



# Fighting health emergencies-our global experience

21 May 2016

# Our experience with large-scale health emergencies spans several countries and recent outbreaks

Examples of our global work on health emergencies	
Context/scope of emergency	Locations where we have supported emergency response
<p><b>1 Polio</b></p> <ul style="list-style-type: none"> <li>Nigeria one of <b>three remaining endemic countries</b> as of 2012</li> </ul>	 Nigeria
<p><b>2 Ebola</b></p> <ul style="list-style-type: none"> <li>Sudden outbreak (Dec 2013 – Jan 2016) resulting in <b>&gt;11,000 deaths</b></li> </ul>	 Global response  Nigeria  Senegal  Sierra Leone
<p><b>3 Zika</b></p> <ul style="list-style-type: none"> <li>Sudden outbreak (Apr 2015 – present) resulting in <b>widespread birth defects and neurological issues</b>, plus a handful of deaths</li> </ul>	 Brazil
<p><b>4 MERS</b></p> <ul style="list-style-type: none"> <li>Sudden outbreak (Sep 2012 – June 2015) resulting in <b>severe respiratory issues and &gt;500 deaths</b></li> </ul>	 KSA

# 1 Our work on polio in Nigeria has been centered around the Emergency Operation Center Model

1

## War-room approach

- Dedicated and co-located physical space or room
- Layout facilitates new way of working, discovering, learning, and experimentation
- Extensive use of data, tools, and templates



2

## Dedicated cross-functional talent

- Best possible 20-25 leaders and high-potential talent as full-time members
- Cross-functional team
- Facilitators to provoke, challenge, and help shape ideas into actions



3

## Fast-paced analytics and frequent synthesis

- Iterative process to address difficult issues, promote intensive idea generation, and accelerate solution development
- Rapid capability building with forced learning curve



4

## Rapid decision making and syndication

- Protected authority from Minister (with weekly visits)
- Frequent, extensive, early syndication to get buy-in
- Bring stakeholders on board via field visits, interviews, focus groups, etc



5

## Intensive program management

- Clear targets, with debottlenecking process
- Full visibility on progress and outcomes with rigorous tracking and regular monitoring (e.g., daily, weekly, monthly reports)

# 1 We helped establish Polio Emergency Operations Centers (EOCs) that reduced wild polio virus transmission rates

## Strategy and ops

### From...

- **Large set** of strategic initiatives, owned and bought into by **government (only)**
- **Siloed and fragmented** program; each player doing their own thing
- **Limited information sharing** (and in some cases information duplication)
- No direct, structured channel to support and manage **States and local governments**

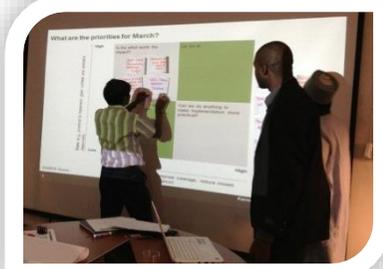
## Impact

- **30 wild poliovirus cases** between Jan 1-April 1, 2012

### ...To

- **Prioritized** set of short-term and medium term initiatives, **jointly owned** by all partners
  - **Coordinated approach:** Government, WHO, UNICEF all around the table
  - **Regular routine** of EOC meetings 3x per week, plus working group meetings
  - **Regular information sharing**
  - EOC in **5 high-risk states**, with regular communication
- 
- **12 wild poliovirus cases** YTD in 2013 (8 of which are in security-compromised areas with very low access)

