



BANGLADESH
FOOD SECURITY CLUSTER
Strengthening Humanitarian Response

Webinar on **EBOLA RESPONSE Lessons Learnt**

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Topics



- EBOLA- At a Glance
- Impacts of EBOLA
- Global Assessments on EBOLA
- UN Mission for Ebola Emergency Response (UNMEER)
- Strategic Response Plans to Complement WHO Response Plan
- WHO's Strategic Response Plan
- FAO's Strategic Response Plan
- IFRC's Strategic Framework
- UNFPA Humanitarian Response in West Africa
- UNICEF's Response Strategy
- WFP's Strategic Response Plan 3
- Q/A and Discussion Session

EBOLA – History



- Ebola virus disease (EVD), formerly known as Ebola haemorrhagic fever, is a human illness caused by infection with an Ebola virus.
- The first reported outbreak of EVD (1976)-Democratic Republic of the Congo and the Sudan.
- The largest outbreak to date was the epidemic in West Africa (Sierra Leone, Liberia and Guinea), occurred from December 2013 to January 2016, with 28,646 cases and 11,323 deaths.

EBOLA – Timeline

Timeline of West Africa Ebola virus disease outbreak 2014

WHO issued its first
communiqué on new
Ebola virus outbreak in
Republic of Guinea

Ebola spread to Sierra
Leone

WHO declared Public
Health Emergency of
International Concern

WHO predicted Ebola cases
could rise up to 20,000 in
coming months

March 23
2014

March 30
2014

May
2014

July 25
2014

Aug 8
2014

Aug 12
2014

Aug 28
2014

Aug 29
2014

Liberia reported first two
Ebola cases

Nigeria reported its first
case of Ebola

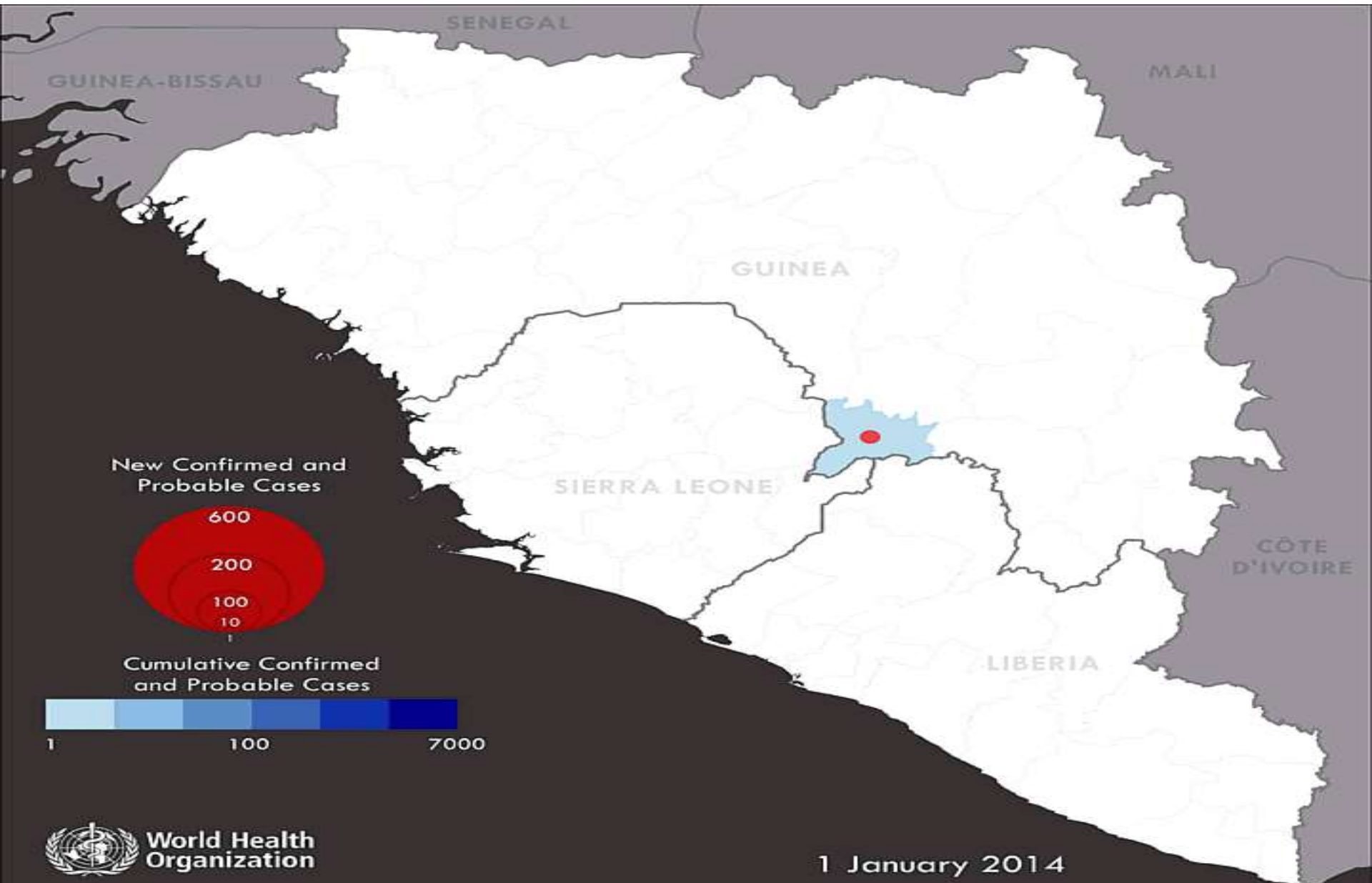
WHO approved experimental
treatments for Ebola infected patients
by WHO

