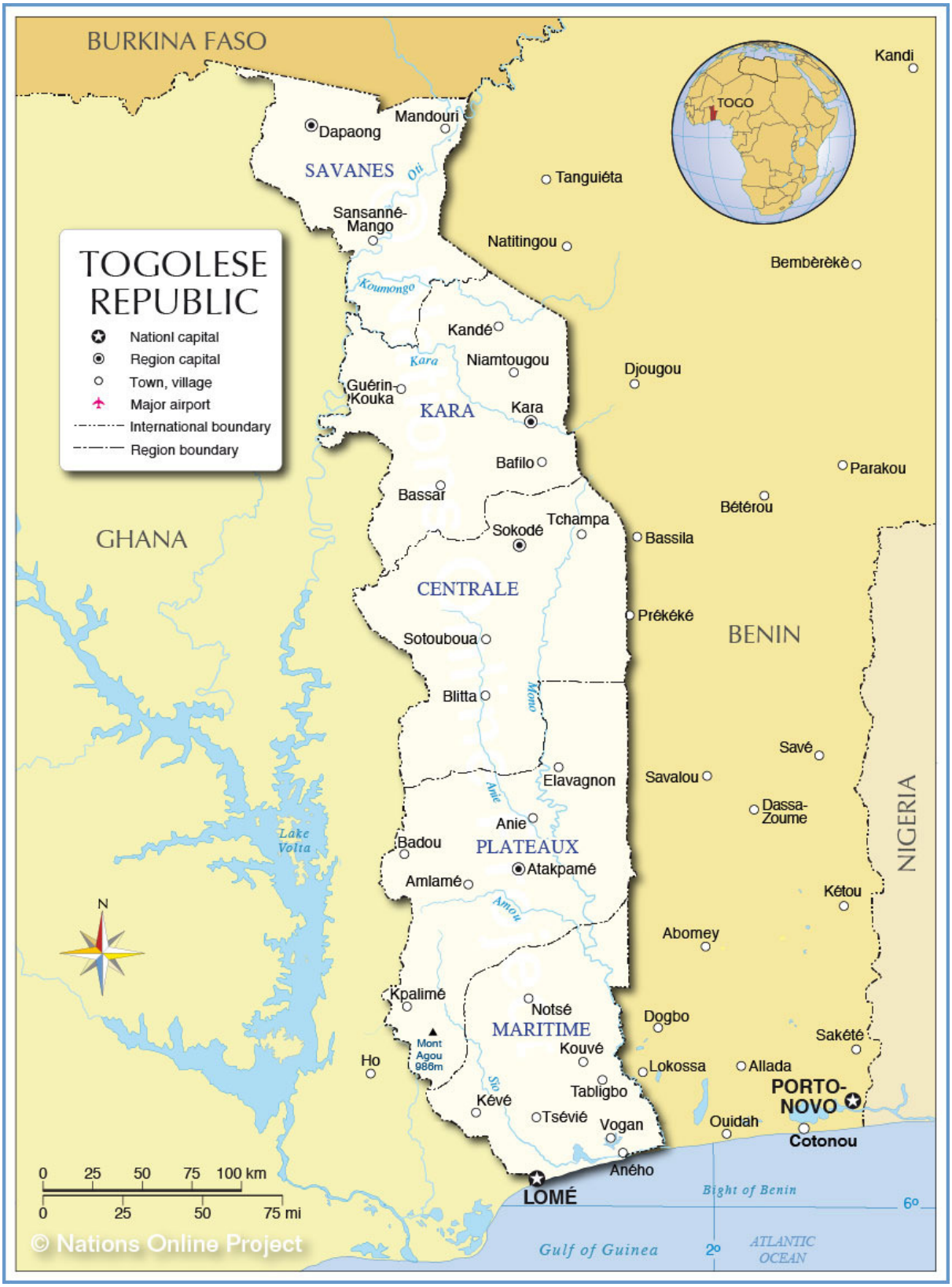
Ebola virus disease preparedness strengthening team

Togo country visit

24 November–1 December 2014

World Health Organization

 WHO/EVD/PCV/Togo/14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Gulf of Guinea
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Summary

A support mission consisting of experts from WHO in Geneva, the WHO Regional Office for Africa and the French Ministry of Foreign Affairs visited Togo between 24 November and 1 December 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.

