

Ebola aid dogged by coordination lags in Guinea

November 27 2014, by Michelle Faul And Jamey Keaten



In this picture taken Thursday Nov. 20, 2014, Ebola orphans receive sanitization kits from UNICEF in the village of Meliandou near Gueckedou, Guinea. Eight months into West Africa's Ebola outbreak, aid efforts in Guinea remain riddled with poor coordination, hampering deployments of international support to help quell a virus that has killed more than 1,200 people in the former French colony. President Francois Hollande of France on Friday is to become the first non-African head of state to visit Guinea since the crisis began, to take stock of the response, cheer on heavily-burdened aid providers, and help demystify fears about the virus that has fanned stigmatization of many people whose lives been lost or impacted by Ebola. (AP Photo/Jerome Delay)

Eight months into West Africa's Ebola outbreak, aid efforts in Guinea still suffer from poor coordination, hampering deployments of international support to help quell a virus that has killed more than 1,200 people in the former French colony, officials and medical aid providers say.

President Francois Hollande of France on Friday is to become the first non-African head of state to visit Guinea since the crisis began. Hollande will take stock of the response, cheer on heavily-burdened aid providers and help demystify fears about a highly stigmatizing virus.

Aid actors hope that his visit also inspires increased coordination in the Ebola fight.

With such a deadly and panic-inspiring health emergency, any aid project was bound to face hurdles. Millions of dollars in aid from the U.S., Europe, China, the U.N. and elsewhere have poured into a relatively poor West African region known for instability and poor governance. A frenzied public reaction—widened by fears of infection following the evacuation of patients to the U.S. and Europe—has increased international pressure for quick action.

The often discombobulated effort hasn't only been seen in Guinea. The region-wide response has been criticized as slow and organizationally complicated. But Guinea's outbreak has attracted less attention because its cases have come in smaller, unpredictable waves in contrast to explosive surges in nearby Liberia and Sierra Leone.

In a contagion that has killed nearly 5,700 people across the region, Liberia has tallied the most deaths and Sierra Leone faces the fastest rate of expansion. That has made Guinea's outbreak the least urgent by comparison.



Semi-trucks delivering supplies to Gueckedou, Guinea Conakry, Saturday Nov. 22, 2014, are stuck in heavy mud on the road from Macenta. Neighboring Mali on Saturday confirmed a new case of Ebola and said two more suspected patients are being tested, raising concern about a further spread of the disease which has already killed at least five people in the country. (AP Photo/Jerome Delay)

France's government and the group Doctors Without Borders are among the key players in Guinea. Britain is in the forefront in Sierra Leone's Ebola crisis and the United States is focusing on Liberia.

More than \$86 million has been earmarked for Ebola in Guinea, according to the U.N.'s humanitarian aid coordination agency, but more is needed, said Ari Gaitanis, the spokesman for the U.N.'s first-ever emergency health mission—the U.N. Mission for Ebola Emergency Response or UNMEER. He said Hollande is expected to announce new French assistance during his visit.

Guinean President Alpha Conde says his government must coordinate the response, one that aid workers say is confusing and inefficient. Overall the responsibility for the crisis has changed hands several times, from WHO's regional Africa office, to its headquarters and finally to the U.N. mission.

"It's difficult for us to understand who is working for (which) WHO"—the local Africa division or the central office in Geneva, said Pascal Piguet, a logistics expert with Doctors Without Borders who leads the Ebola treatment center in the southern town of Gueckedou.

Bintou Keita, the head of UNMEER's operations in Guinea, said the daily coordination meeting of government officials, donors and [aid workers](#) held on Wednesday focused on which agencies should be responsible for logistics in different sectors.

Oyewale Tomori, a professor of virology at Redeemer's University in Nigeria who sits on WHO's emergency committee on Ebola, said countries themselves should be coordinating the Ebola control efforts with help from agencies like the U.S. CDC and WHO. "But that's not happening. We have a very fractured response," Tomori added.

French authorities concede their rollout—highlighted by the opening of a treatment center in southeastern Macenta last week—has taken time and been less flashy than the U.S. decision to deploy thousands of troops, but is geared for the long-term.

"There were all sorts of debate on the theme of: What is France doing, where are its resources going, where are French (Foreign) Legion and battalions on the ground?" said Didier Le Bret, the head of the French Foreign Ministry's crisis center. "We took an approach that's perhaps a bit less spectacular."

The British and Americans, he said, quickly discovered "the difficulty of finding trained personnel to operate in these treatment centers. So it's not because you arrive with thousands of armed guys (and) you build these great centers, that we solve the problem."

Fears that treatment centers were chambers of death prevented many people from turning to foreign aid groups for help. Other recent troubles in Guinea include management capacity constraints, said Gaitanis. More functioning ambulances and experienced, French-speaking epidemiologists are needed, Gaitanis said.

Aid providers in Guinea, however, have done a relatively good job tracing the contacts of Ebola patients. Infection numbers have declined, health officials say, even if suspected cases and contacts between Ebola-infected people and the healthy are still going unreported.

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