

Ebola Preparedness and Response in Ghana



Final report to the Japan Government

World Health Organization Ghana Country Office

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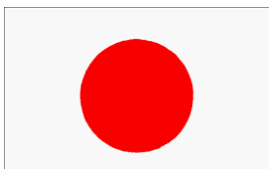


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SUMMARY

Project title	Ebola Preparedness and Response Plan in Ghana
Country	Ghana
WHO responsible office	WHO Country Office – Ghana 29 Volta Street, Airport Residential Area P.O. Box MB 142 Accra, Ghana
Amount of contribution	US\$ 1,800,000
Implementation period	April 2015 to September 2016
Objectives	<ol style="list-style-type: none">1. Effectively provide needed technical expertise to support health systems strengthening, implementation of International Health Regulations (2005) and enhance health security through resilient public health systems and infrastructure;2. Support capacity building of district and sub-district level health staff in public health surveillance, outbreak investigation and response to public health emergencies;3. Improve diagnostic capacity through supply of laboratory reagents and supplies;4. Enhance risk communication, health education and social mobilization5. Comprehensively monitor the coverage, quality and impact of preparedness, eventual response and systems building activities.

I. SITUATION UPDATE

The Ebola Virus Disease (EVD) outbreak that affected the West African sub-region in 2014, threatened the security of many countries in the sub-region. With more than 28 000 cases and 11 000 deaths, West Africa EVD Crisis had a devastating impact. Although Ghana did not report an EVD case the country has experienced several other epidemic events during the past few years including Cholera, Meningitis, Yellow fever other Viral Haemorrhagic Fevers. These epidemics and other hazards and events of public health concerns signalled the urgent need for Ghana to strengthen preparedness and response to public health emergencies of national and international concern.

Local capacity was built for coordination, surveillance and laboratory capacity, case management and infection prevention and control, risk communication and social mobilization. The collaborative effort of the government of Ghana, the support of the Government of Japan, WHO and other partners contributed to the tremendous progress made in EVD preparedness. As at 23rd October 2015, Ghana had completed 64% of the activities on the EVD Preparedness Checklist, up from 27% in November 2014.

As the situation of the (EVD) outbreak in the affected West African countries improved, there was a call to build on these gains to ensure a resilient health system. To provide technical and normative guidance for consolidating Ebola preparedness and strengthening of the public health system in Ghana, WHO submitted a project proposal for supplementary budget support from Japan to pursue this agenda.

II. OVERALL ACHIEVEMENTS

The Japanese Government made a financial contribution of approximately US\$ 1,800,000 to the Ghana WHO country office (WCO) in April 2016 plan to support the establishment of a robust structure for withstanding public health emergencies and disasters and enhance health systems and health security strengthening. The period of implementation of activities was originally up to April 2016, but a no-cost extension was granted to September 2016. As a direct result of this contribution the following were achieved:

- Three international technical staffs; a health systems officer, an epidemiologist; and risk communication and advocacy officer recruited to provide technical support in health systems strengthening, strengthen public health surveillance, outbreak investigation and response and to enhance risk communication, health education and social mobilization respectively.
- A technical logistics officer engaged to support logistics operations supply and inventory systems of the Ministry of Health and related agencies.
- Two national technical staff costs covered to support coordination of preparedness and response activities at national and regional levels
- Two administrative and support staffs costs covered to support administrative management

- One hundred and eighteen frontline health staff trained in Field Epidemiology and Laboratory Training Program (FELTP)
- Capacity of 95 staff at 3 points of entry strengthened to prevent, detect, respond to and control infectious disease outbreaks
- Essential laboratory supplies, equipment and reagents for testing EVD and other public health threats procured
- Shipment of samples suspected for EVD and other epidemic prone pathogens for testing at national and international WHO accredited laboratories for confirmation facilitated
- Fifty health communicators trained on effective risk communication and social mobilization skills for emergencies
- Public health emergencies risk mapping undertaken
- Monitoring of preparedness and implementation of health system strengthening activities undertaken

III. OUTPUTS AND ACTIVITIES

WHO in Ghana provided technical support and normative guidance for the implementation of the following specific objectives:

- Effectively provide needed technical expertise to support health systems strengthening, implementation of International Health Regulations (2005) and enhance health security through resilient public health systems and infrastructure;
- Support capacity building of district and sub-district level health staff in public health surveillance, outbreak investigation and response to public health emergencies;
- Improve diagnostic capacity through supply of laboratory reagents and supplies;
- Enhance risk communication, health education and social mobilization
- Comprehensively monitor the coverage, quality and impact of preparedness, eventual response and systems building activities

This section provides a summary of the major outputs and activities completed under each objective.