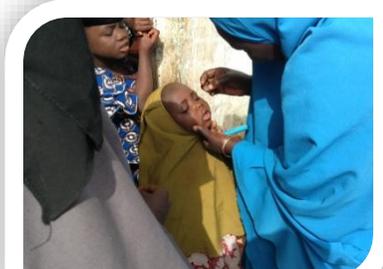
## Prioritizing initiatives



## National EOC at work



## Immunizations

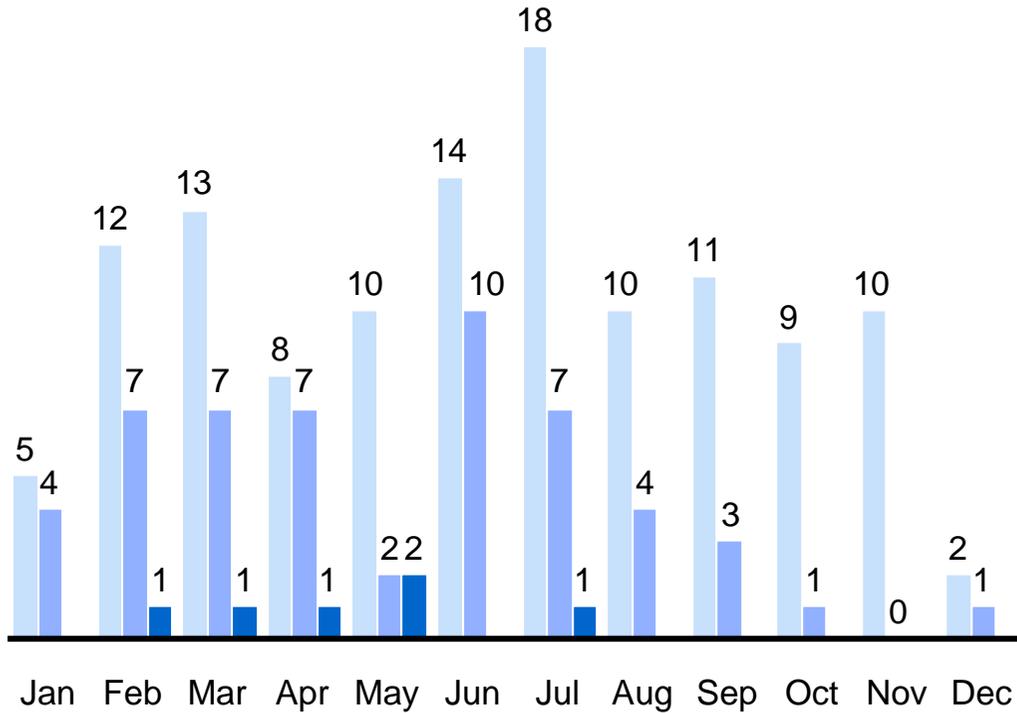


**1 Since 2012, the number of cases has dropped by 78%, and Nigeria has emerged as polio-free**

2012 2013 2014

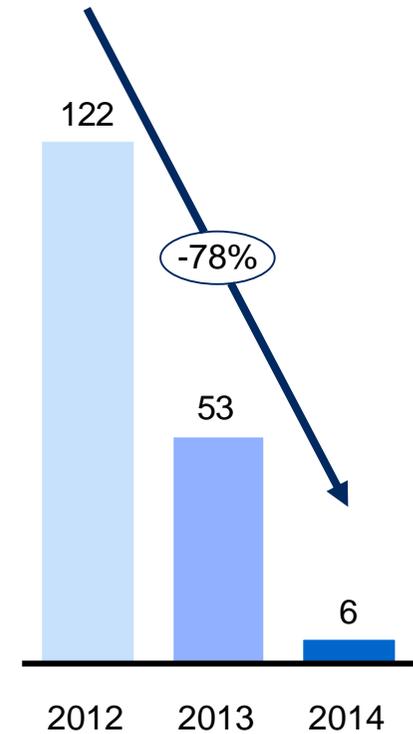
The number of WPV cases has dropped substantially since 2012...

