

**Ebola virus disease
preparedness
strengthening team**

***Ghana country visit
10–15 November 2014***



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Contents

EXECUTIVE SUMMARY	5
INTRODUCTION	7
OBJECTIVE OF THE COUNTRY VISIT	7
COUNTRY VISIT TEAM.....	8
ACTIVITIES	8
BACKGROUND	10
FINDINGS AND RECOMMENDATIONS	11
OVERALL RESPONSE STRUCTURE	11
PLANNING AND COORDINATION	12
1. <i>Coordination</i>	12
SURVEILLANCE, SITUATION MONITORING AND ASSESSMENT	13
2. <i>Surveillance</i>	13
3. <i>Rapid response team</i>	14
4. <i>Contact tracing</i>	14
5. <i>Points of entry</i>	15
CASE MANAGEMENT	15
6. <i>Case management</i>	15
7. <i>Infection prevention and control</i>	16
8. <i>Laboratory</i>	17
SOCIAL MOBILIZATION AND RISK COMMUNICATION	18
9. <i>Social mobilization</i>	18
LOGISTICS, SECURITY AND FINANCIAL RESOURCES	18
10. <i>Budget</i>	18
CONCLUSIONS AND NEXT STEPS	19
ANNEX 1. PREPAREDNESS STRENGTHENING TEAM.....	20
IN ATTENDANCE	20
ANNEX 2. MISSION AGENDA.....	22
ANNEX 3. COMPONENT-SPECIFIC ASSESSMENT.....	25
<i>Component 1. Overall coordination</i>	25
<i>Component 2. Rapid response team</i>	26
<i>Component 3. Public awareness and community engagement</i>	27
<i>Component 4. Infection prevention and control</i>	28
<i>Component 5. Case management 5a. Ebola treatment centre</i>	29
<i>5b. Safe burials</i>	30
<i>Component 6. Epidemiological surveillance</i>	30
<i>Component 7. Contact tracing</i>	32
<i>Component 8. Laboratory</i>	32
<i>Component 9. Capacities at points of entry</i>	33
<i>Component 10. Overall budget for outbreak</i>	34
ANNEX 4. ACTION POINTS.....	35

Executive summary

The current epidemic of Ebola virus disease (EVD) in West Africa poses a considerable risk of introduction of the 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 countries with Ebola 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 infection prevention and control and establish rapid response teams to investigate and manage EVD cases and their contacts.

To support currently unaffected countries in strengthening their preparedness for introduction of EVD, WHO and partners are accelerating activities to ensure immediate Ebola outbreak response capacity in Benin, Burkina Faso, Cameroon, the Central African Republic, Côte d'Ivoire, the Democratic Republic of the Congo, Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Nigeria, Senegal and Togo. The activities include a preparedness checklist¹ of the components and tasks involved in an Ebola response and deployment of international preparedness strengthening teams to high-priority unaffected countries to facilitate use of the checklist and to help the countries to plan and build on their preparedness work. The teams are formed in partnership with both national and international organizations.

The preparedness strengthening team deployed to Ghana focused on specific objectives in order to assist the country in becoming as operationally prepared as possible to detect, investigate and report potential EVD cases effectively and safely 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 what systems were in place and what aspects of preparedness could be strengthened.

Ghana has an established mechanism for managing disasters and emergencies, the National Disaster Management Organization (NDMO), which was established by an Act of Parliament in 1996. Preparedness and response for EVD is the responsibility of the Ministry of Health, which oversees health care services in Ghana. A national preparedness and response plan for the prevention and control of EVD was prepared and last updated in August 2014. The plan includes objectives, activities and a budget, structured into five thematic areas: planning and coordination; surveillance, situation monitoring and assessment; case management; social mobilization and risk communication; and logistics, security and financial resources. Much work has already been carried out, and two committees—an interministerial committee with representation from multiple sectors and a national technical coordinating committee with representation from multiple national, international and private agencies—meet weekly to review progress.

The country visit to Ghana resulted in identification of both strengths and opportunities for improvement in all 10 components of the Ebola response outlined by WHO.

Some of the strengths identified were:

- the existence of a budgeted national preparedness and response plan, last updated in August 2014;

¹ Consolidated Ebola virus disease preparedness checklist:
http://apps.who.int/iris/bitstream/10665/137096/1/WHO_EVD_Preparedness_14_eng.pdf

- the existence of an adapted EVD case definition, case reporting form, contact-tracing forms and corresponding protocols;
- training of national and regional health staff in case management and surveillance under way;
- social mobilization activities under way; and
- identified resources for EVD preparedness, including from partners.

