

INTEGRATED UNICEF EMERGENCY RESPONSE DURING 2014-2015 EBOLA VIRUS OUTBREAK IN WEST AFRICA: SUPPLY SUCCESSES, CHALLENGES AND LESSONS LEARNED

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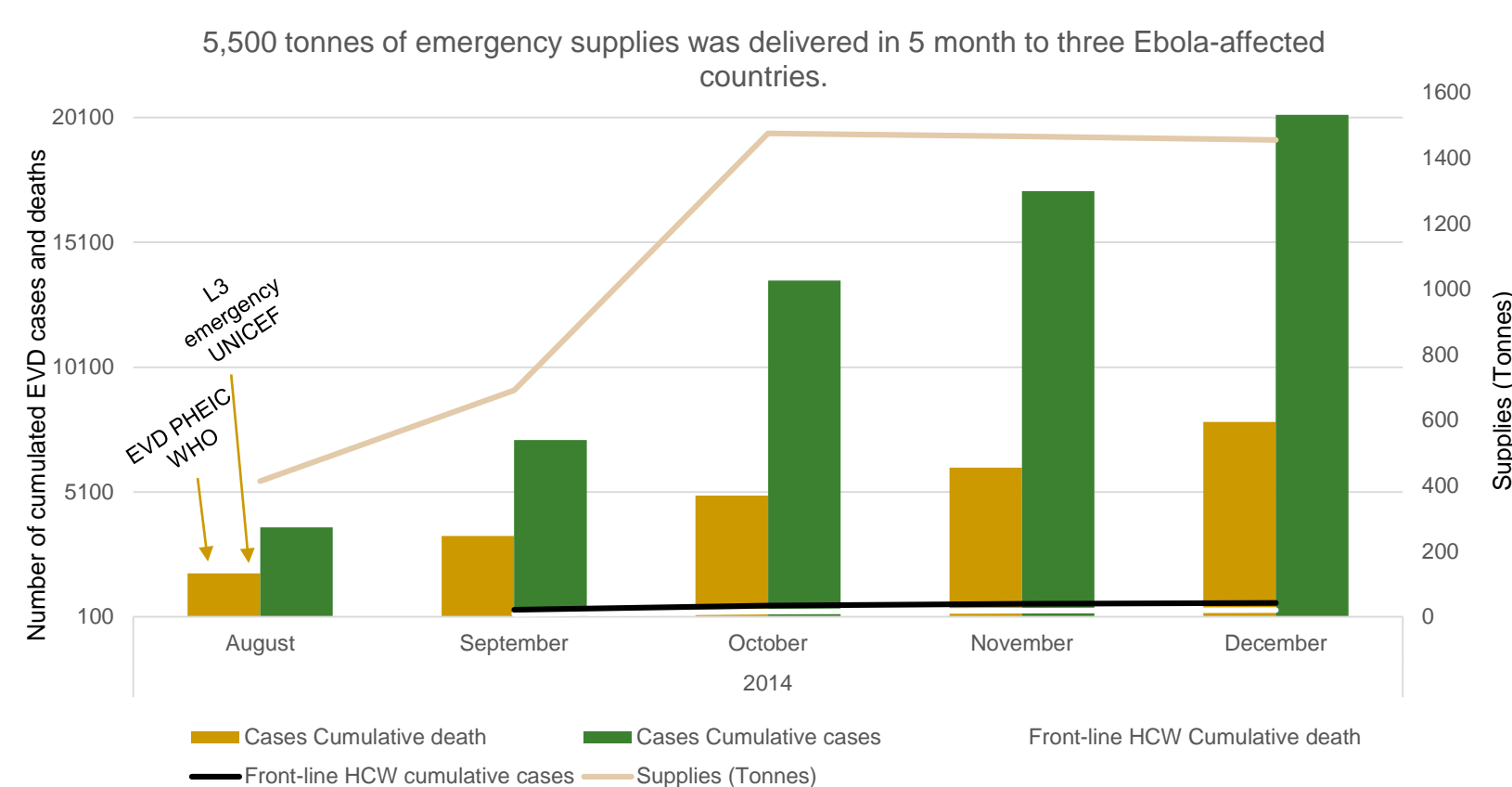


UNICEF Supply Division

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Summary

- In August 2014, UNICEF activated a Level 3 Corporate Emergency Procedure following WHO's declaration of the Ebola virus disease (EVD) emergency in West Africa. The complexity and scale of the 2014 EVD outbreak was like no other in UNICEF's experience.
- UNICEF worked with interagency partners and governments to stop the transmission of EVD, most notably through community engagement, isolation and care, and large-scale delivery of supplies and WASH support.
- In five intensive months, UNICEF delivered 5,500 tonnes in emergency supplies, by air and by sea to the three Ebola-affected countries.



