



**EMERGENCY ASSISTANCE TO FIGHT EBOLA VIRUS DISEASE EPIDEMIC IN NIGERIA**

**AfDB Preliminary Report**

**WHO COUNTRY OFFICE - NIGERIA**

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## Abbreviations

AfDB	Africa Development Bank
CFR	Case Fatality Rate
DSNOs	Disease Surveillance and Notification Officers
EEOC	Ebola Emergency Operation Centre
EVD	Ebola Virus Disease
FCT	Federal Capital Territory
NCDC	Nigeria Centre for Disease Control
PHEIC	Public Health Emergency of International concern
POE	Point of Entry
PPE	Personal Protective Equipment
RRT	Rapid Response Team
UNICEF	United Nations Children's Fund
WHO	World Health Organization

## Background

A case of the deadly Ebola Virus Disease (EVD) was imported into Nigeria through the Murtala Mohammed International airport Lagos by a Liberian traveller on 20<sup>th</sup> July 2014. The case was confirmed at the Lagos University Teaching Hospital virology laboratory on 23<sup>rd</sup> July and the patient died on 25<sup>th</sup> July. Following the confirmation of EVD case in Nigeria, the Honourable Minister of Health declared an Ebola outbreak in the country which was subsequently declared a national emergency by the His Excellency the Nigerian President.

The two states affected by the outbreak in Nigeria were Lagos and Rivers. The case in Rivers state ensued when a contact of the index case developed symptoms and travelled from Lagos to Port Harcourt city for treatment. A total of 19 confirmed EVD cases (including the index case) and 1 probable case were recorded in Nigeria with 8 deaths and Case Fatality Rate (CFR) of 40%. Of these, 15 confirmed cases were from Lagos while 4 were from Rivers. A total of 892 contacts (Lagos-362, Rivers-530) were monitored for 21 days in the two states with full technical support by WHO Nigeria country office through the WHO surveillance officers.

During the outbreak, WHO also provided technical support in the areas of surveillance (laboratory capacity, contact tracing, Point of Entry), case management, data management, provision of Personal Protective Equipment (PPE) at federal and state levels, risk communication, high level advocacy and coordination. The Minister of Health formally requested WHO to coordinate all partners involved in the Ebola Outbreak response. WHO country representative was called by His Excellency the President of Nigeria to participate in a meeting with all state governors where EVD response at the state level was discussed, and WHO provided advice on key interventions to be immediately implemented.

Following the completion of 2 cycles of incubation period (42 days) after the discharge of the last confirmed case, Nigeria was declared by WHO, free of Ebola Virus Disease Outbreak on 20<sup>th</sup> October 2014. However, as the EVD transmission is still on-going in the West African sub-region, Nigeria is at risk of re-importation due to high level of population movement within the sub-region.

WHO Nigeria submitted a proposal of US \$1,000,000 to AfDB for EVD preparedness and response in Nigeria.

The proposal was approved and a tripartite agreement between AfDB, Nigerian government and WHO was signed on 16<sup>th</sup> September 2014. The AfDB funded Ebola emergency operations project have two components:

1. Ensuring adequate epidemic preparedness;
2. Establishing effective outbreak response.

The distribution of funds under the two categories was agreed with the Federal Ministry of Health and Nigeria Centre for Disease Control.

## Progress of implementation of agreed activities

### 1. Ensuring adequate epidemic preparedness

- Three (3) Surveillance officers were recruited;
- Procurement of 2 ambulances is on-going;
- Training of health workers on the use of PPE conducted during the Rapid Response Team (RRT) training (detailed below).

### 2. Establishing effective outbreak response

- Two (2) epidemiologists were recruited;
- Training of 424 (218 in Lagos; 206 in Port Harcourt) rapid response officers comprising epidemiologist, surveillance officers, infectious disease physicians, laboratory scientist, public health nurses and health educators was carried out. Participants were drawn from all the 36 states of the Federation and Federal Capital Territory (FCT), with each state having between 10-12 participants. The facilitators were experts with experience in Ebola outbreak response from WHO, Federal Ministry of Health, Nigeria Centre for Disease Control (NCDC), Lagos and Rivers state ministries of health, Lagos University Teaching Hospital, University of Port Harcourt Teaching Hospital and Irua Specialist Teaching Hospital.

