



World Health
Organization

EBOLA RESPONSE

REPORT TO: THE AFRICAN DEVELOPMENT BANK
PERIOD OF ACTIVITIES: OCT 2014 – APR 2015

INTRODUCTION

The World Health Organization (WHO) has been the lead health agency in the fight against the Ebola virus disease (EVD) epidemic that has ravaged Guinea, Liberia and Sierra Leone since March 2014. On 13 October 2014, **the Government of the Republic of Guinea, the African Development Bank (ADB) and WHO** signed a contribution arrangement in support of WHO's Response to the Ebola Outbreak in West Africa. This agreement provided WHO with monetary assistance to **a value of US\$ 1 000 000** to contribute to activities of the Ebola Response Roadmap in Guinea for a **six months period from October 2014 to April 2015**. This final report summarizes progress and achievements of the response, made possible by the generous support of the ADB and other donors.

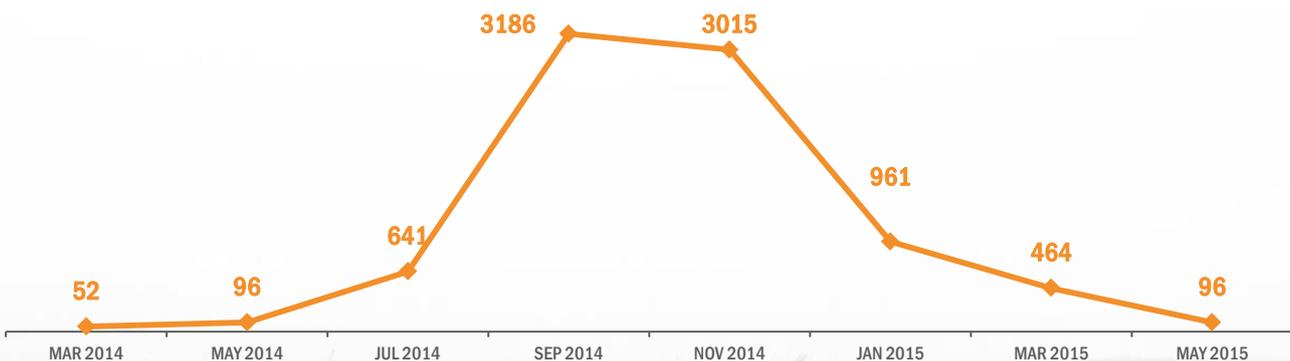


EPIDEMIOLOGICAL SITUATION IN WEST AFRICA

The outbreak of Ebola Virus Disease (EVD) in West Africa is unprecedented in scale, severity, and complexity. The origin of the outbreak can be traced back to a single case reported in late December 2013, in a remote region of southeast Guinea near the country's border with Liberia and Sierra Leone. At the end of the implementation period of this project the total number of confirmed, probable, and suspected EVD cases in Guinea, Liberia, and Sierra Leone stood at 26 593, with 11 005 reported deaths. In Guinea the number of confirmed, probable, and suspected EVD cases was 3589, with 2386 reported deaths (data as of 03 May 2015)¹.

Although the impact of the disease has been felt globally, the cost of the disease has been born disproportionately by the three neighboring West African countries of Guinea, Liberia, and Sierra Leone.

FIGURE 1. CONFIRMED CASES PER MONTH IN THE THREE MOST-AFFECTED COUNTRIES



¹ http://apps.who.int/iris/bitstream/10665/164523/1/roadmapsitre_6May15_eng.pdf?ua=1&ua=1&ua=1

In August 2014 WHO drafted the *Ebola Response Roadmap* to set out the strategy for responding to the outbreak. The Roadmap provided the basis for the UN system's Overview of Needs and Requirements (ONR) that subsequently informed the scale-up of the response under the aegis of the UN Mission for Emergency Ebola Response (UNMEER). UNMEER was established on 19 September 2014 as the first-ever UN emergency health mission, with WHO as the lead technical and health agency.

The WHO Roadmap laid out the rationale for a phased operation in the three most-affected countries. In response to the exponential increase in cases that was reported throughout August and September 2014, the first phase of the response focused on slowing the increase in cases to below a projected 20 000 cases by November 2014 in Guinea, Liberia, and Sierra Leone if no additional control measures were implemented. To do this required a rapid scale-up of specialized treatment facilities to isolate and treat patients with EVD; an influx of medical personnel to staff the new facilities; the scale-up of laboratory capacity to test suspect cases; the recruitment and training of teams to bury dead people safely and with dignity; and large-scale social mobilization and community-engagement campaigns. The need for increased capacity for isolation and treatment of patients with EVD, and for the safe and dignified burial of those who died from the disease, were both identified as particularly urgent priorities, and a target was set to have assets in place to treat 70% of patients with EVD and bury 70% of deaths safely and with dignity by 1 December 2015.

