Editorial

AVOIDABLE EPIDEMICS

The first official case of Ebola was a 2-year old boy in Guinea, who died on 6 December 2013 – barely a little over a year ago. His mother died four days later, followed by his sister. The outbreak was due to a novel strain of the Ebola virus that circulated locally for months before the outbreak became obvious [1].

In an ideal world, the Ebola outbreak could have been stopped with the first cases, if they had been isolated and their contacts brought quickly under surveillance. But the first cases took place in a rural district in a poor country where nobody was qualified to diagnose Ebola.

When major newspapers started noticing the outbreak in the spring of 2014, the World Health Organization reported around a hundred deaths in Guinea. By then, the outbreak had expanded to Liberia, which had a handful of cases. Some concern was expressed by health organisations, but similar Ebola outbreaks had taken place in the past in Africa, and they had been contained with some help from organisations such as the World Health Organization and Médecins sans Frontières.

Although the epidemic is slowing and should eventually be contained, it will probably kill close to 10,000 people by the time it ends. Besides killing unnecessarily so many people, the outbreak is causing immeasurable damage to healthcare systems that were already fragile. The damage to the economies of three already-poor West African countries is also immense. To their credit, major countries and donors did come to the aid of the countries affected by the outbreak, with supplies, health workers, and even soldiers. But if any lessons have been learned from this epidemic, it is that prevention and solidarity at earlier stages would have saved the world resources and many lives. As a minimum, help should be provided to beef up surveillance and support the healthcare systems so that similar outbreaks are brought under control faster and at lower cost in the future.

With this in mind, it is reassuring to see solidarity having an impact on a smaller scale on the quality of life and health throughout the world. In this special issue, short reports describe successful local projects in Benin, Burkina Faso, Guinea, Haiti, Madagascar, Mali, Niger, Tanzania, and Togo.
The first four reports describe field actions to improve healthcare access for the most vulnerable populations by reducing or eliminating healthcare costs. Thus, two NGOs in Haiti have collaborated to develop a system of funding that allows impoverished families to benefit from healthcare and be protected against catastrophic healthcare expenses. In Mali, free healthcare is provided for small children, especially diagnosis and treatment of malaria. In Burkina Faso, an NGO and a Regional Health Department worked together to allow infants, pregnant or breast-feeding women, and the poorest people to gain free access to the healthcare system. And a network of health care providers in Tanzania established a partnership with the district and a company to cover the costs of treatment of AIDS.

The following three reports describe projects that improve healthcare by adapting services to the needs of local populations. In Niger, a solidarity-based financing mechanism was used to set-up medical evacuations, with a reasonable cost of transportation. In several French-speaking countries of Africa (Benin, Guinea, Madagascar, Mali, and Togo), an NGO facilitated the installation of general practitioners in rural areas where otherwise almost no healthcare was offered. And in Mali, an NGO launched a program at a regional hospital to treat obstetric fistulas. At the outset, the goal was to treat the maximum number of affected women under the best possible conditions and to train an autonomous surgical team on site. But the program evolved to include the wider, medical and psychosocial care of the women.

And the final report focuses on management of drinking water in Haiti. An NGO collaborated with the Haitian Ministry of Public Health to set-up the program, which was possible also thanks to a direct involvement of the local population. All around, local field actions are effective and sustainable in the long run only with the participation of the affected population.

BIBLIOGRAPHY: