

Strategy for Accelerated Response to Ebola Outbreak in West Africa

July – December 2014

Country:

Name of the participants:

Affiliation: (e.g. WHO, MoH, Partner institution)

1. Introduction

On March 21st March 2014, the Ministry of Health (MoH) of Guinea notified the World Health Organization (WHO) of a rapidly evolving outbreak of Ebola virus disease (EVD). The cases of EVD were initially reported from Gueckedou, Macenta, and Kissidougou in the Forest Region; and later in Conakry, the capital city. Blood samples collected from the initial cases tested positive for Ebola virus, *Zaire ebolavirus* (EBOV) species, by RT-PCR at Institute Pasteur in Lyon, France.

Retrospective epidemiologic investigation suggests that the first cases of EVD may have occurred as early as December 2013. The EVD subsequently spread to the neighbouring countries of Liberia and Sierra Leone. The Ministry of Health and Social Welfare (MoHSW) of Liberia formally declared EVD outbreak on 30th March 2014, while the first cases of EVD in Sierra Leone were reported on 25th May 2014.

As of June 29th, 2014, the cumulative number of cases attributed to EVD in the three countries stood at 763, including 468 deaths. Since the onset of the outbreak there has been an upsurge of cases in the affected countries. Three major patterns of transmissions namely: in the rural community; in densely populated peri-urban areas of Conakry in Guinea and Monrovia in Liberia; and along the shared borders of Guinea, Liberia, and Sierra Leone. Each of these transmission patterns requires an adapted response strategy.

The national authorities in the affected countries have been working with WHO, partners and stakeholders to implement established outbreak response measures for EVD. Despite the implementation of these measures the EVD outbreak continues to spread.

Major challenges contributing to the on-going outbreak include:

1. Lack of understanding within the communities of the EVD as this is the first major outbreak reported in West Africa.
2. Lack of experience among healthcare workers and limited capacities for rapid response.
3. High exposure to Ebola virus in the community through household care and customary burial procedures. This has resulted in a high level of community deaths leading to panic and anxiety.
4. Denial, mistrust and rejection of proposed public health interventions arising from misinterpretation of the cause of the new disease.
5. Fear of the disease by frontline workers leading to either lack of care for patients or suboptimal implementation of protective measures.
6. Close community ties and movement within and across borders has led to difficulties in tracing and following up of contacts for the three countries.
7. The magnitude and the geographical extent of the EVD outbreak in the three countries requiring significant and robust response capacities and structures. This outbreak poses serious challenges in terms of human capacity, financial, operational and logistics requirements and threatens international health.

The WHO Regional Office for Africa convened a two-day emergency ministerial meeting on EVD outbreak in Accra, Ghana from 2nd to 3rd July 2014. The main goal of the meeting was to bring together Ministers of Health and key stakeholders to obtain consensus on the optimal way of interrupting the on-going Ebola Virus transmission in West Africa.

This strategy is the outcome of the above Ministerial meeting and reflects the discussions, actions identified and best practises from previous Ebola virus outbreaks.

Goals of the strategy

The goals of the strategy are to:

1. Stop transmission of Ebola virus in the affected countries through scaling up effective, evidence-based outbreak control measures;
2. Prevent the spread EVD to the neighbouring at-risk countries through strengthening epidemic preparedness and response measures.

Pillars of the strategy

Based on the current epidemiological profile of the EVD outbreak, the technical and operational knowledge available, this strategy will address three major pillars:

1. Immediate outbreak response interventions
2. Enhance coordination and collaboration
3. Scaling-up of human and financial resources mobilisation

The strategies and interventions described under the three pillars have been divided into two parts: the first part addresses immediate actions to be implemented in the EVD affected countries (Guinea, Sierra Leone and Liberia) to contain the epidemic, the second part highlights urgent interventions needed in the neighbouring at-risk countries to ensure that adequate epidemic preparedness measures are undertaken to prevent the occurrence of an outbreak.

Strategies/ interventions for the EVD affected countries:

1. Immediate outbreak response interventions

a. Engaging communities early in implementing preventive and control measures

Engagement of communities and their participation in the outbreak response is key to ensuring the rapid interruption of EVD transmission. The process to engage communities should begin with establishing open dialogue with opinion leaders such as traditional, religious, political and civic leaders. This dialogue will enable sharing of information on the disease and its mode of transmission. Communities will be involved in identifying adequate ways to stop transmission.