Senegal reported first case of
Ebola, fifth west African
country to be affected

EBOLA - Case Map in West Africa



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World Health Organization

EBOLA – At a Glance



- Single-stranded, non-infectious RNA genomes
- Incubation period: Between 2 and 21 days.
- Prognosis/Scenario: **25-90% Mortality**

- Cause:

EVD in humans is caused by four of five viruses of the genus *Ebolavirus*.

EBOV, species *Zaire ebolavirus*, is the most dangerous of the known EVD-causing viruses, and is responsible for the largest number of outbreaks.

EBOLA – Transmission

How do you get the Ebola virus?

Direct contact with

- 1 Body fluids of a person who is sick with or has died from Ebola** (blood, vomit, urine, feces, sweat, semen, spit, other fluids)
- 2 Objects contaminated with the virus** (needles, medical equipment)
- 3 Infected fruit bats or primates** (apes and monkeys)
- 4 Possibly from contact with semen from a man who has recovered from Ebola** (by having oral, vaginal, or anal sex)

When is someone able to spread the disease to others?

A person is only **contagious** after Ebola symptoms begin.



MONTH						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

After 21 days, if an exposed person does not develop symptoms, they will not become sick with Ebola.

It is possible that Ebola can be spread through semen from men who have survived.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

cdc.gov/ebola

EBOLA – Symptoms



Bloody Nose



Bloody Diarrhoea



Non-bloody Diarrhoea



Loss of Appetite



Muscle Pain



Red Eye

EBOLA – Symptoms



Exhausted



Headache



Fever



Skin Rash



Stomach Pain



Vomiting

EBOLA – Prevention and Management

- Vaccines (rVSV-ZEBOV)
- Infection control
- Isolation
- Contact tracing

- Standard Support
 - Symptomatic Treatment
- Intensive Care
 - Check Vitals
(Pulse, Heart Rate, Blood Pressure, Respiratory rate)
 - Ventilator Support
 - Close Monitoring

Impacts of EBOLA



Besides, on health, education and other sectors, it has the greater impact on Food and Agriculture, thus in Food Security and overall Economy.

