THE EBOLA VIRUS DISEASE (EVD) AND THE NEW CHALLENGES FOR HEALTH GOVERNANCE IN AFRICA

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Abstract

The outbreak of the 2014 Ebola Virus Disease (EVD) in some countries in West Africa indicated some gaps in health system governance in Africa. Over six years since the 2014 epidemic, there are still many lessons to be learnt in a bid to contain the virus in some recent outbreaks in the Democratic Republic of Congo. Perhaps a restructuring of the health system is necessary. Gaps exist in health governance at the national and regional levels. There have been calls for a strengthening of the health systems in Africa by multi-sectoral partnerships to improve the six subsystems including health governance, service delivery, health workforce, health information, access to medicines and health financing. There is also a need to build regional capacities in improving early warning systems, case detection and prevention. This paper proposes a new structure for health system governance for Africa at both national and regional levels. It recommends on the kinds of diplomacy and collaboration that should be channeled in a bid to manage health emergencies in Africa. The proposition for the study is that more health governance at the regional level be sought and established. It highlights the benefits and the challenges of this new health order in Africa. An ex post facto research design is used to make inferences from the 2014 outbreak and prescribe a new governance structure for the health of Africa. This design involves a critical review of reports and other literature on the 2014 outbreak, which is undoubtedly the largest and deadliest of all EVD outbreaks.

Keywords: Ebola Virus Disease (EVD), Africa, Regionalism, Regional Integration, Health Governance, Health policy

1. THE EBOLA VIRUS DISEASE 2014: THE GOVERNANCE GAP

The 2014 Ebola epidemic is the largest yet in the history of the EVD outbreaks. It was unprecendeted and spread from Guinea, Liberia, Sierra Leone with a few cases in Nigeria. It was the first EVD outbreak in West Africa. In spite of the criticism that trailed the World Health Organisation (WHO) in the aftermath of the Ebola epidemic, it has been argued on the contrary that the WHO's role is that of 'coordination' not 'first- response'. In other words, the operational role of the WHO is limited and constrained by the member states of the World

Health Assembly (WHA). And as well did not have the capacity in terms of staffing and resources to respond to a health emergency like Ebola (Kamradt-Scott, 2016:401). The WHO had responded to its critics that they do not have enough doctors, nurses amongst others to respond and it was the responsibility of state to respond to such emergencies. One of the many gaps was the surveillance capacity of the three epicenters (including Guinea, Liberia and Sierra Leone) of the EVD outbreak in 2014. The capacity to detect, prevent and even report the outbreaks were visibly absent. The attempt at subterfuge was also widely recognized as it is with most cases of large-scale epidemic outbreaks.

First, Briand, Bertherat, Cox, Formenty, Kieny, Myhre and Dye (2014) adopted a descriptive analysis of the Ebola emergency in West Africa. The author described the deplorable state of the health system in the three worst hit countries. Being that this study was conducted at the time of the outbreak, the authors described immediate global and national responses to the epidemic. Specifically, the activities and recommendations (for treatment, case identification, travels, funerals et cetera) of the International Health Regulations Emergency Committee (IEC) were described. The study also noted that the 2013-2016 outbreak had caused more cases and deaths than any previous EVD epidemic; and noted that the fatality rate was now 55.5%. Beyond the immediate health concerns, the epidemic was also a humanitarian and economic emergency with schools closed, agriculture and mining under threat as workers left the affected areas and cross border commerce was affected. Furthermore, the study assessed that health services in the affected countries were understaffed and essential personal protective equipment were in short supply. More so, the capacities for laboratory diagnosis, clinical management, and surveillance were described as limited leading to delays in diagnosis which in turn affected contact tracing. The authors also noted fear and discrimination as other factors impeding the global response to the epidemic. This study gives an insight into the main factors militating the effective response to the Ebola epidemic which are important to note for every study on epidemic response and in particular, the response to Ebola.

Briand, Bertherat, Cox, Formenty, Kieny, Myhre and Dye (2014) The study by Frieden et al (2014) is titled Ebola 2014- New Challenges, New Global Response and Responsibility. The authors note that three core interventions have successfully stopped every previous outbreak. They include exhaustive case and contact finding, effective response to patients and the community, and preventive interventions. Frieden et al (2014) emphasized these three steps within the global health security agenda proposed by the UN, states and the WHO earlier in 2014. Prevention, detection and response are the key to surviving the EVD outbreak. The study is valuable in that it speaks to the process of containment but the roles that regions can play in fast-tracking the process of containment at the borders and points of entry were not discussed.

