

**Ebola virus disease
preparedness
strengthening team**

***Burkina Faso country visit
17–24 November 2014***



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SUMMARY

A mission comprising experts from WHO in Geneva, the WHO Regional Office for Africa and the United States Agency for International Development (USAID) visited Burkina Faso from 17 to 24 November 2014 to help the country implement its plan to prevent and respond to a possible epidemic of Ebola virus disease (EVD). The support team worked with national stakeholders and technical and financial partners in the country.

This mission supplemented a previous one conducted by the WHO Regional Office for Africa. The method consisting of a review of documentation (national response plan, guidelines issued by the Department for Disease Control and technical literature), organization of a simulation exercise for relevant stakeholders and technical and financial partners, use of a standardized checklist to assess compliance with the 10 components of preparedness and response, ad hoc visits and subject-specific discussions when necessary. At the request of the national authorities, the mission trained the recently established rapid response teams.

This report summarizes the strengths and weaknesses observed for each of the components and proposes recommendations in line with the strategies advocated by WHO to prevent and control EVD.

The mission strongly recommends that an Ebola-specific governance structure be established, comprising an emergency operations centre, a national coordinator and technical subcommittees as defined in WHO recommendations. The subcommittees, which bring together the thematic stakeholders at national level, must prioritize the components of the response plan, organize activities and adjust the budget in consequence. The various items of the budget should be classified according to level of importance to stress priorities, existing resources and opportunities in cash or in kind resulting from coordination with the technical and financial partners. The EVD response preparedness plan of Burkina Faso will thus be stronger in terms of its operational effectiveness. The structural arrangements proposed will facilitate concerted action with financial partners.

Generally speaking, it is also recommended that the guidelines familiar to the various stakeholders should be converted into standard operating procedures (SOPs) that provide readily comprehensible instructions that are easier to translate into action. These instructions should be accompanied by targeted training for the various stakeholder categories.

To facilitate the establishment of rapid response teams, they should have clearer terms of reference, the composition of the teams and the logistical resources available to them should be strengthened and provision made for additional training, including field exercises and advanced modules, for example on personal protection and biosafety.

Attention should be given to the national plan for communicating the risks associated with EVD, and a mechanism should be established to coordinate all social mobilization activities at national level. Community involvement in disease control activities is a weak point in the EVD preparedness activities observed to date.

It is also recommended that a training programme on basic hygiene and universally applicable precautions be instituted for health workers and everyone who might come into contact with patients. The isolation units provided for in the response plan should be made operational with immediate effect. The first site envisaged for an Ebola treatment centre (ETC) appears to be suitable. It should be constructed according to the standards specified in this report. An EVD-specific supply system should be defined. Ambulances must be modified and their crews trained. Burial sites should be identified close to the designated ETC sites, and burial teams should be set up at district level.

In order to strengthen epidemiological surveillance, the existing guidelines should include a standard protocol applicable to all public and private health care facilities and also, if possible, to traditional healers. Case definitions must be disseminated in local languages. A well-organized information reporting system should be brought up to date and established at all health facilities; greater emphasis should be placed on use of the EVD hotline number.

The practical aspects of contact case monitoring should be reviewed. With assistance from partners, contact tracing teams should be trained in accordance with the EVD-specific protocols issued by WHO, suitably adapted to the national context. These teams should also be provided with the necessary equipment.

At the time of writing, Burkina Faso lacks EVD diagnostic capacity and sends specimens to the Pasteur Institute in Lyon, France. The agreements regarding shipment of these specimens must be clarified, and the number of teams capable of taking specimens in a safe manner should be increased.

It is important to check that there are sufficient stocks of personal protective equipment (PPE) and specimen-taking kits at points of entry and to ensure that staff are capable of using them in accordance with recommendations. Temporary isolation units in medical facilities should be evaluated and better prepared. Procedures for health measures and PPE should be known and tested. At ground crossings, health posts exist only at manned checkpoints, and the resources at their disposal are clearly insufficient.

The WHO Country Office in Burkina Faso stands ready to assist the national authorities in implementing the response plan and coordinating with technical and financial partners.

INTRODUCTION

Burkina Faso is a vast crossroads among the countries of the sub-region. Its dense vehicular traffic transports the region's people, who often share social and cultural norms, especially in border zones. The emergence of Ebola virus disease (EVD) in eastern Mali and then in Bamako greatly increased the chances of an EVD outbreak in Burkina Faso. The two countries share a rather porous land border hundreds of kilometres long, with point-of-entry services only at road crossings. Thus, the security of Burkina Faso is dependent on rapid detection of any imported cases and a rapid response to prevent the disease from spreading.

That, in turn, depends largely on the structure of the health system and how public, private and traditional stakeholders work to interconnect it. Since 1996, the health system has been divided into three administrative levels: peripheral, intermediate and central. At the lowest level, the health districts, there are 1606 health and social welfare centres, 123 remote clinics, 14 remote maternity wards and 32 medical centres. At the level above are 45 district hospitals and medical centres with surgical units. The intermediate level comprises nine regional hospitals. At the central level are three university hospitals and a national hospital. There is an urgent need to strengthen this system, heighten awareness of the challenges of detecting and responding to EVD and increase the number of technical and financial partners that can help meet the challenge.

In August 2014, the WHO Director-General declared EVD a public health emergency of international concern and issued recommendations for controlling the epidemic in affected countries and for preventing and responding to its appearance in unaffected countries. The International Health Regulations (IHR) Emergency Committee emphasized the importance for countries that have land borders with affected countries of:

- urgently establishing surveillance for clusters of unexplained fever or deaths due to febrile illness;
- establishing access to a qualified diagnostic laboratory for EVD;
- ensuring that health workers are aware of and trained in appropriate infection control and prevention procedures;
- establishing rapid response teams with the capacity to investigate and manage EVD cases and their contacts; and
- reinforcing preparedness, validating preparation plans and checking their state of preparedness through simulations and adequate training of personnel.¹

In addition, the IHR Emergency Committee "emphasized the importance of continued support by WHO and other national and international partners towards the effective implementation and monitoring of these

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