

More resources are needed

By Adia Benton

# Ebola exhausts health systems

Epidemics and institutional responses to them reveal the strengths and weaknesses of health systems. They also often engender and reflect existing political, economic and social tensions whenever and wherever they occur.

This policy note outlines some of acute and chronic political and social conditions that have facilitated transmission and continue to pose a challenge for community and government responses to Ebola. It also highlights the significance of building health systems to avert and address future health crises.

Guinea, Liberia and Sierra Leone are currently experiencing an Ebola Virus Disease (EVD) epidemic unprecedented in terms of numbers of confirmed cases, deaths and geographical scope. While the first cases of this EVD outbreak were officially registered with the World Health Organization in March 2014, the current epidemic has been traced to an index case in Guéckédou, Guinea, in December 2013.

## Initial response was inadequate

EVD has a case fatality rate of 50 to 90 per cent, which may decrease with early diagnosis and supportive therapy. The initial response to the outbreak was inadequate and resulted in rapid spread of the disease clustered along the borders of the three countries.

As official recognition of the epidemic's severity gained pace, case detection, clinical management and local uptake of prevention strategies have been improving. There is much left to be done, however, if national governments and affected communities are to halt transmission in the near future.



Suspected Ebola patients before being admitted to the Ebola treatment center in West Point.

Photo: John Moore/Getty Images

Between March and mid-August 2014, over 2,200 cases of Ebola Virus Disease (EVD) were identified in Guinea, Liberia, Sierra Leone and Nigeria. Over 1,200 people have died. Early symptoms of EVD resemble those of other endemic diseases. They include fever, joint and muscle pain, vomiting and diarrhea and internal bleeding.

The West African outbreak is the largest on record, and the first to have taken hold in the region. Previous outbreaks occurred in East and Central Africa and were largely localized and contained to patients and their immediate contacts. The largest outbreak before 2014 occurred in 2000 in Uganda. It affected more than 400 people there and many of the lessons from that epidemic have been carried over to the current outbreak.

## Difficulties identifying cases

As many experts, including the World Health Organization (WHO), have

noted, the official numbers during this West African outbreak have likely been an underestimation. Inaccuracy of numbers can be attributed to poor information management by public health institutions. Public health workers have faced difficulty identifying potential cases and their contacts. Past difficulties collecting data can be attributed in part to too few outreach personnel on the ground, fear and suspicion in some communities of public health institutions and health worker motivations, and difficulty accessing some regions.

## Progress is being made

Any response to the epidemic must consist of the following components: active and early detection of cases; tracing contacts of known infected persons; isolation and monitoring of contacts for the duration of the incubation period, and supportive care of confirmed cases.

While significant progress is being

made on all of these, none of these components can be implemented well without effective communication with affected communities and some level of trust.

But there is a reason to be optimistic. The numbers of cases reported have increased over time and are gradually slowing in Sierra Leone and Guinea. Cases appear to have been contained in Nigeria, due to aggressive contact tracing, isolation and monitoring of contacts, and supportive therapy of EVD-positive patients.

While it may seem counterintuitive, the upward trend in cases in the most affected countries reflect improved detection by outreach workers, while the plateau in new cases - at least in Sierra Leone and Guinea - suggests slowing transmission as a result of public health efforts. Guinea has reported that concerted efforts to involve community leaders in previously "difficult" communities has resulted in improved health education outreach, preventive measures and clinical case management.

### Challenges to curbing transmission

According to international health regulation, any case of Ebola not only needs to be reported but also investigated. This helps to begin the

epidemiological work of contact tracing, isolation, monitoring and management of cases.

As noted by US-based political scientist Jeremy Youde, WHO authority has been undermined by their lack of funding and human resources required to respond to an outbreak. Others have suggested that the SARS outbreak response has made WHO leadership reluctant to declare an emergency.

### More than 80 clinicians have died

Many health workers abandoned their posts during the early stages of the epidemic. They felt they were not protected and they were mostly right.

To date, more than 80 clinicians have fallen ill and died from Ebola. Among them were leading doctors in the field of infectious diseases. This is especially serious because of the already existing health worker shortages in the three countries. Moreover, overworked doctors and nurses are prone to make mistakes that increase their risk of infection.

Although donations of equipment and supplies have increased, health workers still do not have sufficient protective gear for handling patients. Because people are most infectious when they are very sick, this is of

primary importance. Caregivers of all kinds, therefore, experience heightened risk of contracting the disease without appropriate protection.

### Mistrust rooted in previous failures

Communities have negatively interpreted and actively resisted quarantine and other extreme security measures that have been employed as part of the official EVD response. This has been especially true in communities that expressed having a longer list of grievances with the government and industry elites.

In Monrovia, for example, residents of a densely populated informal settlement, West Point, attacked an isolation unit that had been placed there without community input. Existing tensions came to a head when outsiders were brought in to the West Point isolation unit, fueling suspicion of government institutions' intentions and motivations.

### Departures by foreign staff

While few international agencies and companies have officially evacuated their personnel, they have allowed their employees to remain on leave if they are out of the country, or encouraged them to leave without repercussion. Multinational corporations, particularly those in the business of natural resource extraction, and airlines have scaled back their operations in the region. These departures have had an impact on the local, national and regional economies.

Sources suggest that the departure and withdrawal of international staff are not simply related to fear of disease transmission to expatriates but to potential insecurity resulting from isolated violent responses to Ebola initiatives. Whatever reasons organizations use to explain granting leave to their expatriate staff, their departure has challenged their legitimacy on the ground. It calls into question any explicit humanitarian aims of these institutions.



