

CDC Ebola Response Oral History Project

The Reminiscences of

Sakoba Keita

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Centers for Disease Control and Prevention

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Sakoba Keita

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Interview 1 of 1

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Q: I believe we are going to start with where you grew up and with whom.

Keita: I was born in the south of the country in a prefecture called Nzérékoré on June 8, 1954. I went to elementary school there. In 1965 I left the country's south for the capital where I finished elementary and middle school and went to high school. I then received my *baccalauréat* [high school diploma] in 1973 and graduated with distinction. As a result, I was given a scholarship for a university in the Socialist Republic of Cuba, where I studied seven years beginning with Spanish the first year, and then in medicine for another six years. I returned to Guinea in August 1980. I began my service in the Siguiri Prefecture and then returned to Kankan in northern Guinea where I spent fourteen years. I had a promotion and was named regional health inspector in the Mamou region, then in the Boké region in 1994. In 2000 I was named coordinator of the leper program. In 2008, I was given the post of chief of the division of preventive medicine at the Ministry of Health. In this position I took care of the epidemiologic surveillance for the whole country and managed the response to twenty-five epidemics, the last being the Ebola virus disease that I have worked on from 2014 to 2016.

Q: Wow. Talk to me about your time in Cuba.

Keita: I arrived in Cuba when I was very young, nineteen years old, when I did my year of language studies, and then our first year of medical studies. I had good grades and at the end was chosen as the best foreign student. My name was in the August 29, 1980 *Journal de Cuba* which I still have a copy of.

Q: They chose some students from Guinea, from all African countries—how did it happen that you studied in Cuba?

Keita: It came about because there was close cooperation between Guinea and Cuba at this time. The best Guinean students were selected in order to send them to Cuba. Thus, it's really—it came about as a result of the good grades I had during the studies for my *baccalauréat* that reached Cuba at this time.

Q: And what did you think of your experience in Cuba?

Keita: My experience was very enriching because they taught me many things, above all rural medicine and a spirit of sacrifice for the country. In all circumstances we have to put the interest of the nation before individual interest. And it was this collective love above all that animated me and gave me the force to dare and attack Ebola, stay in the front line, communicate with people and assure them in difficult moments that we must keep our serenity in order to confront this new phenomenon—and we can convince people. In Cuba, I also learned to remain modest and adapt myself to the lifestyle of my

community, above all to its habits and customs, to be a good listener and understand the situation of people and their standard of living. I bring to them what I can according to the means that I am given. Most importantly, I adapt myself to circumstances and do all that I can even when there are many difficulties.

Q: And you used that when you were fighting the Ebola epidemic?

Keita: During the Ebola epidemic, I had the reflexes that came from my training as a child, which gave me more energy and allowed me, above all, to resist fatigue or discouragement caused by a lack of success, which can lead you to possibly lose motivation. Each time I thought of that, I said that I am never going to give up in the practice of my profession. I have to know that in remaining perseverant, I will have victory.

Q: Yes, that's interesting. What were you just before the Ebola epidemic?

Keita: Before the Ebola epidemic? It must be said that there were several cholera epidemics. I personally managed seven cholera epidemics in the country and several meningitis epidemics. Thus with Ebola—when I was told it was Ebola—I reviewed the documentation. I realized that we were facing a very dangerous disease. Consequently, my first reflex was to promote preventive measures as with cholera, because the diseases' preventive measures intersect. I started to communicate and prepare my personnel to face this epidemic. We did a review of the documentation, a collective reading to better know

the disease, above all preventive measures, and also how to communicate the symptomology, the means of transmission and individual protection for the benefit of the population, and finally to organize the authorities for the struggle.

Q: You used the same experience that you had with cholera to begin the Ebola struggle?

Keita: Actually, this was what we had at the start. It's a question of reusing all the preventive measures used in the struggle against cholera, including sanitation, washing hands, water purification, not shaking hands, etcetera. This was the first information that we copied from the cholera experience and used widely in order to protect ourselves from Ebola.

Q: And you decided to do that because you read about Ebola or—how is it that you connected the two? Because there wasn't a lot of experience in West Africa with Ebola before that.

Keita: Actually, we closely read news items on Ebola but, as we had a lot more experience with cholera, we saw that the means of transmission had similarities, from that—and that the population already knew cholera and its means of transmission and protection. As a result, we said to the population, in order to gain time, we must use the same measures as against cholera.

