

Governing health systems response to emergencies: community connections and disconnections in managing Sierra Leone's Ebola crisis

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**NJALA
UNIVERSITY**

P.M.B. Freetown, Sierra Leone

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MEDICINE



Approach and methods

Aim: To understand of the connections and disconnections between international/national, district and local responses during the Ebola outbreak in Sierra Leone & learn lessons for governance.

- Multidisciplinary methods and approach, recognizing deficiency of HSPR approaches alone:
 - Drawing on anthropology, systems and policy research techniques
 - Use of multiple methods:
 - scoping reviews; policy document analysis; key informant interviews; ethnographic fieldwork; causal pathway tracing.

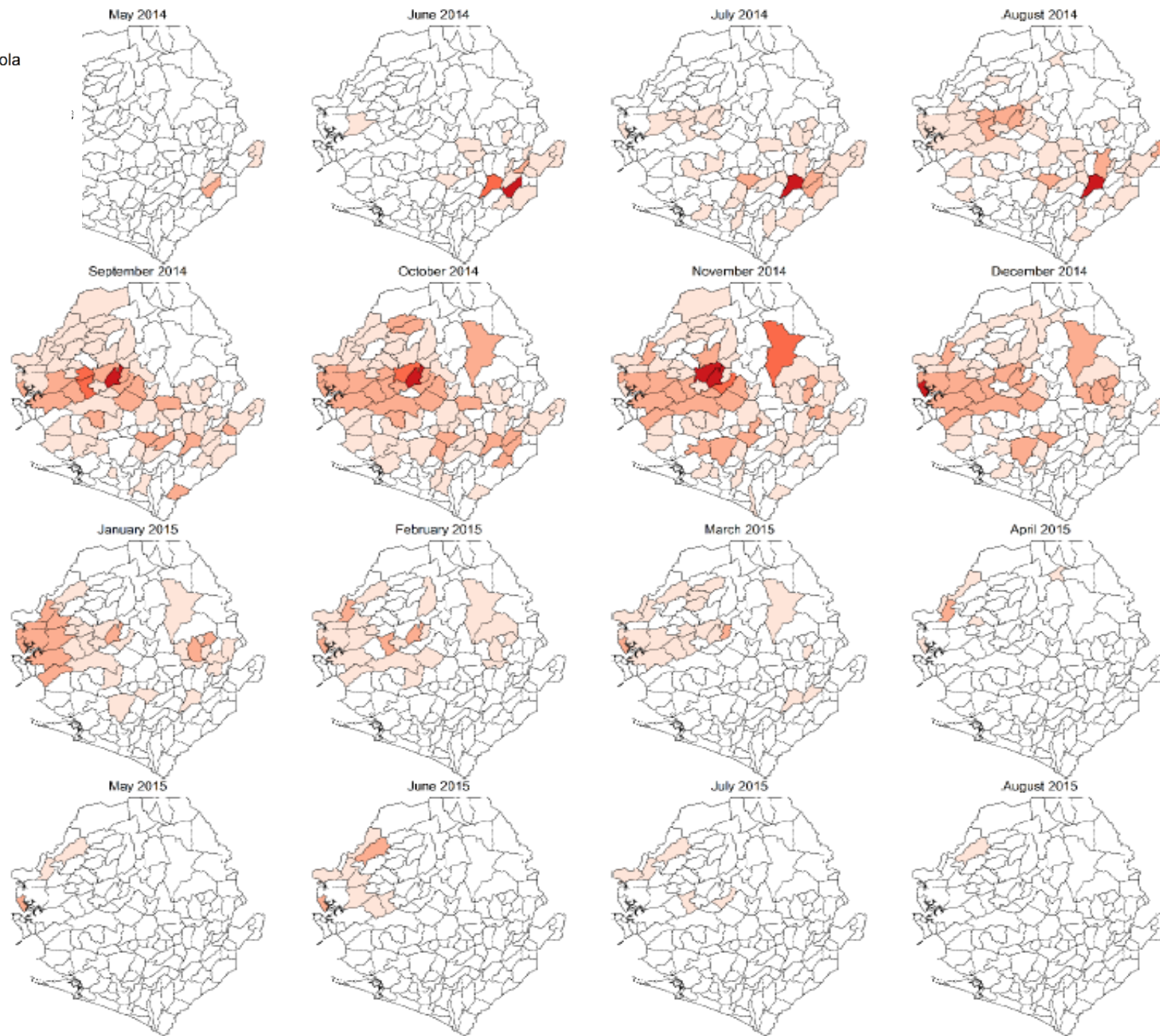
Introduction to the EVD response in Sierra Leone

