EBOLA- “THEN; NOW and FUTURE”

SIERRA LEONE

APHL ANNUAL CONFERENCE 2016
IMPACT

• Sierra Leone’s first cases of Ebola Virus Disease (EVD) occurred in the Eastern region of the country
  – By March 2015, all 14 districts had been affected
    • 8,700+ confirmed cases
    • 3,600+ Reported deaths
    • 4000+ Survivors

• Health Care Delivery
  – 23% decrease in institutional deliveries;
  – 39% decrease in children treated for malaria,
  – 21% decrease in children receiving a basic immunization (penta3).
  – post-Ebola levels of under-five mortality have returned to 1990 levels.
IMPACT on HEALTH CARE WORKERS

• System Input
  – Identification and laboratory confirmation delays of cases
  – Inadequate implementation of Infection Prevention and Control (IPC)
  – Unpreparedness and lack of resources

• Impact
  – 296 EVD infections among health care workers with 221 deaths,
    • 11 among specialized physicians.
  • 12 laboratorians
    – 4 - Directly from Ebola specimen collection – Northern Region
    – 8 - Unprotected health services outside duties - Eastern Region
Ebola laboratory RESPONSE:

To attain the shortest possible TAT for prompt and efficient actions:

• **THEN:** Segregate and Treatment
• **NOW:** Monitor Survivors and prevent
• **FUTURE:** Prevention and Preparedness
Limited leadership- oversight of laboratory pillar at the planning stage to be part of decision making

- Policy - Lack of harmonised process
- Coordination
- LIMITED Resources - Human and stocks and systems tools
- Collaboration
Establishment of a Central Coordinating Core Organ-National Laboratory Technical Working Group

- The key to coordination is a national ownership through the convening of a National led Technical working group with a defined Operational Manual;

- The key advantage is their knowledge and understanding of the health dynamics but this needed coordination.
INTEGRATION INTO HEALTH SECTOR PLAN for SUSTAINABLE OUTBREAK RESPONSE

SUCCESSIONS FOR SUSTAINABILITY IS A TRANSITION PLAN
Examples of Systems
HOT LAB Examples
END –STAGE CHALLENGES CHALLENGES

COORDINATION

PREPARED ???

- LIMITED PARTNER TRAINING FOR TRANSITION
- SOME LABORATORY SUPPORT IS RESOURCE INTENSIVE
- LIMITS WITHIN AWARDS
- Collaboration
LEADERSHIP

Political Leadership
- Minister of health
- Permanent secretary

Health Sector Technical
- Chief medical officer
- Laboratory Services
- Disease prevention and control

TECHNICAL EXPERTS National Laboratory and surveillance technical working group

Operations
- Laboratory Management - Clinical
- Laboratory Management - Public health
Critical Transition Consideration Outline

1. Geographic coverage

2. Transition of infrastructure – (minimum standards)
   a. Technology suitability
      a. Defining testing algorithm – RDT/PCR
   b. Cost implication – (UTILITIES AND CONSUMABLES)
   c. Sustainability (, maintenance)

3. Transition- Human Resource Capacity Building -
   a. Recruitment of national team to increase pool
   b. Training plan

4. Quality Assurance
NOW and Future GOAL: LABORATORY FOCUS

• LABORATORY RESPONSE TO SUPPORT QUALITY HEALTH SERVICE DELIVERY ARE:

1. To ensure a prompt Quality-Assured laboratory diagnosis for action
2. To support laboratory-based surveillance for early epidemic threat detection for action
3. To support outbreak with prompt and accurate result for immediate action
GUIDING TOOLS

NATIONAL POLICY

STRATEGIC PLAN

IDSR- PLAN

Essential Health Package DELIVERY

LOGICAL IMPLEMENTATION M&E
OVERVIEW OF LABORATORY SERVICES
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2010-2015 – TIMELINE COMPLETED (3 of 5 years achieved due to Cholera and EVD)

• Network of lab- is within 4 tier systems defined by the BPEHS
  – Public health Laboratories Regional: 3 Centers of excellence plus 2 Referral
  – District level: 14 district hospitals
  – PHU: 155 estimated functional
NOW!! CHALLENGES

Parallel ACTION plans

COORDINATION

- Multiple Initiatives
- Sustaining local HR CAPACITY
- Donor Goodwill
- Monitoring of strategic plans
Envisaged Challenges

• Support to Leadership at central and districts
• Coordination of Program staff
  – Competency assessment
  – Redeployment logistics
• Coordination of Partner support
  – Program Led by Policy versus laboratory systems professionals
  – Prescribed Agenda
  – Lack of use of relevant GOSL documents to define focus.

08/06/2016 DHLS
Guiding Principles

• **Ownership:** Working within the National Health Sector Strategic Plan – Government leadership to honour BPEHS

• **Inclusiveness:** All stakeholders are involved as per level

• **Participation:** Every relevant group participates meaningfully throughout the process

• **Consultation:** Relevant individuals, government departments, nationals are meaningfully consulted including international partners as needed in the process

• **Transparency:** Lack of hidden agendas and conditions, accompanied by the availability of full information required for collaboration, cooperation, and collective decision making.
RECONSTRUCTION of LABORATORY SYSTEMS
GOAL: LABORATORY FOCUS

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Sustainable Reconstruction Framework

Core Systems and structures set at minimum standards for Laboratory Services to achieve goal

- Water
- Energy
- HR
- Infrastructure

Targeted Training
Professional regulation

Inventory and stocks management
Maintenance

Mentorship
Supportive Supervision

Process standardisation

LIMS

BIOSAFETY AND BIOSECURITY
Specimen Management

health and safety

Quality Assurance
QMS - Accreditation
Systems tools in Place

• Strategic plan
  – 10-24 month action plan (presidential monitoring)
• National testing Menu algorithm
  – Test package for each level of lab
  – Equipment and supplies list
• Health and Safety Policy
  – Health and Safety Manual
• Emergency Response manual
• Human Resource training log book
• Laboratory Medicine Training lab within the University
Quality Laboratory Service should be the first critical pillar to be established in Ebola outbreak as it is pivotal in directing the outbreak containment and prevention program.
DEDICATED TO SURVIVORS

HANDS OF TIMES AUGUST 2014

HANDS OF TIME DECEMBER 2014
THANK YOU