Q: Tell me how you learned about the epidemic before your participation in the struggle began.

Keita: It was a shock for me the day that I was first informed in March 2014 by the inspector general for health of Nzérékoré in the Guéckédou prefecture, that there were two successive deaths—of our surgeon general of Guéckédou hospital, who died along with his nephew, the director of the hospital of Macenta, who was a well-known man. After this illness, there was a first investigation by the regional office for health in the south of the country, which sent me their report, which concerned a mysterious disease that has caused damage. After that, we sent a mixed team composed of the World Health Organization [WHO], the health minister, and Médecins Sans Frontières, that reported on the scale of the phenomenon and had a good number of cases they had identified. The first samples reached us on March 18 and we successfully sent them to France, principally to Lyon, and on March 21 at one o'clock in the morning, I was informed by telephone that it was Ebola. But in the meantime, we reviewed the documentation on the internet. The two diseases that we feared were Lassa [fever] and Ebola, but because of the high Ebola death rate, we did not think very much about Lassa. We greatly feared Ebola, but we wondered how Ebola was able to jump from Central Africa and land in Guinea which had never known Ebola. So we were worried when the news fell on us, and it kept me up all night on March 21.

Q: How much time did it take to draw blood, have it reach France and then receive the results?

Keita: You have to count beginning from the 18th, and we received the first results on the 21st, so about three days. But afterwards we had shipping problems with the other samples because no airline company wanted to take the Ebola samples. As a result we spoke with the WHO, and they transferred part of their mobile laboratory from the Pasteur Institute in Dakar. This sub-regional laboratory arrived on March 24th in Conakry. It was this that allowed us to confirm afterwards the other cases from the other samples that were from the Guéckédou zone or from the Forest Area of Guinea.

Q: And after you received the results on March 21, how did you get involved with the epidemic at that moment?

Keita: Beginning then, being first supervisor for monitoring, I informed my minister of health the same night. I telephoned him and informed the president of our committee of sanitary crisis that I had received the news that it was Ebola and that we had to meet quickly. Thus we decided with the government to make a declaration on March 23rd to announce to Guinea about the Ebola epidemic, and we solicited also national and international committees in order to curb the disease.

Q: And when you have heard the news that this was really Ebola, what did you think?

Keita: I had a pretty combative spirit. I knew that I was dealing with a very frightening disease and I didn't know the enemy or how to circumscribe it. But I had faith that

everything that begins ends one good day. I asked my collaborators to really tighten their belts, that this was a struggle that was beginning. We didn't know how the enemy—how we were going to beat it, but with courage, we could get to the end of it. But according to the review of the documentation, I found also that the majority of previous epidemics lasted, maximum, from three to six months. I had faith that at the end of a maximum of six months, we would come to the end of this epidemic.

So we started. We had success sometimes. But this was without knowing all the mean of transmission, and there were weaknesses of another kind—as to the value of our strategy. We understood afterwards that our habits and customs in cases of death and funeral ceremonies contributed to the propagation, given that the disease did not apparently diminish and was propagating itself in other prefectures where people went to give their condolences to the victims' families. As a result, when we figured this out, we were obliged to review our strategies and limit not only funeral ceremonies but also movement of contacts. Starting then, we understood that the least transmission made it impossible to circumscribe Ebola in a prefecture where it started.

Q: And this took you how much time to discover?

Keita: It took us three or four months before discovering it because, apparently, we had fewer cases during the months July-August 2014. So we were a bit in a dream, thinking that we had gotten to the end of it. We thought that certain prefectures were in a period of incubation because people were not offering their condolences. In addition, we learned

that people from Conakry had gone to offer their condolences to our doctor when we had the first cases of Ebola in Conakry. We wondered how to find these people who had come to offer their condolences, etcetera, which had encouraged the diffusion of the disease. I was the official responsible for surveillance at this time with the national committee for the sanitary crisis. Each one of us in his field tried to get ahead so that we could better understand this phenomenon of propagation.

Q: You have given a chronological summary of your work in Guinea. During the beginning, the middle, and the later stages, what was your role in the response—how did you change from the beginning to the end?

