

Ebola virus disease preparedness strengthening team

***Côte d'Ivoire country visit
27–31 October 2014***

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Contents

Executive summary 4

Introduction 5

Mission goals..... 5

Method of work 6

Composition of the mission team 6

Activities..... 6

Strengths and weaknesses 10

Main areas for improvement 15

Conclusions and next steps..... 18

 Annex 1. Mission team..... 20

 Annex 2. Checklist results 21

 Annex 3. Results of table-top simulation 29

Executive summary

As was recently seen in Mali, the current outbreak of Ebola virus disease (EVD) presents a considerable risk to the countries directly bordering those in which transmission is intense. If countries are properly prepared, they can contain a possible introduction of the disease from the beginning and avoid a long-lasting, widespread epidemic.

As part of a programme to help countries that are not yet affected but are faced with possible importation of EVD, WHO and EVD response partners dispatched a mission to Côte d'Ivoire on 27–31 October 2014 to strengthen preparedness and the tools already in place. The general objective of the mission was to ensure that Côte d'Ivoire is as operationally ready as possible to respond safely and effectively to EVD through rapid detection, investigation, immediate notification and effective management to prevent a large-scale outbreak.

The mission was carried out by a joint team from WHO (headquarters, the Regional Office for Africa, the Institut Supérieur de Technologies of Ouagadougou (Burkina Faso), Johns Hopkins University (United States of America), the Quebec National Institute for Public Health (Canada) and the United States Centers for Disease Control and Prevention (CDC). The team worked in collaboration with the Ministry of Health of Côte d'Ivoire (represented by the National Institute for Public Health) and with partners working in the country, including WHO, the African Development Bank, Médecins sans Frontières, the Red Cross, Save the Children, the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA).

The work methods consisted of technical meetings with subcommittees charged with presenting the mission's goals and action taken by the country; field visits, principally to the Yopougon University Hospital; a table-top simulation; evaluation of the country's preparedness plan according to the checklist and participating in a meeting of the coordination committee. These methods allowed the team to identify the main strengths and weaknesses of the current arrangements and to suggest possible improvements.

The recommendations made to the mission organizers before the mission began were to:

- translate the WHO checklist into French so that it was available in the country at least 1 week before the effective start of the mission and
- obtain confirmation from WHO Regional Office for Africa and WHO headquarters that all partners were available before the start of the mission.

At the end of the mission, the recommendations listed below were made to the national authorities.

Coordination

- Develop, validate and communicate the technical directives, procedures and operational plans of the various subcommittees.
- Finalize establishment of the emergency operations centre.
- Train members of the emergency operations centre in managing the response to the EVD epidemic.
- Improve the availability of logistical support facilities.

Budget

- Draw up budgeted operational plans to encourage spending by financial partners.
- Communicate a budgeted and validated national contingency plan to partners.
- Strengthen financial resource mobilization at local level.

Epidemiological surveillance

- Improve the functionality of the call centre by strengthening human resources, increasing the number of phone lines and making the necessary equipment and material available.

- Prepare a training plan based on an evaluation of previous courses (topics covered, targets set, gaps identified).
- Develop clear procedures, and define responsibilities at national and regional levels in respect of data management for EVD surveillance.
- Ensure that health districts are properly supplied with gloves and masks, and strengthen mechanisms for monitoring use of these supplies.

Rapid response teams

- Case management
 - Finish equipping the treatment centre at Yopougon University Hospital so that it is operational.
 - Establish, equip and staff a second treatment centre in Abidjan.
 - Establish treatment centres in western regions.
 - Establish treatment centres in other regions of the country.
- Safe, dignified burials
 - Train personnel in charge of burials.
 - Finalize procedures for safe burials.
 - Make body bags available at treatment centres.

Monitoring contact cases

- Finalize standard operating procedures for identifying and monitoring contacts.
- Ensure training of district teams, health centre personnel and communities in continuous contact monitoring (principles, procedures and tools).

Public awareness and community engagement

- Formalize rumour management (call centres and other sources) through systematic recording, periodic analysis, compilation and dissemination of observations and definition of actions.
- Organize a knowledge, aptitudes and practices survey without delay, to measure the impact of all communication activities.
- Develop tools for evaluating the contribution of the media to control efforts (mediametrics).

Management of points of entry

- Establish an isolation centre at the Port of Abidjan.
- Transmit written procedures and directives to all relevant parties, including health authorities, border control and police authorities.

Introduction

Given the evolving EVD situation, there is a considerable risk for the introduction and spread of cases to countries that are not currently affected. With proper preparation, such cases can be effectively contained without leading to large-scale epidemics.

WHO is sending international support teams to strengthen preparedness in countries that are not yet affected, so that they can respond effectively in the event of an EVD epidemic. Such visits are just one step in a series of operations for preparing all countries to cope with possible cases of EVD.