The method used consisted of a review of documentation (national response plan, instructions from various thematic units, technical literature), organization of a simulation exercise for relevant stakeholders and technical and financial partners, use of the consolidated checklist to assess compliance with the 10 components of preparedness and response, ad hoc visits and subject-specific discussions when necessary. This report lists the observed strengths and weaknesses by component of the checklist and gives recommendations in line with the strategies promoted by WHO for EVD control and prevention.

The mission strongly recommends that the existing EVD-specific governance structure, which is in line with WHO recommendations, be made operational. The Management Committee, which was established by regulation, has the authority to conduct preparedness activities in the area of disease control, and the various thematic units have appropriate terms of reference. An emergency committee should be established at the Health Ministry to coordinate interventions in the event of an epidemic. This structure should be given the resources to conduct operations, in terms of delegation of authority, strategic and budget planning and coordination with other ministries and technical and financial partners. The imminent establishment of a management and administration unit will facilitate this development. Thought should also be given to the role of this committee if disaster management mechanisms (national emergency plan or the multisectoral plan of the United States Africa Command (AFRICOM)) have to be activated.

A national EVD preparedness and response plan has been developed and budgeted for. The units have specific, targeted guidelines and must now prioritize the components of the response plan, organize activities and adjust the budget in consequence. The budget is modest in view of the scale of the task; it should be prioritized in terms of time frames so as to place more emphasis on priority actions, existing resources and opportunities in cash or in kind. Operationalization of the plan would thus be clarified and more readily comprehensible to the technical and financial partners who must be involved in this work through the coordination platform envisaged in the decree establishing the Management Committee. The role of this platform should be given new impetus. The plan and the activities it envisages should be seen as an opportunity to strengthen the Togolese health services, and the budget should therefore make some provision for structural and functional investments.

Generally speaking, and with the objective of making the plan operational, it is recommended that the guidelines familiar to the various stakeholders be converted into standard operating procedures (SOPs) that provide readily comprehensible, replicable instructions for a broader range of safeguards. These instructions should be accompanied by a targeted training programme for the various types of interventions and stakeholders. Togo should seek the assistance of international experts for such training, when necessary.

To facilitate the establishment of rapid response teams, it is proposed to set out clearer terms of reference, define the composition of the teams and the logistical resources available to them and make provision for additional training, including field exercises and advanced modules, for example on personal protection and biosafety. Attention should be given to developing the national plan for communicating the risks associated with EVD and establishing a mechanism to coordinate all social mobilization activities at national level. The involvement of communities, village chiefs, local authorities, traditional healers and civil society in surveillance (case detection, contact tracing) is a weak point in the EVD preparedness activities observed to date. Civil society organizations and nongovernmental organizations can be vitally important partners in promoting community involvement, provided that their contribution is sought and appropriately targeted.

Expanded training on hygiene, universally applicable precautions and specific aspects of protection against Ebola virus is urgently needed for health workers and people who come into contact with patients. The isolation units

provided for in the plan should be made operational with immediate effect. The first isolation site on the campus of the university hospital could also serve as a treatment centre, since it has the capacity to be expanded. The mission does not consider that the option of siting an EVD treatment centre outside the city (25 km from Lomé) is workable, as it would give rise to a number of problems, as detailed in this report. The report raises a number of issues that should be borne in mind at the construction stage, including supply systems, standard procedures and requirements for ambulances, personnel and waste management. Burial sites should be identified close to the designated EVD treatment centres, and burial teams should be prepared at district level. People living nearby should be made aware of these developments and their approval sought for all decisions regarding burial sites.

