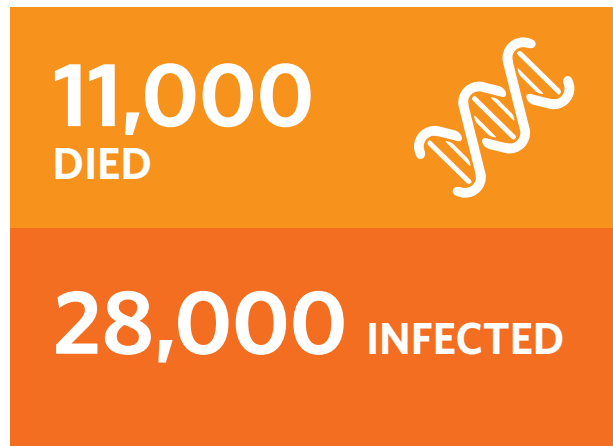


UNFPA's contribution to the Ebola Virus Disease response: Adaptability and Agility in Action



The 2014 West Africa Ebola outbreak was the largest, longest, most complex outbreak in the disease's 40-year history. More than 28,000 people were infected, more than 11,000 died and millions were affected, mainly in Guinea, Liberia and Sierra Leone. As well as the devastating loss of life, the epidemic's socio-economic impact on the region resulted in significant collateral damage to women, young people and the population at large.

EBOLA OUTBREAK IN WEST AFRICA 2014



UNFPA'S COMPARATIVE ADVANTAGE

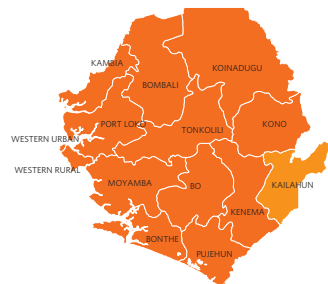
At the start of the outbreak, the focus was on curbing the spread of the disease through an immediate and critical response. UNFPA used consistent advocacy efforts and policy dialogue to intervene in the following strategic objectives and mission critical actions, defined within the United Nations Mission for Ebola Emergency Response (UNMEER) framework.

Because they were crucial to addressing maternal mortality, UNFPA also specifically supported contact tracing and the provision of sexual and reproductive health (SRH) commodities and services.

SIERRA LEONE

Support to contact tracing

- Supplied contact tracers and supervisors with phone sets connected on a Closed User Group (CUG) platform. This ensured systematic and consistent reporting and follow up on the health status of EVD contacts.



Support to community engagement

- Implemented an effective community and media response to control the outbreak quickly, using minimal financial input. The *Kailahun Model* ensured existing community leadership structures participated in decision making and implemented and monitored response actions as the outbreak evolved. The model also actively encouraged media involvement in gathering and disseminating information to and from affected communities on a day-to-day basis, informing decision-making and encouraging community participation.

LIBERIA



Support to contact tracing

- Trained, incentivized and monitored more than 3,000 contact tracers in eight out of 15 counties.
- Contributed to the development of national standard operating procedures for contact tracing/active case searching.
- Recruited field focal officers, equipped county surveillance officers and strengthened coordination of contact tracing and active case searching interventions at field level.
- Developed new guidelines and protocols for better disease surveillance. Trained county surveillance officers on new protocols that included maternal health.

Support to SRH commodities and services

- Promoted and supported massive procurement of clean delivery kits, Infection Prevention Control (IPC) supplies and protective kits for most health facilities across the country.
- Strongly advocated the necessity for safe deliveries in health facilities to combat community fears as well as health workers reluctance to assist potentially-infected pregnant women.
- Supported procurement of equipment, drugs and supplies as well as recruitment of more midwives to increase trust in health facilities.
- Consistently advocated for the restoration of maternal and basic health services by mobilizing and leveraging health sector resources. Promoted building a functional and resilient health system to provide health services during the last phase and after the outbreak.