Source: WHO Ebola site and UNICEF Annual report 2014

- Supply Division facilitated the dialogue between humanitarian agencies and industry worked to develop, standardize and scale up production of Ebola resistant personal protective equipment (PPE) used by front-line workers and burial teams.
- Brand new supply chains were established to meet soaring demand for protective masks, gloves and coveralls and other PPEs.
- Following the establishment of UNMEER in October 2014, UNICEF with partners developed the concept of Community care centers (CCCs) within WHO-led STEPP strategy to stop EVD where UNICEF undertook to establish and support 300 CCCs .
- Equipping CCCs with adequate PPEs and training personnel to use these safely, were also essential.
- The EVD supply response experience generated important lessons that are helping to strengthen preparedness for future health emergencies.



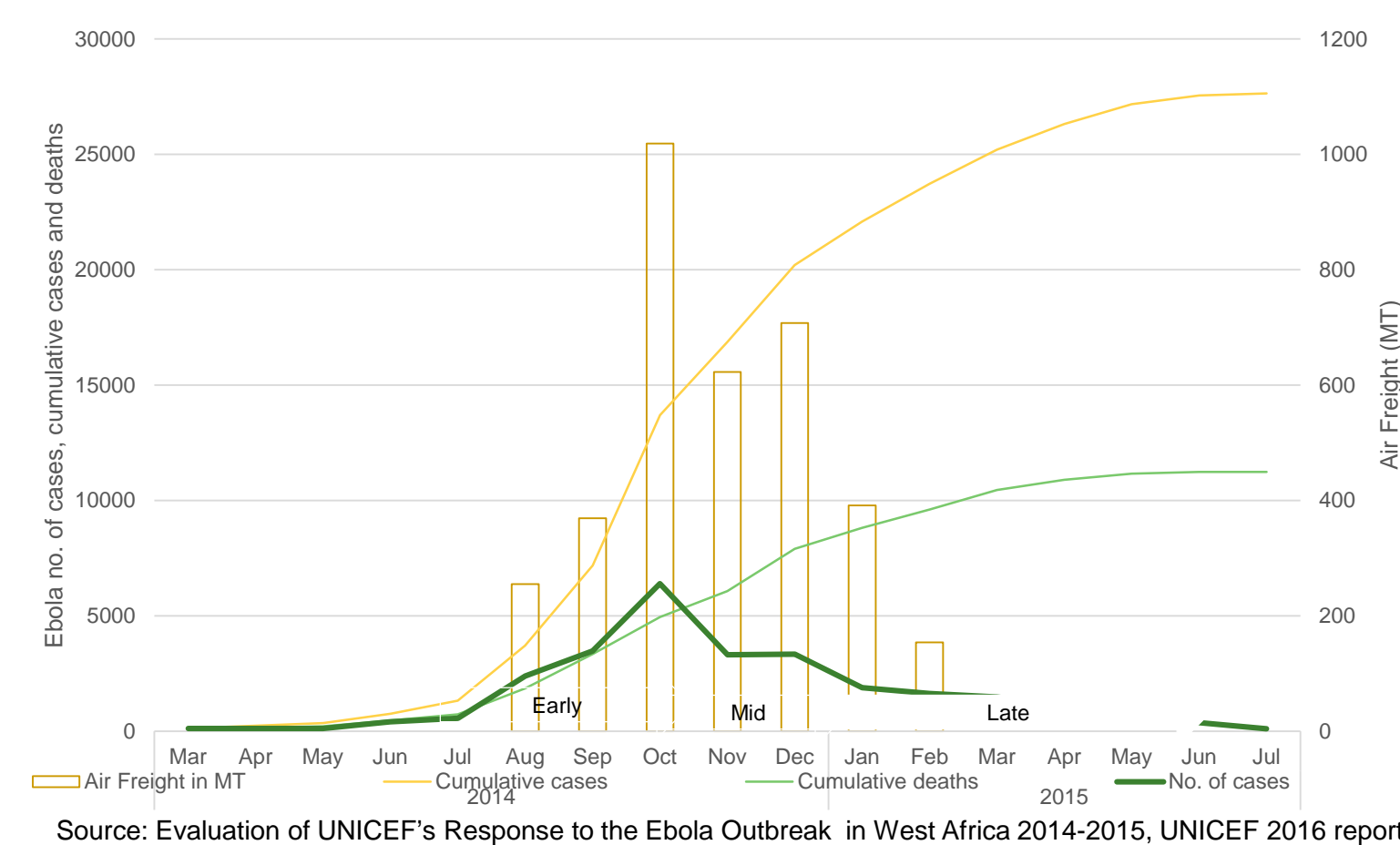
Major Supply and logistics Activities



UNICEF's large scale response to the EVD outbreak provided timely and efficient delivery of essential items and commodities needed in CCCs, Ebola treatment units (ETUs) and in health structures. Supplies included family hygiene kits, WASH kits, tents, tarpaulins, PPEs, medicines and chlorine.

Many factors contributed to the speed and efficiency of the supply response, including UNICEF's proactive 'no regrets' policy which enabled rapid release of funds, quick decision-making on procurement based on UNICEF's experience and knowledge of emergency supplies and logistics.

In October 2014, UNICEF sent 1,475 MT of supplies by air to support the first wave of CCC construction. In Sierra Leone, the first 14 CCCs (112 beds) were completed in November. In December and January, the number of available beds in CCCs increased to 272 and 402 respectively.



Source: Evaluation of UNICEF's Response to the Ebola Outbreak in West Africa 2014-2015, UNICEF 2016 report

UNICEF provided essential infection and prevention (IPC) supplies to CCCs and to communities. For example, Sierra Leone received \$9 million in essential drugs and other critical products, including 500,000 PPE set.

At the start of the EVD supply response, procuring the appropriate PPE was very challenging because there was a global shortage of PPEs and there were no established specifications or universal standards for Ebola-resistant PPE. UNICEF began procuring PPE components that corresponded to specific chemical industry standards, and proven to prevent transmission.