- Reduced food availability
- Disruption of farming activities and trade
- Prices instability
- Market supply chains of food product
- Transport constraints and quarantine
- Household income disrupted
- Livelihoods and purchasing power challenged
- Negative coping mechanism of HH/community
- Overall negative impact across all sectors of the economy

Global Assessments on EBOLA



- Situation Assessments by WHO
- Rapid Risk Assessment by European Centres for Disease Control (ECDC)
- The FAO/WFP/Host Government Crop and Food Security Assessment Mission (CFSAM)
- EVD impact assessment on Village Savings and Loans Associations (VSLA) by FAO

- WFP m-VAM Food Security Assessments
- UNFPA Rapid assessment of Ebola impact on reproductive health services and service seeking behaviour in Sierra Leone
- Cadre Harmonisé Analysis; similar like IPC
- Study on the agricultural product market chain and trade in EVD context by FAO.

Global Assessments on EBOLA



■ Assessment Types

- Quantitative
- Qualitative
- Mixed Method

■ Assessment Modalities

- Active Surveillance and Contact Tracing
- Secondary data from WHO and respective governments
- Field Observations
- Remote Mobile Data Collection
- FGD and In-depth Interview
- Non-systematic literature review of quantitative evidence
- Quality of Institutional Care (QuIC) approach
- Group analysis based on analytical framework of IPC 2.0

UN Mission for Ebola Emergency Response (UNMEER)



□ Operational Principles

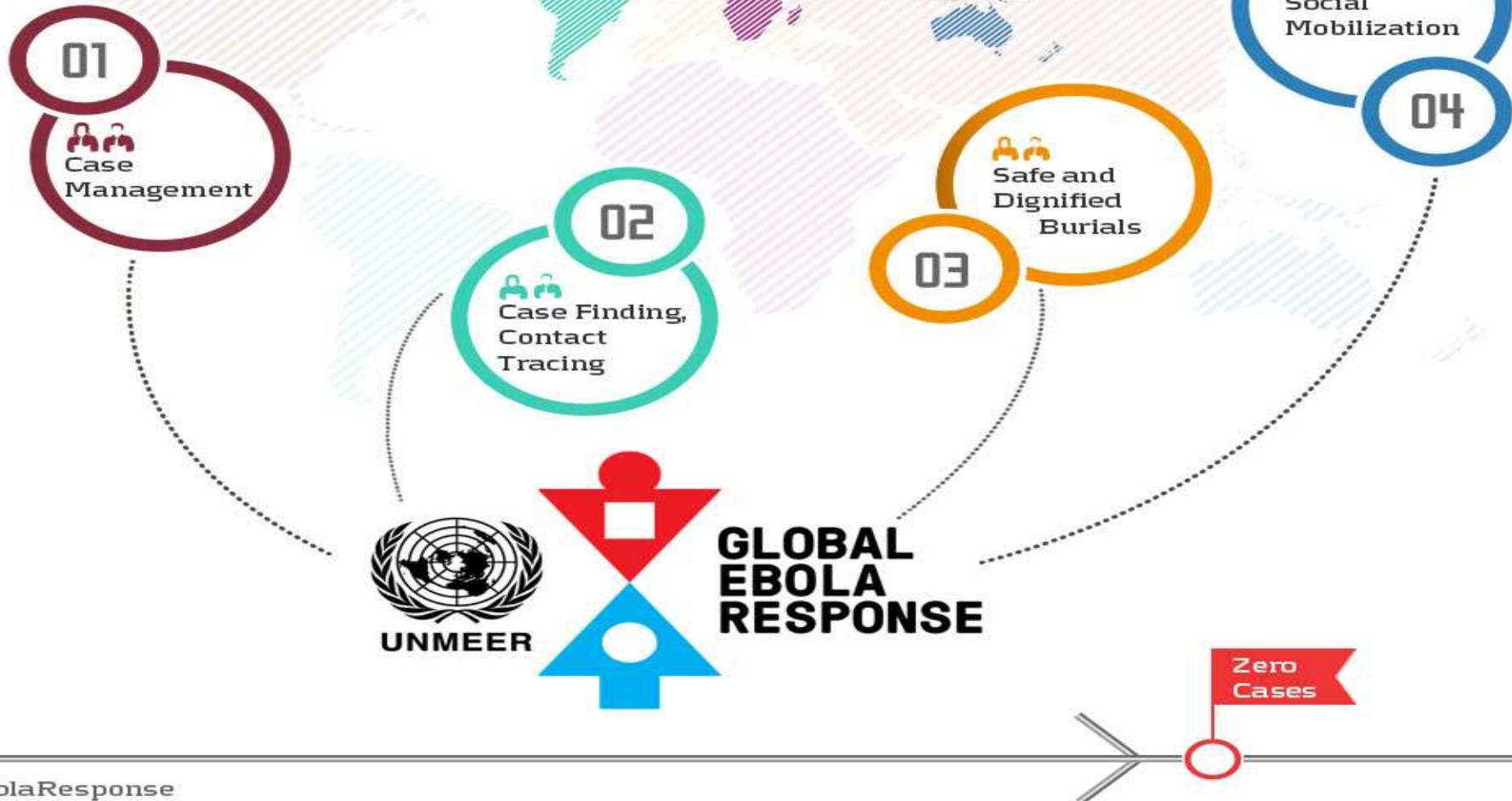
1. Adopting regional approach
2. Centrality of national ownership
3. Complement work of governments and partners
4. Clarity for national governments in what can be expected from the UN
5. Singular UN system-wide approach in responding to Ebola
6. UN response that is specific to the need of each country

