



Connecting Organizations for
Regional Disease Surveillance

**For Immediate Release: Lessons from Previous Ebola Outbreaks for Improving Current Risk
Management**

*Emergency Meeting by Disease Surveillance Experts Hosted by CORDS Provides Guidance to Frontline
Health Workers in West Africa*

NEW YORK, September 16, 2014 – Earlier this month, a team of infectious disease experts led by Connecting Organizations for Regional Disease Surveillance (CORDS), together with the Southern Africa Centre for Infectious Disease Surveillance, held an emergency meeting in Dar es Salaam, Tanzania to gather and collate first-hand experience from previous Ebola outbreaks in Uganda and the Democratic Republic of the Congo (DRC) that can support frontline health workers and governments battling the current epidemic. An [executive summary](#) with key learnings from that meeting is available today.

The meeting – funded by The Rockefeller Foundation – brought together a diverse group of stakeholders to examine the social, cultural, and risk communication aspects of infectious disease management that underpin the current Ebola outbreak in West Africa. Participants included scientists, policy-makers, members of affected communities, traditional healers, and government officials from Tanzania, Uganda, DRC, Zambia, Burundi, and Kenya, who identified six key lessons learned:

1. Greater **community** engagement in the preparedness and response. “*Work with the community – not against them,*” is their imperative for successful infectious disease management.
2. Risk **communication** plays a crucial role that is interlinked with the community engagement.
3. 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.
4. Ebola response plans need to be comprehensive, inclusive, flexible, and coordinated by central government: multisectoral **collaboration** including community and religious leaders, healers, and NGOs are important parts of response planning.
5. **Culture** is the key driver of communities and the limiting factor of 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.

6. There is very little **knowledge** available about Ebola that informs the prevention, treatment and infection control management; more research is needed to narrow these gaps.

The participants concluded the meeting with a series of recommendations that included strengthening communication efforts, capacity building, and the collaboration and networking between countries. Action points for infection control, communication, and collaboration that focus on how to better prevent and prepare for likely imports of Ebola cases in not-yet affected African countries are available in the [executive summary](#) and free to all for onward use. It will also be available in French.

CORDS is an international NGO linking infectious disease networks around the globe.
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