The training was conducted in 2 batches (A & B) over a 6 day period from 8<sup>th</sup> to 13<sup>th</sup> December 2014 in both Lagos and Port Harcourt at the Ebola Emergency Operations Centre (EEOC) to provide the participants an opportunity to have a practical experience of the Ebola outbreak response in Nigeria. They also had the privilege of visiting the Ebola treatment centre for case management and Point of Entry (Land crossing, Sea port and Airport) where surveillance activities were carried out to prevent re-importation of EVD.

The training comprised of the following components:

- Case management
- Infection Prevention and Control
- EVD surveillance and contact tracing
- Laboratory
- Surveillance at Point of Entry (POE)
- Social mobilization
- Ebola Emergency Operations Centre (EEOC) management

The staff trained are currently able to: Implement surveillance for investigation and early detection of any potential EVD case, contact tracing, ensuring EVD surveillance at point of entry, laboratory surveillance including sample collection, packaging and transport, security/safety procedures in management of samples; prevention and control measures of infections.

Participants were capacitated to manage EVD cases, including safety and treatment procedures, patient discharge per protocol and reporting.

The training also empowered trainees in the overall management in rapid response of potential outbreaks within the context of a multi-sectoral response, including media awareness, advocacy, involvement of community, traditional and religious leaders and data management of the epidemic.

### 2.1 Batches, states and categories of trainees for Lagos

Batch of trainees	States trained	Number trained	Categories
<b>Batch A (8-10/12/14)</b>	Kaduna	10	<ul style="list-style-type: none"> <li>• State epidemiologist</li> <li>• Infectious disease physician</li> <li>• Public health nurses</li> <li>• Laboratory scientist</li> <li>• State Disease Surveillance and Notification Officers(DSNOs)</li> <li>• State health educators</li> <li>• State information officers</li> <li>• Port Health staff</li> <li>• WHO state and zonal coordinators</li> <li>• UNICEF staff</li> </ul>
	Kano	13	
	Katsina	10	
	Kebbi	12	
	Jigawa	12	
	Niger	12	
	Nasarawa	11	
	Plateau	12	
	Sokoto	12	
	Zamfara	11	
<b>Batch B (11-13/12/14)</b>	Ekiti	10	
	Ogun	12	
	Ondo	11	
	Osun	12	
	Oyo	12	
	Lagos	7	
	Benue	11	
	Kogi	11	
	Kwara	11	
	WHO DPC	6	
<b>Total</b>		<b>218</b>	



Epidemiology/surveillance report at EEOC (Lagos)



Batch B trainees (Lagos)

## 2.2 Batches, states and categories of trainees for Port Harcourt training

Batch of trainees	States trained	Number trained	Categories
<b>Batch A (8-10/12/14)</b>	Akwa Ibom	10	<ul style="list-style-type: none"> <li>• State epidemiologist</li> <li>• Infectious disease physician</li> <li>• Public health nurses</li> <li>• Laboratory scientist</li> <li>• State Disease Surveillance and Notification Officers(DSNOs)</li> <li>• State health educators</li> <li>• State information officers</li> <li>• Port Health staff</li> <li>• WHO state and zonal coordinators</li> <li>• UNICEF staff</li> </ul>
	Bayelsa	11	
	Borno	12	
	Cross River	12	
	Delta	12	
	Edo	9	
	Gombe	10	
	Rivers	15	
	Yobe	10	
<b>Batch B (11-13/12/14)</b>	Abia	9	
	Adamawa	9	
	Anambra	11	
	Bauchi	11	
	Ebonyi	11	
	FCT	11	
	Imo	10	
	Taraba	9	
	Kwara	11	
	WHO staff	13	
<b>Total</b>		<b>206</b>	



Laboratory group (Port Harcourt)



Case management/IPC group (Port Harcourt)

## On-going activities

- Procurement of motorbikes
- Procurement of laboratory equipment
- Continued support for surveillance