Etuk's (2015) study identified some challenges of the Ebola response in West Africa and

particularly in Nigeria. The weak health systems in the sub region, with significant deficits in human, financial and material resources, resulted in compromised ability to mount an adequate Ebola outbreak control response. The other challenge was lack of experience of the health workers in dealing with Ebola outbreaks and a misconception of the disease and how it is transmitted. Also, high mobility of populations and cross border movement of infected people allows for rapid spread from country to country. The author attributed Nigeria's successful eradication of the disease to the effective contact tracing and identified the role of the mass media and other non-governmental organization. But leadership remains a problem in governance in Nigeria (Gberevbie, Joshua, Excellence-Oluye and Oyeyemi, 2017; Oni, Araife, Oni and Joshua, 2019) The key recommendation was the need for emergency preparedness amongst states in West Africa, however there were no recommendation on how to build sustainable frameworks at the regional level.

Ngatu et al (2017), on their part, identified the prevalence of OEVD (Occupational Ebola Virus Disease) among health workers as an effect of the global response to Ebola. The study sought to examine the effect of the outbreak on the global health workforce. While it is important to assess the level and nature of the responses to Ebola, Ngatu et al (2017) study rather looks at death toll amongst healthcare workers, which were equally at risk. This study offers some lessons for any future outbreak to protect healthcare workers and minimize their exposure to health risk. It is important for any disease response to put into consideration the safety of health workers as part of the governance for health.

Kamradt-Scott (2016) study focused on the role of the WHO in the global response to the Ebola outbreak. First, the study examined the WHO's constitutional obligations and customary practice in managing global health security issues vis-à-vis the organisation's handling of the 2014 EVD epidemic with its handling of previous outbreaks. The study concludes that though mistakes were made, criticisms that the secretariat was remiss in its initial response are somewhat misguided when taking into account of previous outbreaks and of the WHO's core mandate. Also, the study reveals that there are more fundamental issues which if left unaddressed, will continue to render the WHO incompetent in fulfil its delegated obligations. The study is

entirely focused on institutions in global health governance system but it will have been necessary to understand how partnership with regional stakeholders would have helped the WHO to do its work better.

Ojo et al (2017) identified the incidence management system that was initiated in the national response to Ebola in Sierra Leone. These systems were principally for the coordination and domestication of the response. This national response was effective incontact tracing and community awareness. There was a system in place to identify new cases and sanitize immediate neighbourhood. The authors believe that the national response was effective in tackling the epidemic in West Africa. The unanswered question therefore is in line with this present study, what was the level of partnership and support that Sierra Leone got from the regional level and other states? Wenham's (2017) study on the role of the World Health Organisation (WHO) was premised on previous works which have assessed the WHO's role in the Ebola outbreak as poor and minimal. While giving a synopsis of the activities of the WHO, Wenham (2017) attempts to offer an explanation for the failure of the WHO in addressing the Ebola emergency. The disease outbreak demonstrated the tension that has existed between the organisation's normative and operational roles in health crises. The WHO, according to Wenham, did offer some normative leadership during the Ebola outbreak, as provided in its constitution. It however failed in providing an effective operational response, as it did not have a mandate to do so. This division between the normative and operational was further highlighted by the discrepancy between what the global community expects the WHO to do in a health emergency, and what it is able to do with its financial and organizational constraints. This is yet another study on the WHO role in managing the Ebola epidemic. The author justified the WHO alleged lack of leadership on the provisions of its mandate, however, the process of inclusion and coalition building as highlighted in the WHO health system's framework could have helped the institution do a better job. Key amongst these collaborations would have been to strengthening of regional spaces where the outbreak took place. Wenham's study points to a major gap in the WHO's operations which the regional organisations can help to fill.

Yamanis, Nolan and Shepler (2016) in understanding the effectiveness of the global and national responses in the worst hit Ebola country of Sierra Leone. They identified fear and misconceptions as factors militating against effective case tracing and response to the Ebola. They indicated that participants were reluctant to call the dedicated national hotline and were afraid that the chlorine sprayed by ambulance workers (after an infected person had been picked by an ambulance) was dangerous. The authors advocated for a community based public health communication system to allay the fears of the citizens. Yamanis, Nolan and Shepler (2016)'s study gives a good insight to the factors that against the effective management of the Ebola epidemic and the need to have trustworthy response mechanism; as well as people/community centered approach to global responses to infectious disease outbreak. This submission aligns with the objectives of this study to identify the regional, national and global initiatives that will be inspired as a result of the experiences of the Ebola outbreak. This present study emphasizes the regional role in ensuring context specific responses to any future outbreak and indeed to overall system strengthening.

