

# Evolution of EVD Response Republic of Sierra Leone

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## Presenters:

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# When Ebola first hit Sierra Leone, the country struggled to stem the outbreak

**EVD quickly spread across the country despite decisive executive action**

*Ebola response was initially led by MoHS*

- **24 MAY 2014, 1<sup>ST</sup> EVD CASE IN SL**
- EVD State of Emergency imposed by His Excellency
- Restrictions on movement
- Closure of schools
- National Stay at home Day for family reflection (movement restricted) in August

**However, there were difficulties running the project through MOHS**

MoHS had **difficulty coordinating** and leading the response whilst also attending to its other healthcare responsibilities with very limited resources and support.

➤ Sierra Leone with a 6m population: 136 doctors; 1,017 nurses and midwives; 114 pharmacists  
Source: Afri-Dev.Info. Less than a dozen ambulances nationwide.

EVD continued to spread rapidly during this time

***Following this, Stephen Gaojia was brought in to response as the National Coordinator***

# Despite new efforts, there were still difficulties coordinating the response

## Increased activity among response

- Launched 3-day “Ose to Ose” Ebola campaign
- Established 117 Call Center
- Increased Ebola awareness messaging and community activity

## Establishment of National Ebola Response Center

- Created mechanism to better coordinate policy among delivery pillars
- Built coherent nationwide response achieved through application of SOPs, targeted responses
- Decentralized response by recruiting district coordinators and adding district-level command and control capacity

## Palo Conteh brought in as CEO

- Added ability to have **executive authority** over other government departments
- Leveraged role to facilitate coordination among partners, districts

# Sierra Leone Ebola response: principles and operational model

## Principles

A **district**-led response...

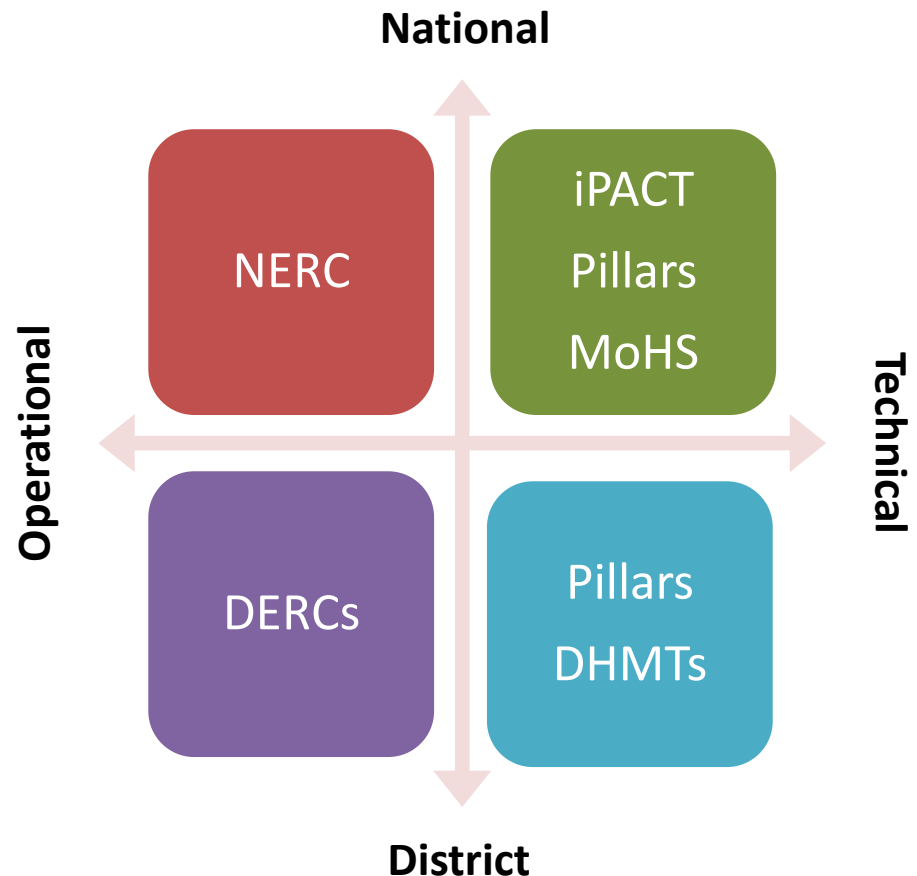
...informed by **medical/technical** guidance...