Keita: My role changed a lot. At the start, I was responsible for the surveillance commission. Because I did the surveillance, I was the president. I did a lot of training in this context. But afterwards, we saw that the response wasn't evolving, we weren't reaching our objectives in controlling the disease. The number of cases was growing, above all toward the end of the year, the last third of 2014.

So we judged it useful to put in place the coordination of the struggle against Ebola, not only to better organize interventions on the ground but also in putting in place our activities when reacting to events. So the choice fell on me to lead this coordination and I accepted it with pleasure and devotion. So it was the first change in my position in this struggle, and at the end of 2014, I examined Ebola's evolution. The peak of the epidemic took place for us in November-December. I asked myself how to deal with the new year,

2015. The classic strategy that we had adopted starting in Accra with the WHO and with the many partners that came afterwards was not yet yielding convincing results. Finally, I asked the strategic committee, we have to find the gift of a new strategy for the control of this illness beginning in January 2015. I was inspired by this initiative that I took on with the strategic group. As a result, we were able to remobilize the Guinean population, which was discouraged and losing motivation because of the lack of success we were experiencing. In fact, the number of cases as well as infected prefectures was increasing. And there was much resistance from the people who simply no longer believed. There were people who continued to die. And the number of cases increased even with the advice that we gave people. They no longer believed because they thought that we weren't able to control the disease. So in January, we started the campaign of zero Ebola in sixty days. After an analysis of the majority of prefectures where the community was helpful, Ebola didn't last beyond sixty days. There were prefectures that we brought under control in forty-five days. By using slogans and hope, we made progress in these different localities. For the other localities that were touched by the epidemic, it was also possible to control the disease, if the citizens were with us and helped the other residents of their prefecture. So it was that in the twenty-seven localities that were resisting our efforts, where the disease was very active, we were able to reduce this number to four localities in the sixty days. After that, the vaccination was added to our efforts. We led a search and sweep campaign beginning in February and March, and the figures for Ebola fell and we succeeded in controlling the prefectures one by one. That gave us a lot of hope, and in spite of all that we continued to have some focal points where the disease persisted. That led to new innovations like the quarantines we did in small localities and

the mini-quarantines in big cities. And that helped us a lot to speed up our control in these places.

Q: So it was the campaign for zero Ebola in sixty days that was the turning point?

Keita: That was the decisive turn in the evolution of Ebola in Guinea. That allowed us to reduce the resistance to participation and to start winning a commitment from the community, and the whole civil society, the leaders and the young, the social organizations. The development associations mobilized and we explained that if we didn't create a national circle, we risked to damage ourselves, not only from the many deaths that would impact our economy, but even the movement of Guineans would be limited, and we would stigmatize people in the sub-regions, everywhere in fact. So it required a remobilization of the Guinean population to thwart this phenomenon that was growing in order that everybody know that the collective life was threatened and that we had to act in a synergistic manner in order to control Ebola.

Q: And during the whole period of the epidemic were there other turning points, the good and the bad? Are there other turning points that you can recall?

Keita: There were positive turning points and those that were less positive, or even negative. The first negative turning point was when we reached the climax of resistance to our efforts. That day, I cried many tears when I saw that our team, one of our outreach teams in a sub-prefecture, was attacked by the population. They were killed by the

population who attacked them, and that day we lost eight people. That was a setback for our strategy of communication and outreach. That was the greatest setback. And afterwards, we had similar incidents where people burned ambulances, where some of our teams were attacked, even tied up by their population. These incidents led us to change our communication strategy in order to reduce a little the mistrust of the population and to achieve better support from them. That was the blackest moment, as well as losing about 115 people in the struggle one after the other. There were moments in which, practically every week, we had infected agents. But that truly was the blackest moment. I was involved myself in some very risky actions without knowing it, but whatever, we were able to resist these black periods.

The joyful moments came each time that we successfully controlled the disease in a locality which accepted to be quarantined. We ended with a celebration and a benediction and we shared these moments of glory with the population. The decisive moment was when the vaccination was accepted. We took our time, almost a month, to convince everyone to accept Merck's clinical trials in Guinea. Many people were against it because they didn't know anything about it. In addition, this vaccination had never been tried on a large scale in the world. So it was a very difficult decision for me and the Guinean authorities to accept it. At that time I was placed before my conscience and my commitment as a technician to prove to the population that the vaccination could do something for us. And it was difficult on an individual level to offer myself as the first candidate to receive this vaccination in Guinea, to show the population that my commitment was sincere, that it came from the heart, and that I want that this

vaccination—that it was only a trial. If there were dangers, I was ready to face it, but I want to sacrifice myself so we could find a remedy not only for this epidemic, but for future ones in Guinea and in the rest of the international community. It was a poignant moment and many tears flowed on the faces of the people who watched on television a man of his position facing a turning point in the history of the disease.

