



Turning the tide against infectious disease threats

PREPAREDNESS REDEFINED

Addressing the threat of Ebola in the Region



As we assembled for the Sixty-first Session of the WHO Regional Committee for the Eastern Mediterranean in Tunis in 2014, the potential threat of the introduction of Ebola virus disease in our Region was real, as the outbreak had escalated in an alarming way in West Africa. Our Member States adopted resolution EM/RC61/R.2, which urged them to undertake a rapid assessment of their preparedness and readiness measures for Ebola.

It was a challenging undertaking for WHO as Member States requested technical support in conducting this urgent assessment to identify critical gaps in preventing, detecting and responding to the potential threat. Conducted in 20 out of 22 countries in the Region between October 2014 and November 2015, the assessment used the WHO checklist. The findings were presented to the Third regional stakeholders' meeting to review implementation of the International Health Regulations held in Cairo from 10 to 12 January 2015.

The assessments identified critical gaps and underscored the need for scaled up national and international efforts to improve preparedness and readiness measures for Ebola. Countries had our full commitment of support to ensure that each country was prepared and operationally ready for the detection, prevention and control of Ebola as well as any other emerging diseases. It was a collective effort and a shared responsibility to prevent any threat to our health security.

These critical gaps were addressed within a 90-day time period from March to May 2015 and included a number of key public health measures that were implemented throughout the Region to urgently scale up preparedness and readiness measures.

Today, our preparedness has been strengthened, but there is a long way to go to meet the core capacities required to prevent Ebola and MERS as well as other infectious diseases. In this regard, I firmly believe that we can and must continue to work together, not only to safeguard our health, but also to build sustainable public health systems that are better able to detect, prevent and respond to any emerging public health threats.

Dr Ala Alwan
WHO Regional Director for the
Eastern Mediterranean



On 19 October 2014, resolution EM/RC61/R.2 was adopted during the Sixty-first Session of the WHO Regional Committee for the Eastern Mediterranean. It urged all Member States to rapidly assess and measure their level of preparedness and readiness for Ebola using the assessment checklist developed by WHO, and accordingly, identify critical gaps for improvement.

EBOLA PREPAREDNESS

Assessment in countries Scaling up public health measures

Between November 2014 and February 2015, rapid assessments of the level of preparedness and readiness to prevent, detect and respond to Ebola were conducted by the Regional Office in 20 countries involving over 100 staff and consultants.



EBOLA PREPAREDNESS

Assessment was conducted in six critical areas:

- leadership and coordination
- capacities at points of entry
- surveillance and contact tracing
- laboratory detection and diagnosis
- infection prevention and control
- risk communication.

The assessment identified a number of critical gaps in preventing, early detecting and rapidly responding to an Ebola outbreak.



EBOLA PREPAREDNESS

The third regional stakeholders' meeting to review implementation of the International Health Regulations, held in Cairo from 11 to 13 January 2015 and attended by over 170 international, regional and national experts, reviewed findings of the assessment for preparedness and readiness measures for Ebola in the Region. The meeting recommended development of a plan to urgently address critical gaps identified during the assessment to rapidly step up national preparedness and readiness measures for Ebola.



ASSESSING PREPAREDNESS OF COUNTRIES FOR EBOLA

Number of countries assessed = **20**



November 2014–January 2015

March–May 2015

Major gaps identified

Recommendations presented

The 90-day Ebola preparedness plan implemented

January 2015

WHAT WAS ASSESSED?

Leadership and coordination



Points of entry

Surveillance and contact tracing



Infection prevention and control

Laboratory



Risk communication

EBOLA PREPAREDNESS

90-day Ebola action plan Preparedness scaled up

The activities that were conducted during the 90-day period from March until the end of May 2015 were in the areas of leadership and coordination, points of entry, surveillance and response, laboratory diagnosis, infection control and risk communication. The plan addressed the most critical gaps in preventing, detecting and responding to Ebola.



