

## Ebola in west Africa: gaining community trust and confidence



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For many observers, the outbreak of Ebola in west Africa seemed to be in decline. However, Guinea reported eight new patients and three new deaths on May 23. Sierra Leone notified WHO of its first cases and deaths from the disease on May 28, and, as of May 29, Liberia registered one death from a new suspected case. Before that, no cases had been reported in Liberia since April 9. In total, as of May 30, the region has reported more than 340 people with confirmed, probable, or suspected disease, including 200 deaths.

Control of this new strain of the Zaire Ebola subtype is proving difficult for several reasons. The geographical spread of cases and movement of people in and between the three countries presents a huge challenge in tracing those who might be infected. As epidemiologist Michel Van Herp from Médecins Sans Frontières told *The Lancet*, “even the dead are moving”, referring to the transport and burial of bodies by relatives. All three countries have weak health systems, including severe human resource constraints. Furthermore, the region’s health workers have never dealt with Ebola before and

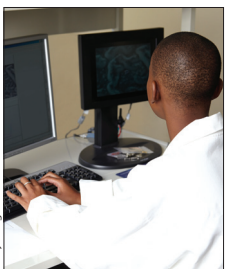
For more on the **Ebola outbreak** see <http://www.who.int/csr/don/archive/disease/ebola/en/>

need training in infection-control measures to protect themselves and to provide adequate care for patients.

Community misunderstanding is also a major issue. Speaking at a Geneva press briefing on May 28, WHO scientist Pierre Formenty admitted that cases had been missed because families did not want to cooperate with medical teams. Worryingly, in Sierra Leone, patients, including some confirmed cases, have been removed from a health facility by families after they were told their relatives were being moved to a hospital 90 miles away. The health authorities are in discussions with the families and villages concerned, but as *The Lancet* went to press no resolution had been reached. Also, in incidents in Sierra Leone and Guinea, community members have thrown stones at health workers investigating the outbreak.

Perhaps the biggest challenge for the concerned ministries of health and their international partners will be improving public awareness of the disease, and trust and confidence in the medical response. Good communication, transparency, and community engagement will be central to success. ■ *The Lancet*

## Making cancer data count



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About 70% of cancer deaths occur in low-income and middle-income countries, but good-quality data for cancer incidence and survival are often unavailable; in Africa, Asia, and Latin America, coverage of high-quality data from registries is well below 10%. Cancer registries are an important resource for the accurate measurement of cancer burden, and are crucial for the assessment of national control programmes and other preventive and treatment efforts. Thus new guidelines for the planning and development of population-based cancer registries in low-income and middle-income countries, produced by the International Agency for Research on Cancer (IARC), WHO, and the International Association of Cancer Registries, should be welcomed.

As part of the commitment to tackling non-communicable diseases, WHO member states have agreed to report cancer incidence by type, compelling countries to establish population-based registries to produce unbiased data. The new publication should help

For the **guidelines** see <http://www.iarc.fr/en/publications/pdfs-online/treport-pub/treport-pub43/index.php>

in this effort, providing guidance on the steps needed to set up population-based registries, including how to monitor data quality and report results. Where possible, measurement of survival by following up patients would also be very beneficial. The new guidelines are part of a wider effort by the IARC that includes the establishment of regional hubs to provide training and technical assistance in the setting up of registries.

But obtaining good-quality data is only a starting point—there must also be the capacity to make use of such data, and adequate health-care resources need to be efficiently allocated. In many low-income countries, such capacity is unavailable, access to health care is poor, and there are too few oncologists to deal with the growing cancer burden. The creation and expansion of cancer registries will hopefully encourage further investment to build capacity, and ultimately help to ensure that high-quality evidence is used to guide the allocation of health-care resources—including specialist training—to where they are most needed. ■ *The Lancet*