

# **Ebola virus disease preparedness strengthening team**

*Gambia country visit*

*17–22 November 2014*



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## Executive summary

The epidemic of Ebola virus disease (EVD) in West Africa poses a considerable risk of introduction of Ebola virus 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 (2005) (IHR). Unaffected countries with land borders adjoining those of countries with current Ebola virus transmission have been advised by the IHR 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 procedures for infection prevention and control and establish rapid response teams to investigate and manage EVD patients and their contacts.

WHO and partners are accelerating activities to support currently unaffected countries by strengthening their preparedness for introduction of EVD, to ensure immediate outbreak response capacity. The countries concerned are Benin, Burkina Faso, Cameroon, the Central African Republic, Cote d’Ivoire, the Democratic Republic of the Congo, the Gambia, Ghana, Guinea Bissau, Mali, Mauritania, Nigeria, Senegal and Togo. The activities include a preparedness checklist of the key components and tasks of an Ebola response and deployment of international “preparedness strengthening teams” to high-priority unaffected countries to facilitate use of the checklist and to help them plan and build their preparedness. The preparedness strengthening teams are formed in partnership with both national and international organizations.

The team deployed to the Gambia focused on assisting the country to be as operationally prepared as possible to effectively and safely detect, isolate, investigate and report potential EVD cases and to mount an effective response to prevent a larger outbreak. To accomplish this goal, the team conducted “scoping” activities, stakeholder meetings, site visits and a table-top simulation exercise to determine the systems in place and the areas of preparedness that could be strengthened.

The Gambia has an established mechanism for managing disasters and emergencies in its National Disaster Management Agency. The Agency established a health emergency preparedness and response plan in 2011 and a national EVD preparedness and response plan in April 2014. The plan focuses on health service response and includes strategic objectives, key activities and a budget. It is structured into five thematic areas: coordination, epidemiology and laboratory surveillance, case management, communications and social mobilization and logistics and safety. The five subcommittees responsible for these areas, which meet weekly, have already completed much work in preparing for the introduction of Ebola virus into the Gambia.

The Gambia country visit resulted in identification of both strengths and opportunities for improvement in all 10 key response components identified by WHO. Of the opportunities for improvement, four were considered critical and should be fully operationalized to permit an immediate response in the case of an EVD event:

- Ensure fully functional, equipped isolation facilities.
- Clarify the structure and composition of and the equipment required for rapid response teams.
- Identify a contact-tracing data management system, and train and provide resources for the necessary personnel.
- Clarify the relations between the national EVD plan and the response plan of the National Disaster Management Agency with respect to reporting and coordination.

## Objectives

The objectives of the mission were:

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


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

## Country visit team


The joint team to strengthen the Gambia's EVD preparedness was composed of representatives of the Gambia's Ministry of Health, WHO, the US Centers for Disease Control and Prevention, the United Nations Office for the Coordination of Humanitarian Affairs, the Antigone Consortium, the Bernhard Nocht Institute for Tropical Medicine and other partners (see Annex 1).

## Activities

(See also Annex 2)

Day 1. 17 November		
Greeting and planning session with the WHO Representative, staff and other team leaders	WHO Country Office	Introduction of the mission team and briefing by the WHO Representative on the Gambian context and the preparedness measures taken by the Gambia, supported by WHO
		
Review of country documents	WHO Country Office	Description by the WHO Representative of the Gambian EVD plan, past activities and future plans
Introductory meeting with the National Disaster Management Agency	WHO Country Office	National Disaster Management Agency presents EBV preparedness activities
Introductory meeting with staff of the Gambian Red Cross	Red Cross country office	Introduction to the Gambian Red Cross, discussion of WHO mission team objectives and of the activities of the Gambian Red Cross Society
Introductory meeting with Ministry of Health	Ministry of Health	Initial mission objectives set out by WHO Representative, Deputy Minister of Health and national Ebola task team. WHO provided a contextual briefing on the WHO response and introduced the consolidated preparedness checklist.
Team planning session	Ocean Bay Hotel	Summary of the day's activities and clarifications. Tasks distributed among the team and next day's activities planned

Meeting with the National Disaster Management Agency	Ocean Bay Hotel	Detailed presentation of the Agency's activities on EVD
<b>Day 2. 18 November</b>		
Meeting with Ministry of Health and partners to discuss the current situation of EVD preparedness in the Gambia 	Ocean Bay Hotel	Meeting attended by representatives of the Ministry of Health, the mission team, United Nations agencies and nongovernmental organizations  The mission team reviewed the preparedness checklist. The group broke up into six working groups representing the technical areas within the five elements of the Gambian EVD response plan: <ul style="list-style-type: none"> <li>• coordination</li> <li>• epidemiological surveillance</li> <li>• laboratory surveillance</li> <li>• case management</li> <li>• communication and social mobilization</li> <li>• logistics and safety</li> </ul> The working groups addressed the measures already in place, gaps, needs and priorities.
Meeting with the National Communication Task Force	Ministry of Health	The team participated as observers in a meeting of the National Communication Task Force attended by representatives of Government departments, nongovernmental organizations, religious bodies and the private sector. The meeting discussed various aspects of communication in the EVD preparedness and response plan and the budget.
Site visits	Emergency operations centre	Meeting with the Ebola preparedness subcommittees
	Points of entry	Visit to the international airport in Banjul and to the Giboro land border to meet public health surveillance officers and immigration and customs staff. Review of equipment, standard operating procedures, staffing, training, holding facilities and challenges to preparedness
	National Reference Laboratory and Medical Research Council (MRC) Laboratory	Visit to the National Reference Laboratory to assess sampling, packaging and transport procedures and to the construction site of a BSL-3 facility in the MRC compound designated for EVD diagnostics
	Ebola treatment centres	Visit to assess infection prevention and control and case management at the designated EVD isolation and treatment centre (a converted tuberculosis sanatorium) and at the MRC