...supported by Gvt and her **partners**...

...coordinated by the **NERC**...

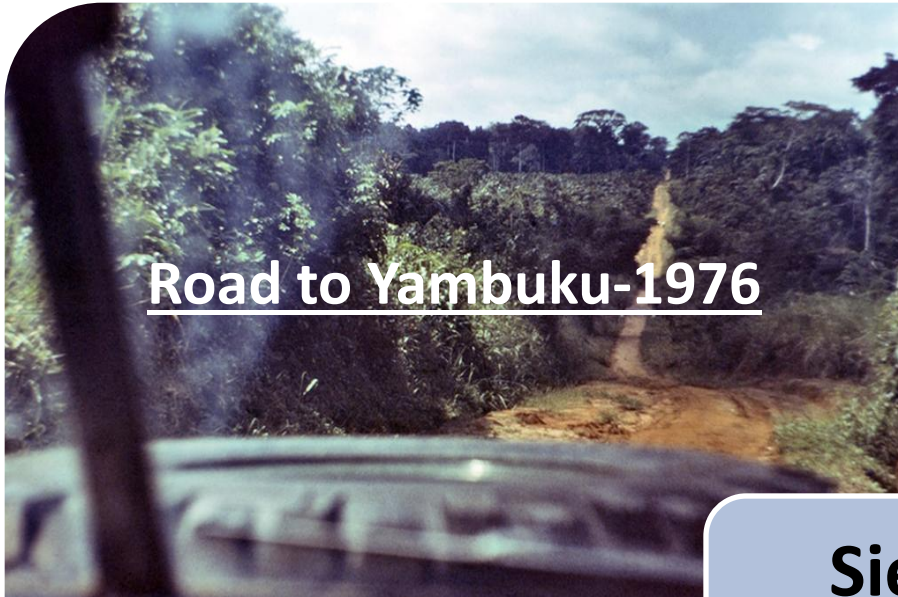
...with strong **regional** collaboration.