□ Objectives

- Stop the outbreak
- Treat the infected
- Ensure essential services
- Preserve stability
- Prevent further outbreaks

UN Mission for Ebola Emergency Response (UNMEER)

How We Are Working to Stop the Ebola Outbreak



Strategic Response Plans to Complement WHO Response Plan



- **CARE Gender Analysis:** Prevention and Response to Ebola Virus Disease in the DRC
- European Union Response to Ebola
- FAO Strategic Response Plan
- **IFRC Strategic Framework**
- UNFPA Humanitarian Response Plan
- UNICEF Strategic Response Plan
- WFP Strategic Response Plan- 1, 2, 3

- **WHO's Strategic Response Plan**

WHO's Strategic Response Plan

PREPAREDNESS

Supporting more than

150 countries
worldwide



to ensure they are ready to
respond to Ebola and other public
health emergencies

□ Strategic Objectives:

1. Stop transmission of the Ebola virus in affected countries
2. Prevent new outbreaks of the Ebola virus in new areas and countries
3. Safely reactivate essential health services and increase resilience
4. Fast-track Ebola research and development
5. Coordinate national and international Ebola response

WHO's Strategic Response Plan



- *Case management:* Over 60 specialized Ebola treatment units (ETUs) with 3000 beds and over 63 Ebola community care centers (CCCs).
- *Safe and dignified burials:* 220+ burial teams, safe and dignified burial protocols with the support of UNAIDS.
- *Infection prevention and control (IPC):* In coordination with major partners such as UNICEF, and WFP, WHO gave direct support for health workers.

WHO's Strategic Response Plan



- *Surveillance and contact tracing:* Over 600 public health experts, 230 experts to 24 mobile laboratories, 750 samples per day if needed.
- *Community engagement:* Community engagement to minimize the stigmatization of communities affected by Ebola.

