Webinar on
EBOLA RESPONSE Lessons Learnt

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Dhaka, Bangladesh, Sunday, 5 April 2020
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 communique 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: Liberia reported first two Ebola cases
- March 30, 2014
- May 2014: Nigeria reported its first case of Ebola
- July 25, 2014: WHO approved experimental treatments for Ebola infected patients by WHO
- Aug 8, 2014
- Aug 12, 2014: Senegal reported first case of Ebola, fifth west African country to be affected
- Aug 28, 2014
- Aug 29, 2014
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?

1. Direct contact with 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.

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.

[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

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<th>Vaccines (rVSV-ZEBOV)</th>
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<td>- Ventilator Support</td>
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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
Global Assessments on EBOLA

- 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

01 Case Management

02 Case Finding, Contact Tracing

03 Safe and Dignified Burials

04 Social Mobilization

GLOBAL EBOLA RESPONSE

Zero Cases

#EbolaResponse
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
WHO’s Strategic Response Plan

**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

ON THE GROUND

4,000 technical experts
3 most affected countries
70 field sites

SUPPLIES

More than 1.48 million sets of personal protective equipment

- 600 motorbikes and trucks
- 800 treatment / community care centres
- 220+ safe and dignified burial teams
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

TRAINING
Pre-deployment training for 8,600+ medical and public health responders

And provided more than 50 technical guideline documents
WHO’s Strategic Response Plan

RESEARCH AND DEVELOPMENT

Expediting vaccine trials from

10+ years  to  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
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)

- 575 contact tracers + supervisors trained
- 8,158 contacts traced
- 320 bicycles
- 24 motorcycles
- 70 mobiles + CommCare app
- 60 beds
- 39 vehicles
- 38 motorcycles for surveillance
- 200 gowns
- 200 clothes
- 200 RH Kits
- 200 members trained in Community awareness
- Broadcasting of radio and television programmes
- 18,000 expected live births
- 439,765
- 23,450 GYN gloves
- 100 health workers hired
- 1 staff statistician/M&E
- 4,500 contact tracers + supervisors trained
- 53,321 contacts traced
- Surveillance 150 mobile phones

KITS DELIVERED:
- Infection Control
- Emergency RH
- Clean Delivery
- Universal Precaution
- Blood transfusion sets
- Post-rape, STI, IPC & Equipment

- KITS: RH for safe delivery
- Universal Precaution

Community awareness

- Ebola jingle on 24 community radios nationwide for 30 days
- Printed 9,000 Ebola flyers and 6,000 Ebola factsheets
- A 2-minute infomercial on Ebola
- 14 CT monitors +21 staff for supervision and monitoring
- 39 vehicles
- 38 motorcycles for surveillance
- 2 vehicles

CAPACITY BUILDING
- 245 contact tracers + 20,000 contacts identified
- 200 trainee clothes
- 15,000 brochures
- 1,000 posters

- Community awareness
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
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!