The first phase of the response played a significant role in slowing the soaring increases in case incidence seen throughout August and September 2014. Rather than the projected 20 000 cases, 13 042 confirmed, probable, and suspected cases had been reported in the three most-affected countries by November 2014. And though the situation remained grave in all three affected countries, with intense transmission over a wide geographical area, there were early signs of a decline in case incidence in Liberia and a plateauing of incidence in Sierra Leone.

By early January 2015 all three affected countries had excess capacity to isolate and treat all confirmed and probable cases, and sufficient teams in place to bury all reported deaths from EVD. Declines in case incidence in each of the countries suggested the measures were having an effect. In the week to 14 January 2015 Guinea reported 42 confirmed cases, its lowest weekly total since August 2014.

RESPONSE IN ACTION

Support from donors has been crucial for the rapid scale-up and evolution of the EVD response. This generous support has enabled WHO, in collaboration with the governments and ministries of health of the affected countries, and in concert with international partners, to implement a wide-ranging package of activities and interventions to end transmission of Ebola virus in West Africa.

Every facet of the response — from tracing the contacts of patients with EVD, to helping to design and run clinical trials to test an Ebola vaccine, to coordinating the medical evacuation of international responders — has only been possible thanks to the generosity of our donors.

Implementation of activities funded by the ADB in Guinea

Coordination

As crucial as getting the right people to the right places is ensuring those people have the right tools at their disposal to do their jobs safely and effectively. As soon as the Ebola outbreak in West Africa was confirmed, WHO logisticians ensured the supply of 22 500 sets of PPE to Guinea by the end of March 2014. WHO has since supplied a total of more than 1.48 million sets of PPE to Guinea, Liberia, and Sierra Leone, and to other countries assessed by WHO as having a high risk of importing a case of EVD. Support from donors has helped WHO logisticians rise to the challenge of equipping the response and played a pivotal part in helping WHO to fulfil its responsibilities under the UN Strategy to Combat Ebola.

Specific activities financed under this project were (between Oct 2014 – Apr 2015)

- **Technical Assistance** to the national coordination cell for the fight against Ebola through organising various coordination meetings as part of the national EVD reponse (e.g. partner meetings, surveillance commission meetings, logistic meetings, communication meetings; and other)
- **Assistance** to coordination meetings of the of the Health Directorate of Conakry (DSVCo)
- **Assistance** to coordination meetings of decentralised teams from the communal level in the city of Conakry and from the prefectures in the country
- **Assistance** to security unit of the national coordination cell for the fight against Ebola through equipment of fuel and other logistical field supply to ensure the safety of humanitarian workers in the field

Surveillance & Laboratories

To stop an outbreak, we first need to be able to find it. That means having a health system in which staff are able to accurately recognize the signs and symptoms of a disease, have rapid access to diagnostic laboratories able to test and confirm samples from suspect cases, and have data management networks in place capable of quickly and accurately recording and communicating epidemiological information. At the onset of the EVD outbreak in West Africa, resource constraints meant that none of these things were in place in Guinea, which made tracking the early transmission and spread of the disease more difficult.

Together with the US Centers for Disease Control and Prevention (CDC), WHO led efforts to establish surveillance and alert systems integrated with data management networks to rapidly communicate risks at the local, district, and national levels. By January 2015, national coordinators in Guinea were able make decisions on the basis of detailed daily epidemiological updates from across each affected country. Improvements in the quantity and quality of information