Total annual WPV cases



... representing a 78% reduction in cases

Annual WPV cases



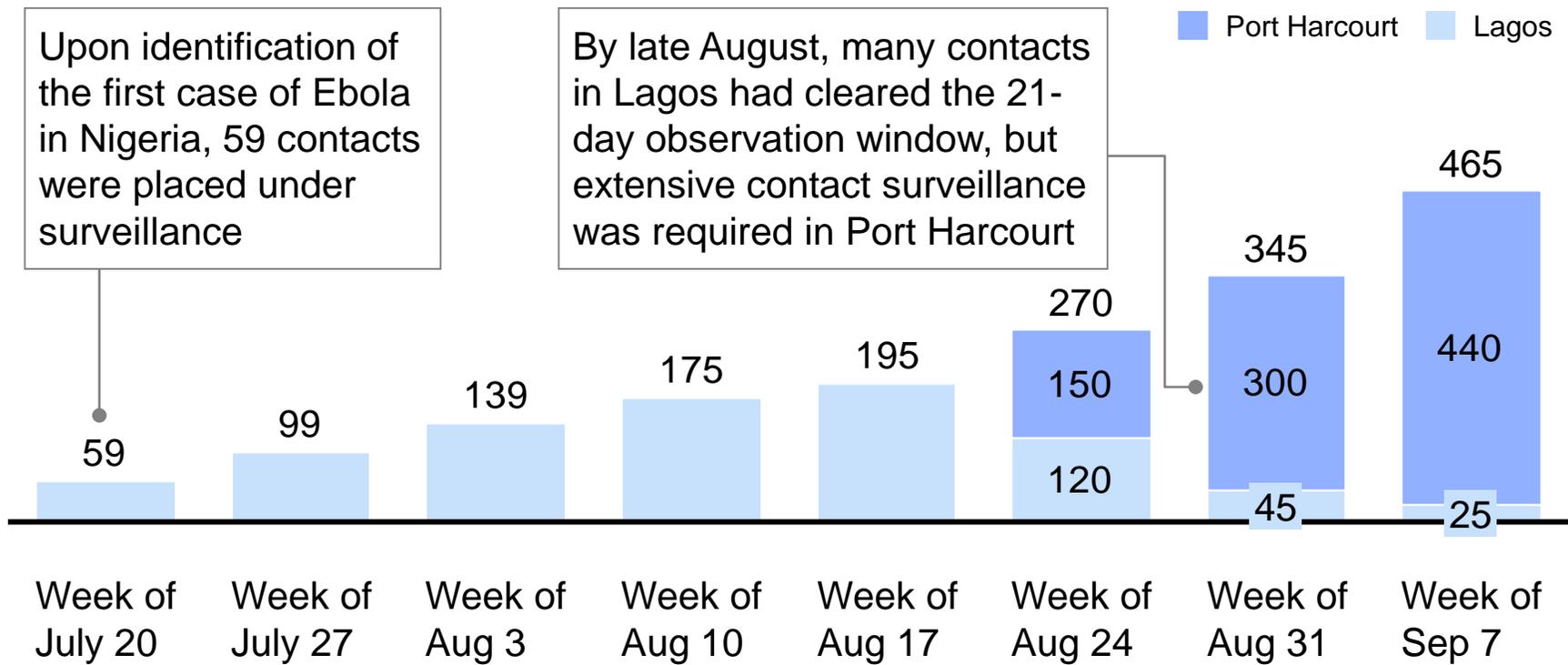
**Nigeria went from being one of three polio-endemic countries in 2012 to being certified as polio-free by WHO in 2015**

**2** The Firm began to support the global Ebola response in multiple ways at the start of September 2014



**2 Following the success of polio EOCs in Nigeria, we provided guidance on the immediate setup of an Ebola EOC, which led contact surveillance and was widely credited with halting the outbreak**

Average number of contacts under surveillance, as of Sept 12, 2014

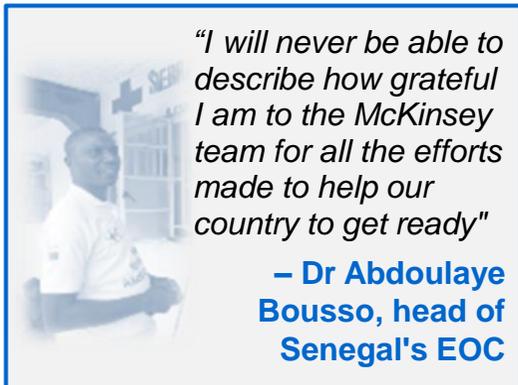


Upon identification of the first case of Ebola in Nigeria, 59 contacts were placed under surveillance

By late August, many contacts in Lagos had cleared the 21-day observation window, but extensive contact surveillance was required in Port Harcourt

**More extensive contact surveillance was required in Port Harcourt as Ebola was not immediately detected there and one of the first infected, a doctor, continued to see patients for several days after infection**

## 2 In Senegal, we successfully helped the MoH set up an Ebola Emergency Operation Center and avoid new cases



- Secured most of the EOC's two-year funding needs of about **USD 6 million**
- Identified needs for **6 ETCs** across the country and decide on their position
- Implement an effective **monitoring of all Ebola related data** at EOC level

- Defined an **integrated communication strategy** that covers all media
- Run an initial assessment of regional capabilities that ensured **regional preparedness**