## Operational Model





# The Challenges

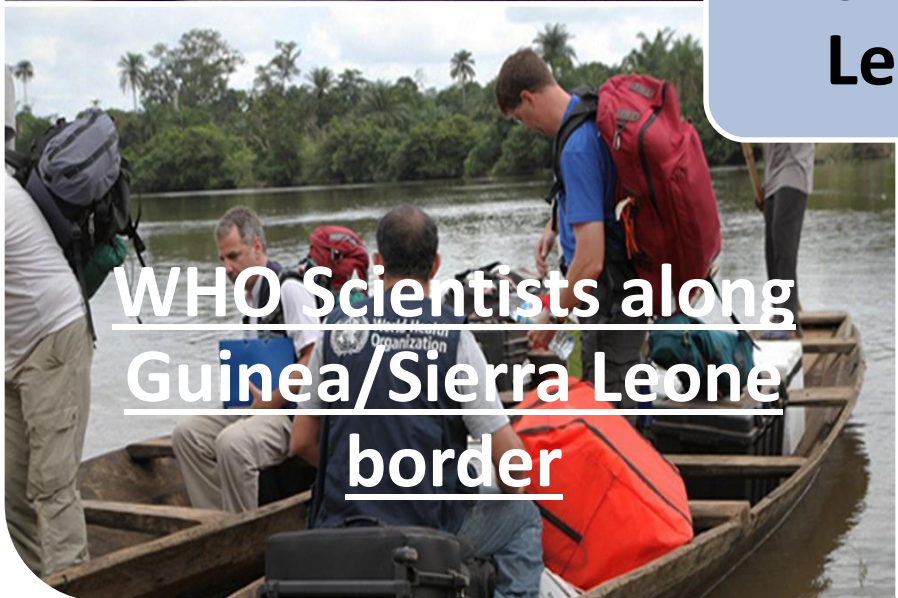


Road to Yambuku-1976



Road to Yambuku-1976

**Sierra Leone**

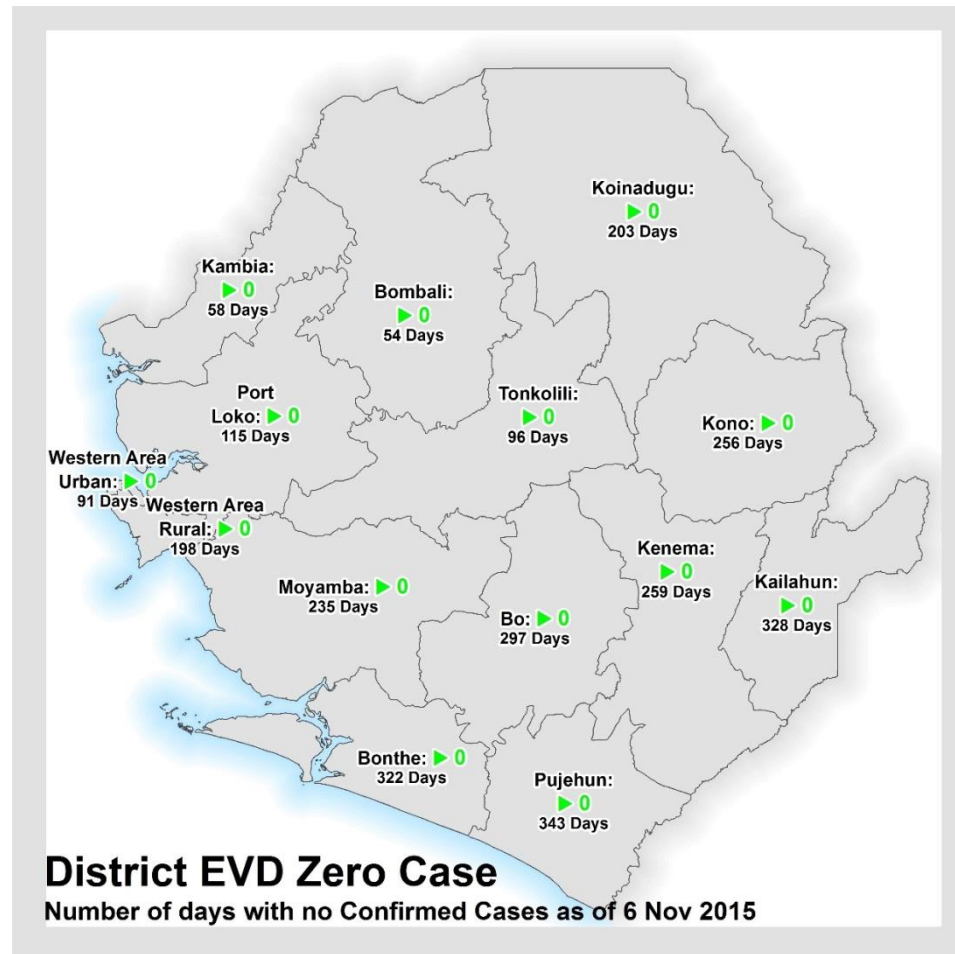


WHO Scientists along  
Guinea/Sierra Leone  
border



Road to Khaulahun, Sierra  
Leone-2014

# District EVD zero case





At NERC. H.E. and National and International Community  
on the eve (6/11/15) of 42 days declaration



I was there that night!!!





# EVD Quarantine Procedures

1

## Keeping contacts in their homes

Needed to provide the necessary support to contacts during their period of quarantine and failing not to prove to them that we are their protectors . If not contacts will leave their quarantine

2

## Provide adequate feeding and nutrition

**DRY AND WET RATION NEED TO BE ADEQUATELY SUPPLIED**

**We have** clear strategy for these operations

**Inter Ministerial Collaborative work for effectiveness of quarantine**

- **Review the Quarantine SOP with a view to enhance the procedures we use**

- WFP and Ministry of Agriculture + The nutrition department of Ministry Health and Sanitation

**Live Stock/veterinary officers and other extension service providers sent to all farming communities**

Problem

Coordination

Zoonotic Surveillance systems

# The Grand Strategy

## Surveillance

- (a) Ongoing;
- (b) contacts lists established
- (c) Strengthen system is key
- (d) VQF facilities established immediately

## Case Management

- (a) Stand beds
- (b) Deploy RDTF given epi trigger
- (c) Prepare for more locations if necessary
- (d) Increase staff capacities
- (e) Support for staffing increase crucial

**Sierra Leone**

## Soc Mob and Communications

- (a) Ensure immediate and sustained Coms programs
- (b) Implement strategic Social Mob messages
- (c) **Specific engagement with Herbalists**  
(???)

