

Ebola 2014

problems of community engagement

Paul Richards

Njala University, Sierra Leone

Communities

what went wrong?

- Spread of rumours
 - Germ warfare, organ harvesting
- Violent opposition to Ebola responders
 - E.g. Womeh incident in Guinea
- Many delays in reporting and isolating cases
 - E.g. Fogbo infection chain in Sierra Leone

The road to Fogbo

1. The Fogbo infection chain developed from August 2014
2. Responders turned back due to rainy-season floods
3. Extracting suspect cases required improvisation by canoe paddlers and bike taxi riders



Professional health care is new

- Families are the main providers of health care
 - Lack of facilities, distance and expense
 - Referral requires mobilization of resources
 - Families wait up to 3 days to see if local remedies work
 - It is safe to move an Ebola case only during the first 3 days
 - This “dry” phase is indistinguishable from malaria
- “Free” rural health care is recent
 - Post-civil war in Sierra Leone (after 2002)
 - Referral is expensive
 - The family has to send members to nurse the patient

Nurse-midwife at a new health centre

(Koromasilaya, Koinadugu District, Sierra Leone)



Community structure

Upper West African forest-edge villages

- Patrilineages allocate land for subsistence
 - land holding groups are linked by marriage
 - Mutual support in marriage, sickness and death is vital for reinforcement of family values
- Ebola attacked the system of interfamily solidarity
 - Families were prevented from
 - caring for the sick
 - burying the dead

Top-down Ebola care (dressing shed, and site of main ward, Bandajuma ETC)

1. International response to Ebola based on large-scale bio-secure treatment centres (ETC)
2. Patients were transported long distances, separating them from families
3. It was hard for families to visit or offer care (e.g. food)
4. The basic premise of family involvement in care for the sick was violated



Distant burial

1. Many patients died and were buried in ETC without family involvement
2. Even today family members do not know the fate of some patients
3. Nor can they afford to visit the place where the victim is buried



Solutions?

- Local care units (Community Care Centres)
 - Opposed by some international responders
 - Biosafety concerns
 - Concerns unfounded; see Pronyk et al. (2016)
 - Welcomed by communities
 - Families remained in touch with the sick
- Home care protocol
 - Opposed by some international responders
 - Biosafety concerns
 - Introduced (“be safe while you wait”) November 2014
 - Unavoidable, since not all cases could be reached in time

INCLUDE FAMILIES

1. Families are bound together by feeding
2. Ebola response separated patients from family care
3. Decentralized care was safe and reunited families
4. Community Care Centres for Ebola allowed families to prepare food for sick members
5. Referral of suspected Ebola cases was speeded up and infection chains were ended