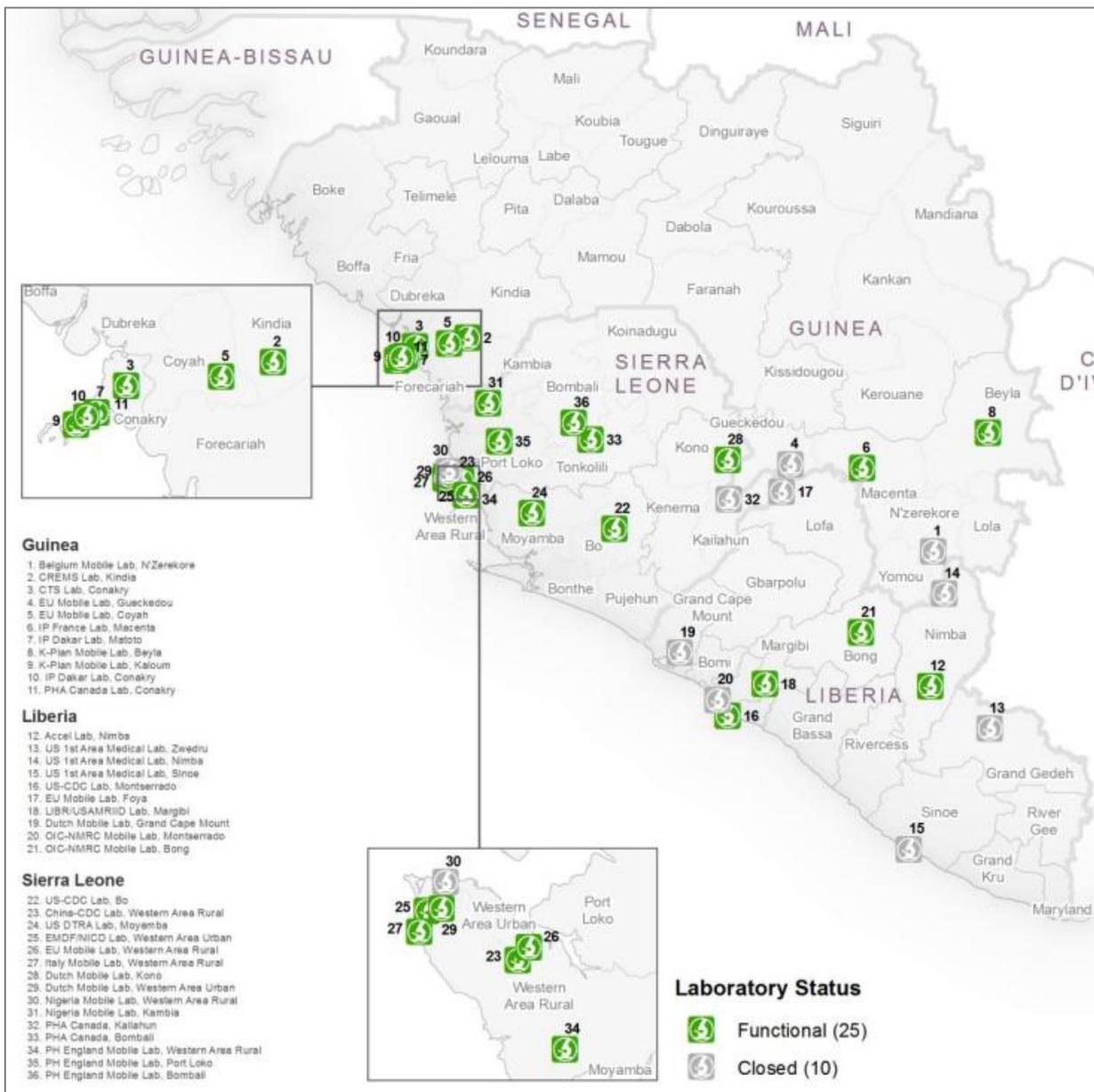
systematically collected about each new confirmed case enabled Geographic Information Systems (GIS) specialists to plot the locations of new cases with a much higher degree of precision than had previously been possible, often down to the levels of villages and households.

Specific activities under this project were (between Oct 2014 – Apr 2015)

- Trained 400 Community Watch Committee (CWC) members in social mobilization and community engagement
- Investigation of all notified suspected cases
- Establishing chains of transmission in all districts where the disease was active
- Identification and follow-up of contact cases during the 21-day quarantine period
- Collection, analysis and dissemination of case data
- Identification of suspected cases within communities and the organization of their transferal to an Ebola Treatment Centre or an Ebola Transit Centre
- Identification of community deaths and notification of the Red Cross to ensure safe and secure burials, the disinfection of homes and the sensitization of relatives
- Decentralization of the database from central level to prefectural level in prefectures with treatment and transit centres
- Recruitment, training and deployment in the field of 9 staff to manage the decentralized databases
- Support to surveillance teams at prefectural, regional and national levels in compiling and disseminating a daily Situation Report (SitRep)
- Payment of the per diems of 97 contracted national staff deployed to health districts to reinforce surveillance activities and the follow-up of contacts
- Purchase of equipment

At present, a definitive diagnosis of EVD relies on a molecular test that can only be done by well-equipped, state-of-the-art laboratories staffed by well-trained technicians. At the outset of the outbreak none of the affected countries had such a laboratory, and WHO worked with ministries of health to coordinate the deployment of additional laboratory capacity. By mid 2015 WHO's Emerging and Dangerous Pathogens Laboratory Network (EDPLN) and GOARN had deployed over 200 technicians and diagnostic experts to 27 out of 44 fixed and mobile laboratory sites in the three countries. Figure 2 shows the location and number of laboratories as of the end of April 2015.

