News



Health workers wearing protective equipment pray at the start of their shift at an Ebola treatment center in Monrovia, Liberia, on Sept. 30, 2014. (CNS / WHO / Christopher Black, handout via Reuters)



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Has the experience of Ebola and other previous epidemics helped prepare African countries for the COVID-19 crisis?

Unfortunately, "the past experience has not helped present reality" in the West African nation of Liberia, Sr. Barbara Brillant, the dean of the Mother Patern College of Health Sciences in the Liberian capital of Monrovia, said during an April 16 webinar sponsored by the Berkley Center for Religion, Peace and World Affairs at Georgetown University.

While Liberia does have sufficient proper personal protective equipment to respond, Brillant said she believes an understandable rush toward stay-at-home orders overlooked a key part of what was learned the Ebola outbreak of 2014-16: the need for community-based outreach and education.

"How do we teach [people] hand-washing? How do we teach them social distancing?" Brillant asked, noting the situation is compounded by authorities putting up bureaucratic barriers that make it difficult for health care workers to receive official passes to go into communities. Authorities are also questioning health workers' passes as they enter hospitals and clinics.

"Communities are very, very lost. They are very afraid," Brillant said of the near-absence of community-based education programs, at least for now. "I think we're in deep trouble, at least here in Liberia."

"Are we doing community awareness the way we should? I don't think so," said Brillant, a Franciscan Missionaries of Mary sister who is also national health coordinator of the National Catholic Health Council of Liberia. "Is the Catholic Church trying as best as it can? Perhaps. But we could use much more help."

During the Ebola outbreak, a total of 28,616 "confirmed, probable and suspected cases" were reported in Guinea, Liberia and Sierra Leone, the World Health Organization said when it announced in March 2016 that the public emergency stemming from the outbreak was being lifted. A total of 11,310 people died.

Brillant said one challenge for the eight Catholic-run hospitals and health centers in Monrovia, which account for less than 5% of hospitals and health centers nationwide, is that the national government is focusing its attention and resources on public facilities, a dynamic that also occurred during the Ebola crisis.

"We have a huge challenge," said Brillant, an American who has lived and worked in Liberia for more than 35 years. "I think we're in for hard times."

Though the country of nearly 5 million does not yet have a large number of cases — 101 by April 22, with eight deaths — she said health officials and workers know testing and containment are "the way to go." But, she added, "we just don't have the test kits, and we're not ready to contain [the situation] as best as we can."

"We could do far, far better," she said, though she made clear that the national government has made the threat a priority. At the same time, Liberian facilities are not prepared for cases requiring more intensive hospitalization for those with underlying health conditions.

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Another West African country, Ghana, has its own set of challenges, said Peter Kwame Yeboah, the executive director of the Christian Health Association of Ghana, who also spoke during the webinar.

"We've never had an epidemic of such proportions before," he said, noting that Ghana was spared the effects of Ebola, but that has put the country at a disadvantage in responding to the COVID-19 crisis. Unlike Liberia, for example, institutions in Ghana do not yet have sufficient stocks of medical supplies and personal protective equipment.

Overall, Yeboah said, "people have not still realized the risk involved."

As in Liberia, national authorities in Ghana are putting resources into public health facilities rather than church-affiliated institutions. That is a frustration for the church-run hospitals and clinics that "contribute to the national coffers," Yeboah said, noting that the church is seen as resource base but not as a "needy partner" requiring resources and support.

He noted that religious institutions are helping national efforts by advocating for physical distancing and accepting the need for quarantine. Yeboah also noted that Catholics, Pentecostals and Protestants are cooperating on public education efforts. He added that a very small minority of clergy he described as "fundamentalist" Protestants are making spurious claims of a cure and making untrue claims that the virus does not represent a public health threat.

Overall, he said, a plurality of religious leaders are leveraging the trust the public has in them and are working to dispel such assumptions.

"Faith leaders are trusted in communities," added Daleen Raubenheimer-Foot, another webinar participant and a South Africa-based technical adviser for a Channels of Hope, a humanitarian program of World Vision.

Brillant noted that the ongoing training of health care workers is important in the current pandemic. The key, she said, is that health care workers become comfortable with the personal protective equipment, knowing that protective gear is safe.

"Train and train your health care workers," Brillant said. "Keep your health workers safe, and they will be of service to the population."

Ultimately, she said, the health care workers in Liberia helped stem the tide of Ebola there. That makes them good resources in the current pandemic, and the general population respects health care workers.

That's important, Brillant noted — an observation rooted in the challenges of the Ebola epidemic. In a 2014 interview with GSR, she said that in the early days of the Ebola epidemic, Liberians were frightened to visit clinics and hospitals because they did not trust the health care system.

"Why? Health workers were dying, and they thought, 'These are the people who are giving it to us, not trying to save us,' " Brillant told GSR at the time.

In the 2014 report, correspondent Melanie Lidman noted the precautions people were starting to take in Liberia to combat Ebola, with a "no-touch" policy by health care workers now being echoed in the response to COVID-19.

"Liberia traditionally has a warm and effusive culture, with handshakes, hugs and double-cheek kisses being common ways of greeting friends and strangers alike,"

Lidman wrote. "The 'no touch' policy is trying to temporarily stop that. The proper greeting now is now a bow from a distance away."

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