EBOLA PREPAREDNESS

Leadership and coordination

In the areas of leadership and coordination, WHO supported countries in developing Ebola response plans. Support included establishment of incident command systems, organizational response and coordination structures and operational procedures for activation of the plan. A set of instructional and scenario-based simulation packages was also developed to help countries test their plans and assess their functionality.



EBOLA PREPAREDNESS

Points of entry

To help strengthen national capacity at airports and ground crossings for prevention and early detection of the threat of introduction of Ebola, officials managing these points of entry were trained on developing contingency plans for assessment, surveillance and response through a series of workshops held in Jordan, Oman, Pakistan and Tunisia.



EBOLA PREPAREDNESS

Surveillance

In the areas of surveillance and contact tracing, to address the absence of multidisciplinary rapid response teams, or RRTs, pilot training to establish RRTs with skills in contact tracing, field investigation and response was conducted in March in Sudan, followed by three more rounds of training in Jordan, Morocco and United Arab Emirates between April and May 2015.

These training sessions used a scenario-based simulation exercise for competency and skill-building.



EBOLA PREPAREDNESS

An operational model for events-based surveillance as a means to verify, investigate and detect early any public health threat, such as Ebola, was initially developed in Qatar. Other countries, such as Pakistan and Sudan, will adopt Qatar's model.



EBOLA PREPAREDNESS

Laboratory

Improving adequate biosafety measures through safe collection and transportation of dangerous pathogens and enhancing diagnostic capacity were the major achievements in the areas of laboratory diagnosis and detection. Staff were trained on safe collection and shipment of dangerous pathogens and on laboratory diagnosis of Ebola virus disease. In addition, diagnostic kits were made available in all public health laboratories.



EBOLA PREPAREDNESS

Infection prevention and control

In the areas of infection prevention and control (IPC), capacity-building activities implemented under the 90-day action plan included training on essential IPC measures for management of patients, establishing treatment centres, putting on and taking off personal protective equipment, practising triage for assessment of suspected patients, as well as supply of adequate quantities of PPEs to each country.



EBOLA PREPAREDNESS

Risk communication

Risk communication, under the 90-day action plan, focused on developing specific plans and procedures to organize effective risk communication and social mobilization activities to mitigate the public health risk of Ebola. Ministry of health staff were trained on raising the public's awareness and conducting effective risk communication through three rounds of training held in Jordan, Oman and Sudan. This training paved the way for the establishment of the Eastern Mediterranean Emergency Risk Communication Network.



IMPLEMENTING THE 90-DAY ACTION PLAN



Leadership and coordination

- Development of a generic plan with 116 sets of SOPs



Points of entry

- No. of trained staff = 100
- No. of participating countries = 21
- No. of workshops/training = 4



Surveillance

- IHR advocacy workshop in Pakistan
- Developed a work plan for events-based surveillance for Qatar together with the Supreme Council of Health
- No. of trained staff = 95
- No. of participating countries = 19
- No. of workshops/training = 4



Laboratory

- No. of trained staff = 31
- No. of workshops/training = 3
- No. of countries which designated national biosafety officers = 11
- No. of countries which received Ebola diagnostic kits = 9



Infection prevention and control

- No. of trained staff = 35
- No. of participating countries = 8
- No. of workshops/training = 1



Risk communication

- Eastern Mediterranean Emergency Risk Communication Network trained 27 focal persons
- No. of trained staff = 95
- No. of participating countries = 19
- No. of workshops/training = 4



Ebola and MERS represent two of the biggest health threats of our time. The impact of these two outbreaks on global health security, health and economy is a stark reminder to us all that a threat anywhere is a threat everywhere. Responding to these threats and other emerging infectious diseases remains a collective responsibility. The current momentum and opportunity should be exploited to the full. Building sustainable and operationally ready public health systems to detect and respond to emerging public health threats is our goal. Our experience of managing these threats should leave a legacy to better detect, prevent and respond to these threats than ever before. This is what we should aim to achieve as we move closer to the deadline for the second extension of the June 2016 implementation of core capacities required under the International Health Regulations.

Dr Ala Alwan
WHO Regional Director