Q: It was your idea to be vaccinated first?

Keita: At first it wasn't supposed to be me. But as the person in charge, I believed many people would follow. And that's what happened. And after doing it, many followed. We had trouble convincing people until we finished vaccinating everyone who had had a dangerous contact in my country, which helped us to control the disease.

Q: Tell me about the most important choices that you made during the response.

Keita: There were some moments when I was happy with our strategic choices. First, the choice to put in place a single site of coordination was a good decision by the authorities, as well as of the partners who suggested this unit, which the doctor Professor Pierre Rollin and Dr. David Nabarro were involved in. Moreover, French cooperation through their embassy who worked with Médecins Sans Frontières to put in place this coordination cell to accelerate the execution of our activities on the ground as well as to better coordinate our interventions helped. Second, at a certain moment, we discovered that the classic strategy wouldn't lead us to control the disease. So we put in place a

strategic group that thought hard about how to improve the situation and measured our difficulties in making new strategic choices. That was very useful. So it was that we successively improved our follow-up of the contact group. We founded the campaign for zero Ebola and organized the search and sweep campaign. We had quarantines and finally tight and active surveillance. These strategies allowed us to better understand the Ebola problematic and reduce the population's fear and reach households, one after the other.

Q: I'm going to ask you about your work with the CDC. Please explain your relationship with the CDC through time and how it changed.

Keita: It was my knowledge of the CDC— It started in a very profound way with the arrival of the Ebola epidemic. I really appreciated the arrival of Professor Pierre Rollin because it took place for the first time at a totally panicked moment of the epidemic. Everybody was afraid. Personally, it was difficult to calm the population's stress and fear in the face of the disease's evolution in the country's south. The authorities didn't believe in us, and our communications weren't convincing enough. So when Professor Rollin came with his authority, he established a good rapport with the first personalities of the country, with the members of the government, religious leaders and communicated to them with his knowledge of this epidemic and previous epidemics. That allowed us to give more information and reassure the population. His presence was very reassuring for the authorities and the population and gave them hope that we could beat this disease, that we could maintain our hope. We collaborated afterwards in the management of data.

And we helped to better filter the data, to collect the data, to publish it with the help of the WHO, and to organize, in addition, entry points to prevent our “persons of contact” from leaving the country. So, little by little, different CDC teams came to help us organize the work of coordination and make a functional schema. We were more and more successful, and our relationship with the CDC solidified over time.

Q: When you think of your work with the CDC, what memories do you have?

Keita: My work? The good memories first. It’s like someone feels himself in danger. I use the example of a drowning man and someone comes to offer his hand so you can get back to the bank. For us, I can say that the CDC took life-preserving actions in Guinea, that they saved us in every way at some very difficult moments in the struggle against the epidemic. That they be deeply thanked for this humanitarian assistance that they brought to my country. And we count on following up with them. As I said, the child starts to walk but his feet are still not stable enough to run. The CDC must help us so that we can run the hundred-meter race.

Q: In what ways do you think that the CDC helped you?

Keita: Of the intervention of the CDC, there are two points that remain with me. First, in matters of communication that helped us a lot to lower the stress level in the country. They helped us to communicate well, to better know the disease, and to calm the population which was truly stressed. Second, the surveillance and the control of entry

points, following up on contacted people, and the management of data were the strong points of the CDC intervention in Guinea.

Q: What do you think were the situations in which the CDC was absent?

Keita: The one absence I noted above all was in providing support. And here, I don't think that this is their domain of predilection. I preferred to leave that to the NGOs, Médecins Sans Frontières in Lima and the French Red Cross who intervened fundamentally in this domain. They intervened at a given moment in the prevention and the control of the infection. We held meetings with the professor Pierre Rollin who led many seminars for the personnel who were still getting infected with the virus, and we had many seminars to raise the personnel's awareness and to lead them to develop measures of prevention in health care establishments.

