CORDS

Connecting Organizations for Regional Disease Surveillance

Executive Summary

Emergency meeting

EBOLA

Lessons learned from past Ebola outbreaks to inform current risk management

Dar es Salaam, Tanzania

1st – 2nd September 2014

London, Lyon, Dar, 7th September 2014

Supported by

THE ROCKEFELLER FOUNDATION

EXECUTIVE SUMMARY

1. Background
2. Lessons learned
3. Recommendations
4. Action points

Acknowledgements

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1. Introduction

Connecting Organizations for Regional Disease Surveillance (CORDS), together with the Southern Africa Centre for Infectious Disease Surveillance (SACIDS), organised an emergency meeting to gather and collate first-hand experience from previous Ebola outbreaks in Uganda and the Democratic Republic of the Congo (DRC) to inform current risk management. The East African Integrated Disease Surveillance Network (EAIDSNet) countries also contributed. This meeting included scientists (virology, medicine, health care, vector control), policy (East African Community (EAC), African Union (AU)), members of affected public, community, traditional healers, government officials (health and communication) and media representatives from Tanzania, Uganda, DRC, Zambia, Burundi and Kenya. With this unique mix of people this meeting aimed to focus on and elicit the social, cultural and risk communication aspects of infectious disease management that seem to be a massive problem for the current outbreak in West Africa. The meeting was held in Dar es Salaam, Tanzania, at the National Institute for Medical Research (NIMR) on 1st and 2nd September 2014. The report of the meeting is structured into *lessons learned* from previous outbreaks, *recommendations* and *action points* for the current risk management, mainly focusing on not-yet affected countries in Africa. Follow-up publications will highlight the conclusions from this evidence that will be useful for managing the current crisis in West Africa.

Lessons learned

Participants identified major lessons in six key areas: community, communication, capacity building, coordination, culture and science.

Community: work with the community – not against them

Infectious disease management will only work when it is built with and within the community and not directed against them. Containment measures and communication work well when originated within the community and especially involve community and religious leaders, traditional healers and other champions. Previous outbreaks happened as isolated events in rural communities and were managed at district levels with the involvement of national rapid response teams. Nationwide and cross border outbreaks have not been seen before and therefore there is no experience to learn from.

The outbreak in West Africa is unprecedented. Yet the lessons from working *with* the community seem relevant for this large outbreak.

Communication: share early and read rumours

There is a clear benefit in early sharing of information and surveillance data between professional groups and early communication with the public. This openness seems to contribute to the trust necessary to work with each other. Reframing messages to enable people rather than scaring them off with too many 'don'ts' seemed also have a better effect on people. Communities have their own communication networks and rumours are very strong: there are two kinds of rumours: rumours about possible *cases* and rumours about community explanations of *causes*. Both kinds of rumours are important indicators to guide case detection and to understand where communication efforts go wrong.

Capacity building: avoid blind spots: the first detectors

The group's experiences of outbreaks indicate that cases will appear in communities before medical attention is sought. The first detections of cases in the community are the blind spots of capacity building. Awareness raising in the community and capacity building efforts by training health professionals at local level must be continuous. The lack of support, guidance for case handling and provision of personal protective equipment (PPE) for health care workers contribute to a climate of fear and distrust between community and professional groups.

Coordination: generic response plans

Ebola response plans need to be comprehensive, inclusive and flexible: multi-sectoral collaboration including community and religious leaders, healers and NGOs are important parts of response planning that is generic in its operation and adaptable to the specific diseases and situations. Generic response plans can help to clarify and coordinate an evolving situation on different levels.

Culture: key driver of communities and limiting factor to infection control

Communities often have strong traditional practices for caring for the sick and the deceased. A compassionate understanding of these social, cultural and religious realities are the foundation to mitigate the infectious risks by finding acceptable compromises. Traditional burial practices, for instance, cannot be stopped by imposed infectious control measures

("Don't touch/wash"), but could be made *safer* by integrating protective steps into the rituals, such as using gloves and burying the deceased rapidly.

Science: increase knowledge base to inform risk management

There is very little knowledge available about Ebola that informs the prevention, treatment and infection control management. An explicit rationale for the risk assessment (causes, transmission, alarm indicators, etc.) could be a good basis for clearer risk communication and more effective infectious disease management.

Recommendations

Participants recommended three key activities:

Communication: Communication needs a broader approach that includes different channels (social media, local languages and champions) and a paradigm shift in listening to and learning from the community. Communication should not only include the promotion of hygiene and health messages; a key activity is the reading of rumours (cases and causes) and the understanding of traditional beliefs.

Capacity building: There is a great need for awareness raising and capacity building in communities, among health care workers and officials at district and sub-district levels. This should be coupled with building a base of expertise in field epidemiology, outbreak intelligence and management. Generic response plans that accommodate local realities and disease-specific necessities are crucial for good leadership at all levels. Better data analyses and risk assessments are needed to build better responses and better risk communication strategies, research programmes need to be set up in the short-, mid- and long-term perspective.

Collaboration, coordination and networking: "Birds flying together make a noise", said one participant meaning that efforts need to build on collaboration, coordination and networking. A crisis cannot be responded to alone. It is important to collaborate with community groups such as traditional and religious leaders, healers, government and non-governmental actors) and with multi-sectoral stakeholders at district, national and international level; partnerships with the media are strongly recommended. Regional, multi-country networks in infectious disease surveillance are important tools to detect *earlier* and respond *faster* to outbreaks in order to mitigate the impact on societies.

Action points

The action points developed in this meeting were mainly focused on how to better prevent and prepare for likely imports of Ebola cases in not-yet affected African countries. Immediate actions for not-yet affected countries include:

Infection control

- Training of community leaders/sub-district and district health care workers (HCW)/local schools in infectious disease practices including use of PPE;
- Establish community-based surveillance systems;
- Create a pool of field epidemiologists and rapid response teams and offer simulations and exercises;
- Respect the cultural drivers of communities and build infection control measures on them to make communities *safer*.

Communication

- Devise strategies that involve different stakeholders in communication (media representatives as partners) and develop communication strategies with a wider dissemination;
- Base risk communication strategies on explicit risk assessment; and
- Frame enabling messages that provide guidance to communities in case handling and infection control.

Collaboration

- Strengthen generic response plans by building on existing infrastructures;
- Create networks that share information and expertise and make specific arrangements for collaborations between HCWs and in laboratory diagnosis;

Initiate research projects to increase evidence for better risk assessment and risk communication.

Acknowledgements

We wish to express our thanks to the participants who made room in their busy work schedules to attend this meeting at very short notice. We are grateful for this unique

opportunity to listen to and learn from each individual participant; sharing insights from first hand experience, perceptions and stories about the realities of infection control in previous Ebola outbreaks add incredible value to the urgent need to inform and support the current risk management worldwide. We would like to thank the National Institute for Health Research (NIMR) in Dar es Salaam for generously hosting this meeting and providing logistical support. We thank the Rockefeller Foundation for the grant to CORDS to hold this meeting.