FIGURE 2. LOCATION OF LABORATORIES AS OF 29 APRIL 2015



Effective surveillance relies on testing samples from the many patients each week who have symptoms compatible with EVD, and testing swabs collected from people who have died to rule out EVD as the cause of death, so maintaining laboratory capacity in the medium and long term will be essential to detect any reintroduction of Ebola virus to areas that have no transmission. As of the end of April 2015 the Guinea was testing 565 for EVD, with that number showing an upward trend.

Psychosocial Support

Ebola virus disease outbreaks have a significant impact on the wellbeing of those affected, their family, community members and the health workers treating people with Ebola. WHO published a guide on psychological first aid, which involves humane, supportive and practical help to follow human beings suffering serious crisis events². The guidance has been written for people who help others during Ebola virus disease outbreaks.

Specific activities under this project were (between Oct 2014 – Apr 2015)

- Payment of costs relating to [training in psychological first aid](#) in the five communes of Conakry

Case Management & Infection Prevention and Control

Rapidly increasing the number of treatment beds available for patients with EVD was made an urgent priority of the international response in September 2014 for several reasons. First, and most obviously, the earlier an infected individual receives supportive care the better their chance of fighting the virus. Second, the longer an infected individual remains in their community, the greater the risk that they will infect others. Therefore moving patients with EVD into a specialized facility where they can be treated in isolation as quickly as possible can play a significant role in improving their chances of survival and breaking chains of transmission.

Preventing transmission from affected patients to others in the community and to health workers through the implementation of IPC standards and best practices has been one of the pillars of the response to the Ebola outbreak in West Africa. At the onset of the outbreak IPC expertise was limited in the three most-affected countries, but with strong technical support from WHO and other partners strong progress has been made in key areas. Up to the end of April 2015 almost 180 international IPC specialists had been deployed at national and district levels in the three most-affected countries, providing an immediate boost to capacity, aiding the assessment of health facilities and participating in the roll out of programs to train, mentor, and supervise national health workers.

In addition, WHO technical experts played a key role in the development of the first national IPC policies and technical guidelines, standard operating procedures, and technical guidance documents for the integration of IPC standards and precautions into essential services such as maternal and child care.

Specific activities under this project were (between Oct 2014 – Apr 2015)

- Organization of [information and orientation sessions](#) about Ebola in healthcare facilities to improve the the knowledge of health workers about IPC
- Practical and theory sessions for more than [100 health assistants](#) and community workers on the use of [personal protective equipment \(PPE\)](#)

² http://apps.who.int/iris/bitstream/10665/131682/1/9789241548847_eng.pdf?ua=1

- Practical training in case management for [6 members of the Cuban Medical Brigade](#), 2 Guinean doctors and one Guinean nurse at Ebola Treatment Centres in Conakry and Kérouané
- Kitting out the [Ebola Treatment Centre in Coyah](#) (100 beds) with office furniture, hospital beds, medicines and medical supplies
- Staffed the Ebola Treatment Centre in Coyah [with the Cuban Medical Brigade](#) (37 health workers) to look after patients



THE CUBAN MEDICAL TEAMS IN GUINEA

WHO appealed for funding and for medical personnel to travel to the Ebola-affected countries to treat patients and help stop the outbreak, and mobilized governments around the world to source and deploy foreign medical teams. The Cuban Government responded to the call from WHO, and became the single largest provider of medical staff throughout the response. In total, 256 Cuban medical experts were deployed: 165 to Sierra Leone, 53 to Liberia, and 38 to Guinea. The deployment of the Cuban medical teams - known as Cuban Brigades - was an essential component of the response to EVD in the three most-affected countries as they provided additional capacity in priority areas and helped to train and supervise national medical staff. Together with other foreign medical teams, the Cuban Health Workers (CHWs) have been instrumental in the Ebola response in West Africa, including for the operation of the ETCs.