Mission goals

The immediate goal of the visit was to ensure that Côte d'Ivoire is as operationally ready as possible to deal with cases of EVD; that it is capable of effectively and safely detecting, investigating and

reporting potential cases; that it can organize an effective response and prevent a large-scale epidemic. In its improvement plan, the mission also identified action necessary to strengthen preparedness within 30, 60 and 90 days.

Method of work


The method consisted of organizing technical meetings with national stakeholders, evaluating the country's contingency plan against the checklist validated by all EVD response partners and organizing a table-top simulation and field visits. The main techniques employed were observation, consultation of documents, individual interviews with the heads of the various subcommittees and group interviews.

Composition of the mission team

The support team was composed of 11 members, one from WHO headquarters in Geneva, three from the WHO Regional Office for Africa, two from CDC, one from the Institut Supérieur de Technologies Ouagadougou, one from Johns Hopkins University and three from the Quebec National Institute for Public Health. They received local support from technical staff in the WHO Country Office and the African Development Bank.

The support team worked with national institutes for public health and technical and financial partners in the country (WHO, UNICEF, Save the Children, Red Cross, Médecins sans Frontières, CDC, UNFPA).

Activities

Day 1.		
Working meeting with the WHO Representative, CDC, the African Development Bank and WHO Country Office staff	WHO Country Office	<p>Presentation of mission mandate</p> <p>Adaptation and approval of the agenda</p> <p>Invitation sent by WHO Country Office to national authorities and partners (e.g. African Development Bank, CDC, European Union, the United Nations Office for the Coordination of Humanitarian Affairs, UNICEF) to participate in the mission's activities, in particular on day 3</p> <p>First review of the United Nations contingency plan, the national contingency plan and the scenario of the August 2014 simulation</p> <p>Mission team informed by the African Development Bank that it has made US\$ 10 million available but is awaiting the country's request to disburse it.</p>
		
Day 2		
Working meeting with authorities from the National Institute for Public Health (NIPH) and technical partners	NIPH	<p>Presentation of mission mandate, agenda and checklist</p> <p>Presentation of national level of preparedness</p> <p>Primary observations:</p> <p>Country's affirmed willingness to ensure, in the event of an epidemic, that the disease should not spread beyond the first case, or at least no further than the first circle of contacts</p> <p>Emphasis placed by the country on community involvement in case</p>

detection, with promotion of community-based disease control mechanisms

Good acceptance of simulation exercises, reaffirmation of the importance of simulations at regional level

Existence of an updated and budgeted (57 billion CFA francs) contingency plan, including establishment of a:

- monitoring centre
- national referrals centre
- P4 module for the Pasteur Institute and construction of another P4 laboratory
- an operations centre

Four nationally defined strategies for managing preparedness and response to the epidemic: communication, epidemiological surveillance (establishment of an advance coordination post, health control at the borders), promotion of preventive measures (stockpiling of material and equipment, establishment of telephone hotlines, establishment of a dedicated medical emergency service (in progress), a type of call centre), response capacity-strengthening for the national health system

Existence of an organizational framework including:

- the national security council (led by the Head of State),
- the monitoring committee (led by the Prime Minister)
- national committee on EVD epidemic control (led by the Minister of Health), and
- the emergency action cell (NIPH).

Existence of nine subcommittees within the national committee on EVD epidemic control, which meet weekly:

epidemiological and laboratory surveillance

communication

water, hygiene and sanitation (management of human remains)

finances

medical care

psychological care

logistics

humanitarian issues

security and defence.

Finalization of surveillance training modules with support from the CDC

Involvement of the director of the NIPH

Strong mobilization of technical and financial partners

Visit to Yopougon
treatment centre

**Yopougon
University
Hospital**



Existence of a treatment centre in compliance with standards

Existence of a triage area

Existence of clearly defined “clean” and “dirty” areas

Presence of 80 trained treatment teams at national level

Care service made up of six teams, each composed of one physician, one nurse, one nursing assistant, one surface cleaning orderly and six hygienists

Presence of spray equipment, triple packaging

Clearly defined routes for health workers, ambulances and mortuary vehicles



Existence of incinerators, showers and toilets in compliance with standards
Well-organized site

Day 3

Table-top simulation

NIPH

Strong points

Good interaction during the simulation
Coordination system is functional overall
Planned extension of preparation and response activities to the whole country (not only western regions and Abidjan)
Existence of a regulatory framework: decree, plan, financing
Good commitment of national actors and partners
Key role and leadership of the NIPH in planning
Good communication about the disease
Existence of rapid response teams
Existence of a functioning reporting system
Good “on-paper” concept of EVD control
Organizational control framework based on existing elements in the health system
Some members of subcommittees present at the simulation

Weak points

National authorities poorly represented at the simulation
Treatment centres not yet finalized
Lack of understanding about the purpose of the simulation; national authorities tended to “defend themselves” rather than focus on the improvements required
Much action still at the planning stage
Certain aspects of preparation and response unclear and unsystematic

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