1. Objective 1. Technical expertise to support health systems strengthening

Output

With regard to effective technical assistance and coordination in preparedness and health system strengthening different, by way of appropriate calibre of staffs, expertise and documentation the outputs were as follows:.

- An International staff; Medical officer-Health Systems (MO-HS) was recruited to support health system strengthening (HSS).

- A technical logistics officer recruited to support logistics operations supply and inventory systems of the Ministry of Health and related agencies.
- Two national technical staff costs covered to support coordination of preparedness and response activities at national and regional levels
- Two administrative and support staffs costs covered to support administrative management

Activities

To cater for the requisite technical expertise to support health systems strengthening, capacity building for International Health Regulations (2005) requirements and enhance health security through resilient public health systems and infrastructure, funding from Japan was used to cover recruitment costs for critical staff.

- **International health system expert** – The officer supported the review of the emergency response activities, the monitoring of the risk mapping and capacity assessment exercise, resource mobilization efforts, human resource for health projection exercise and facilitated procurements of supplies and equipment for laboratories, human resources capacity building and coordination. Other activities included supporting the IHR core capacity development through development of work plans, justifications, and facilitating the necessary documentation and monitoring of the implementation of activities funded by various partners to strengthen the health system. He also provided valuable technical input at various interagency development partners, health sector working group and IHR steering committee meetings.
 - **Logistics technical officer** – The officer undertook coordination and tracking all EVD supplies donated by development partners to the MOH during the Ebola crisis and also supported and monitored the logistics operations of the response during the meningitis and cholera outbreaks in 2016. Other activities included the development of the Draft National Logistics Strategic to enhance nation-wide capacity in logistics preparedness and outbreak response, capacity building in supply chain management including training of staff and related institutions under the MOH logistics system supply chain management capacity, and updating of Communication Plan for continuous advocacy and Supply Chain Implementation Plan.
 - **National technical and administrative staff** – Support to the staff cost of the respective WHO staff enabled the provision of technical and administrative support for a whole range of coordination, planning, logistical, capacity building, monitoring and evaluation and advocacy activities that enhanced WHO's contribution to the country's preparedness and health system strengthening structures.
2. **Objective 2. Support capacity building of district and sub-district level health staff in public health surveillance, outbreak investigation and response to public health emergencies**

Output

Capacity for EVD and public health event surveillance in Ghana was significantly strengthened through training of frontline health staff and personnel at points of entry and technical support for surveillance activities.

- One hundred and eighteen frontline health staff trained in Field Epidemiology and Laboratory Training Program (FELTP)
- Capacity of 95 staff at 3 points of entry strengthened to prevent, detect, respond to and control infectious disease outbreaks
- An international Epidemiologist was recruited to strengthen public health surveillance, outbreak investigation and response.

Activities

- **Field Epidemiology and Laboratory Training Program** – To enhance public health surveillance, outbreak investigation and minimize delays in response to public health emergencies at the district and sub-district level, the University of Ghana School of Public Health was supported to train 118 district level human and animal health, laboratory staff in a 3-month course. The curriculum covered basic epidemiology, public health and community-based surveillance, IDSR, IHR, principles of outbreak investigation, data management and analyses, monitoring and evaluation methods. The course also included field project and analyses and presentation of data on from their districts.
- **Simulation exercises at Points of Entry** – To complement capacity building exercises that had been undertaken at other POE, support from Japan funding was used to conduct a simulation of the arrival of a suspected EVD case in Tatala-Nanchamba, Northern Region, Hamile, Upper West Region and Oseikojokrom PoE, Western Region. The objective was to strengthen capacities to prevent, detect, respond to and control infectious disease outbreaks at these ground crossings and mitigate PHEICs and other health threats that may be detected. Participants included staff of Ghana Revenue Authority, Ghana Immigration Service, Port Health and Bureau of National Investigation. Key areas identified for improvement included information sharing among all stakeholders, infection prevention and control and transport system to convey ill travellers to designated health facilities.