MSF (Doctors Without Borders) workers at a field hospital in Gueckedou where the Ebola virus first was detected. Photo: Samuel Aranda/Panos



A Liberian health worker speaks with families in a classroom now used as Ebola isolation ward.

Photo: John Moore/Getty Images

Voluntary leave, therefore, may be interpreted by local communities as abandonment and may also contribute to rising suspicions about the disease and public health officials' attempts to contain it.

#### Too few health workers

The health workforce has been and continues to be inadequate for meeting basic health needs, let alone for a public health crisis of this magnitude and severity. In general, more people are needed to trace contacts, manage clinical cases and bury dead bodies.

By most accounts, all of this work is exhausting. Many people have volunteered to trace contacts and bury the dead, but the sheer volume of work has overwhelmed them. There is no similar incentive structure for health workers, who also risk their lives to work among the very sick. Fatigue, existing grievances about protection and pay for health workers, and a general shortage of clinically trained personnel have complicated efforts to treat patients.

#### Militarized responses

A source on the ground in Liberia has suggested that language of 'war' has

been effectively mobilized to enlist community support in efforts to address EVD.

While it seems that language of 'fight' or 'battle' against Ebola may work in some communities, it clearly does not have the same appeal everywhere. The relatively recent experiences of protracted conflicts in Liberia and Sierra Leone may exacerbate existing tensions that persisted before, during and after the war. Treating EVD primarily as a security issue requiring a militarized approach may alienate communities.

As a resident of Monrovia's West Point neighborhood noted in an interview with journalist, Jina Moore, "*How can you bring in a health team, and then you bring in the army?*" he said, referring to troops who had been reportedly sighted on Saturday morning. "*What's next?*".

#### The fear of "what's next?"

Indeed, the fear of "what's next" has prompted a range of responses from communities being 'guarded' by the military. Outbreak response has been militarized without appropriate communication and supportive care. This appears to have engendered

additional mistrust and foster resistance to public health initiatives. Similar concerns have been expressed behind the *cordon sanitaire* (quarantine zone) enveloping the most affected regions in the three countries.

According to a report in the New York Times, "*alarmed residents have told reporters that they fear starving because food prices are rising. Many farmers have died, and traders who cannot travel cannot earn money.*"

#### Other health needs not addressed

EVD has limited local capacity to address other pressing health needs. Clinical responses to Ebola have overburdened the health system, leaving few health workers to attend to other kinds of clinical cases.

Moreover, earlier concern by local communities regarding becoming infected with Ebola at the health facilities has kept them from attending. Without a greater number of clinicians working in health facilities, Ebola may further degenerate the health system.

# Recommendations

- Provide additional support to frontline health workers in terms of salary, protective gear and equipment, and social support.
- Continue support to recruit health personnel to treat EVD cases.
- Support health systems development and strengthening, rather than piecemeal components that highlight disease-specific concerns, target groups (i.e. women of reproductive age and children), or 'emergency preparedness'.
- Ensure support of transparent communication of public health messages related to quarantine, isolation, treatment and basic individual preventative measures.
- Ensure that all traditional public health measures (like quarantine and isolation) take into account histories, cultural and social concerns.
- Address economic and social needs of those communities under cordon sanitaire or communities otherwise isolated because of the disease.
- Companies and organizations need to make decisions about suspension of their operations based upon scientific evidence and appropriate risk assessment techniques.
- Build on growing solidarity within communities to improve case detection and health communications outreach.



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Adia Benton was the main speaker at the NAI seminar '**Mistrust in the time of Ebola**' in Stockholm 19 August.

**Markku Vesikko**, Country Manager for Liberia of the Finnish Refugee Council was in the panel and has contributed to the elaboration of this Policy Note.

## Sources

Lumley Health Centre Workers Threaten to Down Tools, Sylvia Kamara.  
[http://news.sl/drwebsite/publish/article\\_200526006.shtml](http://news.sl/drwebsite/publish/article_200526006.shtml)

Can the World Health Organization Lead? Do we want it to? Jeremy Youde.  
<http://www.washingtonpost.com/blogs/monkey-cage/wp/2014/08/08/can-the-world-health-organization-lead-do-we-want-it-to/>

Mistrust And Confusion Swirl Around Ebola Reports In One Liberian Neighborhood, Jina Moore.  
<http://www.buzzfeed.com/jinamoore/in-a-liberian-neighborhood-mistrust-and-confusion-swirl-arou#3vmzku1>

Guinea bears brunt of West Africa Ebola havoc, Kingsley Kobo.  
<http://www.aljazeera.com/news/africa/2014/08/guinea-west-africa-ebola-havoc-worst-hit-death-toll-dis-2014817221533942276.html>

The New York Times  
[http://www.nytimes.com/2014/08/13/science/using-a-tactic-unseen-in-a-century-countries-cordon-off-ebola-racked-areas.html?\\_r=0](http://www.nytimes.com/2014/08/13/science/using-a-tactic-unseen-in-a-century-countries-cordon-off-ebola-racked-areas.html?_r=0)

## Further reading

Ebola, Culture and Politics: The Anthropology of an Emerging Disease by Barry Hewlett, Bonnie Hewlett, 2008.

2014 Ebola Outbreak in West Africa.  
<http://www.cdc.gov/vhf/ebola/outbreaks/guinea/>

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