## Burials

- (a) One effective immediate-term measures of slowing down secondary/tertiary transmission

# The Grand Strategy

## Psychosocial and Child Protection

- (a) Ongoing
- (b) Survivors mapped and followed up
- (c) Survivor fluids tested for live or fragments of viral reservoirs

## Community Prevention & Control/Cross border collaboration

- (a) Stand up village communities
- (b) Hand wash facilities
- © Vigilant screening along borders

**Sierra Leone**

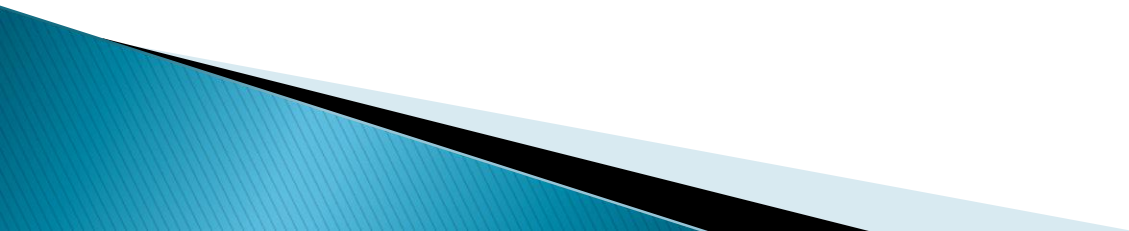
## Logistics: Medical and Non Medical

- (a) Ensure immediate and sustained supply system
- (b)

