

The African Union’s intervention in the Ebola crisis was a game changer”

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On 31 January, the African Union Commission Chairperson Dr Nkosazana Dlamini Zuma formally announced the end of the Ebola mission in Guinea, Liberia and Sierra Leone. The announcement was made during the closing session of the 26th Ordinary Session of the Assembly of the African Union in Addis Ababa, where representatives of the African Union Support to the Ebola Outbreak in West Africa (ASEOWA) were honoured. On the same day, the Chairperson also hosted an end of Ebola epidemic luncheon, during which different stakeholders were recognized for their roles. Some were member states that contributed human, material and financial support, others were from the African private sector that contributed generously and others were partners (countries and organizations), who supported the effort both financially, materially and on the field.

In light of the end of the Ebola epidemic, and in celebration of the heroic role played by the African Union, this article traces the journey, from the decisions by the Peace and Security Council and the Executive Council, to the intervention of the health workers and the impact they had. It also looks at next steps being undertaken by the African Union to deal with future public health threats.



Dr Dlamini Zuma with Social Affairs Commissioner Kaloko, Director Dr Maiyegun and ASEOWA representatives



ASEOWA mission head Dr Oketta receiving his award from AU Chairperson President Idriss Deby and AUC Chairperson Dr Dlamini Zuma

“It all started when my husband’s mother came to us from Dubreka (in Guinea) with a high fever and extreme fatigue. We tried to treat her at home, but her health failed to improve. While my husband and I were contemplating whether to take her to a health centre, she died. On the eighth day after her burial, my three year old daughter fell ill with high fever and by the next day, she had started vomiting and passing out blood. We informed a nurse in the neighbourhood who alerted the health authorities via 115, the Ebola emergency response number in Guinea. They came and took my child to the transit centre in Forécariah. That same evening, she was taken to the ETU in Coyah and the next day, we were informed of her death. I had not finished

mourning my daughter when I developed a flu and headache. My husband made a quick and tough decision as we had just lost our only daughter. He called the nurse in our neighborhood and an ambulance took me to the ETU in Coyah. When I learnt that I had tested positive to Ebola, I collapsed, as I did not think I would survive”.

This is the story of Alimatou Camara of Guinea. She survived. Thanks to the intervention of ASEOWA (African Union Support to the Ebola Outbreak in West Africa) health workers.

Ebola is more than a health issue; it is also a humanitarian challenge that was threatening to unravel the gains of hard won peace and stability, as well as economic growth in the affected countries and the continent in general. The closure of borders and cutting off of air traffic posed the risk of starving economies, stunting social development and isolating the affected countries. ASEOWA was therefore a rapid response by Africa to a silent killer that threatened untold suffering on its people, especially in Guinea, Liberia and Sierra Leone. The African Union had to act fast and it did, with its Peace and Security Council and its Executive Council meeting urgently on August 19 and September 8 of 2014 to put in place the necessary frameworks for the deployment and operations of a mission to put a stop to the pandemic.

The mission, known as the African Union Support to the Ebola Outbreak in West Africa (ASEOWA) was, according to its concept of operations “an AU led military and civilian humanitarian mission comprising medical doctors, nurses and other medical personnel, as well as military personnel, as required for the effectiveness and protection of the mission”. Its mission was to “contribute to the ongoing efforts of the national and international community to stop the Ebola transmission in the affected member states, prevent international spread and rebuild health systems”.

Ebola was an African challenge and Africa came together in solidarity to fight it.

With an initial target of 100 health workers, the Commission soon sent 87 individual volunteers into Guinea, Liberia and Sierra Leone. The number was ramped up to 855 within a period of two months because of the needs on the ground. The African Union Commission Chairperson Dr Nkosazana Dlamini Zuma witnessed the need for more skilled human resources when she undertook a visit to the three most affected countries in October 2014, accompanied by UN Economic Commission for Africa Executive Secretary Dr Carlos Lopes and the then African Development Bank President Dr Donald Kaberuka. African leaders and their governments responded swiftly to a call by the Commission Chairperson for qualified health workers. They also gave equipment, finances and other logistics. The African private sector came in with funding of up to US\$15million to complement the amounts raised by the AU and its traditional supporters.

Skills within the ASEOWA team included nurses, medical doctors, public health officers, field epidemiologists, clinical officers, laboratory technologists, medical epidemiologists, infection controllers, hygienists, physco-social support and burial teams among others.

Following the request of the Executive Council, the African Union engaged in productive diplomacy, with both the Commission's Chairperson and its Commissioner for Social Affairs Dr Mustapha Sidiki Kaloko undertaking missions to different African states for the restoration of air links and normal trade relationships. In Addis Ababa, Social Affairs Director Dr Olawale Maiyegun was seized with the responsibility of organizing the work of the ASEOWA task force that comprised many departments of the AU Commission, including the Departments of Peace and Security and that of Political Affairs: the Directorates of Information and Communication, Administration and Human Resources, Finance, medical services, as well as representatives of the affected member states and partners.