- Ebola virus disease (EVD) was a “forest-edge” zoonosis
 - Remote rural outbreak far from national HQ of government health system
- Slow national and international response
 - Village communities organized to nurse the sick and bury the dead
- Virus spread by village community practices
 - Burial was a major source of cross-infection
- International community organized an hierarchical response
 - Large-scale Ebola Treatment Centres in/near to major urban centres; ambulances & burial teams deployed
- Village communities reacted negatively
 - Treatment centres were distant, and excluded families from all aspects of care; patients were hidden.



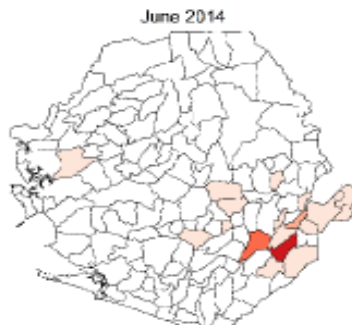
Confirmed Ebola

- (100,750]
- (50,100]
- (10,50]
- [1,10]
- No cases



Source:
Voors
based
on data
from
Fang et
al 2016

March-
April 2014
No official
data



June: Ebola
Operations Centre
(EOC) estab in
Freetown in WHO

30th July
National
state of
emergency

4th Aug: 750 SL
troops deployed to
set up quarantine
in Eastern districts

June 2014:
Paramount
Chief bylaws; 1st
mtg in Kailahun

26th July:
riots outside
Kenema hos

29th July Dr
Khan dies,
Kenema

30th Aug: HW
on strike at
Kenema
ETU

25th May EDV
out-break
declared in
Kailahun

March:
first cases
in Kenema

March/April:
HW pass on info from those
treating cases in Kenema.
Woman escapes quarantine
in Kailahun; HW at Kenema
in contact with her under obs.
& Bo DHMT on high alert
Monthly in-charge mtgs at
Dist level warn of Ebola in
Kenema, focus on
handwashing and cmty
sensitisation

26th May: 1st case
reported in Bo
Bo Ebola Task
Force (EOC)
established &
money raised

Communities
hostile to Dist
HW EVD info
believing it to
be political
manipulation

June: first case
admitted to Bo
govt hosp; but
no isolation ward

Aug: 1st outbreak:
Imam dies; trad
burial ... preg wife
dies & tests
positive; infection
spread but chief
cooperates

MidAug: 17 from Kalia
brought to Bo for holding ...
then returned.
Bo city Council alerted; DSO
investigates Kalia.

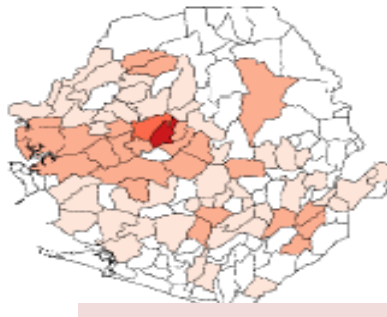
Increased District response:
Kalia quarantined (42d);
1st lock-down: district-wide
Dist Hos as holding centre

