



The Ebola Virus Disease in Liberia: improving community awareness for disease surveillance

Liberia's fragile health system at the time of the Ebola outbreak

At the time of the 2014–2015 Ebola Virus Disease (EVD) outbreak, Liberia was still recovering from years of civil war and unrest. The country's infrastructure was very poor, especially in rural regions, where people could not easily travel because of the lack of adequate roads.

Liberia's health system was also weakened by the civil war, leaving health facilities struggling to respond to the EVD outbreak effectively. There was a lack of basic drugs and medical supplies, as well as the disenchantment of low-paid health workers. In fact, health workers had planned a strike right when the Ebola virus hit. Another challenge was that health workers often lived very long distances away from the health facilities.

Poor communication hampered the Ebola response

Most people in Liberia rely on the Government for vital information during disease outbreaks. In the case of the EVD outbreak, communication with the communities affected was too slow. Research by Future Health Systems

partner the Liberia Center for Outcomes Research in Mental Health (LiCORMH) on 'Understanding and Building Community Resilience in the Liberia Health System' suggests that lack of political will and the absence of a budget for immediate response to shocks meant that there were limited resources available at the start of the EVD outbreak for effective community engagement. As a result, the Ministry of Health's failure to share information in an adequate and timely manner – from the start of the Ebola crisis onwards – contributed to the burden of disease.

The Health Promotion Unit, and other units within the Ministry of Health responsible for communicating information, should have informed the public accurately and effectively before the spread of the virus reached a high infection level. Due to its highly contagious nature, diseases like the EVD cause significant damage because the Ministry of Health's Department of Preventative Services does not always prioritise messages that have the potential to save lives. Yet, communities fully depend on the authorities, who have the knowledge, to provide them with this information so that lives can be saved. Communities, especially those in rural areas, rely heavily on messages from the Health Promotion Unit, which are often shared on the radio.

Priority actions for Government

- 1 Organise quarterly meetings between the communities and the Ministry of Health Units responsible for sharing vital information with communities to improve their working relationships.
- 2 Ensure that, with the limited resources available, Health Promotion and Community Health Units are empowered to carry out their assigned duties in creating awareness and getting communities prepared for when there are outbreaks.
- 3 Invest time and resources in the Ministry's health promotion activities to educate rural communities about disease outbreak preparation.

Key findings

- 1 Twenty-nine out of the 36 communities highly affected by the EVD (80 percent) indicated that they were unaware of how to prepare for the outbreak.
- 2 Local leaders indicated that there were insufficient engagements (e.g. meetings) between them and the Ministry of Health.
- 3 Community members believe that the Government is not prioritising their health concerns. This is, in turn, leading to increased community distrust towards the Ministry of Health.
- 4 2,800 of the total 3,400 EVD deaths occurred within communities reporting the concerns mentioned above.



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Implications

In situations of disease outbreaks – such as the EVD – issues of distrust, miscommunication and panic tend to arise when key messages are not shared effectively with affected communities. Outbreaks start and end at the community level, therefore the authorities need to engage and communicate with the communities through regular meetings and other means. Doing so would ensure that communities are in a better position to respond proactively to disease outbreaks.

Twenty percent of the communities in the study received communication about preventative measures. There was an 85 percent survival rate among these communities. In contrast, among the 80 percent of communities with limited or no preventative communication, there was only a 30 to 50 percent survival rate.

With most of Liberia's population being illiterate, community engagement (e.g. through meetings) either directly with community members or indirectly with community leaders has shown a positive level of message intake and subsequent application. Understanding community needs, structures and traditions also plays a significant role in resolving the issues they face during outbreaks. It is the Ministry of Health's responsibility to initiate information sharing with communities in order to ensure these communities are aware of diseases likely to affect them.

CREDITS

This Issue Brief was produced by Janice L. Cooper and Sehwah Sonkarlay from the Liberia Center for Outcomes Research in Mental Health (LiCORMH), and Karine Gatellier from the Institute of Development Studies (IDS).

This document has been funded by the UK Government. However, the views expressed herein are those of the author(s) and do not necessarily reflect those of the UK Government or the partners in the Future Health Systems research consortium.

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