In order to strengthen epidemiological surveillance, the existing guidelines should be converted into a standard protocol applicable to all public and private health care facilities and, if possible, the traditional health care system. Case definitions should be specified and disseminated in local languages. The system for reporting suspected cases should be strengthened, including use of the hotline number (111); the mission made a number of recommendations in this context. Practical aspects of monitoring contacts of cases should be reviewed. With assistance from partners such as the Togolese Red Cross, contract-tracing teams should be trained in accordance with the EVD-specific protocols issued by WHO, suitably adapted to the national context, and given the necessary resources.

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

Air and maritime points of entry are well organized and equipped, but ground crossings are still very porous. It is important to check that sufficient stocks of personal protective equipment (PPE) and specimen-taking kits are available 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 use of PPE should be known and tested. At ground crossings, there are health posts only at manned checkpoints, and the resources at their disposal are clearly insufficient.

The mission considers that Togo will require technical support to implement all the identified interventions, many of which should be implemented as soon as possible. The mission considers that Togo is currently vulnerable but that significant improvements could be made very quickly if the plan is operationalized. The WHO Country Office in Togo stands ready to assist the national authorities in implementing the response plan and coordinating with technical and financial partners.

INTRODUCTION

Togo is a bustling crossroads for countries in the subregion, an airline hub with an active port, intense road traffic along the coast, and a mobile population that shares many social and cultural aspects with neighbouring countries. The main national airline has cancelled flights to affected countries, but the appearance of cases of EVD in western Mali, then in Bamako, has greatly increased the risk of introduction into Togo. Togo's safety essentially relies on its ability to ensure rapid detection of any introduced cases and operational responsiveness to avoid spread of the disease.

This ability is based for the most part on the structure and interconnectivity of Togo's health care system, with contributions of stakeholders in the public, private and traditional systems. Togo is composed of five administrative regions (Savanes, Kara, Centrale, Plateaux and Maritime) that are also health regions, in addition to Lomé, which constitutes a sixth health region (see map). Each region is divided into health districts. The health system has a pyramidal structure with three levels: central, intermediate and peripheral. The central level is represented by the Cabinet of the Prime Minister, who also acts as Minister of Health, the General Secretariat of the Health Ministry and associated central offices and institutions; the intermediate level is composed of the six regional health offices; and the peripheral level is composed of 40 health districts constituting the operational entity. Health services are organized in the same manner, including three university hospitals at the central level, two of which are located in Lomé and one in the Kara region; six regional hospitals, one in each health region; and 40 public district hospitals plus peripheral health units. The private sector also supplies care in several faith-based hospitals and private clinics. It is urgent that the capacity of this structure be strengthened, that it be adapted to the specifics of EVD detection and response and that it include all technical and financial partners able to contribute to facing this danger.

In August 2014, the Director-General of WHO declared EVD an international public health emergency and published a number of recommendations for controlling the epidemic in affected countries as well as for preventing and promptly responding to its introduction in EVD-free countries. The International Health Regulations Emergency Committee recommended that states sharing land borders with affected countries:

- urgently establish a surveillance system for unexplained fevers or deaths due to febrile illness;
- ensure access to a laboratory qualified for diagnosing EVD;
- ensure that the health workforce are trained and aware of the appropriate procedures for infection prevention and control; and
- establish rapid response teams capable of investigating and managing EVD cases and contacts.

It recommended that WHO strengthen preparedness in countries, validate and evaluate their preparedness plans in simulation exercises and ensure that personnel are adequately trained.[1] The Emergency Committee on Ebola Virus Disease emphasized "the importance of continued support by WHO and other national and international partners towards the effective implementation and monitoring of these recommendations."

During a meeting between WHO, countries at risk and EVD preparedness partners held in Brazzaville on 8–10