	Rural community (Giboro Kuta)	Field visit to the Giboro Kuta community to understand how the Communication Task Force's activities are translated into social mobilization at community level. It is a largely Fula community with strong ties to Guinea and is located near a major border crossing for people travelling from Guinea-Bissau, Guinea, Senegal and Sierra Leone. The community appeared to be well informed about EVD but asked for further information.
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#### Day 3. 19 November

Preparation of table-top exercise	Ocean Bay Hotel	The preparedness strengthening team agreed on the scope of the exercise. The exercise scenarios reflected expected actions in the areas of detection, points of entry, case management, laboratory activities, contact tracing, social mobilization and coordination. The expected actions would be reported and used to evaluate the practical exercise the following day.
Table-top exercise	Ocean Bay Hotel	The exercise involved WHO, Ministry of Health authorities and other international partners. One of the two scenarios was at a health care facility and the other in a rural village. The exercise revealed strengths and weaknesses at national, regional and district levels.
Consensus on findings (field visits and exercise)	Ocean Bay Hotel	The participants separated into five working groups and discussed the outcomes of the exercise (see Annex 3) and the field visit, including the strengths and opportunities for improvement for each task force.

#### Day 4. 20 November

Prioritization and time line	WHO Country Office	The five working groups compared their findings with the preparedness checklist (see Annex 4). Priorities, including time lines for work within the next 30, 60 and 90 days, were agreed upon.
Ebola treatment centre simulation exercise	MRC Ebola treatment centre	Members of the WHO team observed a field exercise on case management, infection prevention and control and sampling at the MRC Ebola treatment centre

#### Day 5. 21 November

Ministerial and stakeholder debriefing	United Nations compound	Final briefing to the Ministry of Health and Social Welfare and stakeholders on the strengths, opportunities for improvement and suggested priorities for immediate action
Finalization of action plan and mission report	Ocean Bay Hotel	Drafts of the action plan and mission report were submitted to the WHO Representative.

## Background

### Geography

The Gambia is located midway on the bulge of the west African coast and stretches over 400 km inland from west to east on either side of the River Gambia, varying in width from about 50 km near the mouth of the River to about 24 km upstream. The country is bordered on the north, south and

east by Senegal and to the west by the Atlantic Ocean. The River Gambia, which runs the entire length of the country from the Futa Jallon highlands in Guinea to the Atlantic Ocean, divides the land area of 11 000 km<sup>2</sup> into two, the South Bank and the North Bank.

### **Administrative structure**

The country has five provincial regions and two municipalities. The regions are the West Coast Region, the Lower River Region, the Central River Region, the Upper River Region and the North Bank Region. The municipalities are the Island of Banjul and Kanifing. The two municipalities are headed by elected mayors, while the five regions are headed by governors appointed by the President. The regions are further divided into 40 districts headed by chiefs. The administrative regions are further divided into seven health regions by the Ministry of Health and Social Welfare: Western Regions 1 and 2, the North Bank West Region, the North Bank East Region, the Lower River Region, the Central River Region and the Upper River Region.

### **Demographic profile**

The Gambia has a total population of about 1.8 million, with a life expectancy at birth of 64 years for both sexes. The main tribal groups in the country are Mandinka, Wolof, Fula and Jola, and nearly 90% of the population are Muslims.<sup>1</sup> The literacy rate among women aged 15–24 years is 63%, and the national gross domestic product per capita is about US\$ 500.<sup>2</sup> Significant progress has been achieved in reducing mortality among children under 5 years, from 170/1000 in 1990 to 74/1000 live births in 2013.<sup>3</sup> The maternal mortality rate in 2013 was 430/100 000 live births,<sup>4</sup> and the national HIV prevalence rate in 2012 was 1.8%.<sup>5</sup>

The Gambia has no significant mineral resources, and the modern industrial sector in the country is small, providing employment for less than 5% of the labour force; it accounts for less than 8% of the gross domestic product. About 70% of the workforce in the country is employed in the agricultural sector. Tourism is also an important contributor to the country's economy. As a result of the Ebola outbreak in the sub-region, which has reduced tourism, and delayed rains in 2014, real growth of the gross domestic product in 2014 is projected to be –1%, while it was projected to be 6.7%.<sup>6</sup>

### **Health system**

The Ministry of Health and Social Welfare is responsible for overall policy formulation, planning, organization and coordination of the health sector at national, regional, district and community levels. It is also responsible for resource mobilization, allocation and provision of technical support and supervision to the regions and specific health programmes. To ensure efficient, effective

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