

“UNTIL NOW, RESEARCH FOR ME WAS SOMETHING IN THE CLOUDS”

Interview with Dawoh Peter Lansana (better known as Brother Peter), Director of the Saint Joseph’s Catholic Hospital of Monrovia, Liberia, on occasion of his visit to ISGlobal Barcelona, Spain



Almost three years ago, shortly after the Ebola outbreak in Liberia, ISGlobal launched a project to build health research capacities in the Saint Joseph’s Catholic Hospital (SJCH) in Monrovia, in collaboration with the Juan Ciudad Foundation. The SELeCT project, funded by the EDCTP, was a success and gave rise to a second capacity-building project (IGORCADIA), which is still ongoing and also

funded by the EDCTP.

Brother Peter, director of the SJCH, visited our institution as part of the training program, and we took the opportunity to interview him on the impact and challenges of building health research capacities in Liberia.

What brings you to Barcelona?

The main reason is to visit ISGlobal, with whom we have been working for almost three years, and that is training our staff, and helping us develop research methodologies and activities at the hospital. I came to see how it works; and to learn more about the PCR (i.e. molecular amplification) technique that we want to implement at the hospital.

The other purpose is to meet face to face with all the people with whom I have been exchanging emails over the past few years – it is nice, and good, to be able to talk with them in person.

What’s your impression?

I feel happy and honored to be here. It’s my first time in ISGlobal, and I am very impressed with the different people I have encountered, and their passion for what they are doing.

Until now, research for me was something in the clouds, unattainable. When I met with Alfredo’s* team, I came to realize that **research is not only about generating knowledge, but seeing how this knowledge can help change the environment, the society, people’s lives.** When they show me what they have done and how they have been able to influence people’s health, I feel very motivated to support the staff’s effort to implement research activities at the hospital.

How have these capacity-building projects contributed to the hospital, to your professional career?

SELeCT and IGORCADIA were eye-openers for the staff, for myself. These two projects have helped us better understand the need to fully participate in research activities.

One concrete example of something achieved in the hospital thanks to these projects?

Thanks to SELeCT, some of our staff members travelled out of Liberia for the first time to present the project in big conferences, for example in South Africa.

It also gave us the opportunity to improve our laboratory equipment and capacities. This is a priority if we want to comply with present and future research needs. We not only want to serve the patients that come to the hospital, **we want to become a reference laboratory in Monrovia.**

And now, how can this acquired knowledge and capacities be translated in Liberia?

First, we had the capacity-building activities after the Ebola crisis. Now, we are working with the Liberian Regulatory Board to help them develop policies on diagnostic tools and research. From there, our idea is to work as a team and move further writing other research proposals. This would help us transmit what we have gained.

What were- or are- the main challenges encountered during the process?

I think **the major challenge is the high staff turnover.** People that you have prepared sometimes resign and leave shortly after. The other challenge is giving people the possibility to apply what they have learnt; if not, they become frustrated.

Given these challenges, does it make sense to invest more in capacity building activities?

It makes a lot of sense to train our people. But we need to empower them to implement what they have learnt, to keep them motivated. We need to show that research activities is the right thing to do. When you look at the lack of health research in Liberia, Sierra Leone and Guinea, it is not surprising that we have a high risk of suffering from infectious disease outbreaks.

Talking about disease outbreaks, what do you think of the ongoing Ebola epidemic in the DRC?

It brings fear... I've been hearing of Ebola in the DRC since I was a kid. In our country (and Sierra Leone and Guinea), we were recently exposed to the virus for the first time, but the virus could come back. That is a real fear - we lost nine members of our staff during the outbreak...



Do you think the country is better prepared for a future Ebola outbreak?

The preparation has certainly improved, but to be honest, people have become complacent with the basic safety procedures. At our hospital, we maintain basic procedures such as non-touch, hand washing and patient screening, but it has to be a continuous and conscious activity of every health worker in maintaining these infection-prevention methods. Otherwise, with any small outbreak, the whole population may suffer. Complacency is a problem.

Especially because there are other dangerous emerging pathogens you have to worry about...

Yes, Lassa fever for example. We have some kids who come to the hospital with fever and we don't know what it is. The staff needs to identify those critical signs.

What do you do in those cases?

When we have a suspect case, we isolate the patient following the basic precautions and then inform the appropriate authorities in Liberia. They come, decide whether to take samples to send to the authorized labs for testing, and then transmit the results to the hospital. It takes about three days. If necessary, the patient is transferred to the JFK reference hospital in Monrovia.

IGORCADIA is precisely about strengthening capacities in infectious disease diagnostics...

Yes, in a first step, we are helping regulatory authorities to standardize the use of existing diagnostic tools.

And as second step?

We may need to develop tools for the rapid diagnosis of Ebola and other hemorrhagic fevers. For example, for the diagnosis of Lassa fever, the samples have to be sent to Sierra Leone. This is for historical reasons (the disease was highly endemic in one region of Sierra Leone). But now, with people migrating from one place to another, it is important to establish this kind of test in Liberia.



Which are the diseases or health problems that are most affecting the population in Monrovia?

Well, everyone knows about malaria. But the other disease with great impact is HIV/AIDS, which is on the increase. During the Ebola outbreak, everyone concentrated on Ebola and forgot about other diseases such as HIV/AIDS. Teenage pregnancies is another issue of great concern in the country, which needs to be addressed.

Any plans beyond IGORCADIA?

We hope to extend our collaboration, and are looking at different calls where we could apply, for example on the detection of infectious diseases. We have been brainstorming on this with Alfredo Mayor and Quique Bassat**. Given our previous experience with Select and IGORCADIA, I think we stand a good chance of getting funds.

*Alfredo Mayor, researcher at ISGlobal, specialized in malaria, and principal investigator of the EDCTP-funded projects SELeCT and IGORCADIA.

** Quique Bassat, ICREA researcher at ISGlobal, working on infectious diseases and causes of death in low-income countries.