Ebola virus disease preparedness strengthening team

Ethiopia country visit

1–8 December 2014

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Executive summary

The epidemic of Ebola virus disease (EVD) in West Africa poses a considerable risk that the disease will be introduced into currently unaffected countries. The EVD outbreak has been declared a public health emergency of international concern by the WHO Director-General under the International Health Regulations. Unaffected countries with land borders adjoining countries with current Ebola virus transmission have been advised by the International Health Regulations Emergency Committee to establish surveillance and alert systems for clusters of unexplained fever or deaths due to febrile illness, establish access to a qualified diagnostic laboratory for EVD, ensure that basic infection prevention and control measures are in place in health care facilities, ensure that health care workers are trained in appropriate infection prevention and control and establish rapid response teams to investigate and manage EVD cases and their contacts.

To support currently unaffected countries in strengthening their preparedness for introduction of EVD, WHO and partners are acting to ensure capacity for immediate EVD outbreak response in Benin, Burkina Faso, Cameroon, the Central African Republic, Côte d'Ivoire, the Democratic Republic of the Congo, The Gambia, Ghana, Guinea Bissau, Mali, Mauritania, Nigeria, Senegal and Togo. The activities include the development of a preparedness checklist outlining the key components and tasks of an EVD response. They also include deployment of international preparedness strengthening teams to high-priority unaffected countries to facilitate use of the checklist and to help the countries build on their existing preparedness work and planning. The teams are formed in partnership with both national and international organizations.

Addis Abba is an important regional hub, with many diplomatic missions, and it serves as the headquarters of the African Union. Peacekeepers in Ethiopia and from other countries, some serving in affected countries as well as countries at risk, use Addis Ababa as a transit hub. Furthermore, many conferences and events are hosted in Addis Ababa. The Ministry of Health therefore requested that a preparedness strengthening team be sent to Ethiopia.

The focus of the mission was to assist the country to be as operationally prepared as possible to detect, isolate, investigate and report potential EVD cases effectively and safely and to mount an effective response to prevent a larger outbreak. The team therefore conducted scoping activities, stakeholder meetings, site visits and a table-top simulation exercise to determine what systems were in place and the areas of preparedness to be strengthened.

Ethiopia has a strong State apparatus at Federal and regional levels, which appears to be well organized. Some regions of the country remain poor, however, and some communities are chronically food insecure. Yearly floods, outbreaks of communicable diseases of public health concern and droughts in various regions in the country add to its challenges. With over 600 000 refugees fleeing conflict and food insecurity, mainly from Eritrea, Somalia and South Sudan, Ethiopia has kept its borders and airports open, in compliance with the International Health Regulations. The United Nations Refugee Agency and other United Nations agencies provide support to the Government in various areas.

Ethiopia has an established mechanism for managing disasters and emergencies in its national Disaster Risk Management and Food Security sector, which prepares an annual multisectoral emergency preparedness and response plan and encourages all ministries to develop their sector-specific plans according to the investment framework of the national Disaster Risk Management policy and strategic programme. In April 2014, a national EVD preparedness and response plan was drawn up by the national EVD technical committee under the leadership of the Minister of Health. This plan, for the health service response, provides strategic objectives, activities and budgets in five areas: coordination, epidemiology and laboratory, surveillance, communication and social mobilization, and logistics and safety.

The Ethiopia country visit resulted in the identification of both strengths and opportunities for

improvement in all 10 components of the EVD response outlined by WHO. Five areas for improvement were identified as critical and should be fully operationalized to permit an immediate response in the case of an EVD event:

- Define the level of care, diagnostics and therapeutics that directly affect mortality rates in EVD treatment centres (ETCs).
- Fully operationalize the emergency operations centre.
- Evaluate the options for safe EVD testing.
- Evaluate standards for infection prevention and control in all health facilities. Use the opportunity to strengthen the health system.
- Disseminate and implement the EVD interim guidelines. Clarify and assign roles and responsibilities at all levels. Strengthen coordination among different areas.

Objectives

The objectives of the mission were to assess that the country is as operationally ready as possible to detect, investigate and report potential EVD cases effectively and safely, to mount an effective response to prevent a larger outbreak and to identify the steps required to strengthen preparedness over periods of 30, 60 and 90 days.

The focus was to support a country at risk in ensuring its operational readiness for EVD by using national resources, expertise and networks as much as possible.

Preparedness strengthening team

The joint team to strengthen the preparedness of Ethiopia for introduction of EVD was composed of representatives of the Ethiopian Federal Ministry of Health, the Ethiopian Public Health Institute, WHO, the United States Centers for Disease Control and Prevention, the World Food Programme, Public Health England and the WHO country offices in Ghana and Uganda (Annex 1).

Activities (Annex 2)

Day 1		
Greeting and planning session with WHO Representative in Ethiopia and staff and other team leaders 	WHO Country Office	Introduction of the team and briefing by the WHO Representative on preparedness measures taken, including the mission objectives, terms of reference and the table-top exercise package.
Review of country documents	WHO Country Office	Description of the Ethiopian EVD plan and past and future activities by the WHO Representative
Visit to the United Nations clinic	United Nations compound	Review of the capacity of the clinic to operate as an isolation centre
Introductory meeting with Deputy Director of the Ethiopia Public	Public Health	Introductory meeting with national authorities to present the

