

West Africa has experienced several epidemic outbreaks over the years. The Ebola virus outbreak was one of the most devastating outbreaks between 2014-2016, which primarily affected Guinea, Sierra Leone, and Liberia. Thousands of people died as a result of this epidemic. Other outbreaks experienced and still ongoing public health concerns in West Africa, Lassa fever, Cholera, Yellow, Meningitis, Measles, Leprosy and COVID-19.

The fervent reoccurrence of some disease outbreaks has tested the readiness of healthcare systems around West Africa. These diseases have especially drawn attention to the inadequacies of sub-Saharan African countries' healthcare systems and the lack of healthcare infrastructures to handle complex health emergencies in low-resourced, developing country settings.

Epidemic preparedness in West Africa, like in many other regions, is also confronted with a range of challenges that stem from the region's socioeconomic, political, and environmental factors. Many West African countries have underdeveloped healthcare systems with inadequate facilities, personnel, and resources. This makes it difficult to respond effectively to epidemics, both in terms of treatment and surveillance. Limited healthcare infrastructures are one of the major challenges hampering epidemic preparedness in West Africa.

However, resource constraints that affect or instead lead to limitations in finances also often hinders the ability to invest in healthcare infrastructure, research, and development of vaccines and treatments. This, in turn, makes it challenging to be prepared for epidemics. The shortage of human resources in place of healthcare workers, particularly doctors and nurses, in many West African countries has become a major barrier when dealing with a sudden surge in healthcare needs during an epidemic. This also extends to the poor remunerations and logistics network; this has slowed down the delivery of medical supplies and healthcare personnel to affected areas.

Timely diagnosis is crucial in epidemic management, due to a lack of the necessary laboratory and diagnostic capacity many West African countries cannot quickly identify and confirm the causes of epidemics. This has also slowed down vaccine hesitancy or mistrust in

healthcare systems. This can hamper vaccination campaigns and disease containment efforts.

Cross-border transmission, West Africa is characterised by porous borders, which makes it challenging to contain diseases that can easily cross these borders. Coordination between countries is crucial for effective epidemic control. However, countries may face difficulties in collaborating with international organisations and neighbouring countries during an epidemic, cooperation is key for proper management.

The hallmark of penetrations of steadiness is the political instability that has grown too deep in some West African countries which can and has disrupted healthcare services and the ability to implement preparedness plans. More so, promoting health education and awareness is often a challenge. Many people may not have access to accurate information or may not be aware of preventive measures. In this, there have been issues with data collection and reporting, which are essential for tracking the progress of an epidemic and making informed decisions. Data collection has a huge gap in West Africa.

Despite the devastating challenges and effects of epidemic preparedness on West African populations, the outbreak epidemic should be viewed as an opportunity for reorienting healthcare delivery systems and building countries' capacities at a level such that they are capable of addressing new and future outbreaks of infectious diseases in sub-Saharan Africa.

Nigeria has taken critical steps to strengthen its epidemic preparedness. In 2011, the government established one national-level agency — the Nigeria Centre for Disease Control (NCDC) — to oversee epidemic preparedness and, in 2017, participated in an evaluation of the country's readiness with support from the World Health Organization, which led to the creation of a national action plan for health security.

Lessons from successes and failures with coronavirus disease 2019 (COVID-19) and Ebola virus disease (EVD) should help shape a robust health innovation system for infectious disease epidemics. Epidemic response research and development (R&D) can be mobilised

quickly for public health priorities. Efficient epidemic response requires a coordinated public health-focused, end-to-end R&D ecosystem for the development, registration, availability, and use of pharmaceutical products. Diagnostics, treatments, and vaccines are critical health technologies for public health emergency preparedness and response.

Ensuring their timely development and availability is, therefore, a collective public health responsibility. For the public to accept measures such as vaccination, and other interventions against epidemics, trust is essential, and faith requires transparency both about research results and decision-making.

Source

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