

## Actualités du Pharo 2022 – Session 3

### Access to health facilities in an epidemic context: the example of the Ebola epidemic in West Africa 2013-2016

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The Ebola epidemic, between its emergence in 2013 in Guinea and its official end in April 2016, was historically the most severe. It affected almost exclusively three West African countries: Guinea, Liberia and Sierra Leone. A total of 28,616 cases were reported, of which 11,310 (39.5%) died.

Unknown in Guinea, this serious infection, whose aetiology is not understood, will have a negative influence on adherence to preventive measures, which clash with traditional customs. Indeed, it frightens communities and carers who will pay a heavy price. Patients and frontline carers will flee health facilities which they perceive as places where the epidemic is concentrated. The decline in the use of healthcare will exceed 50% for consultations and hospitalisations in Guinea in 2014, more marked in urban areas. This decline affected all medical activities, including the fight against the main endemic diseases (malaria, tuberculosis, HIV-AIDS infections, sleeping sickness), maternal and child activities (pregnancy monitoring, childbirth and child vaccinations), the management of serious illnesses such as cancer and emergencies.

The indirect health impact of the epidemic will be greater than its direct impact in terms of mortality. In the three most affected countries, the estimated additional deaths from just four major infectious diseases (tuberculosis, HIV-AIDS, measles, malaria), equal to 18,791, is 40% higher than the total number of deaths related to the MVE. In addition, maternal mortality per 100,000 live births (LBN) has increased by 11-74% depending on the country compared to the pre-epidemic period, and under-five mortality per 1,000 LBN by 10-119%.

It is above all the difficulties in communicating about the risks with the population and health care providers that have contributed to the scale and severity of this epidemic and the high indirect health costs due to lack of access to care. In addition to the well-codified control strategies now in place, to which anti-Ebola vaccination has been added, it is essential to place communication at the centre of crisis management by systematically listening to communities and to further integrate the maintenance of the capacity to provide curative and preventive medical care for those not affected during Ebola virus epidemics.