## Public health strategies to ensure optimal community participation in the Ebola outbreak in West-Africa

Sir,

Community participation has been acknowledged as a key pillar of the globally acclaimed and accepted primary health care approach. The situation analysis of the 2014 Ebola epidemic in West-Africa suggests that the caseload and the mortality rate could have been much lesser, had the public health authorities were successful in ensuring community engagement. Although, multiple gaps like no action plan, no preparedness, poor socioeconomic status, unregulated migration across borders, poor infrastructure support, etc., have been highlighted, limited involvement of members of the community remains the key challenge in the current international public health emergency. E-5

Multiple risk behaviors and factors from the community perspective have been identified in the Ebola virus epidemic, such as disruption in the ecology of forests during years of civil unrest;[2] definite scope of contact with reservoir species (gorilla, chimpanzee, fruit bats, etc.);<sup>[2,4]</sup> consumption of improperly cooked food;[3] poor hand hygiene;[3] poor awareness about the disease dynamics; [2,5] ageold practice of intensive contact with the body of the deceased at times of funeral; [6] constant movement of people across the borders of affected nations in search of job opportunities;<sup>[2]</sup> development of a sense of fear among the local residents; [2,5] approaching traditional healers for their symptoms; [6] and poor treatment seeking behavior. [2,4] These factors have played a significant role in both emergence of the outbreak and even in the rapid progression of the disease across all the affected nations.[2-6]

The World Health Organization (WHO) has developed a comprehensive package of interventions to counter the disease at all possible levels. [4,5] In-fact, it has been advocated to adopt a culturally-sensitive approach to negate the influence of community related factors. [4,5] A wide range of interventions like modifications in the traditional funeral practices; [6] orientation of people

about modes of transmission of the disease and high risk behaviors; [7] organization of community based awareness program for people to avoid contact with reservoir species, to eat properly cooked meat products, and take precautions during travel; [3,8,9] extension of psychosocial support to the affected people to promote their self-esteem and enhancement; [10] involving different public health authorities and sectors for organizing various community based interventions; [2,9,11] and motivate people to assist health professionals in contact tracing; [3,4,8] have been recommended to counter the rising trend of the disease by ensuring active community participation.

Simultaneously, innovative approaches like in Liberia, survivors of the disease are providing training to health care workers have been adopted.<sup>[11]</sup> In-fact, definitive evidence is available to suggest the significant role played by community in combating the challenge of Ebola disease in Sierra Leone – by establishment of community care centers in regions with no beds in hospitals and overburdened local clinics.<sup>[12]</sup> Furthermore, the WHO has advocated for the development of an action plan (giving due attention to the community involvement), in those nations where no cases of Ebola disease has been yet reported.<sup>[13]</sup>

## **CONCLUSION**

Ensuring community participation has been acknowledged as a key strategy to not only control the disease in affected nations, but even remains a crucial link in those nations where no case of Ebola disease has been detected.

## **AUTHOR'S CONTRIBUTION**

SRS contributed in the conception or design of the work, drafting of the work, approval of the final version of the manuscript, and agreed for all aspects of the work.

PSS contributed in the literature review, revision of the manuscript for important intellectual content, approval of the final version of the manuscript, and agreed for all aspects of the work.

JR contributed in revising the draft, approval of the final version of the manuscript, and agreed for all aspects of the work.

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