The key actions to be undertaken include:

- a. Identifying opinion leaders at all levels;
- b. Engage dialogue with community leaders to share information on the diseases and find jointly locally adapted solution to stop transmission (safe home based care, safe burial and early reporting of suspected cases to treatment centres.
- c. Provide support to the communities in implementing locally adapted solution.
- d. Engagement and involvement of political, local, traditional, religious and opinion leaders and “change agents” at all levels in the process of social mobilization and community-based strategies;
- e. ;
- f. Develop/update/ review public health information products tailored for various target populations/ audiences based on careful assessment of communities knowledge, practises and behaviour;
- g. Increase awareness on Ebola and social mobilisation at all levels through multiple communication channels and ensure that the focus remains on behavioural changes
- h. Train national staff for sustainability and capacity building.

b. Break chains of transmission through active surveillance

Surveillance plays a key role in the understanding of epidemic dynamics and monitoring of response activities. Systematic contact tracing is critical in breaking the chains of transmission

The key activities to be undertaken include:

- a. Deploy multi-disciplinary team to each hot spot district to supervisor response operations. This team should be composed of a coordinator, epidemiologist, data manager, clinician/IPC expert, social mobilisation/communication and logistician.
- b. Ensure that all health care providers from public and private sectors are fully engaged in the active surveillance efforts
- c. Establish/strengthen EVD alert management system at national and district levels to receive alert calls, rumours, and other information from the communities, and respond promptly to conduct verification/ investigations;
- d. Engage international partners to support activities and concurrently train national staff to deploy to affected areas.
- e. Establish EVD outbreak database and conduct regular epidemiologic data analysis and interpretation to monitor the evolution of the outbreak and guide outbreak response;
- f. Institute zero reporting on Ebola virus disease/ viral haemorrhagic fevers, at least from all health facilities in the affected country;
- g. Strengthen EVD diagnostic capacity at the national reference laboratories to ensure short turnaround time through provision of adequate resources
- h. Enhance the system for safe and rapid shipment of biological specimen from the field to the national reference laboratory;
- i. Deploy field mobile laboratories to support surveillance and case management activities, with the addition of routine diagnostic testing (blood chemistries and counts) as necessary and transition to more permanent laboratory capacity over time.

c. Provide care to patient with effective IPC in health care setting

Improve provision of effective clinical care to EVD patients under appropriate barrier nursing procedures, thus increasing community trust and compliance with public health interventions; enhance infection prevention and control (IPC) practices in all health care setting to prevent health care related transmission.

The key actions to be undertaken include:

- a. Establish specific EVD treatment centres proximate to all major active foci of viral transmission;
- b. Train and mentor national and district level health care workers on EVD case management and IPC practices; including safe burial practices Deploy experienced international case management experts to support establishing treatment centres,
- c. deploy experienced and trained clinicians to supervisor local health workers ;
- d. Provide adequate medicines, medical supplies, IPC supplies including PPEs to all treatment centres;
- e. Strengthen infection prevention and control practices in all health care setting including establishing triage systems, provision of essential IPC supplies and monitoring routine

- IPC practices.
- f. Organize or conduct counseling to Ebola patients and survivors and develop a “discharge package” for both survivors and families of non-survivors.
- g. Standardized discharge criteria for patients from treatment facilities.
- h. Improve communication between families and patients admitted to treatment facilities
- i. Proactive projection of needs for medications, supplies, PPE and ensure delivery to point-of-care.
- j. Standardize and ensure access to protocols and training for case management and IPC

2. Coordination and collaboration

a. Enhance coordination and collaboration of EVD outbreak response:

Successful implementation of EVD outbreak response depends on strong national leadership and effective coordination of all the stakeholders involved in the response.

The key actions to be undertaken include:

- a. Ensure high level engagement of political leadership to mobilise the necessary human, financial and logistical resources;
- b. Convene national multi-sectoral meetings to engage other relevant sectors in the implementation of response operations;
- c. Support deployment of senior national coordinators to the affected districts to provide coordinated outbreak response;
- d. Designate and deploy experienced international outbreak coordinators at supra-national, national and districts levels to support coordination of outbreak response activities and engagement with partners;
- e. Strengthen multi-sectoral outbreak coordination structures at national and district levels and support national and district task forces; with clear lines of communication and reporting structures
- f. Strengthen logistic management system to support response activities
- g. Conduct regular supportive supervision and monitoring in hot spot districts to monitor and review progress.

b. Collaboration

Strengthening cross-border and multi-sectoral collaboration including establishing a functional framework for joint cross-border outbreak control activities; cross border meetings (national, district and local levels); mechanism for information sharing (national, district, local); provision of health services across the borders; standardization of key messages; monitoring of the implementation key agreed action points.