- Defined a plan to boost capabilities by **tackling gaps** in information, training, equipment and infrastructure (with a focus on priority regions)
- Overall, made the Senegal EOC fully up and running, allowing the country to **avoid new cases**

## 2 In Sierra Leone, we focused on helping the health system recover from the disruption caused by Ebola virus and avoid new cases

### Key focus areas of our support for Ebola recovery in Sierra Leone

Priority Initiatives	Estimated impact	Sub-initiatives
<b>A</b> <ul style="list-style-type: none"> <li>Adherence to;               <ul style="list-style-type: none"> <li><b>Screening and isolation and infection prevention and control</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>No transmission of epidemic prone diseases (EVD, Cholera) in health facilities</li> </ul>	<ul style="list-style-type: none"> <li>All health facilities meet national guidelines for screening and isolation protocols</li> <li>All health facilities achieve &gt;80% compliance to Infection prevention and control</li> <li>All health facilities meet defined WASH requirements</li> </ul>
<b>B</b> <ul style="list-style-type: none"> <li>Surveillance data and reports from <b>PHU's, points of entry and community based</b></li> </ul>	<ul style="list-style-type: none"> <li>Early detection and tracking of suspected cases</li> </ul>	<ul style="list-style-type: none"> <li>All PHU's and ports of entry provide 100% complete and 100% timely surveillance reports</li> <li>CBS provides &gt;80% complete and timely weekly surveillance reports on target diseases and events</li> </ul>
<b>C</b> <ul style="list-style-type: none"> <li><b>Rapid response teams</b></li> <li><b>14</b> district and <b>1</b> national <b>emergency operations centres</b></li> <li><b>5 reference</b> laboratories</li> </ul>	<ul style="list-style-type: none"> <li>Response to suspected case &lt;24 hours and lab confirmation &lt;72 hours</li> </ul>	<ul style="list-style-type: none"> <li>Response teams are dispatched within 24hours after notification of a suspected epidemic disease according to international health regulations</li> <li>14 district and 1 national emergency operations centres are established and achieve excellent rating (&gt;80%) in exercise assessments</li> <li>All 5 reference laboratories should have the capacity and capability to efficiently receive samples and confirm cases within 72 hours</li> </ul>
<b>D</b> <ul style="list-style-type: none"> <li>Facilitate access to the provision of <b>integrated free basic healthcare to 4,051 survivors</b></li> </ul>	<ul style="list-style-type: none"> <li><b>4,051 survivors</b> with free healthcare</li> <li><b>1,600 male survivors</b> &gt;15yrs counseled on safe sex practices</li> </ul>	<ul style="list-style-type: none"> <li>Free Healthcare for Survivors Safe sexual practices counseling</li> <li>Transportation support for male survivors to attend semen testing appointments</li> </ul>

### 3 We have helped the Brazilian MoH refine its response strategy to the ongoing Zika outbreak, compiling best practices to create a global reference model for epidemic control

#### Overall structure of our support in Brazil

##### Governance/ Strategy

- **Redefine the National Coordination & Control Room**, providing increased response agility and increasing visibility for all, by
  - including **new competences**
  - **formal assignment of functions/ responsibilities**
  - creating **new agendas and meetings**
  - Issuing more complete reports that focus on **results indicators**
- Design **new forums and inter-ministerial routines** (p. ex Emergency Operations Centre)



##### Response operations

- **Vector combat**
  - Redefine the home visit strategy and optimize resource allocation
- **Care**
  - Improve the strategy to distribute diagnostic kits and align national, state and city protocols
- **Science, Technology and Innovation**
  - Optimize the articulation between government and researchers to ensure full coordination



##### Monitoring

- **Define reports** that provide a **full and detailed understanding** of the epidemic **and trigger interventions**, including gathering new indicators, more sophisticated analyses and transparent visualizations
  - **impact report** with indicators that reflect critical points
  - epidemic **combat** efficiency report
  - **care** report, focusing on the families most affected by microcephaly

## 4 Our support for MERS response in KSA highlighted key learnings that are broadly applicable to emergency response in other settings

### Key learnings from taking on MERS in Saudi Arabia

1



**Prioritize communication**-proactively share updates with hospital staff, general public, and media

2



**Do not forget the other patients**-consider the potential effect of MERS strategy on resources intended for non-MERS purposes

3



**Ensure transparency, insight generation, consequences, appropriate actions**-create strong channels for information-sharing