The Cuban medical teams arrived in Guinea on 23 October 2014 to support the Ebola response, including the operation of the ETCs. The teams worked with the African Union and national health workers at the ETC in Coyah, near Conakry, which also dealt with cases from the surrounding area including Forécariah.

The Ebola response operation in Forécariah and Coyah helped to dramatically reduce cases of EVD in Guinea. Over the time that the Cuban medical teams were deployed in Guinea, case numbers decreased from a high of 171 a week in December 2014 to fewer than approximately 20 cases per week by the time the doctors and nurses from Cuba left Guinea in May 2015.

Social Mobilization & Public Information

The communities in West Africa affected by the EVD outbreak had no prior knowledge of the disease, and many had little or no experience of contact with governments and international organizations. Engaging with these communities to listen to their questions and concerns about Ebola and the response to the outbreak has been a crucial factor enabling communities and responders to adapt to the challenge of stopping transmission.

In partnership with UNICEF, WHO has engaged social anthropologists and worked with community leaders and opinion-formers — including religious leaders, women and youth — to overcome the fear and stigma associated with EVD and its treatment. The success of almost all aspects of the response, from case investigation and contact tracing to treatment seeking and willingness to adapt burial practices, ultimately depends on the attitude of affected communities to the response

On 8 October 2014, the Ebola Communication Network, an online collection of resources for Ebola communication, was launched with input from UNICEF, US CDC, USAID, IFRC and WHO as a means of strengthening countries' health-communication programmes.



"WHO has been helping to provide information and equipment to prevent Ebola transmission in schools, Guinea." Photo: Ebola National Coordination in Guinea/Sankoumba Doukoure

Having interventions in place is not enough, people need to regain trust that such interventions work. When Guinea first reopened schools in mid-January 2015, many children stayed away as parents were concerned about what could happen if there is a child with Ebola. Children and parents were gathering in front of the school entrance without going further. They were not certain whether schools were really reopening and waited to watch what would happen. Gaining community trust is critical to achieving zero Ebola cases. It is the community who can best detect potential cases of Ebola virus disease early and who can prevent widespread infection by ensuring that anyone who may have died of Ebola virus disease has a safe burial.

Specific activities under this project were (between Oct 2014 – Apr 2015)

- Trained 400 Community Watch Committee (CWC) members in social mobilization and community engagement in the communes of Dixinn and Matoto in Conakry.
- Printed 20 000 flyers about Ebola
- Printed 30 000 informational pictorial flipcharts on Ebola prevention to prepare for the reopening of schools
- Ordered 1 000 hand washing stations to prepare for the reopening of schools
- Paid the lunch expenses for CWC members in the communes of Dixinn and Matoto
- Distribution of Ebola communication material

With community-engagement partners such as UNICEF, IFRC and the US CDC, WHO worked on guidelines and key messaging, advocacy, and pre-deployment training. WHO and UNICEF also developed a community-engagement protocol for use during the construction of ETCs and CCCs, and a working group drawn from faith-based organizations collaborated with WHO, UNICEF and IFRC to ensure guidelines on safe and dignified burials were aligned wherever possible with local religious and cultural practices. Throughout the response WHO's community engagement field coordinators have supported UNICEF on a day-to-day basis in its role, and in the implementation of its community activities.



"WHO Staff during the Ebola outbreak response". Guinea. WHO/Stephane Saporito

The work of WHO and its partners showed that where the EVD outbreak response strategy was comprehensively implemented, transmission slowed dramatically and case incidence reduced. Challenges included persistent community resistance to accepting response initiatives, which did delay the project implementation. Further, the movement of people (suspect cases, contact cases, sick people and even the dead bodies of Ebola victims) hindered the response, and made contract tracing and case finding more difficult. Lessons learnt of the response in Guinea include, that the evolving nature of the epidemic and the response activities of other partners required flexibility in how the funds were used in order to best meet the changing needs on the ground.

EXPENSE TYPE	TOTAL USD
Direct Financial Cooperation	14 537
Contractual Services	284 887
Medical Supplies, Literature	89 665
Vehicles, Equipment, Furniture	55 161
Travel	217 830
General Operating Costs	70 442
SSA Expenses	13 635
Direct implementations	186 986
PSC	65 320
TOTAL	998 464
Balance	0

Front cover photograph: "Social mobilization event at the Maison des Jeunes in Guéckédou with Minister of Health and WHO representative of Guinea visiting the affected areas", Guinea. WHO/Cristiana Salvi