WHO's Strategic Response Plan



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ON THE GROUND

4 000
technical experts



SUPPLIES

More than
1.48 million
sets of personal protective equipment



WHO's Strategic Response Plan



DISEASE DETECTION AND SURVEILLANCE

Deployed nearly

950 epidemiologists



Reduced case incidence from more than 950 cases per week in September 2014 to 5 cases or fewer by July 2015

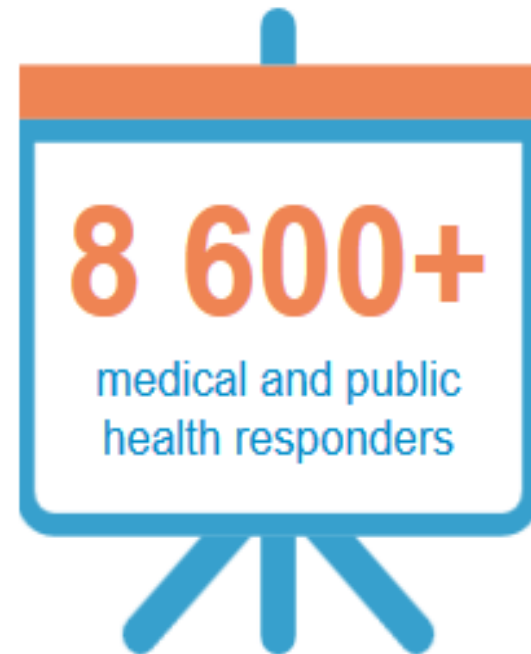
4
contacts per
patient



69
contacts per
patient

TRAINING

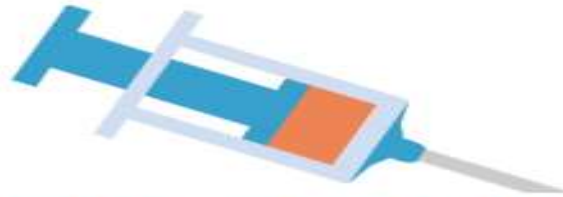
Pre-deployment training for



And provided more than
50 technical guideline
documents

WHO's Strategic Response Plan

RESEARCH AND DEVELOPMENT



Expediting vaccine trials from

10+
years



less than
12
months

July 2014

Few diagnostic services

No vaccine

Few medical teams

Few trained responders

December 2015



6 rapid diagnostic tools

that can detect Ebola virus in patients in a matter of hours rather than days

& 24 testing laboratories



In Phase III clinical trials,
VSV-EBOV Ebola vaccine

has been **shown to be safe and highly effective** against Ebola virus disease



A global network of thousands of

medical professionals available for rapid deployment through the **Foreign Medical Teams (FMTs) Registry**



Thousands of experts

trained in clinical management, infection prevention and control, and more

WHO's Strategic Response Outcome



- *Getting to zero Ebola cases:* District coordination, Active surveillance, Community engagement mainstreamed, Optimize case management.
- *Preventing outbreaks of the Ebola virus in other countries:* Global alert and response readiness.
- *Safe reactivation of essential health services and increasing resilience:* Strengthen Integrated Disease Surveillance and Response (IDSR) systems under IHR.

WHO's Strategic Response Outcome



- *Fast-track research and development for Ebola*
- *National and international Ebola response coordination:* Planning and resource mobilization, Information management, Financial and human resources through bodies such as UNMEER, GOARN and the Global Health Cluster. And Logistics and operations support with World Food Programme (WFP).

FAO's Response Preparedness Measures



- This planning has two objectives:
 - To minimize and prevent EVD infection risks
 - To reduce the disease's impact on populations' food and nutrition security

FAO's Response Operation



- Technical expertise
- Access to relevant stakeholders
- Strong partnerships maintenance
- Tripartite Alliance, FAO, OIE and WHO joined forces under the **“One Health”** approach
- Gender mainstreaming incorporation
- Accountability, transparency and results-based management

FAO's 4 Pillars Strategy with Outcomes



1. Save Lives by Stopping the Spread of the Disease
2. Boost Incomes and Agricultural Production to Safeguard Livelihoods
3. Reduce Risks and Improve Early Warning Systems and Emergency Response
4. Strengthen Coordination for Improved Response*