Support to community engagement

- Supported more community-targeted behaviour change communication to increase trust in health facilities.
- Provided Ebola survivors, especially women, with dignity kits and mattresses.
- Established one stop Sexual and Gender Based Violence (SGBV) centres to strengthen referral pathways and responses.

GUINEA



Support to contact tracing

- Used mobile application (CommCare).
- Recruited, trained and deployed community workers.
- Deployed senior epidemiologists and a strategic information specialist to support the national EVD coordination cell.

Support to SRH commodities and services

- Reinforced health facilities to provide quality obstetric and neonatal care.
- Deployed trained midwives and donated medical equipment, commodities and SRH kits.
- Provided solidarity kits to Ebola survivors and widows, including condoms to prevent post-Ebola contamination.
- Trained survivors and widows in income generating activities and provided start-up equipment and materials.

Support to community engagement

- Implemented a socio-anthropological survey to identify the root causes of EVD resurgence and spread through the country.
- Broadcasted Ebola sensitization messages in six local languages through radio and television talk shows.
- Trained and involved media professionals, members of the communicator's network (Réseau des communicateurs) a prevention and social mobilization.
- Set up Ebola committees to address the issue of community reluctance to follow hygiene protocol in order to avoid EVD in villages.

The international community showed unprecedented solidarity in fighting this devastating epidemic and within this framework, and in accordance with its mandate, UNFPA gave relevant support to the most affected countries. The organization's work received recognition at all levels:

At the national level

“The Ebola Virus Disease was unknown to our country; our health system and personnel were unprepared for it. Its ferocity and magnitude astounded the world. But your (UNFPA) support in surveillance and contact tracing in those hard-to-reach communities gave us the courage to fight on. You were central in breaking the chain of transmission and in shaping the response.”

President Ernest Bai Koroma
of the Republic of Sierra Leone

President Ernest Bai Koroma of
the Republic of Sierra Leone.
© WHO/S.Gborie



At the local level

“The outbreak started here. Every patient at that time was considered a suspected case,” general practitioner Massaquoi said, standing metres from the now empty triage building, where health workers in hazmat suits once worked in scenes resembling a horror film. His hospital received a real boost, he said, with extra funding for equipment from the United Nations Population Fund (UNFPA), and targeted training for staff from Britain’s Liverpool School of Tropical Medicine. “It was not like this two years back. It has improved significantly,” he said. That was reflected by an uptick in the number of patients admitted post Ebola, many of whom previously viewed the hospital as a place of death, not healing.

A midwife attending a patient
Sime Darby Clinic in Bomi
County, Liberia. © UNFPA/
Habibatou Gologo

by AFP, The Daily Mail, 12 May 2016



At the continental level

UNFPA was recognized for its support to the African Union's Ebola response at the closing of the 26th AU Summit, in the presence of Heads of State, development partners and delegates.

Recognition of UNFPA for its support to the African Union's Ebola response. © UNFPA



UNFPA ADAPTABILITY IN ACTION

To structure and kick-start its response, UNFPA mobilized its internal resources. This included setting up an ad hoc 'cross-unit Ebola Cell' within the West and Central Africa Regional Office (WCARO) to gather the competencies required to face the challenge. The budgets of the three most affected countries were re-programmed and USD one million from the Regional Office and USD 1.1 million from the UNFPA Emergency Fund were reallocated to fund the response. Staff were assigned to support the effort and a surge programme was also activated to reassign staff. Fast track procedures were activated for the procurement of equipment and commodities to affected countries.

MRMR initiative, the UNFPA Value proposition...