Q: Yes, the goal of the CDC is not to take control of the situation and manage it, it's to support the government and the NGOs. For you, do you think that perhaps that was a little difficult in Guinea?

Keita: Yes, that was difficult, but I think that, in the future, we are in the agency and we have a support department—I think that it's best to take an interest in a support function because we have to continue to disseminate this information, like the WHO has a support protocol for diseases which could potentially become epidemic. I think that the CDC has many scientists who could help us to improve our support protocols in an informational

framework and improve the personnel's in-place capacities. We had a lot of problems training certain personnel in immersion techniques at treatment centers, such as the contingent which was coming, that came. We knew Médecins Sans Frontières. Their ability to train is deep. So we put away two months of preparation for the team. If we had units like that prepared, we could reduce the time and have a good support capacity as well reduce the transfer of the sick from one locality to another. This transfer helped us end the very sad period during which we often lost the sick in long transfers of five hundred to six hundred kilometers on very difficult roads with six to seven hours of travel. I think if you interested yourselves in that, you could help us in the end to have rapid training and to train support staff.

Q: Were there times when you were not in agreement with the CDC's recommendation or actions?

Keita: Yes, there were times when we had differing opinions, I would put it like that, above all concerning data management. They had proposed software to us. Okay, that changed our habits a bit. We had many discussions, notably with Professor Pierre Rollin, so that we could adapt and manage the new strategy that he was proposing. And even with the WHO, we had often had contradictions for certain approaches that they proposed that we did not perceive in the same way. And sometimes we made certain demands that were not favorably received by the CDC or even the WHO. A last point of disagreement or of non-satisfaction was when I proposed to the CDC and the WHO an active and tight surveillance strategy after having read about the risk of resurgence starting from the

survivors. When that happened, I called the CDC and the WHO and I said, “I told you to do that.” After that, they all approved the strategy and supported me, and we mobilized our funds and could put it in operation. We even discovered other cases that should have been outbreaks, but that we could master, and I was very pleased that they went back on their decisions in these kinds of situations. So it was sometimes moments that passed between us, as when one is in a group, for at times we weren’t in agreement, but the essential was to reconcile positions, to see what the epidemiology demanded, and above all to go in the direction of a reduction of risk and to control of the disease.

Q: Describe certain people who didn’t work with the CDC but with whom you had to work, like the personnel of the Ministry of Health and other government organizations, the office of President Alpha Condé, and the president himself, the World Health Organization, Médecins Sans Frontières, and other NGOs, the hospitals and clinics. How did all these organizations work with you?

Keita: It must be said that, in all we had sixty-five partners that intervened during the response, certain in varied areas, others with technical expertise given the material, equipment and orders from the field. Others gave money, or means of transportation, or logistical help. Others furnished training, and others helped us to raise awareness in the communities. Others even helped with supplying foodstuffs. We shouldn’t neglect WFP [the World Food Program] who helped us do that. Others helped drill wells to improve the living environment and to recall measures of hygiene in certain communities that didn’t have access to water, etcetera. So with all that, sixty-five partners helped us. All

that was made possible through the support of the head of state, President Alpha Condé. At a certain moment, I was the object of attacks from many NGOs who didn't see things as I did, and the cost of consciousness raising was becoming more and more important. I had difficulties coordinating all these interventions and the disease was progressing. At a certain moment, the president took leadership for coordinating all the interventions. I had to report to him on events every day, morning and evening, and three times during the week we had to go with the experts to report on new strategies and what we thought. We saw the determination and leadership of the president. That was truly a factor that allowed me to coordinate the technical interventions of different partners who didn't have the same reading of the situation. But that case doesn't hold. Everybody held the consensus, and each one in his field at a given moment like in a full war, everybody makes his contribution and finally, there was a certain synergy of action that led us toward control of the disease.

Q: Talk to me about some interactions that you had with people who were infected with the Ebola virus, or with their family or friends.

