

News footage of disease in Africa is a familiar sight. Yet these outbreaks are often presented out of context, with no reference to the conditions that have triggered them. MISTRA's new book, *Epidemics and the Health of African Nations*, aims to redress that. Researchers and practitioners from within the continent explore why Africa is so vulnerable to disease, and show how this vulnerability is closely linked to political and economic factors. They demonstrate how these same factors determine the way epidemics are treated.

Authors extract lessons from case studies in different parts of Africa; challenge conventional frameworks about disease to argue for a 'syndemics' approach that takes into account the interrelationship between disease and political and socio-economic contexts; explore the efficacy of frontline healthcare workers and point to the health challenges of Africa's future. They argue that a well-functioning health system is at the core of a country's capacity to counter an epidemic.

This volume brings African experts together to probe possible solutions to the continent's heavy burden of disease. The insights offered will be helpful in devising policy for the control of disease and the combatting of epidemics in Africa.

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EPIDEMICS AND THE HEALTH OF AFRICAN NATIONS

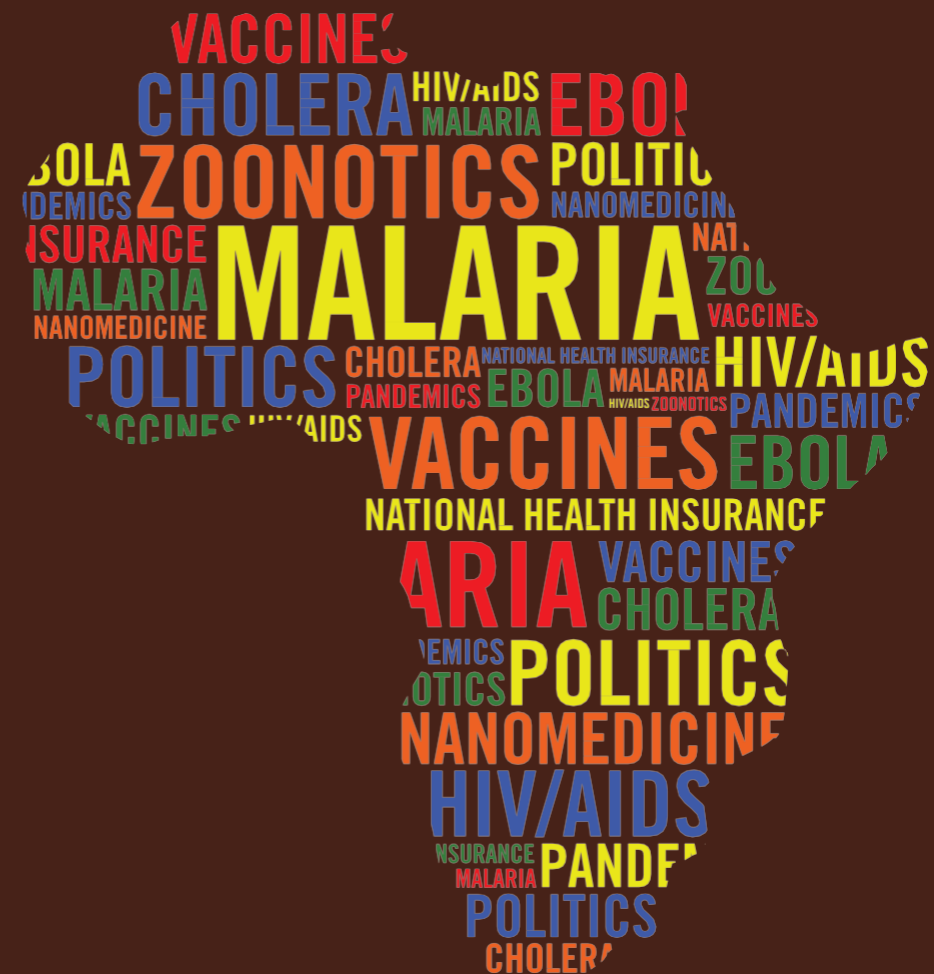


EPIDEMICS

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Preface

AFRICA BEARS AN INORDINATE proportion of the world’s diseases and epidemics. Recent outbreaks of cholera and Ebola caught several countries off guard and without the strategies needed to combat them.

The rate at which devastating diseases emerge, spread, and re-emerge has generated much discussion about the efficacy of African countries’ health systems. This pertains to such issues as health policy, infrastructure, staffing, funding, and management models.

However, across the continent there have been both failures and successes in dealing with epidemics.

The manner in which the threat of Ebola was swiftly contained and eliminated in Nigeria in 2014 and the encouraging outcomes in managing malaria in southern Africa bear positive appraisal. Despite resource constraints, some countries, such as Ghana and Rwanda, are progressively introducing forms of national health insurance. On the other hand, Zimbabwe has over the past decade experienced two major outbreaks of cholera, which resulted in a combined death toll of over four thousand residents.

Establishing a direct correlation only between the sturdiness of

health systems and success in dealing with epidemics can, at times, be a thankless exercise. For instance, Nigeria's health system is not much different from those of Guinea, Sierra Leone, and Liberia which bore the brunt of the 2014 Ebola crisis. South Africa's maternal mortality rates are far higher than in countries with much fewer resources and weaker health infrastructure.

These experiences underline the need to approach epidemics from a much broader perspective. The Ebola episode in Nigeria, it is argued in this volume, speaks to the professionalism of health workers such as Dr Ameyo Stella Adadevoh, who stood her ground in the face of pressure, given the diplomatic status of Patient Zero. Mobilisation by government and other sectors of society to prevent a disaster of monumental proportions in as heavily a populated a city as Lagos was also fundamental. Dr Adadevoh, who had come into contact with Patient Zero after he had been misdiagnosed, herself succumbed to the disease.

The collapse of governance and the neglect of sanitation and water infrastructure in Zimbabwe's capital city of Harare was in large measure responsible for the outbreak of cholera and the resulting high fatality rates. This was also a consequence of the dire economic situation and the monstrous disjuncture between national government and the opposition-led urban municipality.

Herein lies the relevance of a syndemics approach to the management of disease, which informs much of this volume. It is an approach that proceeds from the perspective that political dynamics, socio-economic issues as well as environmental factors do contribute to the outbreak and management of disease. Combined with these are internal and cross-border migration, quality of nutrition rather than just food security, and a myriad of cultural and other factors. In other words, the biosocial complex has an important bearing on the outbreak of diseases and interactions among them.

Authors in this book also draw attention to the organisational hierarchies in health facilities and the workloads borne by doctors, the mass of frontline health workers, and the communities of care. How the health professionals are managed, including striking the right balance between paperwork and clinical duties, is crucial in determining

the quality of care. This calls for multidirectional empathy between patients, health workers, and communities.

In the recent period, non-communicable diseases have started to take their toll on larger numbers of African populations. Ironically, the rise of the middle strata – combined with the chaotic manner in which sections of the population are urbanising and adopting new lifestyles – is largely responsible for this.

The central message of this book is that strengthening health systems and countering outbreaks of diseases require an integrated, inclusive, and transdisciplinary approach. A critical element of this is the need for African countries to forge partnerships in developing research capacity that is responsive to the lived experiences and health needs of their populations.

The Mapungubwe Institute hopes that by examining the challenge of epidemics in Africa from a broad, biosocial perspective, this book will encourage panoptic reflections and integrated policy development and implementation.

MISTRA wishes to thank the authors, peer reviewers, and other partners – across the continent – who worked with us in conducting this research. Profound gratitude is also due to the Department of Science and Technology and the extended family of funders who render such work possible.

– Joel Netshitenzhe
Executive Director