UNICEF worked with humanitarian partners and industry to agree on harmonized specifications and standards. Partners also agreed to time their orders so suppliers could keep up with demand, and UNICEF supported efforts to bring new suppliers into the market. As a result, supply gaps were bridged and prices of PPEs declined.



UNICEF's WASH supply response included the provision of:

- WASH kits to some 2.8 million households.
- Water and sanitation and waste management services to 133 Ebola treatment centres and CCCs. .
- Handwashing stations and WASH support to nearly 1,600 health centres.



CCC as part of UNICEF community-based response

CCCs are 8-bed structures established in communities where outbreaks occurred. In anticipation of a growing number of cases, they developed as an alternative to ETUs which were not readily accessible for many communities. Experience with previous health emergencies (e.g., cholera) informed the construction of an equipped model CCC in Supply Division, Copenhagen.



CCCs were key to stopping and reversing the spread of the EVD because they:

- Enabled a focus for early case detection, isolation and minimizing contact.
- Offered the highest possible IPC measures for staff and families.
- Linked to community-level interventions such as support for safe burial practices.
- UNICEF strong C4D program ensured community engagement and support for the establishment of CCCs

By March 2016 UNICEF had constructed 64 CCCs in Guinea, Liberia and Sierra Leone.



Conclusions

- UNICEF's CCC, C4D, WASH and supply activities worked in a complementary, mutually reinforcing and integrated manner to stop Ebola.
- UNICEF conducted an internal lesson learned evaluation which enabled the creation of the Health Emergencies Preparedness Initiative (HEPI). This initiative seeks to strengthen the organization's capacity for responding to health emergencies in coordination with partners to build complementarity and strengthen alignment.

UNICEF Ebola Community Care Center Tour

Carlos de la Espriella, Antonia Naydenov, Atieno Ojoo, Brenda Kaaya-Hallen, Christian Dehoux, Dragana Galic, Helene Moller, Henrik Nielsen, Ignacio Gimenez, Nagwa Hasanin, Ruben Jamalyan, Tamara Marotte-Hurbon, Tom Olsen, Abraham Kofi Ntow, Alok Sharma, Anne Weis, Fulvia Bellingeri, Henriette Vilsen, Parissa Nadjm Abadi, Priscilla Kiambi, Terrance Nanayakkara, Uamphon Bringsoe