Keita: I had interactions because I have many acquaintances with families that on a social level caused me to have much pain in my heart. I had friends, I had acquaintances who lost the family breadwinner, who is the pillar of the family who gave food and resources to everyone and who now is gone. That pushed me to ask: what can we do for the victim-families of Ebola? And that led me to begin to initiate strategies to support these families. We gave first priority to the families of our health care personnel who were victims. It

was in negotiation with certain partners such as the World Bank who authorized me, we found financing of \$10,000 for each victim-family of our personnel, which relieved these families who had just lost their source of revenue. It also relieved my sufferings with the families of the victims. I also saw families with problems of education, of the orphans that we had. We contacted UNICEF and other associations that took care of more than six thousand orphans, their schooling, etcetera, and help their families, and WFP who was there to give food to these families. And I was obligated to invest myself in all that in order to be able to coordinate these different social actions. And the last strategy that we included in the tight and active surveillance, because it's one of the aspects that favors the adhesion of healed, is the support we give to the family through food. Work, financial support is that in fact, and to say to them that we share their pain. We are ready to accompany them, but also in return they give us information on the state of their health, of their family and their entourage. Fifty percent of the time we are surprised by the cooperation in the south of the country. I continued to work with all the healing groups, and they have my telephone number, and there are those who call me with problems. And I give orientations to relieve, etcetera—

Q: That's a good thing.

[break]

Q: Okay, could you explain your relationship with your wife and her role?

Keita: You give me the chance to thank my wife who truly supported me at home, because the rhythm of work was so intense. First, I get up every day at five in the morning to be at work between 7:30 am and 8:00 am. And I come home late in the evening. We were her support to do all the work behind me that I didn't have the time to do at home. Also her support during discouraging periods. Each time that the disease took a new turn, and I saw the lack of success of my “disease” and the stress at times of the authorities, etcetera, that led me sometimes to the feeling of wanting to throw in the towel. She understood me in these periods of lost motivation, and she asked me to pick up my courage so that people would keep their confidence in me. The president took me as the leader, the first to invest himself in that, to do everything to honor his confidence. So my wife put up with my coming home late. She put up with the thousands of trips that I took to the interior of the country. And sometimes she got up at 4:00 am to make sandwiches because we were leaving and we didn't know where we could find something to eat. Otherwise, we avoided eating during our trips because of the sanitation risk that we have, and the risky behavior that could contaminate us. So she always prepared my sandwiches which I travelled with and ate at the proper moments. And for that I owe her a lot, and the energy that I had to maintain during two and a half years without leave, without rest practically, that I could accomplish thanks to the moral support. And to continue to educate my children and say to them that Papa—sometimes even my children said to me, “Damn, Papa, why do you continue to do this work? You're tired. You should rest.” But I couldn't rest. The fact I was leaving children who were dying and needed my services. Thanks to her moral support, I was able to withstand it all. So I take this opportunity to thank the CDC who have given me the chance to travel to the United

States in the company of my wife. Truly it has been given me pleasure and joy in my heart.

Q: How many children do you have?

Keita: I have four children.

Q: Four children. What age?

Keita: The last one is eighteen years old.

Q: Ok. What did they think of your role?

Keita: My children are delighted by the role and the testimony that we are giving—for my effort. And I always say that this is an example of sacrifice for our country that I am giving them. I think that they are going to use my example to do better than I for Guinea and for the international community.

Q: She said at the start that you said that you had changed, that the Dr. Sakoba from the epidemic's start wasn't the same Dr. Sakoba that is here now. Could you explain that a little?

Keita: I said that the Dr. Sakoba from before Ebola is not the same one as Dr. Sakoba today. My reasons are that before, I didn't know Ebola. I hadn't mastered what is a coordination cell, an emergency coordination cell, how all that can function. During the Ebola epidemic, it was not only that I read a lot and had many interactions with different hopes and horizons, that I had North and South Africans, Europeans. I also had to listen a lot. I saw that the world is more real, people's ways of acting. It helped me to synthesize and above all to have an experience of coordinating the actions of diverse horizons in order to achieve a common result. It's that which explains the praise one gives me now. I always said that that this is the Sakoba constructed by all of you who had passed next to me. I had more than ten advisors, the majority from France. And some of you. I still have six. Pierre Rollin, Benjamin [A.] Dahl, Michael [H. Kinzer] and Lise [Martel]. So I have had many advisors—American, French, Russian, from African countries, the Congo, etcetera, from the African Union, and ECOWAS [Economic Community of West African States]. All of them gave me advice. For me, advice is like training. That is why I like to say that this not the Sakoba from before the Ebola epidemic that you see. This is the Sakoba that you trained, and thanks to your advice, thanks to the actions we have taken together which benefits from all these experiences, you have me in your presence today.