## NGOs & INGOs

- (a) Coordination and Operations

# **MYTHS AND REALITIES OF EBOLA VIRUS DISEASE IN SIERRA LEONE**

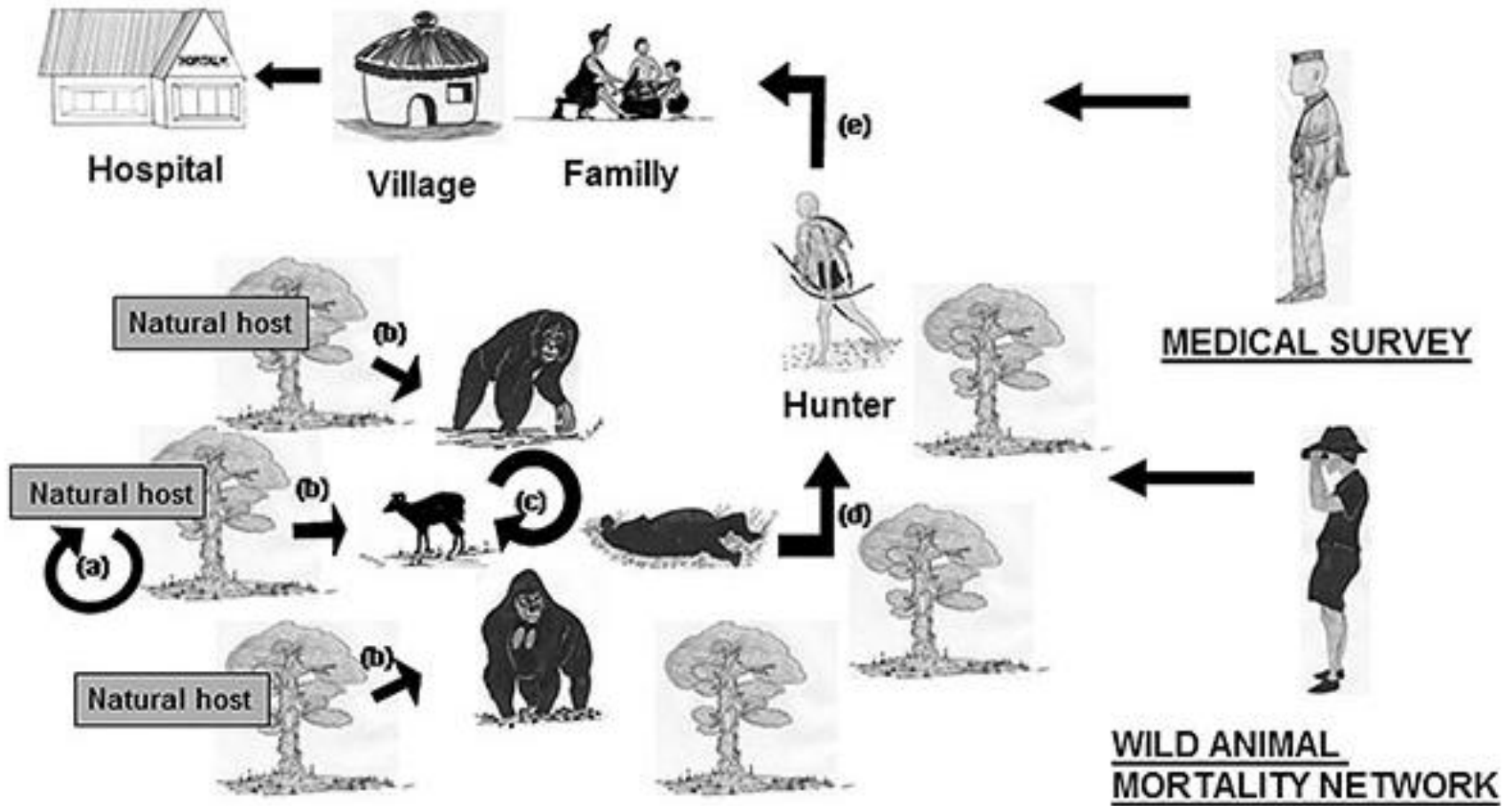




# Myths

- ▶ There are claims that the following measures have prophylactic or curative effect
  - Chewing bitter cola (*Gracinia cola* or *G. Afzeli*)
  - Eating cochorus olitorius (a vegetable commonly eaten as soup in Nigeria)
  - Salt bath and drink
  - Kerosene bath
  - Bath with bleaching agent (sodium hypochlorite)
- ▶ Social media has been used to transmit information about these myths
- ▶ Consequently, many have died as a result of the ingestion of over-concentrated salt drink
- ▶ Research and health education is required to verify and highlight the danger of these claims

# Ebola Landscape



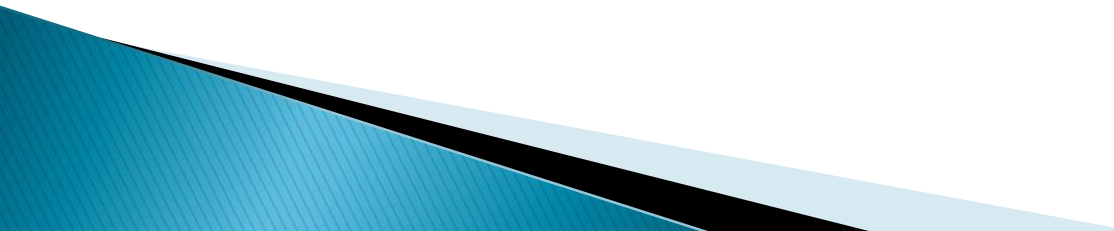


# Confirmed, probable, and suspected EVD cases in Sierra Leone – Ebola Situation Report, 19 February 2016

Country	Case definition	Cumulative cases	Cases in past 21 days	Cumulative deaths
	Confirmed	8704	0	3589
	Probable	287	*	208
	Suspected	5131	*	158
	<b>Total</b>	<b>14122</b>	<b>0</b>	<b>3955</b>



# Glimpses of Hope

- ▶ The outbreak has caused a heightened international response towards this emerging disease and the world (mostly 1<sup>st</sup> world) has swung into action towards getting a cure for the disease.
  - ▶ The experimental drug ZMapp seems to be effective in the treatment.
  - ▶ At least 10 drugs and 2 vaccines against Ebola Virus disease are currently under development (WHO).
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# Community prevention and Control

- ▶ Call your medical centre early and tell them about your illness
- ▶ Listen to the advice/key messages.
- ▶ You may be sent to a special hospital
- ▶ Keep away from others so they don't get sick
- ▶ Be especially careful of your vomit and diarrhoea
- ▶ Safe burial practices
- ▶ Practice general sanitation/hygiene