4



**Launch/ support research in a non-bureaucratic and open way** to improve our scientific knowledge and ability to fight the disease

5



**Establish clear responsibilities and processes**, including chain of command, delegation of authority, and meeting cadence

6



**Plan ahead**-create contingency response teams, and update national response plans in case of future emergencies

7



**Don't try to solve alone**-include experts and authorities from the international community from the very beginning

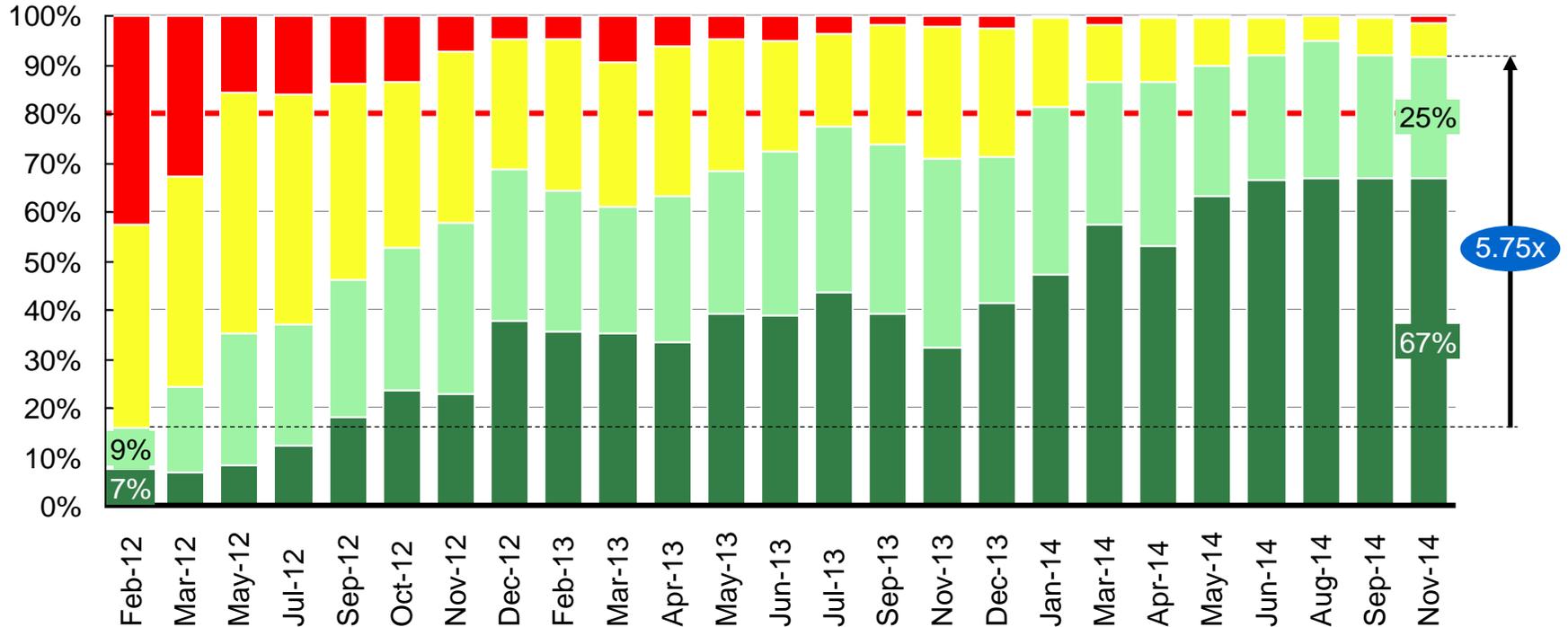
# 1 Since 2012, there has been more than a 5-fold increase in the number of LGAs in high-risk states reaching target coverage

Vaccination campaign coverage, as indicated by LQAS, has increased sharply since 2012 ...

## High-risk states in 2012 through 2014

% of LGAs surveyed in vaccination bands

■ <60%   
 ■ 60-80%   
 ■ 80-90%   
 ■ ≥90%



Lot Quality Assurance Sampling (LQAS) indicates that just 16% of LGAs sampled in high risk states were achieving ≥80% coverage in Feb 2012, **whereas 92% of LGAs sampled in high-risk states achieved ≥80% coverage in Nov 2014, representing more than a 5-fold increase**