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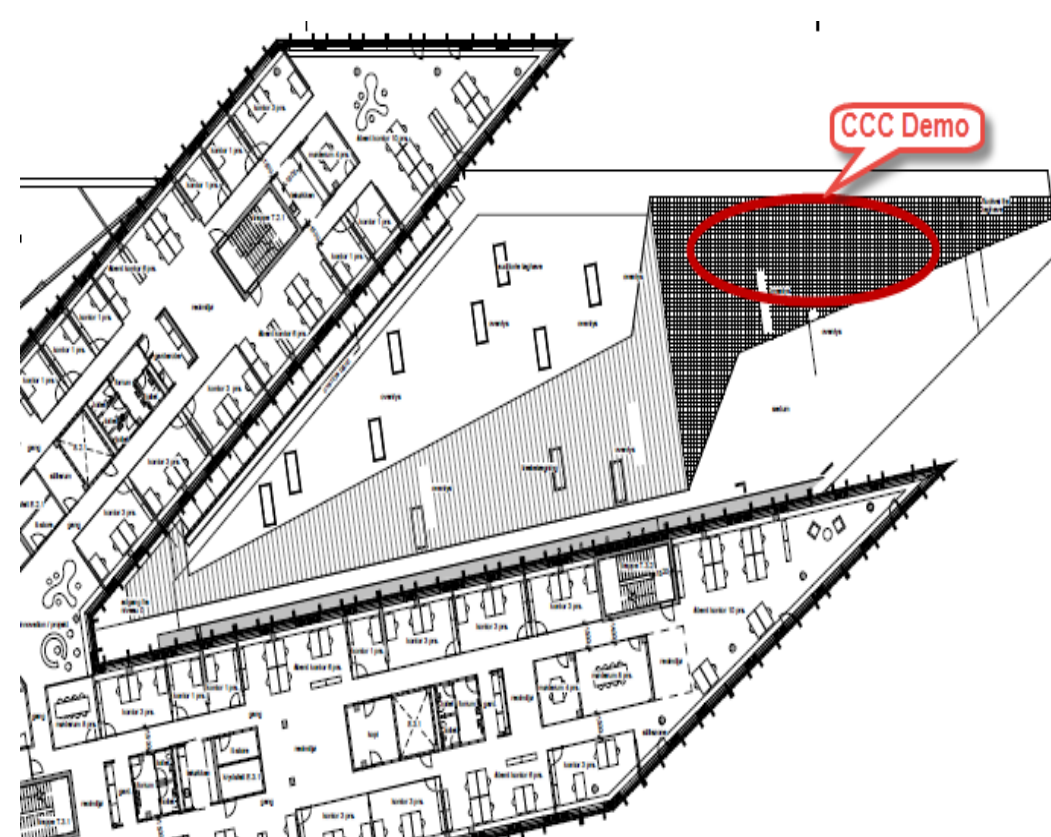
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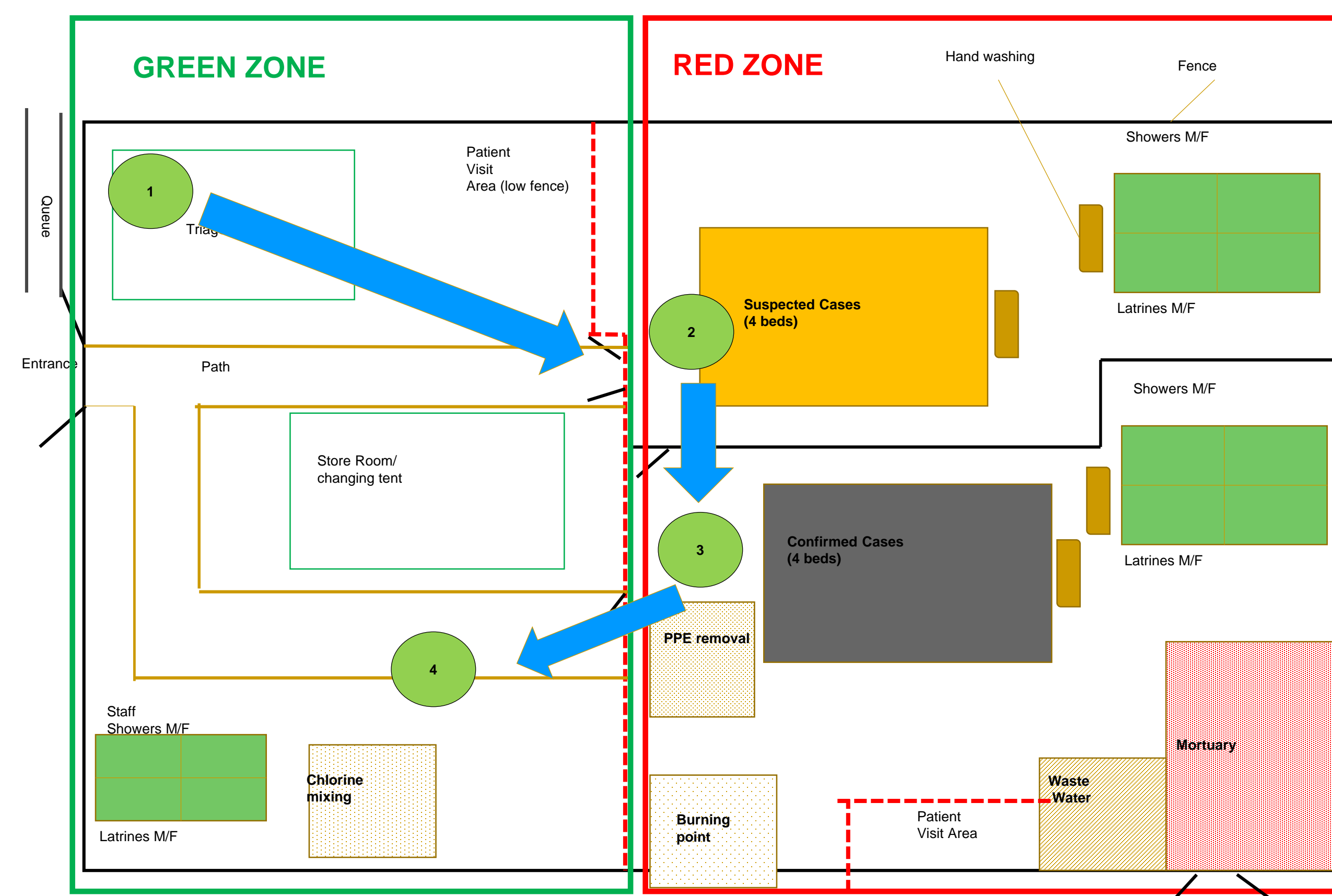
- UNICEF worked with partners and communities to design and establish temporary Community Care Centers (CCCs) which could be rapidly set up and to treat and provide palliative care.
- CCCs were vital to isolate people showing EVD symptoms and caring for the sick closer to communities alongside prevention messages to reducing EVD transmission.
- In all, UNICEF worked with governments and communities to construct 51 functional CCCs (actual construction unit data shows total of 65 CCCs where 46 in Sierra Leone, 6 in Guinea and 13 in Liberia) in Ebola affected countries. Family support and community leadership were critical to the success of CCCs.



