

Ebola and Nigeria

I have been doing a qualitative research consultancy for the USAID-funded Health Finance and Governance Project led by Abt Associates Inc. in Nigeria.

I have also been meeting with health officials about Ebola and public health infrastructure building, including strengthening their healthcare system.

I am also examining implementation of micro finance in Lagos that could help hard to reach populations have access to adequate healthcare.

Nigeria as you know has really done a great job to contain the disease, and I am experiencing it first-hand.

Can you imagine that it is a common practice among Nigerians to take people's temperature everywhere in the country including hotel, offices, schools, restaurants, etc? A temperature above 38 C degrees (100.4 F) does not allow a person to get into any building? And authorities are informed immediately to assist the person to get the help he or she needs.

I have also met with some bankers. They informed me that they have been trained by healthcare professionals to provide accurate information to their clients about Ebola. Those clients in return educated others in their communities about Ebola. Loan officers in Nigeria are in direct contact with their customers in the market and the streets. They were advised to wear gloves when exchanging money with customers who could be sweating due to extreme heat and have wet money in their hands. All this is being done to avoid catching or spreading Ebola.

Sadly enough, there were some rumors in the initial phase of the outbreak. People thought that by drinking salty water it would cure person from the disease. Unfortunately, a few people died as a result of salt overdose in their body.

My colleagues at the ministry of health are telling me that what really saved Nigeria was the fact the Ebola entered Lagos where adequate healthcare infrastructures existed, making it easy to identify, isolate and treat patients right away. It never reached the masses in Lagos with a population of 22 million people. That would have been a catastrophe.

By contrast, in Sierra Leon, Liberia, Guinea and Senegal had their first outbreaks in the rural areas where a great number of people got contaminated right away, making it very difficult for the authorities to have a plan and a good response system in place. Poor healthcare and public health facilities in those countries did not help either.

I am learning a great deal and the knowledge from the MPH has been extremely helpful in my position.

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