Deep unhappiness over
tx of Kalia sick & dead

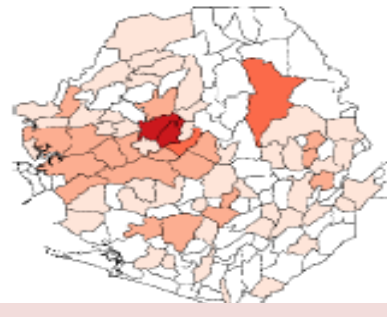
September 2014



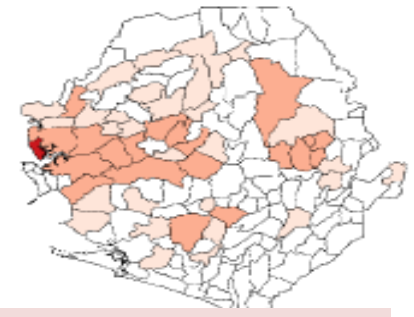
October 2014



November 2014



December 2014



UK military arrive

Quarantine extended; national lockdowns

Oct: plethora of SOPs; NERC & DERCS established

Oct/Nov: WHO and CDC-Rapid response and infection control Training Plan put in place

Nov-Dec: Rapid increase in donor/NGO input + in ETUs established

1st ETC at Bandajuma (MSF-Nthlds). Saw 140 cases from Bo Dist (439 total)

Bo District Ebola Task Force, DERC: Chaiman continues to lead. 2nd Bo lockdown

Oct-Dec: NERC sanctioned DHMT training meetings - Info for cmties through Chiefs

Nov-Jan: IRC, WV, Unicef training on PPE, signs/symptoms, prevention etc.

HW & DSO actions & comms contain infection in Kaniya & Serabu

Oct-Dec: multi int actors bring resources to Bo

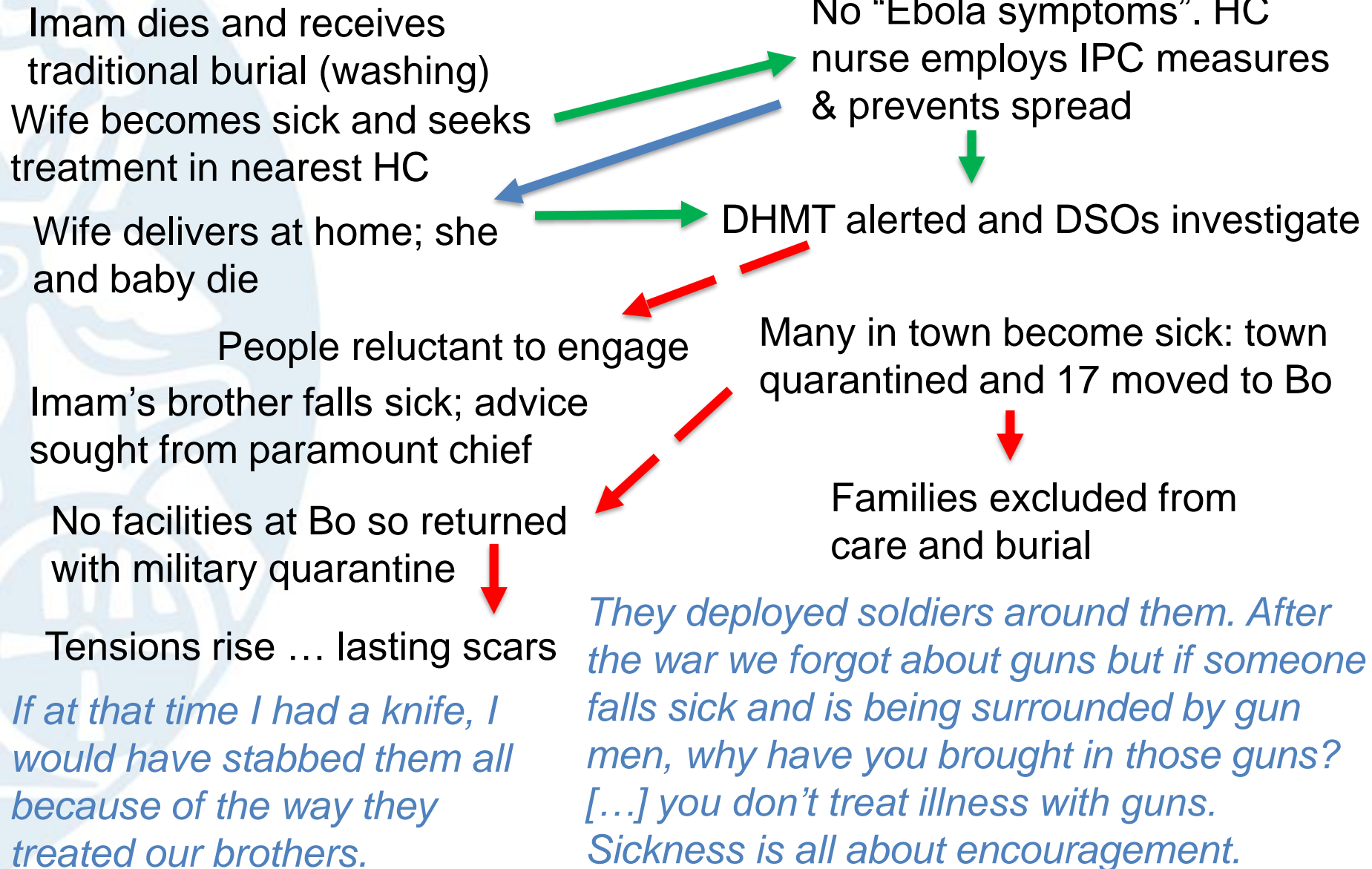
Sept: trad funeral in Tikonko triggers 2nd major outbreak chain; denial & hostility