Q: There were also personal changes?

Keita: There have been changes in my personality. [laughs] I have had moments of nervous crisis due to fatigue, due to the fact that sometimes I had partners who clawed at each other with arrogance because they had conceptions that they presented as take it or

leave it without amendment. I felt a little frustrated by these methods because you couldn't amend the projects of certain partners. I accepted certain partners who showed flexibility in the orientation of their projects and in adapting their project in relation to the realities that we live. When I saw others who said to me, no, Sakoba, it's going to be like this or it's not going to be—we are going to block the material. That gave me feelings of frustration as well as periods of crisis. Each time that this happened to me, I recalled nevertheless the advice of the social anthropologist: listen to people. Afterwards, reduce the number of speakers and organize face-to-face meetings with fewer people, and you will find a path to agreement. I have applied this technique each time that I had contrasting points of view with partners or with groups of associations. I wanted to try and see the bottlenecks and the common ground, like you can see them in a face-to-face conversation. We exchanged contrary arguments and tried to reach an agreement. This exercise helped me to change a bit my personality from being quick to intervene and to accept sometimes that I wasn't right, and I had to take the path that people proposed to me. This exercise helped me to reconcile with events over time.

Q: What did you do after the epidemic ended?

Keita: The end of the epidemic for me today constitutes the end of one stage, because in Guinea, we manage with epidemics that are real, ours, and also because it must be said that epidemics, in my understanding, are a problem of development and change, of environmental changes that create new pathologies. I think that we will continue to prepare ourselves to face new stages, first, to master epidemics that are recurrent in my

country, but also to prepare for an unknown disease that could arrive one day. The experience we have acquired with Ebola is immense. We plan to consolidate and reinforce with our partners in order to make Guinea stronger from this point on, so that we can identify and nip in the bud each new resurgence of unknown diseases in our country and master epidemics of measles and meningitis that are frequent in our countries.

[break]

Q: Are there other questions that you think would be important to ask you or are there other things that you want to say?

Keita: I have in a practical sense provided an overview. Ebola has made me quite talkative because I have lived through so many things and at times we interrogate ourselves and I have said, where to start and where end? I think that I have already said what is essential. I have to be able to conclude this interview which has generated in me the desire to live together. A partnership has developed during the response to Ebola to protect not only Guinea and three other countries but also the international community. With the movements of men and the difficulty of closing all our borders, if we hadn't worked against Ebola in this manner, with the fear that no matter what we did, the Guineans were going to emigrate elsewhere and incite other waves of the disease in other countries. However, the reaction of the international community in every sense made me say that we can hope, in times of distress, that we can count on you to help master the

situation. I think that this humanitarian spirit that has been born in other countries in other circumstances has to be cultivated, maintained by all of us. And that we also, that we can bring our contribution to control other events in other countries. This is to say that the person who is in front of you, I am ready to bring my experience to other countries in situations of distress in order that I can continue to help this international community reduce our suffering in crisis moments, above all in reference to epidemiology. I am very happy that you have given us the opportunity to visit the CDC headquarters. I have learned a lot during this trip. I can see many opportunities to collaborate with the section of the CDC, departments, in order that we can reinforce our capacities in Guinea. I think that if you don't compare yourself to a leader, you can't make progress.

I learned in an American book the key to success. The first point is to have a project you can succeed at. What do you want to do? What do you want to do with your life? The second is to look for a leader that you admire. For me this country that I see on the road to success, which has travelled on a difficult road, constitutes my mirror from this point on. As a result, I have to know what roads it has travelled, so I can prepare for difficulties. I know that I will not travel all these roads with the new technologies. I can jump ahead however from time to time. But even if I don't get on these roads, I can be close to it and be able to transfer and give the same feeling of ease and improvement of the standard of sanitary conditions to my population. I conclude by saying that I have to listen, see, and hear so that I can find the best ways to strengthen my country's sanitary system and, finally, that I can contribute to the control of potential epidemic disease and emergency support in my country.

Q: We would like to thank you too. It was good to work with you and collaborate in Guinea. And I hope that we are going to continue to collaborate together.

Keita: Thank you, thank you.

END