2. REGIONAL HEALTH GOVERNANCE: AN EFFICIENT MODEL

Also, regional formations are already playing a significant role in shaping the formation of new socio-political intra-regional agendas (that is within a specific region), as well as the potential to engage as a global actor through extra-regional diplomacy (engaging withother regions) and bloc activism in support of those agendas (Riggorizzi, 2015; Riggorizzi and Yeates, 2015). The advantages of having the regional platforms are enormous. One of such is possibility of formulating context specific policies (Yeates and Deacon, 2010), the pooling together of resources and risk; access to a single representative body in a region (Yeates, 2014; Folarin, Ibietan and Chidozie, 2015).

Lamy and Phua (2012) further identifies more roles that regional organisations can play. They can act as a bridge organization between global initiatives for health cooperation and national health policy implementation. They are said to be very important because of their familiarity with the region's specific political and socio-cultural context. In terms of representation, they conclude that it will be easier to influence one body which represents member states than lobbying for change in say fifteen different countries. Riggorozzi (2015) posits that regional organisations have the potential to act as brokers in providing leadership in translating global goals to fit regional context-specific priorities, fora for the exchange of views and negotiation of legal instruments for health.

These empirical studies attest to the potentials of regions as policy entrepreneurs in social policy and governance but the translation of same to practice will require the legitimization of those forms of governance. Academic literatures in International Relations have mostly been confined to traditional foreign (economic, security) policy dynamics of regional formations in the Global North (in particular, the European

Union) and have not examined how foreign policy or development objectives are pursued through social policy domains (Riggorizzi and Yeates 2015) What more can regional organizations do in health governance? They have the capacity as Riggirozzi (2015) proposes, to act as "corrective devices and moral vectors in global health governance". This role is to act as advocate for their regions for health equity or access to health assistance from the development partners. Furthermore, Mooketsane and Phirinyane (2005) holds that while assessing health governance in Africa, donor funding should be channelled through regional organizations to adopt such funds to issues of a regional nature.

The roles that regional organization and initiative can play in health governance should not be underestimated, Amaya, Rollet and Kingah (2015) warns. The creation of regional health warning systems can help to alert countries and help in shaping and coordinating responses; scaling and optimization of scarce resources, aid joint and coordinated procurement of vaccines, medicines. Furthermore, regional bodies should be responsible for the coordination of health responses from the national and international level. The assessment of regional arrangement in response to health was according to Amaya, Rollet and Kingah (2015), timid. Regional organizations have utility in sharing health information, data management and land surveillance (Folarin and Njoaguani, 2019). It is important to note, that even the World Health Organisation (WHO) recognizes the advantage of regional initiatives by setting up specific regional offices to provide services tailored to the needs of given regions. This led to the establishment of the WHO regional offices in Europe (EURO), South- East Asia (SEARO), the Eastern Mediterranean (EMRO), Western Pacific (WPRO), the Americas (AMRO) and the AFRO (African Region). These regional offices develop the agenda that suit the needs of their respective region, give periodic reports of the health of their region and are autonomous in their operations.

3. CONCLUSION

Essentially, the Ebola Virus Disease (EVD) further emphasized the gaps that have existed and still exist in the African health system. The issues include lack of regional and even national warning systems in most countries, the lack of political will, poor surveillance and case detection, lack of trust in government and governance, corruption, poor communication, poor health infrastructure and the menace of underpaid health workers amongst others. The relative successes of the regional organizations in Africa could pose as a platform for filling this gaps and harmonizing health policy for the attainment of the highest possible health of the people of Africa.

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REFERENCE LIST

Börzel, T. A. (2013). Comparative regionalism: European integration and beyond. In W. Carlsnaes, T. Risse & B. A. Simmons (Eds.), Handbook of International Relations (2nd ed., pp. 503-530). London: Sage publishers.

Briand, S., Bertherat, E., Cox, P., Formenty, P., Kieny, M. P., Myhre, J. K. ... & Dye, C.(2014). The international Ebola emergency. New England Journal of Medicine,371(13), 1180-1183.

