



African Union

Support to EBOLA outbreak in West Africa

ASEOWA

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ASEOWA: AFRICA'S FOOT SOLDIERS IN THE FIGHT AGAINST EBOLA



Some of the areas ASEOWA health worker had to visit were not accessible by motor vehicle or motor cycle. This meant they had to go on foot in order to reach communities



Africa's foot soldiers: ASEOWA health workers and AU officials pose with Ebola survivors in Liberia recently

Story by Joseph Ngwawi in Monrovia

In any war or difficult situation, there are those people who risk their lives to go to the battle front despite the seemingly insurmountable odds against them.

These foot soldiers often risk it all to march to the battlefield to tackle the enemy, sometimes unsure about the artillery or potency of their opponents.

The risks are so high that any slip-up could have deadly or disastrous consequences – both for themselves and for the organisations or countries they represent.

This anecdote aptly describes the story of the several thousand

men and women who put their lives at risk to go to the battle front to tackle what Liberian Assistant Health Minister Dr Tolbert Nyenswah described as “the most serious public health crisis of international concern”.

According to the head of mission of the African Union Support to Ebola Outbreak in West Africa (ASEOWA), Major General Julius Oketta, members of the AU team were foot soldiers in the truest sense of the word.

“One of the biggest challenges was that of hunting for Ebola cases since some of the areas were not accessible by motor vehicle or motor cycle. This meant that our people had to literally go on foot in order to reach communities,” Dr Oketta said.

In Liberia alone, ASEOWA had a 336-strong contingent, comprising communication experts, psychosocial officers, social mobilisers and epidemiologists.

He said the foot soldiers also had the role of “winning the hearts and minds” of communities that Ebola could be treated using medical means.

This involved an elaborate communication strategy aimed at involving teams of communication experts, psychosocial officers and social mobilisers who engaged community leaders and tried to convince them about the importance of reporting suspected Ebola cases.

“After winning the trust of the communities, epidemiologists would then move in to identify and treat cases,” he said.

In the case of Liberia, which was declared Ebola-free on 9 May, one of the success factors has been the ability of the foot soldiers to convince communities about unsafe cultural practices that were fuelling the spread of the disease.

As a result of the intervention by the AU team working with others, the Ebola infection rate declined from a peak of 100 cases per week in September 2014 when ASEOWA deployed to zero.

Over 4,000 deaths from Ebola have been recorded in Liberia, more than in any other affected country.

Neighbouring Guinea and Sierra Leone continue to fight the outbreak.

The disease has claimed over 11,000 lives across the West Africa region since March last year.

The WHO regards a country Ebola-free after a 42-day period without a new case – twice the maximum incubation period. The last confirmed death in Liberia was on 27 March. © APA

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