A mission hosted by the Department of Social Affairs in Seychelles in November 2015, served to evaluate the impact of ASEOWA, looking at what worked and what did not, but more crucially looking at how Africa should prepare to anticipate or respond to future public health challenges. The meeting was attended by other Ebola responders such as the United Nations, World Health Organisation, Medecins Sans Frontiers, and the International Federation of Red Cross and Red Crescent Societies among others.

There was consensus, based on an ASEOWA independent evaluation (conducted by an external M&E Firm), that the presence of ASEOWA health workers was a game changer. The impact of the AU mission was highlighted by Dr Dlamini Zuma when she reported to the African Union Assembly on 31 January 2016, that the ASEOWA team members “ran Ebola treatment units and helped with community mobilization. The epidemiologists followed up on 49 493 people



through contact tracing. ASEOWA provided training to 6505 local health workers, partners, community workers, traditional leaders and others. ASEOWA also assisted with the restoration of health services in 88 public clinics and hospitals”.

The fact that they spoke the same languages as the affected peoples meant that they could blend easily into the communities and deliver the necessary services; that they were seen as “our brothers and sisters” helped them work better with local communities; their presence led to a reduction in the time it took to conduct contact tracing; their mobile

laboratory made for quicker testing for the virus; and the quality of case investigations improved.

“The day after my admission, I felt a glimmer of hope because the health workers took care of me like a baby. Before the treatment began, one of them explained to me that if I took my drugs religiously, I had a chance to recover and to leave the ETU alive. I trusted him because he spoke to me warmly. He gave me hope and so I chose to comply. The doctors and nurses who catered to us would bathe me, feed me, and talk to me gently – and I felt better by the day”, Alimatou says.



A village elder in Liberia had this to say when interviewed by a journalist who was part of a media trip to the affected countries, organized by the Directorate of Information and Communication and the Department of Social Affairs and which I had the opportunity to lead, “I don’t know how to thank you people. It was our African brothers and sisters who came here to look after us. They walked in the bushes to look for us, to treat us and to stop further infections”. Indeed, the ASEOWA teams were the foot soldiers of the Ebola fight. The media trip did not just include journalists coming from outside the

affected countries. In every country, local journalists were invited with the assistance of the ASEOWA teams to join the media briefings and site visits.

In Sierra Leone, the Paramount Chief of Mbendemu Ngwaun, 300 kilometers from the capital Freetown, crowned an ASEOWA health worker as “queen mommy” of his tribe. “It was Dr Elizabeth who walked with us in the villages. When we all thought we were too tired to carry on she would say ‘We came here to defeat Ebola and defeat it we shall’. So we decided to honour her as a sign of our appreciation to all the ASEOWA health workers”, said the paramount Chief.

Going into the field, the main AU message was that Ebola is real but it is possible to avoid getting infected, to recover from Ebola and to contribute to the fight against Ebola.

It is worth noting that ASEOWA came out of the Ebola crisis without a single infection of its health workers- a result of strict adherence to infection, prevention and control protocols.

Taking a long term perspective, the epidemic has groomed a crop of African specialist health workers who could be called upon in future health/ humanitarian situations. Africa will benefit from their experiences under the Africa Centers for Disease Control to be established soon. Already, a number of ASEOWA health workers have been employed by international organisations. In a recent tweet chat an ASEOWA health worker, Dr Landry Mayigane

commented “My experience w/ #AU opened 4 me doors to other inter'nal organisations”. Recently, some of the Senegalese doctors who were with ASEOWA have gone to Brazil to help put a stop to the Zika virus that is said to be spread by mosquitoes and is mostly affecting babies while in the womb.

The curtain has now come down on the ASEOWA mission, after one of the African Union’s most successful interventions. But what’s next? Will Africa wait for the next pandemic to strike before putting in place measures to deal with it?

The multi-agency, multi-disciplinary and inter departmental workshop that was held in Seychelles debated this issue. After applauding the successes of ASEOWA, it discussed the challenges and possible solutions as a means to planning for the future; a future that had already been envisaged by the African Union in the form of the Africa Centers for Disease Control (Africa CDC). This new institution was approved by the Heads of State and Government in January 2015 with an aim to improving prevention, detection, and response to public health threats. The AU is in the process of operationalizing the Africa CDC. The headquarters has been allocated space within the AU headquarters’ premises and the project to make the facility ready is almost completed. It is expected that the Africa CDC will have 5 regional collaborating centers, one in each region of the continent that will help execute the day to day work of the institution. The AU Assembly approved the statute of the Africa CDC on 31 January 2016

As Africa flexes up for future interventions, perhaps we could all learn a lesson from Alimatou in our attitudes towards public health challenges: “Today, I want to call on any persons who develop symptoms to opt for medical examination, and if they test positive for Ebola, they should accept to be admitted in an ETU, because the ETU is not a place where people are left to die. I spent a week and a half there and I came out alive.”

Alimatou’s story was written by Mr Lilas Belepe