

Communities, Communication Can Improve African Health Care

Caption: Dr. Farouk Garba, a  Nigerian physician, spent his 2014 fellowship at Morgan State University.
Credit: Photo: Farouk Garba

Disease outbreaks such as HIV/AIDS, Ebola and pandemic influenza have led health agencies everywhere to realize they have a shared mission. A dangerous disease-causing pathogen may emerge far away. But when one infected patient boards a plane, the disease becomes a much broader problem, even a global health threat, very quickly.

Nations have come to a mutual understanding of their responsibility to maintain “global health security.” With an agreed set of international health regulations, they help each other control, contain and monitor disease. That’s hard in developing-world countries with large rural populations where advanced health care services aren’t available.

The current Ebola outbreak in West Africa underscores how urgent it is to improve not just health care services, but also public understanding of how disease is transmitted and what health care workers must do to effectively control disease.

Some participants in the Mandela Washington Fellowship Program for Young African Leaders have been thinking about these questions and have offered some thoughts for improvement of the continent’s health care.

Dr. Pierre Balamou of Guinea, who works on malaria control with the West African Health Organization, urged YALI Network members to promote better public health “by educating our families and relatives on good public health practices and promoting health at home, [in the] workplace and everywhere.”

Dr. Laud Boateng of Ghana echoed Dr. Balamou’s ideas on the importance of community and social networks to raise awareness of good health practices.

“Our priority as a continent should be prevention, prevention — and prevention,” Dr. Boateng explained.

In Ghana, Dr. Boateng recommends, “as public health personnel, we need to engage an all-sector response” when a major health threat puts the public at risk.

Sierra Leone’s Zainab Conteh, a Mandela Washington Fellow employed by her nation’s ministry of health, notes specific areas where she hopes public health might advance: laboratory networks, health workforce capability and research capability.

Like her contemporaries in Ghana and Guinea, Conteh sees local-level people as an untapped resource for improving health care because they could bring a greater level of trust to health care.

“Community health workers could be trained on simple diagnosis [and] treatment of high-risk diseases like malaria, diarrhea, malnutrition.” Basic education in communities could also allow early detection of dangerous health symptoms to allow quicker action for finding advanced medical care.

Dr. Farouk Garba, a Nigerian ophthalmologist, studied at the Johns Hopkins University Wilmer Eye Institute when he was in the United States. A number of health care policies he saw there might be successfully implemented in Africa, he told us.

Located in Baltimore, with a large population of urban poor, the Wilmer Eye Institute established small care centers at the neighborhood level. “This way health care is taken to the patients, to their door steps,” Dr. Garba wrote.

“This will go a long way in saving lives,” Dr. Garba wrote.

Guinea’s Dr. Balamou says his participation in the Washington Mandela Fellowship program has better equipped him with decisionmaking skills to address complex health problems like Ebola and identify long-term, sustainable solutions.

Overall, these public health workers advise fellow young Africans to heed communications about health issues and recognize that everyone has a mutual interest and responsibility in protecting public health in their communities.
