleagues,
You have stated the issues very well and I want to comment on the proposal you made about local leadership. I wish to make the case that all countries in Africa need to establish Community Health Services in the context of which SUSTAINED local leadership is developed and sensitized to issues of health and epidemics.



This system is working in Ghana, Ethiopia, Kenya and is being developed in Zambia and in a number of other African countries. The attraction of this approach is that it provides health care personnel and SUSTAINED local leadership at all times. The problem has been that there is very little funding support from the Global Health Community and so the approach is implemented in a piece-meal way.

Africa needs to make the case for support from the Global Health Community so that all African countries do establish COMMUNITY HEALTH SERVICES or COMMUNITY HEALTH AND DEVELOPMENT PROGRAM.

If this program was present in countries which are under the Ebola epidemic now, I believe that containment would have been achieved much earlier and the struggle would be very much less now.

Miriam Were

Educate the Public

Educating the public is vital to the efforts to contain Ebola or Marburg epidemics. The role of the media and community leaders in this regard is important. This is because of the sad reality that a large percentage of patients in Africa (especially rural) first consult traditional healers (including witch doctors) before reporting to hospitals. The initial 'causes' of ill health may be attributed to quite unrelated issues but which the patients and relatives will believe.

Some religious leaders also advise patients that prayer is enough to cure any illness! This leads to delayed diagnosis, dissemination of communicable diseases or even refusal to access available services. If possible therefore, health workers should collaborate closely with community/religious leaders, the media and traditional healers.

Grace Kalimugogo

I Agree. Very good lessons/tips/messaging, Francis. I'll circulate to my World Bank colleagues. Many thanks.

John Donnelly



To read these and more comments go to:

http://www.achest.org/index.php?option=com_zoo&task=item&item_id=89&Itemid=481

Preparing for Ebola (August, 2014)

The August discussion topic was about preparing for Ebola. The disease swept across West Africa, Guinea, Sierra Leone and Liberia uncontrollably and Nigeria reported some cases as well. While Nigeria managed to contain the epidemic, the other three countries were not as successful. This topic was received and are below are some of the comments:

Regional approach

“Unless there is total confidence in the government and its local structures, all the efforts will be wasted. Regional approach is also critical in order to curb cross-border transmission and provide timely assistance. I recall the last epidemic in Uganda, ECSA Secretariat through the East Africa Public Health laboratory project sent both human and material resources to support the Uganda team.”

Dr. Josephine Kibaru- Mbae.



Can't the West help?

I watched on CNN as two planes landed, loaded and flew out of Liberia. Nothing was off-loaded which could at least help Liberian EBOLA patients or the health staff. I wonder how the Liberians felt when the special plane landed, picked and flew out of Liberia with only one American. Couldn't it have taken one African child?

Prof. Levi Gwanzura

Relevant

Thanks Francis for this special and very timely ASHGOVNET blog. We had no time to discuss

*Dear Francis and colleagues,
You are correct that Ebola needs a PHC approach to control it. The link below shows how Ebola's spread is underpinned by social, economic and political inequities.*

<http://www.plosntds.org/article/info:doi/10.1371/journal.pntd.0003056>

pntd.0003056

David Sanders

this before it went out being at different ends of the world at this time.

The lessons are quite well set out and very relevant especially the regarding the emerging difference in approach and engaging communities which in the current epidemic are moving toward a command and control approach that may have negative or costly results on communities involved.

One aspect that you could comment upon is the significantly high in facility infection rates especially to health workers in the current West African epidemic. The experience in Uganda could shed some light on possible direction to get this under control. I hope the symposium has kicked off well.

Regards

Patrick Kadama

Strategise

This is a great tip for countries like Malawi. Very little talk about it. I will share this with relevant authorities to consider. We have very good structures from Policy to Community level, all we need is to strategise before it strikes.

Maureen Chirwa

Document Uganda's experience

Is the experience/lessons learnt from the Uganda epidemic documented anywhere one can access? I was in Liberia recently and now back in Nigeria. What I saw in Liberia was fear, anger and denial as well as lack of trust in government. There was negative reaction from communities with significant disruption in epidemic control plans of government.

Kayode Odusote



Lessons from Uganda

Yes, there are many lessons from Uganda concerning commendable joint and coordinated efforts by the government, the public and international community (WHO, CDC, ..) to control the Ebola epidemics and one of Marburg haemorrhagic fever. The epidemics were quickly contained because each stakeholder played their role, lead by and coordinated through the Ministry of Health. Public awareness was high and thus, communities were vigilant and assisted with contact tracing and other interventions. It is important therefore, that all countries note the lessons from Uganda as outlined by Prof. Omaswa, especially since the West African epidemic is another proof that diseases do not recognize borders.

Grace Kalimugogo

Dear Francis and Members,
Thanks for sharing your thoughts. Because of the vigorous public health approach to prevention of the outbreak in Uganda, the

Prof. Francis Omaswa
Executive Director - ACHEST

epidemic was successfully contained and did not spread to the neighbouring countries all of which have very porous borders with Uganda. Yes lets share ideas – the community is central to winning the war.

Florence

Action

I think this discussion is extremely useful and should help to inform action in West African countries. With the current critical state of affairs is it possible to move from a discussion amongst us to initiating something concrete that than help the affected countries Could we share the Uganda lessons ASAP perhaps through WAHO and have countries supported to implement some of these if they are not already doing so?. I agree with Kayode that we should have a write up of the process and lessons from Uganda for sharing with all Ministries of Health.

I also agree strongly that the Primary Health Care System is best placed to deal with these kinds of issues as well as most others that we face in the region and so need to revamp and strengthen this system. And for Ebola in West Africa I believe it is important that countries start preparing even before the first case strikes and not after!

And yes, PHC is way to go using national structures and of course supported by external aid including from other African countries like Uganda. Perhaps we should also bear in mind that with daily flights by KQ, SAA and Ethiopian between West Africa and the rest of the region no country is absolutely immune from an outbreak.

Eunice Brookman-Amisshah



For more comments go to: http://www.achest.org/index.php?option=com_zoo&task=item&item_id=81&Itemid=481#comments

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