# Next Steps: Ongoing Projects

## Post-Ebola Resilience Project

- ▶ The Royal Netherlands Embassy (RNE) in Ghana voted funds to support a 22-month project (February 1, 2016– November 30, 2017), “Preparedness against Ebola and other emerging infectious diseases in Sierra Leone and Guinea”, otherwise known as the *Post Ebola Resilience Project*. The project involves a consortium of institutions including **Njala University (Sierra Leone)**, **Sonfonia University (Guinea)**, **Noguchi Memorial Institute for Medical Research (Ghana)**, the **Wageningen University, University of Amsterdam** and the **Royal Tropical Institute (the Netherlands)**.
- ▶ **Principal Objective:** is to establish a system for preparedness and resilience of Ebola virus disease (EVD) and prevention of other infectious diseases with epidemic potential in Sierra Leone and Guinea. This is to be achieved under three interrelated components or work packages (WPs): **WP1 – Community-based surveillance; WP2 – Laboratory strengthening; and WP3 – Results-based financing**

# Ongoing Projects...

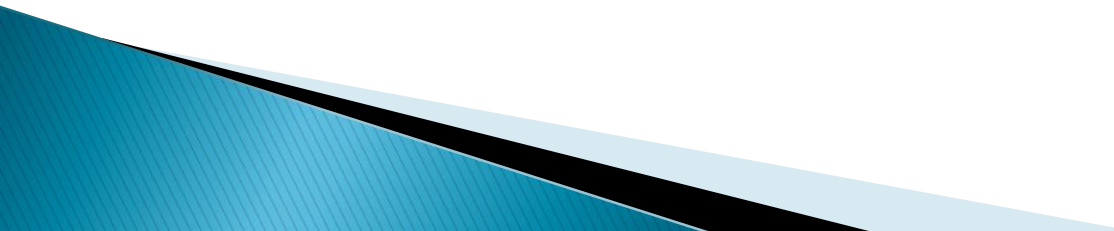
**Building resilient health systems: lessons from international, national and local emergency responses to the Ebola epidemic in Sierra Leone**

- ▶ The London School of Hygiene & Tropical Medicine in partnership with Njala University from 1<sup>st</sup> February 2016 – 31<sup>st</sup> January 2019.  
Principal Investigator: Dr Susannah Mayhew  
[Susannah.Mayhew@lshtm.ac.uk](mailto:Susannah.Mayhew@lshtm.ac.uk) +44(0)2072994672
- ▶ **Overall Objective:** Our study will explore a range of factors including: the extent to which responses were informed by local concerns and perceptions of emergency–response systems; whether external interventions sought to work within or with local systems (and whether this resulted in the building of parallel response structures); whether external interventions ultimately weakened and made the health system less resilient by, for example, taking locally qualified staff away from public sector systems or by diverting resources from other ongoing health requirements (including routine maternal and child health and common preventable diseases)



# Ongoing Projects...

## **Centre for Control and Prevention of Zoonoses**

- ▶ MacArthur Grant No. 97944–INP with Faculty of Veterinary Medicine, University of Ibadan in partnership with Department of Animal Sciences, School of Agriculture, Njala University
  - ▶ Principal Objective: Improve postgraduate programmes for curriculum in Epizootiology, training and research in zoonoses, and community engagement
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# EBOLA MUSEUM

- ▶ Njala University in collaboration with University of Illinois, USA.

*And Finally*  
***LET US ALL PREVENT EBOLA***



# THANK YOU INDEPTH & ALL

bon voyage

再见



See Ya  
Later



**Sankofa**  
"Return and get it"  
Learn from the past



**Adinkrahene**  
Chief of Adinkra signs  
Greatness, charisma,  
leadership



**Nsa**  
"Kasamansa umbrella -  
the covering of the  
nation". Protection



**Duafe**  
Wooden comb  
Patience, fondness, care



**Gye Nyame**  
"I fear none, except God"  
Omnipotence of God



**Dwanimen**  
Ram's horns  
Strength and humility



**Nsirewa**  
"Let's live together"  
Unity, harmony