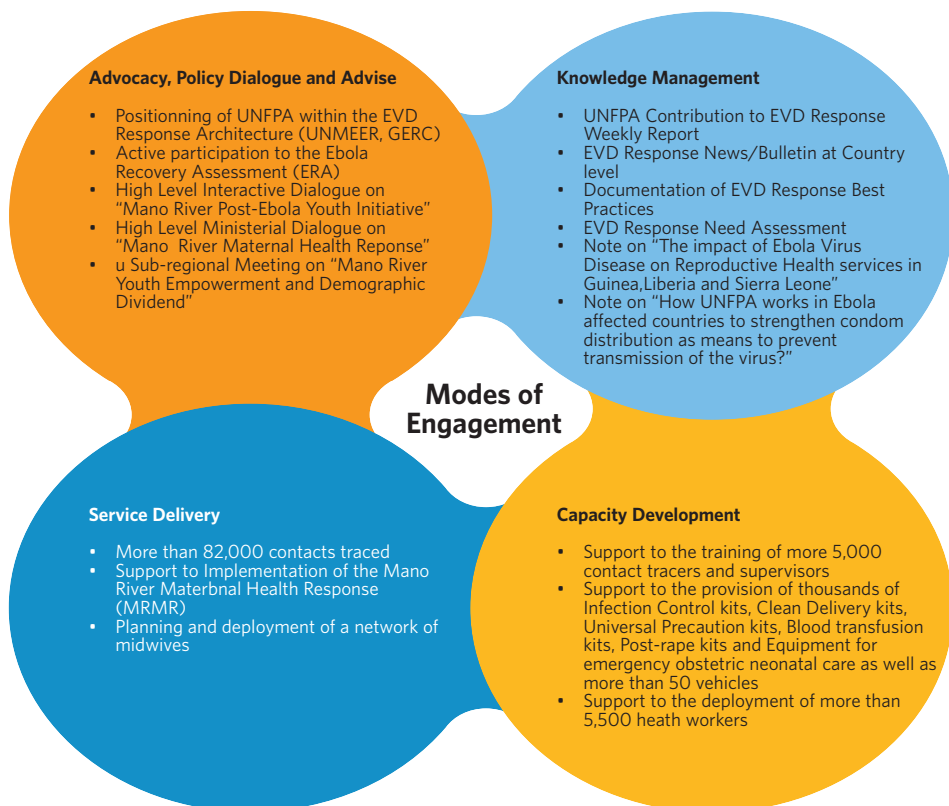
The nature of the crisis has highlighted the importance of a coordinated 'multi-country, cross-border' approach to build an effective response. UNFPA has pioneered such regional cooperation in the design of the Mano River Midwifery Response (MRMR) initiative. Implemented in close consultation with the Mano River Union Secretariat, this flagship initiative aimed at establishing the basis for a strong and resilient health system that would continue to provide essential maternal and reproductive health services, even during crisis.

The MRMR received the utmost attention and timely support from the Government of Japan, a strong advocate and supporter of maternal health in humanitarian settings, and the initiator of 'Womenomics' concept which sees economic empowerment of women as a pillar of human security.

In '1000 lives saved during Ebola Outbreak' UNFPA WCARO

During the course of the response, the Guinea, Liberia and Sierra Leone Country Offices mobilized additional financial resources from the Ebola Multi-Partner Trust Fund (MPTF), multilateral donors (African Development Bank and World Bank) and bilateral donors (Department For International Development and the Government of Japan).

On the ground, UNFPA demonstrated the organization's experience on advocacy and policy dialogue, service delivery, capacity building and knowledge management by working in an integrated manner across these areas and gradually weaving the efforts into a longer term development framework - the Demographic Dividend (DD).



From a capacity building and service delivery perspective, UNFPA mobilized, trained and deployed a large team of contract tracers. This resulted in more than 5,500 health workers joining the effort. They were acknowledged as instrumental in achieving the goals of the global response to the EVD outbreak. In addition to the contact tracers, UNFPA provided the three countries with thousands of infection control kits, clean delivery kits, universal precaution kits, blood transfusion kits, post-rape kits and equipment for emergency obstetric neonatal care as well as more than 50 vehicles. These efforts enabled a direct response to the epidemic as well as ensuring that women in need of reproductive health services were able to access them.

As part of the organization's contribution towards a more cohesive and quality response amongst all stakeholders, UNFPA WCARO actively participated, and continues to participate, in various EVD coordination platforms. Through these efforts UNFPA cooperates with knowledge sharing amongst stakeholders, as well as facilitating knowledge sharing amongst the three UNFPA Country Offices.