POE simulation exercise activities involving Immigration officers and other staff in Tatala and Hamile

- **International epidemiologist** – Activities undertaken included; supporting preparedness, outbreak investigation, response activities and evaluation of cholera and meningitis outbreaks, development and disseminated situation reports on these outbreaks. He also supported the revision of the cholera Standard Operating Procedures (SOPs), training of health staff in the SOPs and integrated disease surveillance and response and provided technical input during IHR Steering Committee meetings, IHR Joint External Evaluation (JEE) self-assessment and coordination and training of WCO staff on health emergency management.



The international epidemiologist with GHS team members during the meningitis outbreak investigation and response intervention in Sampa, Brong Ahafo

3. Objective 3: Improve diagnostic capacity through supply of laboratory reagents and supplies

Japan funding contributed to strengthening Ghana’s capacity for laboratory diagnosis which is a key component of surveillance and outbreak detection.

Output

- Essential laboratory supplies, equipment and reagents for testing EVD and other public health threats procured
- Shipment of samples suspected for EVD and other epidemic prone pathogens for testing facilitated

Activities

- **Laboratory equipment** – WHO Ghana through the Japan funding supplied over 33 kinds of laboratory diagnostic kits, equipment and supplies to support sample collection and safe shipment, diagnosis and monitoring of EVD and other public health threats. These supplies have been provided to the Public Health Reference Laboratory (PHRL) and distributed to regional public health laboratories.

- **Shipment of laboratory samples** – Shipment of laboratory samples to at national and international WHO accredited laboratories including the National Public health reference Laboratory, Noguchi memorial Institute for Medical research, Institute Pasteur , Dakar and Institute Pasteur, Abidjan for testing of suspected pathogens and confirmation of presumptive positive tests and to ensure External Quality Assurance (EQA) was supported.



Laboratory Supplies and equipment handed over the head of Public Health Reference Laboratory, Ghana Health Services.

4. Objective 4. Enhance risk communication, health education and social mobilization

A key component of public health emergency preparedness response involves advocacy, risk communication, health education and social mobilization. Japan funds that contributed to this component in the following way.

Outputs

- An international Risk Communication and Advocacy Officer was recruited to coordinate and augment capacity for Risk Communication and Social Mobilization (RC&SM) in emergencies.
- 50 health communicators trained on effective risk communication and social mobilization skills for emergencies

Activities

- **Risk Communication and Advocacy Officer** – Activities undertaken included dialogue and information dissemination in communities experiencing outbreaks, mobilization and mapping of partners supporting RC&SM interventions to minimize duplication of efforts and maximize support to address gaps, convening and coordination of RC&SM meetings at national and district levels, drafting of key messages on emerging diseases including Zika virus, development of standard operating procedures (SOPs) to harmonize messaging during public health

emergencies, advocacy for airing of messages on prevention and control measures during outbreaks for free as part of media corporate responsibility and training in RC&SM.

- **Health Communicators Training** – 50 participants drawn from the Ghana Health Service, Environmental Health Department, Community Development, Ghana Education Service-School Health Education Program, Ghana Journalist Association, Veterinary Services and Coalition of NGOs in Health five regions namely Eastern, Volta, Greater Accra, Western and Central were trained as trainers. The 5-day training equipped the participants with skills for effective communication during outbreaks and emergencies, advocacy for community collaboration and cooperation in the response to outbreaks and training of community based volunteers for social mobilization during emergencies.



Participants in the risk communication and social mobilization training

5. Objective 5. Comprehensively monitor the coverage, quality and impact of preparedness, eventual response and systems building activities

Output

The Japan funds also made available the vital resources to support the requisite monitoring and supervision mechanisms, administrative support and risk mapping exercise that were instrumental in facilitating informing and tracking the overarching preparedness and health systems strengthening activities.