FAO's Challenges for Monitoring



- Weak national systems
- Problems obtaining data in real time
- Irregular and/or questionable quality of data
- Slow and inefficient transmission of information on every level (local – national – regional)
- Insufficient means of communication
- Insufficient means for capacity building for staff and partners

FAO's Recommendations



- Increasing monitoring and awareness-raising in the community
- Promoting the implementation of multidisciplinary prevention and preparedness measures

IFRC Strategic Framework

EBOLA outbreak- Democratic Republic of Congo(DRC)



1. Surveillance and contact tracing
2. Safe and dignified burial and decontamination
3. Community engagement and social mobilization
4. Provide psychosocial support to the affected families and communities in the affected health areas.

RCRC Movement's Challenges and Recommendations



- Insufficient budget for volunteers and supervisors trainings and access to remote areas
- Identifying and tracing all contact cases and rumour management

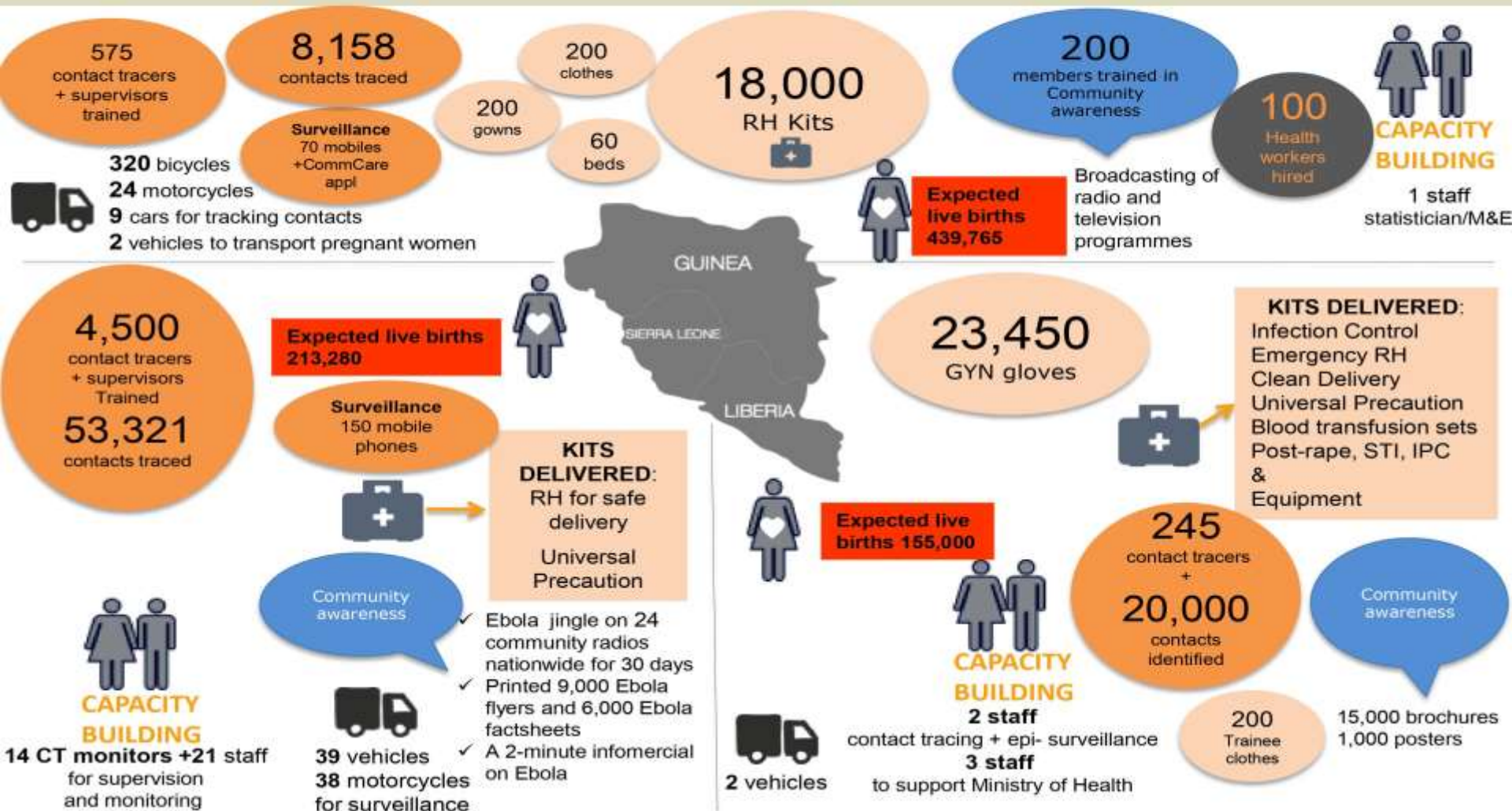
- RCRC movement could raise multiple appeals through IFRC and Humanitarian donors
- Community outreach to ensure services
- Modifying existing framework-
 - To reprogram the existing operations
 - To govern country level reviews and give regular annual review and reporting of progress and relevance

