UNICEF’s Response to the Ebola Crisis

Presentation to the Executive Board, Informal Session, 11 September 2014
Overview

Over 2,200+ deaths and over 4,200 confirmed / probable cases in Guinea, Sierra Leone, Liberia and Nigeria.

The first case detected in March 2014.

50% cases occurred in the past 3 weeks.

Unique context
- Urban and rapid transmission
- Fragile and weak health systems
EVD peak has not yet been reached
Ebola virus disease (EVD) and others epidemics

EVD Case Fatality Ratio 24-89%
- Pandemic Flu (1918) 4%
- SARS 10%
- Cholera: 1-10%

EVD incubation period: 2 – 21 days
- Cholera: few hours to 3 days
- Tuberculosis: 2 to 10 week
- HIV AIDS: up to ten years or more

Symptoms
Non-specific symptoms: confusion with malaria, typhoid fever, etc.

Often characterized by sudden onset of fever, intense weakness, muscle pain, headache and sore throat. Followed by vomiting, diarrhoea and in some cases, both internal and external bleeding.

Average symptom onset to death: 7 days
Average symptom onset to recovery: 15 days
CFR: 54.9%
WHO, 4 September 2014
There is no licensed vaccine or specific treatment for Ebola. Currently patients are provided with hydration and supportive care.

Promising results of drugs and vaccines (developed over the past decade) in laboratory and animal models, but not yet evaluated for safety and efficacy on a large scale in human beings.

- Could be available by end 2014 for ‘compassionate use’
- Donor plasma (from Ebola survivor) may be first therapy

Governments with EVD called for fast track, compassionate use as relevant, and need hope to give to their people.
Characteristics of this outbreak

Unprecedented geographical spread (by air or land): major global health security concern

- 3 countries with intense transmission, including in capital cities: Guinea, Liberia, Sierra Leone
- 2 countries with imported cases: Nigeria and Senegal
- Unrelated recent outbreak: Democratic Republic of Congo

Burden on health systems

- High number of health-care workers (HCWs) infected which impacts already weak health system
- Specific protocols and IPC procedures for Ebola patients (isolation wards, PPE)

First extensive outbreak in West Africa, therefore there is a lack of understanding within local communities, lack of experience among HCWs, and limited capacities for rapid response

High level of community exposure, through household care and customary burial procedures, leading to fear, panic and resistance to proposed response measures
Impact on children and their families

- There are 4.5 million children under the age of five living in areas affected by the Ebola virus.
- Women have been disproportionately affected by the virus because of their role as caregivers (up to 75 per cent of cases).
- Children who have lost one or both of their parents to Ebola face the risk of growing up without proper care or having to fend for themselves.
- Stigma and lack of understanding of the cause of the disease and the role of health workers means that children risk being isolated from their communities and families.
- The disruption of health services mean that many children are not receiving life-saving vaccinations, and left untreated for preventable but potentially fatal illnesses such as malaria, pneumonia and diarrhoea.
- Negative consequences on children’s access to education, on the reopening of schools, on the availability of teachers, and on the quality of teaching and learning as well as safety of school premises.
8 August: WHO declares Public Health Emergency of International Concern.

28 August: WHO issues the Ebola Response Road Map -- To stop Ebola transmission globally within 6-9 months, UNICEF deployed staff to WHO Geneva.

30 August: UNICEF Level 3 Declaration for Guinea, Sierra Leone, Liberia, Nigeria.

By 31 August: UNICEF delivered nearly 250 metric tons of EVD supplies to Liberia (PPE, Chlorine disinfectant, ORS, RUTF, Emergency health kits). Plus million of bars of soap and hygiene supplies in all three countries.

By early September:
- 39 UNICEF staff deployed to support Countries; 100 additional in process.
- Partnerships with Governments and World Bank for funding of basic supplies
- Development of country specific operational plans and activation of Humanitarian Clusters in countries.
- Deployment we deployed a senior C4D staff into WHO immediately as well as a senior team to work with David Nabarro Global Ebola Coordinator
1. **Identification** of people with Ebola Virus Disease and **tracing of contacts**;
2. Well-staffed and **effective care** for infected persons with infection control;
3. Support for those who recover; **decent and safe burial** for those who do not;
4. Affected communities able to **access basic services** (safety nets, clinical medical care, public health, water and sanitation, protection)
5. Food security and **adequate nutrition** for all;
6. Functioning supply systems for consumable materials and equipment;
7. **Transportation** - people and materials (bikes, buses, trucks, aircraft, boats, fuel, maintenance, fleet management) including air-bridges and health checks;
8. **Societal** engagement, mobilization and participation in the response (C4D);
9. **Predictable cash** for workers (ebola care, community, basic services, burial) to cover incentives (hazard pay) and operating costs;
10. **Dependable medical care** for responders – both Ebola and non-ebola (in-country and med-evacuation)
11. Support for **economic recovery** of affected communities and nations
12. **Credible** messaging and reporting; transparency and accountability re response
UNICEF Programmatic Response

Immediate response:
• **Communication and social mobilization** for community based prevention, case detection, contact tracing, care and referral activities
• **Procurement of key supplies** for use in treatment and holding centers, and for continuity of basic services.
• **Kit packing** of (50,000) Household protection kits
• Support to failing health supply chains
• Work with WHO, MSF and industry **on PPE global supply; candidate therapies and vaccines**

Wider response to Improve Access to Services
• **Restoring and protecting continuity in the delivery of basic social services**, including maternal and child healthcare, nutrition and child protection.
• Support a ‘**whole package’ approach** to the prevention of water-borne diseases
• Continuation of **social cash transfers**.
• Strengthening and Expansion of **health workers**.

Preparedness of countries in the region.
• **Raise awareness** about Ebola and steps to take in case of exposure.
• **Training** of community-based health workers.
• **Bring forward** mass campaigns for vitamin A, measles, polio etc.
Communication and Social Mobilization

UNICEF is lead agency for communication and social mobilization:

- Going door-to-door in Ebola-affected areas;
- Training of community-based workers and provision of equipment and supplies including motorbikes for the social mobilizers and the surveillance teams, and bars of soap for families;
- Using local radio and television broadcasts, and mobile phone messaging;
- Working with religious and community leaders, as well as youth and women’s groups;
- With WHO produced a handbook on key Ebola messages in Liberia, developed a popular rap song to reach young people and spread key messages.
PROTECT YOURSELF
PROTECT YOUR FAMILY
PROTECT YOUR COMMUNITY

from the deadly Ebola virus

**DO**
- Wash your hands with soap and clean water
- Cook your food good
- Go to health clinic if you have headache, fever, vomit, pain, diarrhea, red eyes and rash
- Tell everyone you meet about Ebola so they are informed
- Call for help or questions 8885 388 888 or 388 888

**DO NOT**
- Do not touch people you think have Ebola
- Do not touch clothes & bed cloths of people you think have Ebola
- Do not touch vomit, saliva, urine, blood and poop from people you think have Ebola
- Do not play with monkeys and baboons
- Do not eat or touch bush meat
- Do not eat plums eaten by bats

Let’s stop the spread of Ebola together
Our Commitments are to:

Efficient and timely support.
Scale up of national capacity.
Stopping the transmission.
Community level engagement
Access for children and their families to health and social services.