UNFPA WCARO seconded one member of staff to the UNMEER secretariat in Accra at the height of outbreak. UNFPA also actively participated and engaged in the Global Ebola Response Committee (GERC) and ensured regular reporting on the response both internally and at the global level.

To catalyse a country-driven approach, UNFPA worked with the governments of the three most affected countries (Guinea, Liberia and Sierra Leone) and the Mano River Union Secretariat to develop the Mano River Integrated Response (MRIR).

UNFPA AGILITY IN ACTION

The MRIR is an initiative covering the three countries. It aims at strengthening cross-border coordination and cooperation by ensuring access to maternal health services through the establishment of a strong midwifery workforce, a demographic and health surveillance system and a youth empowerment scheme, in line with the UNFPA Strategic Plan outcomes. The initiative uses a four pillar, integrated response-recovery-resilience framework which draws on the countries' National Recovery Strategies to build on capacities and resources already harnessed for the Ebola response with the aim of 'Building Back Better'.

Though yet to be fully funded, this framework also offers an opportunity for the countries to unleash the potential of their youth population by putting in place relevant social, economic and health policies to help realize a Demographic Dividend. Key components of this include maternal health; women empowerment; youth empowerment and data for development.



M'mah Soumah, 20 years old, and her baby girl Soumah with the midwife Masseni Koulibaly in Sikhourou Health Center, Forecariah Prefecture, Guinea. © UNFPA/ Mariama Kaba

LEARNING FROM THE EVD RESPONSE

Key lessons were learned from this crisis. It was evident that countries with weak health systems and only a few basic public health infrastructures in place cannot withstand sudden shocks. Critical weaknesses in the health systems of the most affected EVD countries, including shortages of health workers; lack of appropriate equipment; limited knowledge and training and insufficient information-sharing systems, contributed to the spread of the disease.

Further, under the weight of the Ebola outbreak, health systems in Guinea, Liberia and Sierra Leone were seriously shaken. A general lack of logistics in an already weak supply chain; a shortage of essential equipment, commodities and supplies and health worker fears of EVD infection decreased the level of service provision. At the same time, communities resisted attending health facilities for fear of contracting Ebola, lowering further the utilization of services. This was particularly the case among pregnant women who needed treatment or were about to deliver, posing a serious threat to maternal and neonatal health that resulted in increased morbidity and mortality.

All stakeholders (those impacted and those responding) learnt something from this outbreak, which started as a public health crisis before developing into a major humanitarian disaster. UNFPA now recognizes that dealing with such an outbreak is not just about addressing the immediate challenges, but simultaneously developing the recovery interventions which will help build a more resilient community for the future. In other words, UNFPA's value proposition must evolve from programme criticality to full-fledged country programme.

UNFPA engagement in contact tracing shows the funds adaptability thanks to our programming arrangements that enables us to redirect our resources and respond to a critical demand from member countries but also our ability to innovate that prompted us to enter a totally new territory.

Mabingue Ngom
WCARO Director

UNFPA has also learned that building and enhancing partnerships is critical for nurturing both country and regional interventions. Furthermore, empowerment of young people is a crucial step in recovering from a humanitarian crisis such as this one.

In the future, UNFPA will aim for a more integrated approach to crises situations - linking humanitarian responses to recovery and longer term development. In addition, recognizing the potential that young people have, UNFPA will strengthen efforts that support youth empowerment. UNFPA will also continue to foster partnerships with regional institutions to strengthen its capacity in anticipating cross-borders issues for the benefit of women, children and other vulnerable groups.

A midwife attending a patient at the Princess Christian Maternity Hospital (PCMH), Freetown, Sierra Leone.
© UNFPA/Habibatou Gologo



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Coverphotos Students of the National School of Midwifery, Princess Christian Maternity Hospital (PCMH), Freetown, Sierra Leone. © UNFPA/Habibatou Gologo

Midwives of Sime Darby Clinic in Bomi County, Liberia. © UNFPA/Habibatou Gologo

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every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled

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