UNFPA's Humanitarian Response

EBOLA Outbreak- West Africa



EBOLA OUTBREAK UNFPA HUMANITARIAN RESPONSE IN WEST AFRICA (as of 15 January)



UNFPA's Challenges and Recommendations



- The potential bias of acquiescent responses from key informants
 - Resource limitations for primary data collection
 - The lack of available evidence from the Ebola specific context in western Africa.
 - Relied upon secondary data due to the limited resources
- Skill and competence based Training of Health and allied workers in Infection Prevention
 - Increase monitoring capacity for Real-time assessment of facilities
 - Continued sensitisation involving trusted and influential figures
 - Strengthen accountability mechanisms

UNICEF's Response Strategy

EBOLA outbreak- Democratic Republic of Congo(DRC)



□ Targets:

1. Risk communication and community engagement
2. Infection prevention and control
3. Psychosocial support
4. Education

UNICEF's Challenges



- Inadequately addressed Ebola's secondary humanitarian consequences and specific effects on children
- Struggled to reinforce basic services due to insufficient funding
- Shared responsibility for critical delays in preventing and responding to Ebola
- Leadership was hampered by inadequate institutional arrangements, performance management and information analysis
- Deficient knowledge management, and only partially preparedness for future public health emergencies

UNICEF's Recommendations



- Ensure rapid response, reinforced health systems, children protection
- The UNICEF GMT to develop a policy and accountability framework for responding to PHE
- Recognizing areas for improvement and strengthen coordination, strategy and information capacities
- Strengthen capacities for rapid, large-scale deployment of financial, human and material resources in emergencies for public health emergencies.
- UNICEF EMOPS to develop the community-based approach as an implementation modality inclusive of strong AAP and community engagement components.

WFP's Strategic Response Plan 3

Ebola Outbreak- Democratic Republic of Congo (DRC)



- ❑ WFP provides critical support to the Ministry of Health and the World Health Organization through UNHAS, supply chain and other logistical services as well as distributes food to Ebola contacts and others directly affected.

- ❑ WFP provides food assistance under three pillars:
 1. Care
 2. Contain
 3. Protect

WFP's Strategic Response Plan 3

Ebola Outbreak- Democratic Republic of Congo (DRC)



□ As part of SRP 3, WFP requires USD 20.3 million in order to provide the following services:

1. Food assistance for 300,000 people
2. UNHAS will provide two dedicated helicopters and two fixed wing aircrafts
3. An additional mobile accommodation camp
4. Delivery and distribution services

WFP's Challenges and Recommendations



- Inadequate data collection and analysis systems*

- Insufficient complaints and feedback mechanisms

- Adoption of a complete capacity development perspective.

- Integrating Supply chain

- Improving WFP's resource management information and results monitoring systems

Questions?

Thank You!