Of the opportunities for improvement, five were identified as critical and must be fully operational for an immediate response in the case of an EVD event:

- Confirm that case definitions have been distributed to all regional and district health service offices and local health care facilities and that staff in high-risk areas have received appropriate training in using the case definitions to detect EVD cases.
- Establish a fully functional emergency operations centre, including complete coordination mechanisms.
- Fully staff rapid response team(s), and ensure that they are coordinated and resourced.
- Ensure that the EVD treatment centre(s) and their staff are fully prepared to receive EVD patients.
- Identify and implement a data management system for contact tracing, and train staff in its use.

Introduction

Given the evolving situation of Ebola virus disease (EVD) in West Africa, there is a considerable risk that cases will appear in currently unaffected countries. With adequate preparation, introduction of the virus can be contained before a large outbreak develops. WHO is currently deploying international “preparedness strengthening teams” to help unaffected countries strengthen or plan preparedness. The teams are formed with national and international partners and networks, such as the United States Centers for Disease Control and Prevention (CDC), the International Association of National Public Health Institutes and the Global Outbreak Alert and Response Network. The teams visit countries to support them in assessing and improving their operational readiness for EVD to the greatest degree possible.

In August 2014, the WHO Director-General declared the EVD outbreak a public health emergency of international concern under the International Health Regulations (2005) (IHR). The IHR Emergency Committee recommended that unaffected states with land borders adjoining states with Ebola transmission urgently establish surveillance 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 and that health workers are aware of and trained in appropriate procedures; and establish rapid response teams with the capacity to investigate and manage EVD cases and their contacts.

In particular, the IHR Emergency Committee recommended that countries:

- establish alert systems at:
 - major land border crossings with already affected countries (which are currently Guinea, Liberia and Sierra Leone) and
 - the airport, seaports (if any) and health care facilities, especially major hospitals, in the capital city;
- activate their epidemic management committee and rapid response teams;
- ensure that adequate infrastructure and supplies for infection prevention and control are available in health care facilities;
- ensure that health care workers have received training in the application of standard precautions and use personal protective equipment (PPE); and
- consider activating public health emergency contingency plans at designated points of entry

EVD preparedness is also supported by the United Nations Mission for Emergency Ebola Response, which has five strategic aims: to stop the outbreak, treat infected patients, ensure essential services, preserve stability and prevent further outbreaks. A consultation between WHO and partners on EVD preparedness and readiness, held in Brazzaville on 8–10 October 2014, agreed on intensified, harmonized, coordinated action to support currently unaffected countries. WHO is accelerating preparedness activities to ensure immediate Ebola outbreak response capacity in Benin, Burkina Faso, Cameroon, the Central African Republic, Côte d’Ivoire, the Democratic Republic of the Congo, Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Nigeria, Senegal, and Togo.

Objective of the country visit

The objective of the visit of the preparedness strengthening team to Ghana was to ensure that the country is as operationally ready as possible to detect, investigate and report potential EVD cases effectively and safely and to mount an effective response that will prevent a larger outbreak from developing if an EVD case is introduced into the country. The visit identified the next steps required to strengthen preparedness over 30, 60 and 90 days. The particular focus was supporting a country at risk in developing its own operational readiness for EVD by using in-country resources, expertise and networks to the greatest extent possible.

Country visit team

The joint team to strengthen EVD preparedness in Ghana (Annex 1) was composed of representatives of Ghana's Ministry of Health, WHO, CDC, the Antigone Consortium, the Bernhard Nocht Institute for Tropical Medicine (Hamburg) and partners working in the country.

Activities

Day 1. 10 November		
Team briefing by the WHO Representative in Ghana	WHO Ghana	Introduction of the team, briefing on the context in Ghana and preparedness measures taken, supported by WHO and partners
Agreement on mission objectives with the Minister of Health	Ministry of Health	Initial mission objectives set out by the WHO Representative, the Deputy Minister of Health and the national Ebola task team WHO gave a briefing on the context of the WHO response, IHR Emergency Committee recommendations for preparedness, the Brazzaville meeting and establishment of the United Nations Mission for Emergency Ebola Response. Introduction of the consolidated preparedness checklist
Day 2. 11 November		
Meeting with Ministry of Health and partners to discuss current preparedness for EVD in Ghana	Miklin Hotel	Meeting attended by representatives of the Ministry of Health, the mission team, United Nations agencies, development partners, nongovernmental organizations and other stakeholders The mission team introduced the preparedness checklist to the five working groups, which corresponded to the thematic areas of the Ghanaian national EVD response plan: <ul style="list-style-type: none">• coordination• surveillance, situation monitoring and assessment• case management• social mobilization and risk communication



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