The key actions to be undertaken include:

- a. Organize regular cross-border meetings at national, district and local/ international levels;
- b. Share information amongst countries at national, district and local levels;
- c. Facilitate provision of cross border services

3. Scaling up of for human, logistical, and financial resources mobilisation

Response to EVD outbreak is highly resource intensive (human capital, finance, technological products, medical supplies and logistics). Adequate resources therefore need to be mobilized to ensure effective implementation of outbreak response activities.

The key actions to be undertaken include:

- a. Mobilize adequate resources from multiple sources (Government, Donor communities, Bi- and Multi-lateral Agencies, the UN family, NGO, Private sector) to support implementation of outbreak response activities;
- b. Mobilize adequate human capacity (local, national and international) to support implementation of outbreak control activities at all levels;
- c. Mobilize adequate medical supplies, technology and other logistics to support outbreak response;
- d. Ensure proper accountability both internal and external for all resources mobilized for outbreak response.
- e. Put in place mechanisms to speed up decision-making process among MOH, WHO and partners
- f. Map critical resources, train and deploy personnel with appropriate training and support.

Strategies and interventions targeting the neighbouring at-risk countries

The countries neighbouring Guinea, Sierra Leone and Liberia are urged to ensure adequate epidemic preparedness measures in order to avert the spread of EVD.

1. Activate and test preparedness plan and test them

- a. Set up or activate outbreak/epidemic preparedness committees
- b. Develop/ update national and district epidemic preparedness and response plans;
- c. Organize meetings with partners and other stakeholders to mobilize adequate resources to build readiness capacities;

2. Strengthen active surveillance

- a. Conduct active surveillance particularly along the border districts, towns linking major road networks;
- b. Orient and facilitate the rapid response teams to conduct verification/ outbreak investigation of suspected cases;
- c. Orientation of health care workers on the standard case definition of Ebola, and enhanced active surveillance including immediate reporting of suspected EVD, public health events of unknown origin/ undiagnosed illness or unexplained death, community based surveillance and alerts.
- d. Conduct risk assessment for Ebola in areas of highest risk for prioritization

3. International Health Regulations (IHR 2005)

- a. Obligation to notify immediately any suspect risk,
- b. Assess the risk
- c. Carry out investigations
- d. Continued building IHR core capacities
- e. Widely disseminate IHR to key staff of MOH and stakeholders

4. Strengthen laboratory diagnostic capacity

- a. Capacity for appropriate specimen collection, processing, packaging and storage at the provincial and district levels;
- b. Establish efficient system for specimen shipment to the national reference laboratory within and outside the country;
- c. Review laboratory diagnostic capacity for dangerous pathogens including EVD in the national reference laboratory or mechanism for referral of samples to WHO collaborating centres.
- d. Enhance cross-border collaboration and networking among laboratories in different countries

5. Enhance public information/ social mobilization

- a. Initiate/ enhance dissemination of public health information on EVD preventive and control measures using multi-media channels and inter-personal communications;
- b. Engagement and participation of political, local, opinion leaders in social mobilization activities
- c. Develop comprehensive communication strategy using lessons from affected countries as a guide
- d. Conduct rapid assessment on community awareness and KAP on Ebola
- e. Ensure active community involvement (community leaders, traditional healers, community groups) in the information and awareness creation
- f. Put in place rumour management mechanism in the community

6. Case management and infection prevention and control

- a. Strengthen universal/ standard precaution in health care setting including provision of essential supplies e.g. gloves, disinfectants, soap, hand wash facility
- b. Training of health care workers on VHF case management and infection prevention and control practices including mortuary staff, other high risk groups
- c. Designation of potential isolation facilities/ treatment centres in strategic locations e.g. border districts, major highway towns, capital city; including provision of ambulances services, burial services, etc;
- d. Procurement and preposition of case management and infection prevention and control supplies.
- e. Map human resource needs of critical staff and deploy to affected countries to do on the job training
- f. Train national rapid response team on EVD
- g. Document and disseminate lessons from affected countries to unaffected countries
- h. Encourage countries to contribute to APHEF