

Building a resilient health system post Ebola: voices of health workers from Sierra Leone

Authors: Haja R Wurie¹, Sophie Witter² and Joanna Raven³ (1) College of Medicine and Allied Health Sciences, Freetown, Sierra Leone, (2) Queen Margaret University, United Kingdom, (3) Liverpool School of Tropical Medicine, United Kingdom

Background

Health workers are often the victims of conflict, evident in Sierra Leone, a post conflict and a post epidemiological crisis country [1]. Efforts to rebuild in the post conflict phase suffered a major setback during the Ebola Virus Disease outbreak, which exacerbated and exposed its weakness and posed an additional burden on the health system. Thus, a second health system rebuilding phase is needed, informed by the voice of players at the centre of the health service delivery – the health workers.

This study explored the challenges to a responsive and resilient health system from a health worker perspective in the face of the recent Ebola shock, and how to build resilience to such shocks in the future. The specific objectives were:

1. To understand health workers' experiences of the Ebola crisis, and how it has added to previous challenges which they faced
2. To explore the factors which helped some to cope, while others were unable – personal as well as systemic factors
3. To develop recommendations based on reinforcing these coping strategies and supportive systems

Methods

This was a retrospective (pre-Ebola outbreak in 2013 to March 2015) study, conducted between March and May 2015, using qualitative research methods. Four study sites were selected (figure 1), representative of the four regions of Sierra Leone and to illustrate the range of intensity of the Ebola outbreak.

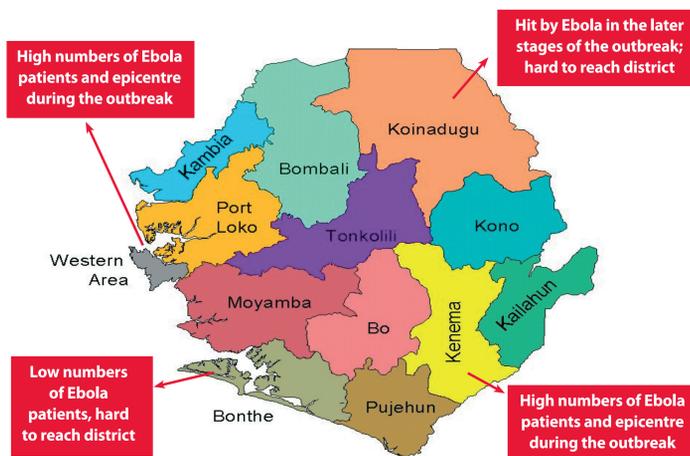


Figure 1: Study sites included remote as well as urban sites, Ebola epicentres and districts not severely hit

- 25 health workers: national health workers working in either Ebola treatment/isolation centres or in other health facilities; and international health workers working in Ebola treatment or isolation centres.
- 19 key informants: members of District Health Management Teams or local councils, health facility managers and international partners in a leadership role.

Results

Challenges in the health system prior to the Ebola outbreak

Table 1 below shows the three broad challenges captured in this study, reported by health workers as existing challenges that had a negative impact on the response.

Working environment	<ol style="list-style-type: none">i. Inadequate facilitiesii. Issues with transportiii. Lack of equipment, supplies and drugs
Health worker	<ol style="list-style-type: none">i. Inadequate number of health workersii. Delay in receiving allowancesiii. Limited in-service training
Lack of readiness to respond to the Ebola outbreak	<ol style="list-style-type: none">i. Limited knowledge about Ebolaii. Limited knowledge of and skills in infection prevention and control (IPC)iii. Lack of knowledge of using personal protective equipment (PPE) and lack of its availabilityiv. No in-country epidemiology expertise

Table 1: Challenges in the health system prior to the Ebola outbreak

Impact of Ebola outbreak on health workers

In general the impact reported was negative, in line with a recent study [2] and included:

- being ostracised in society due to a breakdown in trust (in the workplace and in the communities)
- being victimised and in some cases evicted by private landlords from their homes
- lacking confidence to treat patients: ill equipped in terms of knowledge and supplies to protect themselves from infection: and fearing patients, particularly at the start of the outbreak
- working in the frontline in fear for their lives and dealing with the psychological trauma of losing colleagues to the virus
- economic hardship due to country-level curtailing measures for the spread of the virus

"So all the time, round the clock you have to be alert. Knowing the signs and symptoms of Ebola, when you go home, dust during the day affected your eyes and you started blinking. You sit at home, maybe this is Ebola, you begin to count 21 days." (Health worker, Kenema, Male)

"It really affected my profession ... I cannot wear my uniform to work ... Some people became very suspicious of us and so they did not want us. So that affected me a lot. I love my patients to have confidence in me, that one was broken." (Health worker, Western Area, Female)

Training and experience acquired in the management of Ebola, including IPC, was reported as a positive impact.

"You know the positive aspect is that I have gained a lot of confidence, experience, I have a vast experience you know and I know some day if there's any outbreak like this I will be able save lives." (Health worker, Western Area, Female)

Coping strategies

There were several strategies that helped health workers cope with working during the outbreak (see figure 2).



Figure 2: Health worker coping strategies

Conclusions

Health workers are at the heart of the health system, and therefore listening to their voices about what supports them to work effectively and safely, on a personal and professional level in the midst of a crisis, is vital for building a resilient and responsive health system. The challenge is building these coping mechanisms into routine systems, pre-empting shocks, rather than waiting to respond belatedly to crises.

Recommendations for rebuilding a resilient health system post-Ebola

Sustaining IPC practices in order to contain future outbreaks

- in-service and supportive supervision
- maintaining the right enabling environment for effective IPC practice
- institutionalising the triage system in all facilities

Rebuilding trust between the health system and community structures

- incorporating community voices in health decision making
- utilising community health workers effectively

Addressing systemic issues around payment of financial incentives:

- Strengthen peer support networks
- Make better use of ICT to support health workers

Building on and support health workers' existing coping strategies

- Being transparent and fair in the design of any financial incentive policy and broader incentive packages

References

1. Witter S and Wurie H. 2014. Health workers are in the front line but should not be at the back of the queue after Ebola. <http://blogs.lshtm.ac.uk/hppdebated/2014/11/12/ebola-supporting-health-workers-front-line/>
2. McMahon SA, Ho LS, Brown H, Miller L, Ansumana R, Kennedy CE. Healthcare providers on the frontlines: a qualitative investigation of the social and emotional impact of delivering health services during Sierra Leone's Ebola epidemic. Health Policy Plan 2016:1-8.
3. For all resources from ReBUILD's work on health workers in Sierra Leone, see: <http://bit.ly/2eJDBX2>