PC bylaws enforced & Chiefs play key role in advice, monitoring and quarantine

HWs in cmties report fear of identification & referral

Contact tracer beaten by cmty in Bumpeh Gao chiefdom

Connections & disconnections in the Kalia outbreak, August 2014



Enclave villages & health systems Hierarchy: solutions to promote engagement



Community
Care Centres
(CCCs)



Taking Care of Someone with Suspected Ebola: Be Safe While You Wait



1 If a loved one is sick with suspected Ebola, call 117 for help. Do not touch them, their blood, or their body fluids (vomit, feces, urine, sweat). Tell them to drink plenty of Oral Rehydration Solution (ORS) or water. Patients who drink lots of ORS early have a much better chance of surviving.



2 Only one person should care for the patient while you wait for help to arrive. Do not let other family members come close or provide care. Stay at least 3 feet (1 meter) away from the patient. Do not touch the cup the patient drinks from. Refill the bottle without touching it. Do not touch the bedclothes, sheets, or other items the patient has touched while sick.



3 When caring for a sick loved one, do not touch them, and wash your hands often with soap and water or chlorine solution, even if you haven't touched them. Wear a protective barrier such as gloves and cover all uncovered skin. Wash your hands every time you provide care.

U.S. Centers for Disease Control and Prevention



4 Patients with suspected Ebola should be cared for in a treatment facility. If you have a sick loved one, they have the best chance of surviving with medical care at a treatment facility. This helps to protect your family too.

Home care
protocols

Equip village burial teams



What have we learned about governance in outbreak-response?

- Hierarchical governance will clash with other social orders ... & can undermine emergency response & longer term trust
- EVD challenged and collapsed the medical hierarchy forcing new connections beyond health sector
- Rapid enclave-hierarchy connections are needed ...
 - Accept that the hierarchy is not always right;
 - Open immediate two-way communication lines between outbreak frontline and national decision makers;
 - Immediate engagement of local leaders to support coordinated bottom-up response;
 - Rapid mobilisation and coordination of national and international resources deployed to districts.

Thank you!

**To find out more or receive
updates please email:**

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