

## Let us all prepare for Ebola

Valuable lessons were learned during the Ebola outbreak in Uganda in 2000. Trying to ensure a legacy to take forward is equally important. Francis Omaswa was in the hot-seat in 2000



The Ebola Hemorrhagic fever outbreak afflicting a number of West African countries has become a real African and global threat. Travelling via Nairobi or Addis Ababa, the two major airline hubs that connect west and east Africa, we are warned to be careful and to avoid contact with crowds, or to cancel air travel all together. Many health workers have succumbed to the infection in the affected countries and the USA is evacuating their infected health professionals using very high cost air ambulances. There is panic among communities in the affected countries. The governments and the international agencies have weighed in. However, it appears that a trust gap has developed between the health system and the general population which has made control efforts difficult in West African countries. So, how can this trust be regained?

Until the current West African Ebola outbreak, Uganda held the record for the largest epidemic with 425 recorded cases of Ebola during the year 2000. I was then Director General of Health Service's and oversaw efforts to control this epidemic. What lessons did we learn in Uganda?

The single most important lesson is that building and holding public trust by the government and health personnel is the foundation for all control efforts. Ebola evokes fear and apprehension at individual and community level which easily results in herd responses; negative or positive. We achieved public trust in Uganda through very intensive communication with the public. Epidemic status reports were issued through press statements every morning, lunchtime, and evening, along with a press conference each morning. The media are critical in building and sustaining trust and their own confidence has to be won. This was not easy and required personal sessions with the leaders of the media houses on a regular basis. There were also hotlines for anyone to seek or convey information, which was open

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24 hours at the Ministry of Health Headquarters and at the District Medical office in the affected districts.

The second key intervention we made was the recruitment of the support of community or village leaders working alongside the Village Health Teams who are a cadre of community health workers that already existed in the public health system structures. Controlling the epidemic is about early detection, isolation, treatment of new infections, contact tracing, including safe handling of body fluids, and the remains of those who die. This can only happen by staying very close to all families and households, and this was achieved by building community trust of the public health system, including recruiting the support and oversight by local formal and informal community leaders. Top Ministry officials moved to live in the effected districts to support and direct control efforts, and the Minister and Director General visited weekly using helicopters to go to the villages, addressing public meetings and inspiring local health workers.

The third key intervention was the introduction of Technology for quick field diagnosis of new infections. This enabled suspected, but negative individuals, to leave isolation quickly and return to normal life. It also enabled early initiation of treatment measures for those who test positive. This was the contribution of partners such as the Centers for Disease Control from the USA, who brought in a field laboratory and World Health Organization that came with supplies and technical expertise to support and stay with us in Uganda. This global solidarity however, can only work where there is effective local leadership that is trusted by the local population.

Finally, controlling an Ebola outbreak is about strong primary healthcare strategies that we have always aspired for; namely leadership from the top, integrated with routine governance of society and involving the active participation of the people themselves. Once we have controlled this outbreak, let's institutionalise these practices because we need them anyway, but also because there will be another Ebola outbreak soon enough.