- Public health emergencies risk mapping undertaken
- Monitoring of preparedness and health system strengthening activities conducted
- Operational costs for implementing EVD preparedness HSS activities supported

Activities

- **Risk mapping and capacity assessment** – As part of monitoring capacities to be built and risks to be averted, WHO contracted technical assistance to conduct an exercise on risk mapping of public health emergencies and threats and the existing capacities to mount effective response operations. The findings from this assessment which involved a public health hazards, risk and vulnerability analyses were disseminated to MOH officials, partners and

stakeholders and partners. The document, highlighted and ranked hazards in the country and is expected to guide prioritization of public health interventions to support the implementation of IHR (2005), monitor the quality and impact of preparedness, response and overall systems building to public health emergencies and threats in Ghana.

- **Monitoring** –WHO country office staff paid monitoring and supervisory visits to the areas being supported in public health emergency preparedness and support. This included visits to public health laboratories, regions and districts, health facilities and points of entries. Also field visits were conducted to review the situation of epidemic response and preparedness including surveillance and case detection as well as to document the risk communication, social mobilization and advocacy work at the frontline level. WHO staff were involved and facilitated the risk communication and social mobilization training.
- **Operational costs** – To enhance optimum delivery of the support expected of the WHO technical and support staff Japan funds also covered essential operational and administrative expenses for the recruited staff, including office logistics, travels and communication, information technology and communication, stationery and related costs.

IV OPERATIONAL CHALLENGES

On the whole implementation of the planned activities funded under the agreement with the funds from Japan proceeded smoothly with minimal challenges and practically all activities implemented as planned.

- Delays related to the recruitment procedures of the international staff resulted in the late start of the experts necessitating a request for a no-cost extension for the period of the grant to enable the staff complete the full length of duty.
- The Port Health after consultations opted for the conduct of simulation exercises in 3 POE with the reason that the assessments of the indicated POE had already been undertaken by other partners.

V WORKING WITH PARTNERS

The support provided by the Government of Japan greatly enhanced WHO's ability to provide technical and normative guidance for consolidating Ebola preparedness and strengthening of the public health system in Ghana. However an increased capacity for early detection and response to public health threats and systems building cannot be achieved by one party alone. Considering the strategic focus on sustainability and maintenance of national capacity, the activities were implemented in close collaboration with Ministry of Health and the Ghana Health Service, other Government agencies and multiple national and international partners including UN agencies, universities, NGOs, civil society, and private sector organizations including:

- National Disaster Management Organization (NADMO)
- Ghana Red Cross and International Federation of Red Cross and Red Crescent Societies (IFRC)
- Ghana Immigration Service

- Ghana Revenue Authority
- University of Ghana, School of Public Health
- Private sector organizations
- International Organization for Migration (IOM)
- United Nations Children’s Fund (UNICEF)
- United Nations Education, Scientific and Cultural Organization (UNESCO)
- United Nations Population Fund (UNFPA)

VI FINANCIAL REPORTING

The financial statement is presented separately from this report.

VII CONCLUSIONS

In the wake of the EVD outbreak in the affected West African countries, there was a call to accelerate and strengthen preparedness activities while building a resilient health system that will help prevent and rapidly respond to emergencies and outbreaks to minimize such catastrophic consequences witnessed. This held very true for Ghana in the light of the massive cholera outbreak in 2014 and the recurrent outbreaks of meningitis among others. The support provided by the Government of Japan was the single largest contribution in 2015 to WHO Ghana’s effort to provide vital technical support to health systems strengthening, implementation of International Health Regulations (2005) and enhance health security within the framework of resilient public health systems.

WHO will continue to support the Ministry of Health, Ghana Health Service and other partners in pursuit of greater health security and ultimately, better health outcomes for the Ghanaian people. The support of development partners, in particular the Japanese Government, is greatly appreciated and the significant achievements outlined in this report would not have been possible without such partnership. WHO would like to take this opportunity to immensely thank the Government and people of Japan for its support to the organization and to Ghana.