## Summary of implementation progress

SN	Planned activities	Implementation status	Remarks
	<b>Ensuring adequate epidemic preparedness</b>		
1	Recruitment and training of health workers on surveillance and laboratory diagnosis	Completed	Training conducted and 3 Surveillance officers recruited
2	Procurement of drugs, medical supplies and equipment (especially PPE)	On-going	Awaiting NCDC needs for lab equipment and drugs
3	Training of health workers on the use of PPE	Completed	
4	Procurement of ambulances	Completed	2 ambulances procured, awaiting delivery by WHO AFRO
5	Procurement of motor bikes	On-going	Local procurement in process
6	Procurement of communication equipment	On-going	Local procurement in process
	<b>Establishing Effective outbreak response</b>		
1	Recruitment, training and facilitation of health workers on outbreak investigation, case management and laboratory surveillance	Completed	- 2 epidemiologist recruited - 424 health workers trained
2	Psychosocial support	Not implemented	Not currently relevant

## Funding

### Cost summary by component

SN	Planned activities	Amount budgeted	Amount Utilized	Balance	Implementation rate
	<b>Ensuring adequate epidemic preparedness</b>				
1	Recruitment and training of health workers on surveillance and laboratory diagnosis	100,000	100,000	0.00	100%
2	Procurement of drugs, medical supplies and equipment(especially PPE)	100,000	0.00	100,000	0.0%
3	Training of health workers on the use of PPE	100,000	100,000	0.00	100.0%
4	Procurement of ambulances + Surveillance tools	200,000	178,658	21,342	89.3%
5	Procurement of motor bikes	20,000	19,800	200	99.0%
6	Procurement of communication equipment	50,000	47,100	2,900	94.2%
	<b>Establishing Effective outbreak response</b>				
1	Recruitment, training and facilitation of health workers on outbreak investigation, case management and laboratory surveillance	300,000	300,000	0.00	100%
2	Psychosocial support	64,579	0.00	64,579	0.0%
3	WHO indirect administrative cost support (7%) WHA 34.17	65,421	65,421	0.00	100.0%
	<b>Total</b>	<b>1,000,000</b>	<b>810,979</b>	<b>189,021</b>	<b>81%</b>



## Issues and Challenges

1. Evolving outbreak situation made the psychosocial support activity no longer relevant as a result of outbreak containment during the phase of implementation of the project.
2. Procurement process took longer than expected resulting in some delays in project implementation but it is on-going and funds must continue to be made available to complete the process.

## Lessons Learnt

The timely availability of AfDB resources contributed to the overall efforts for the rapid containment of the EVD outbreak in Nigeria. Resources allocated through this project helped the country not only to rapidly respond to the EVD outbreaks in Lagos and Port Harcourt, but also built capacity in the areas of surveillance, outbreak investigation and response, infection prevention and control, case management and social mobilization across the Federation.

This capacity is currently available to be immediately used to respond to any other outbreaks. For example in the current Avian Influenza (H5N1) outbreak, staff trained for EVD are closely monitoring the eventual bird to human transmission in the seventeen (17) affected states. The same staff, also helped in early identification of the on-going Meningitis type C outbreak in Kebbi and Sokoto states and in the mitigation and response to the epidemic.

## Conclusion

Overall, the project helped the country in rapid containment of the EVD outbreak; strengthened the current infrastructure on emergency preparedness and response; strengthened the human resource capacity to deal with potential epidemic-prone diseases and strengthened the overall health system.

Some activities planned in the project are on-going mainly related to procurement of laboratory equipment, medicines (pending NCDC's specifications) and transport.

The current Avian Influenza outbreak might require the use of available resources to help the Federal Ministry of Health in strengthening the preparedness and response to the current outbreak. However, this will only be done upon approval by AfDB and based on formal request by the Federal Ministry of Health/NCDC.

## Recommendations

Due to on-going project implementation and challenges presented above and after discussion with NCDC, WHO country office in Nigeria will like to recommend to AfDB:

1. Extension of the project period by four (4) months up to 30<sup>th</sup> June 2015 to allow full implementation of on-going planned activities;

2. AfDB to consider utilization of available funds for psychosocial support (no longer relevant in the current context) to purchase further laboratory equipment and medicines (Tamiflu) in preparedness for treatment of any human cases of H5N1 (pending request from NCDC/FMOH).

## **Way forward**

1. Government of Nigeria at Federal, state and LGA levels should build on the gains of this project funded by AfDB to maximize the impact in the long term and ensure resilience.
2. AfDB to continue to support overall health system strengthening in Nigeria.