Buzan, B., & Wæver, O. (2003). Regions and powers. Cambridge: Cambridge University Press.

Etuk, E. E. (2015). Ebola: A West African perspective. JR Coll Physicians, 45(1), 19-22.

Folarin, S. and Njoaguani, O. (2019). Global Health Governance, Human Rights, and the control of Infectious Diseases: A Case of the Ebola Epidemic in West Africa. In Human Rights, Public Values and Leadership in Healthcare Policy, 1-21

Folarin, S. Ibietan, J. and Chidozie, F. (2015). Nigeria and the BRICS: Regional Dynamics in Emerging economies' Studies. IBIMA conference 2015, pp 3805-3818

Gaspard-Kibukusa, M., ... & Roger-Wumba, D. (2017). Epidemiology of ebolavirus disease (EVD) and occupational EVD in health care workers in Sub-Saharan Africa: Need for strengthened public health preparedness. Journal of Epidemiology. http: dx.doi:10.1016/j.je.2016.09.010.

Gberevbie, D., Joshua, S., Excellence-Oluye,N. and Oyeyemi, A. (2017). Accountability for Sustainable Development and the Challenges of Leadership 1999-2015. SAGE Open, 7(4)

Gostin, L. O., & Friedman, E. A. (2015). A retrospective and prospective analysis of the west African Ebola virus disease epidemic: robust national health systems at the foundation and an empowered WHO at the apex. The Lancet, 385(9980), 1902-1909.

Lewis, M., & Pettersson G. (2009). Governance in health care delivery: raising performance. (World Bank Policy Research Working Paper No. 5074). Geneva: World Bank.

Mooketsane, K. S., & Phirinyane, M. B. (2015). Health governance in sub-Saharan Africa. Global social policy, 15(3), 345-348.

Oni, S., Araife Berepubo, K., Atinuke Oni, A., Joshua, S. (2019). E-government and the challenge of cybercrime in Nigeria. 2019 6th International Conference on eDemocracy and eGovernment, ICEDEG 2019, 6th International Conference on eDemocracy and eGovernment, ICEDEG 2019;

Penfold, E. (2015). Why a renewed focus on regional governance is needed post-2015. Global Social Policy, 15(3), 348-351. doi.org/10.1177/1468018115600123e

Penfold, E., & Fourie, P. (2015). Regional health governance: A suggested agenda forSouthern African health diplomacy. Global Social Policy, 15(3), 278-295.doi.org/10.1177/1468018115599817

Quammen, D. (2014). Ebola: The natural and human history. New York: Random House.

Riggirozzi, P. (2015). Regionalism, activism, and rights: New opportunities for health diplomacy in South America. Review of International Studies, 41(02), 407-428. doi.org/10.1017/s026021051400028x

Riggirozzi, P., & Yeates, N. (2015). Locating regional health policy: Institutions, politics, and practices. Global Social Policy, 15(3), 212-228. doi.org/10.1177/1468018115599819

Söderbaum, F. (2002). The Political Economy of Regionalism in Southern Africa.Gothenburg: Padrigu, Gotheborg University, Ph.D. Dissertation) Southern African Development Community (SADC) (1999). Protocol on health. Retrieved from http://www.sadc.int/files/7413/5292/8365/Protocol_on_Health1999.pdf.

Tavares, R. (2009). Regional clustering of peace and security. Global Change, Peace & Security, 21(2), 153-164. doi.org/10.1080/14781150902872000.

United Nations Development Programme (2015). Socio-economic impact of Ebola Virus Disease. (United Nations Development Programme report). Western and central Africa: Author.

Vogel, L. (2014). Ebola epidemic outpacing response: MSF. Canadian Medical Association Journal, 186(14), doi.org/10.1503/cmaj.109-4890.

Wenham, C. (2017). What we have learnt about the World Health Organization from the Ebola outbreak. Phil. Trans. R. Soc. B, 372(1721), 30-35.

World Bank (2016). 2014-2015 West African Ebola crisis: Impact update. (World Bank report). Geneva, Switzerland: Author. World Health Organisation (2006). Working together for health. (World Health Organisation report). Geneva, Switzerland: Author.

Yamanis, T., Nolan, E., & Shepler, S. (2016). Fears and Misperceptions of the Ebola Response System during the 2014-2015 Outbreak in Sierra Leone. PLoSneglected tropical diseases, 10(10), 507-510.