

Ebola: communities need to be empowered to manage their own destiny



Effective local government leadership can mould societies. Whether it is Ebola, immunisation or attendance at antenatal clinics, as Francis Omaswa says, if you 'embed the health of the people in the routine governance of society' results follow

Last time we shared lessons from Uganda on their Ebola Virus Disease (EVD) response. Prophetically the title was 'Let's all prepare for Ebola'. Little did I expect that the message would apply to the whole world and not only Africa. The situation in the three most affected West African countries is much worse; it is sadly grim and dire. 'Africa is burning. We need everybody's help now', is a message I received from a colleague who is in the frontline over there.

I want to applaud the enormous and valiant effort by individuals and institutions as well as the resources that have been thrown into the EVD response in West Africa. There are many volunteers from many African countries on the frontline and I know many others want to join but do not know how. I want to express my admiration to these brave health workers from Africa and other countries who have volunteered to support the EVD response in West Africa. Many have given their lives. It reminds me that throughout history, our profession is intrinsically fraught with professional hazards that threaten our lives. These risks are part and parcel of the job. We take all precautions but some of us will still fall victims. A soldier colleague at the height of the Uganda outbreak told us at a funeral where the victim died from Ebola, 'in the army we expect death; we have departments of 'death' to manage this expectation'. No consolation but just sobering reality.

All countries are now at risk. The mighty global system has swung into action and has established 'The Global Ebola Response Coalition' led rightly by the UN with their head office in Accra, Ghana. The African Union has set up a support operation (African Union Support to Ebola in West Africa), and the Chairperson of the African Union Commission has visited the affected countries. Yet the number of new cases continues to rise exponentially.

Who will stop Ebola? What are we not doing right? What can we do better? These are questions that are begging for answers from all of us. Here is my own contribution.

In my last discussion, I listed three categories of the response from the Uganda experience; namely (i) winning public trust, (ii) engaging the communities and (iii) using technology, to identify, isolate, and treat the infected; vaccine development fits here. Of these three, the first two are of the highest priority and hold the key

to stopping the current Ebola outbreak quickest. The two approaches also constitute the long-term sustainable solution to managing future Ebola outbreaks and to laying the foundations for strengthening health systems and attaining universal health coverage in these and other African countries. How can this be achieved?

First and foremost, local government structures need to be in place for reaching all individuals and households in rural and urban areas. These cells of governance structures should be established with the full participation of the local people and their leaders should know the communities well, and also be trusted by them. These cells of governance structures should be linked to the higher echelons of the government and health system, and be able to take action and transmit information both ways. These governance cells are present in Uganda and were effectively used for communication, confidence building, and most importantly case finding. Around 70 - 80% of sub-Saharan Africans live in rural areas and governance structures of these communities is sometimes either non-existent or dormant. When government is absent, disease outbreaks occur, fester, fizzle out or spread unnoticed. This is what I have described many times before as 'embedding the health of the people in the routine governance of society'. It is these local government leaders who can ensure that children are immunised, the pregnant women attend antenatal clinics, that early marriages do not take place, pit latrines are in place, food security is assured, and law and order exists enabling the communities to go about normal business, and link with Non-Government Organisations, etc. This is the foundation of the health system and of universal health coverage that literally leaves no one behind.

Actions along these lines are possibly already taking place in the worst EVD-affected countries. I still urge all key factors to give this approach more consideration and resource investment. This time of crisis is the best time to introduce or strengthen such governance measures, and they are likely to last and be sustained in the future. I would also like to see more visibility in the media of the national and regional leadership from the affected countries as this will strengthen their credibility among their own people, which is essential for the success of this approach. Finally, I wish to urge all other African countries to give this approach some serious consideration as we plan for our health systems and universal health coverage.

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