Health Institute	Institute	agenda, terms of reference and checklist
		Day 2
Meeting with the national EVD task team, the Department of Public Health (Director, focal point for EVD and relevant department heads)	Public Health Institute	Meeting attended by representatives of the Ministry of Health, the mission team, United Nations agencies and nongovernmental organizations, at which the team reviewed the preparedness checklist. The group then broke up into six working groups to address measures already in place, gaps, needs and priorities.
Meeting with national communication technical working group	Ministry of Health	Participated as observers in a meeting of the national communication task force, attended by representatives of governmental departments, nongovernmental organizations, religious bodies and the private sector, to discuss the communication plan and budget for EVD preparedness and response.
Site visits	Emergency operations centre	Meeting with the Ebola preparedness subcommittees
	Points of entry	Visited the international airport to meet public health surveillance officers and immigration and customs staff. Equipment, standard operating procedures (SOPs), staff, training, holding facilities and challenges to preparedness were reviewed.
	National reference laboratory National animal health diagnostic and investigation centre (Sebata)	Visit to the national reference laboratory at the Public Health Institute and the national animal health diagnostic and investigation centre in Sebata to assess sampling, packaging and transport procedures
	Ebola treatment centres	Visit to assess infection prevention and control and case management procedures at the designated ETC
		Day 3
Preparation of the table-top exercise	WHO Country Office	The team agreed on the scope of the exercise. The scenarios included actions for detection, points of entry, case management, laboratory, contact tracing, social mobilization and coordination to be reported and used to evaluate the practical exercise the following day.
Table-top exercise (see Annex 3)	Public Health Institute	The team conducted a table-top exercise involving WHO, Ministry of Health authorities and international partners. It included two scenarios: one at the Addis Abba international airport and the other in a village.
Consensus on findings in the field and the exercise	Public Health Institute	The six working groups discussed the outcomes of the exercise and the field visit, including strengths and opportunities for improvement.
		Day 4
Prioritization and time line	WHO Country Office	The six working groups compared their findings with the requirements of the preparedness checklist. Priorities, including work to be done within the next 30, 60 and 90 days,

		were agreed upon.
		Day 5
Debriefing to Ministry of Health	Minister's meeting hall	Debriefing by the team to high-level management of the Ministry of Health
Briefing to United Nations and European Union representatives	European Union compound	Final briefing to health partners on strengths, opportunities for improvement and suggested priorities for immediate action
Finalization of action plan and mission report	WHO Country Office	Drafts of the action plan and mission report were submitted to the Ministry of Health.

Background

Geography

Ethiopia has an area of over 1.1 million km^2 and a population of 92 million (male : female ratio, 1.02), making it the second most populous country in Africa. The country is home to diverse peoples and nationalities, and approximately 84% of the population lives in rural areas.

Ethiopia's economy depends heavily on the agricultural sector, which contributes over 45% of the gross domestic product and 80% of exports and employs 83.4% of the labour force. Chronic food insecurity due to recurrent droughts in some regions makes the population vulnerable to climate change. The Ethiopian Government has allocated more of its budget to increasing agricultural production and productivity in order to ensure food security and reduce hunger, as recognized by the Food and Agriculture Organization of the United Nations in November 2014. The World Bank reported that, in 2011, an estimated 29% of Ethiopians were living below the poverty level.

Administrative structure

Ethiopia is composed of nine regional states and two city administrations; these are subdivided into 817 administrative *woredas* (districts), the basic decentralized administrative unit, with an administrative council composed of elected members. The *woredas* are further divided into 16 253 villages (*kebeles*), the smallest administrative unit in the governance structure. Ethiopia has a federal government, which exercises decentralization by devolution.

Demographic profile

The age structure of the population is predominately young, with 44% of the population under the age of 15 years and over half (52%) in the age group 15–65 years. While the male : female sex ratio is almost equal, women of reproductive age constitute nearly a quarter of the population. The annual rate of natural increase is 2.6%, and the total fertility rate is 4.8 births per woman.[1]

Health system

The aim of the national health policy of the Government of Ethiopia, issued in 1993, is to achieve access by all segments of the population to a basic package of high-quality primary health care, by

[1] HSDP

democratization and decentralization of the health service. The policy stipulates that health services should include preventive, promotion and curative components. It is currently being revised in the light of the current global, regional and national health concerns. To achieve the goals of the health policy, a 20-year health sector development strategy was formulated, which is being implemented in a series of 5-year plans. The current, fourth plan is the final 5-year plan and is expected to end by mid-2015.

The goal of the health sector development programme is a health system that provides comprehensive, integrated primary care services, primarily at community level. It covers communicable diseases, common nutritional disorders, environmental health and hygiene, reproductive health care, immunization, treatment and control of basic infectious diseases, control of epidemic diseases like malaria and the control and prevention of tuberculosis, HIV/AIDS and diseases with epidemic potential. After review of previous plans, the fifth plan has identified the following strategic objectives:

- improve access to health services;
- improve community ownership;
- maximize resource mobilization and use;
- improve the quality of health services;
- improve public health emergency preparedness and response;
- improve pharmaceutical supply and services;
- improve the regulatory system;
- improve evidence-based decision-making by harmonization and alignment; and
- improve human capital and leadership.

The Ethiopian health care system is complemented by rapid expansion of private for-profit and nongovernmental organizations, which play a significant role in boosting coverage and use of the health service, enhancing partnership among the public, private and nongovernmental organizations in delivering health care services in the country.

Health service delivery[1]

The Government is the main health care provider in Ethiopia. There are 190 hospitals, 2689 health centres and 15 000 health posts owned by the Government and 2264 private clinics, 246 pharmacies, 476 drug shops and 1754 rural drug vendors.

The technical work force in service is around 73 000 (2160 physicians, 1606 health officers, 21 485 nurses, 38 000 health extension workers, 4800 health assistants and 5431 paramedical personnel), with one physician for 35 493 population and one nurse for 4206 population.

Access to primary health care services, as expressed in potential health services coverage (92%)