



Risking Repetition

Are we ignoring Ebola's lessons?

Nearly a year after the World Health Organization reported the Ebola outbreak, missteps in the global response have become clearer. Intervention was not only too slow, but overly focused on medical treatment at the expense of prevention; local communities did not trust responders, which made outside interventions less effective; and support and protection for health workers and other local responders was grossly inadequate.

Governments, donors and the humanitarian aid community can learn from these missteps and improve how we respond to, and even prevent, future outbreaks. If we fail to heed Ebola's lessons, however, the world will remain unnecessarily and inexcusably vulnerable to future public health catastrophes.

Change won't come easily—it will require significant political will from affected countries and the international community, including NGOs.

ABOVE PHOTO: A shopkeeper washes his hands in chlorine solution in an Ebola-stricken village in Lofa County, Liberia.

A slow and misdirected response

Funding for the Ebola crisis was anemic until people from Europe and the United States became infected and the media began to pay attention. Key donors did not commit significant resources until September 2014, almost six months into the outbreak.

When the international community finally engaged, the approach was overly focused on treatment versus prevention, even though Ebola is much easier to prevent than to treat. Meanwhile, local communities continued to demonstrate that improving prevention measures was the most effective protocol to beat Ebola. Yet only a fraction of outside funding addressed community-level, community-led prevention.

An absence of trust

These shortcomings in the response were compounded by a fundamental lack of trust between responders and the communities they were trying to assist. People did not believe official explanations; they suspected darker, hidden motives behind the public health messages. This pervasive problem was dramatically illustrated when a journalist and aid workers were killed in Guinea.

The only way to fully address these issues is to change the way we think about fighting epidemics like Ebola. Trust needs to be the precondition for all other action, rather than an afterthought. The following recommendations will go a long way to building trust, leaving us more prepared to face future crises and, in the process, stop the current epidemic.

LESSON ONE:

Local leadership is essential

Communities throughout West Africa responded poorly to prescriptive messages that told them what to do, sometimes without consideration for deeply held religious beliefs. But communities changed their approach, radically and over night, when they were involved in planning.

A case in point is Lofa County, the epicenter of the epidemic in Liberia. The first case of Ebola was recorded there in March 2014. A mixture of suspicion, denial and panic allowed the disease to spiral out of control. Entire households were wiped out. As the crisis escalated, the IRC trained community health volunteers across the county in Ebola awareness and prevention. These volunteers collaborated with community influencers to help communities better understand the disease and talk about it more knowledgeably. In turn, communities became more vigilant, creating checkpoints to monitor people entering and leaving their villages.

Quarantines are a salient example of the essential role of local leadership. Enforced quarantines, such as the disastrous closure of the Monrovia neighborhood of West Point, served to fuel panic and misunderstanding about the epidemic. In contrast, self-imposed quarantines such as the ones organized by communities in Lofa County played a significant role in stopping the epidemic. When communities created their own surveillance teams, people cooperated.

By and large, local leaders and volunteers have been the most effective agents of change. They had an enormous impact on the epidemic. In a one-month period (from mid-August to mid-September), cases in Lofa County dropped from a high of 21 to a low of 5. There have been no confirmed cases in Lofa County since December.

Local leaders need to be front and center in getting to zero.



The IRC's Emmanuel Boyah leads a discussion about Ebola with community members in the hard hit town of Barkedu, Liberia.

Recommendations:

- The governments of Liberia and Sierra Leone must incorporate principles of locally led, locally driven solutions into official policy on disease surveillance and response. Donors and aid agencies should provide the resources and funding to support this.
- Going forward, governments, with support from donors and NGOs, must ensure that methods and efforts to strengthen the health care system are responsive to the needs of the community, and that responders listen to community concerns and ideas.

On the front lines

IRC teams have been working in Sierra Leone and Liberia for over 15 years, focusing on the remote, poor areas where Ebola hit first and hardest. Working with local leaders, our teams helped to bring the epidemic under control, especially in areas like Kenema District in Sierra Leone, and Lofa and Montserrado Counties in Liberia, where the situation at the outset seemed hopeless.

The IRC's response has not been limited to public health: our teams spearheaded informal education initiatives when schools were closed, and provided support and services to the women and children who, as in most emergencies, were most vulnerable during the Ebola crisis.

In both countries, the IRC is playing a leadership role in the national response, leading consortia for health and education.

LESSON TWO:

Health care workers must be paid and properly resourced

From Lofa County, Liberia, to Bo District in Sierra Leone the IRC has heard directly from health care workers who have not received regular salaries for months. When Ebola struck Liberia, health care workers had just gone on strike to protest a lack of wages. As a result, communities did not trust them when they told them that Ebola was real. They thought they had ulterior motives and responded by attacking them, stoning them, and sending them death threats. As recently as November, health care workers in Sierra Leone went on strike to protest working conditions and a lack of pay.

We cannot go back to business as usual. Health care is above all a people business. Health care workers must be paid a living wage, every month, on time. In addition, they must have the training and the resources to do their job safely.

Recommendations:

- › With donor support, the governments of Liberia and Sierra Leone must commit to paying their employees a living wage regularly and on time.
- › Authorities must ensure that health care workers receive ongoing training, monitoring, mentorship and supervision.

LESSON THREE:

Infection prevention and control across the board

Almost 500 health care workers have died fighting Ebola. At the peak of the outbreak in Kenema District in Sierra Leone, 51 health care workers died in one month. The IRC recognized that health care workers were putting their lives on the line to fight Ebola and instituted rigorous training in infection and prevention control across Kenema District. Subsequently, these trainings have been rolled out in health clinics and hospitals across Sierra Leone.

It is imperative that we don't let up. Practices put in place now must be continued and supported. These efforts need to be extended to schools and other public institutions. This is essential to restoring the public's trust.

As schools reopen across the region, it is imperative that they, too, have the resources to protect themselves. All schools need access to running water, without which proper health and hygiene protocols cannot be upheld. Teachers will be at the forefront of keeping schools safe; they must have the training and tools to do so.

Focusing on women & girls

In any crisis, women and girls are particularly vulnerable. Ebola is no exception. The Ebola epidemic exacerbated gender inequality. As schools closed, teenage pregnancy increased. As markets closed, women lost incomes they relied on to maintain their families' well-being. Both developments have adverse effects: girls with newborn babies will have a hard time continuing their educations; women find that lost income strains their relationships with their partners and can lead to abuse. These negative developments can be addressed through specific actions.

Recommendation:

- › Governments and donors must ensure that the specific needs of women and girls are recognized, prioritized and addressed.

Recommendations:

- › Governments must ensure that all health care facilities have IPC (infection and prevention control) supplies in stock and that the water and sanitation infrastructure is in place to support robust IPC protocols. Improvements to the IPC supply chain must take priority, along with ongoing training on IPC protocols at health care facilities.
- › Governments and donors must also commit to improving school infrastructure to maintain hygiene protocols. Likewise, teachers must be trained to identify Ebola symptoms and react appropriately.

Conclusion

Ebola ravaged communities in Guinea, Liberia and Sierra Leone. Over 9,500 people have died. It didn't have to be this way. Governments and responders need to do better next time. As Dr. Mosoka Fallah, who led the community response in Monrovia, said earlier this year: "We are writing the textbook for tomorrow's outbreak." Responders must acknowledge and support the leading role of communities. We must make every effort to build trust. And we must ensure that workers in public institutions have the support and the tools to keep themselves, and the public, safe. We ignore these lessons at great peril. ■