- Equipping CCCs with adequate protective personal equipment (PPEs) and training personnel to use these safely, were also essential. Supply Division facilitated the dialogue between humanitarian agencies and industry worked to develop, standardize and scale up production of Ebola resistant protective equipment used front-line workers and burial teams. Brand new supply chains were established to meet soaring demand for protective masks, gloves and coveralls and other PPEs.

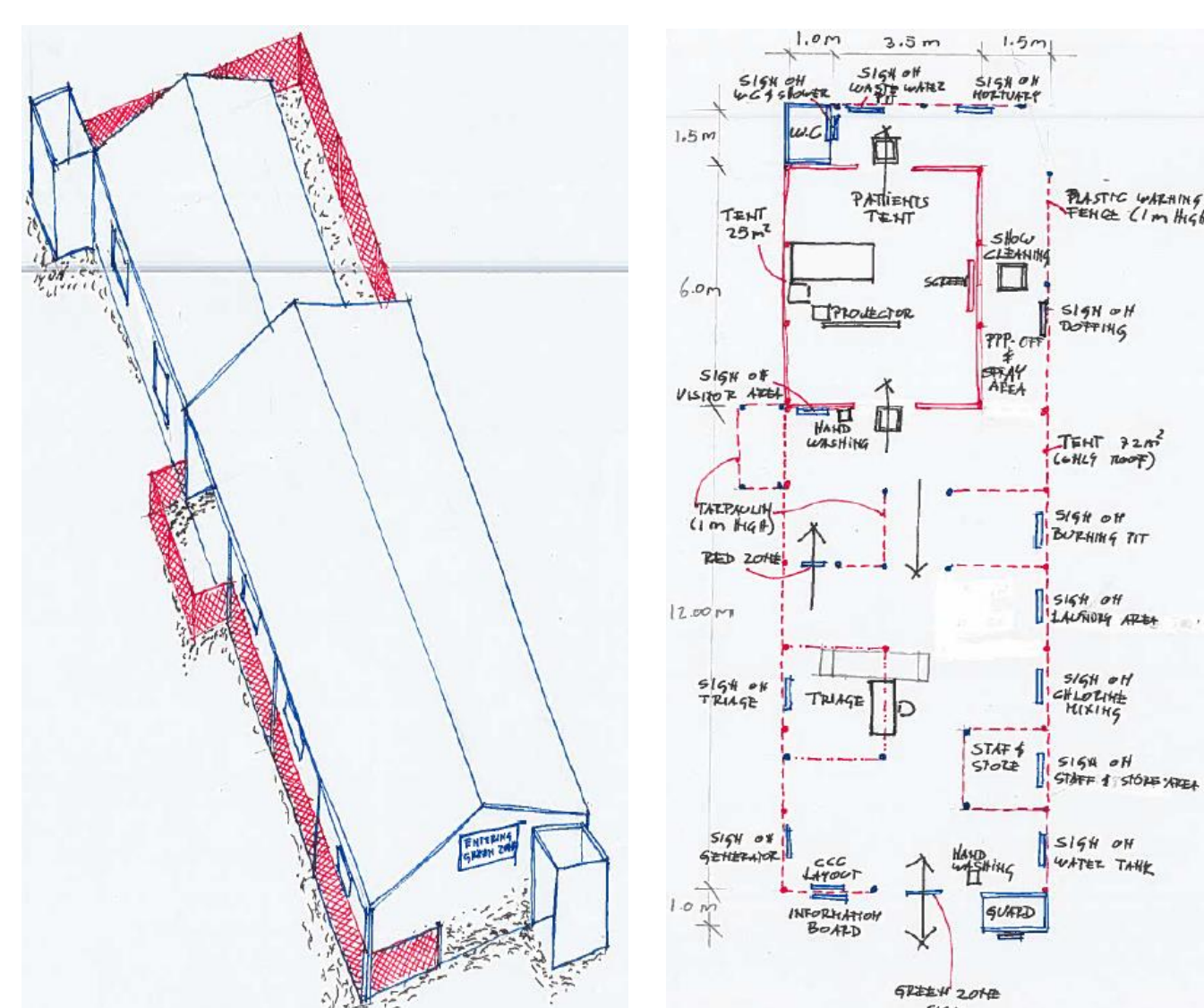


CCC Map showing working Flow



Reconstructed Ebola CCC model

- A life-sized reconstruction of a UNICEF CCC has been set in the conference area (Terrace between Finger 2 and 3) to show an example of UNICEF rich learning exercise during the EVD outbreak.
- It aims to demonstrate the intense coordination and collaboration between different disciplines, programs and divisions across the organization to set-up, equip and operate the CCC during the peak period of the outbreak.
- In this CCC model, actual supplied that was sourced and procured to equip the CCC are displayed.
- Inside the CCC model, mannequins are used ONLY for the purpose of displaying the PPE for the different functions inside the CCC. During the outbreak, mannequins were used when identifying and selection of Ebola specific supplies to guide and optimize specifications. It was one of the tools that enabled quick learning and "real time" innovation of PPE for Ebola



Ebola CCC model opening hours:

- Wednesday, June 7th – 12:00-16:00
- Thursday, June 8th – 12:00-16:00
- Friday, June 9th – 9:30-13:00

Key highlights about the CCC

- Beds: 8 beds
- Staffing: 10-16 (community and clinical staff)
- Monitored on Infection Prevention Control by independent assessment teams (WHO/CDC/AU)
- Government Contribution: staffing/ monitoring/ testing/ referral/ safe burial/ safe disposal
- UNICEF contribution: community engagement/ sites/ construction/ procurement/ funding/ training/ running costs/ discharge packages/ child protection
- Partnership support: surveillance and IPC training/ testing/ provision of food rations/ contact tracing/ staff payment modalities/ coordination and logistics support/ safe burials/ social mobilization, construction, WASH/ funding and technical assistance

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Ebola CCC model

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