



The Ebola Outbreak in West Africa: Lessons for the Future



Presentation Outline

- **Why did this outbreak occur?**
- **What lessons did we learn in the course of the outbreak?**
- **What could be done to avoid this kind of situation in future?**



◆ **Outbreak is a sign of wider development & societal issues:**

- ⇒ **Poverty, illiteracy & ignorance resulting in increasing interphase between human & disease vector**
- ⇒ **All three countries experiences years of civil unrest and its consequences.**
- ⇒ **Fluid population movement which increases the risk of human-to-human transmission**
- ⇒ **Distrust between communities & governments which fuelled community resistance**



- ◆ **Inherent weak health systems in affected countries:**
 - ⇒ **Poor & dysfunctional health systems including:**
 - ⇒ **Weak IHR & EWARN systems resulting in a delay of 3 months before the first case was reported**
 - ⇒ **Weak disease surveillance & response capacity**
 - ⇒ **Poor staffing**
 - ⇒ **Inadequate health financing & weak governance**
 - ⇒ **Lack of international attention to the situation at the initial stages of the outbreak**



Social Cultural

- ◆ **Poor understanding of the cultural belief system resulted in ineffective community response:**
 - ⇒ **Traumatic effect of EVD response interventions (safe burials/cremation & isolation/inability to care for loved ones)**
- ◆ **Intense fear, stigmatization & denials facilitated sustained community transmission**
- ◆ **Inappropriate strategies for community engagement resulted in:**
 - ⇒ **Poor community participation**
 - ⇒ **Weak risk communication strategies**



Case Management

- ◆ **Inadequate bed capacity was a critical challenge:**
 - ⇒ **Proliferation of holding/treatment centres thus depleting scarce resources**
 - ⇒ **Increased community transmission**
- ◆ **Poor understanding of infection pattern contributed to high infection rate among HCWs**
 - ⇒ **80% of infected HCWs in S/L contracted disease outside an EVD unit**
- ◆ **Inadequate clinical & nursing skills & lack of appropriate medical equipment resulted in poor clinical outcomes**
- ◆ **Weak infection prevention & control**



Surveillance

- ◆ **Active case search & contact tracing were ineffective due to:**
 - ⇒ **Highly infectious nature of the disease**
 - ⇒ **Lack of community participation & engagement for action**
- ◆ **Poor triaging of patients & delayed diagnosis contributed to nosocomial infection**
- ◆ **Community quarantine was ineffective:**
 - ⇒ **No scientific basis or evidence to proof positive impact**
 - ⇒ **Quarantine may have contributed to increased community transmission**



- ◆ **Strong advocacy & engagement of the political leadership of at risk countries to address underlying causes of outbreaks**
- ◆ **Scale up implementation of IHR to:**
 - ⇒ **Ensure early alert, timely identification & reporting of PHEIC**
- ◆ **Effective partnerships & stronger inter sectoral collaboration to:**
 - ⇒ **Facilitate well coordinated & integrated large scale outbreak response**
 - ⇒ **Harness comparative advantages & individual strength & capacity of partners**



- ◆ **Strengthen health DRM as a platform for enhancing outbreak risk reduction, preparedness & response**
- ◆ **Innovative strategies to facilitate:**
 - ⇒ **Stronger community engagement & participation in outbreak response**
 - ⇒ **Community risk communication**
 - ⇒ **Strengthen community-based health structures**
- ◆ **Health system strengthening as mitigating action for outbreak prevention & control**
 - ⇒ **Integration of outbreak management into longer-term health system programming**
 - ⇒ **Systematic post-EVD health system recovery**



- ◆ **Generation of scientific evidence to inform new innovations for:**
 - ⇒ **Better clinical management of VHF in resources poor settings**
 - ⇒ **Rapid diagnosis & classification of EVD cases**
 - ⇒ **Effective isolation of cases during large outbreaks**
 - ⇒ **Effective contact tracing/active case search**
 - ⇒ **Evaluation of impact of new strategies such as CCCs**

Thank You

