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The real rocket science

The Ebola outbreak continues to dominate the global health headlines as the caseload in the three affected countries in West Africa continues to rise and the international response scales up. It is a serious situation, and locally and internationally it is driven by the fear factor that haemorrhagic fevers ignite despite the reality that there are much higher mortalities from other diseases such as malaria on the continent. Strangely, reports of a marked rise in Lassa fever incidence around Ibadan (90 miles north of Lagos) have not been picked up by the media.

At the Medic West Africa conference, we held a seminar on 'Lessons from the Ebola challenge' to look at the problem from the Nigerian perspective. Happily the country has now been declared Ebola free, and the story of the detective work chasing up contacts of the Liberian diplomats, and monitoring them for the correct period, is a heartening success. But it was also very evident that actually Nigeria had probably been exceedingly fortunate as had the doctors not been on strike, Patrick Sawyer the index case would most likely have been taken to one of the teaching hospitals where the diagnosis is likely to have taken longer, and the exposure to health staff commensurately higher. Whether the contact tracing teams would have been able to cope with the quantum leap in numbers is a matter of debate.

But moving away from this conjecture, there were two clear messages that came out of the seminar which have importance for anyone dealing with further outbreaks wherever they might be. First, there remains a serious disconnect in terms of public confidence in public health services AND health workers confidence in their managers. Managing fear

in the context of such poor confidence requires resources and leadership whether from the perspective of the patient or the health professions. The second issue, which is related, is the serious disconnect in terms of information provision. People are suspicious of what they are told, and are at a loss to know where to find reliable information.

In a country like Nigeria, with a population of around 175 million people, it is estimated that 70 million are illiterate. But of the 105 million who are literate, a large percentage are not health-literate. Rumour and misinformation very quickly abound. This has been one of the biggest challenges in Liberia, Guinea and Sierra Leone. It is very difficult to initiate any programme when there remains a serious disconnect between those affected and those trying to assist.

Treatment is not rocket science, but managing fear and mistrust is proving to be the biggest challenge.

One hopes that there might be a positive legacy to this tragic episode. A legacy which sees public health services properly funded, and thus capable of gaining the trust of those it is designed to serve. Responsibility lies at the very top. For instance we have it on very good authority that Lagos State which dealt with the index case in Nigeria, has still not received a single dollar of the millions the Federal Government promised to help them fight the disease. We need to get serious about health.



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