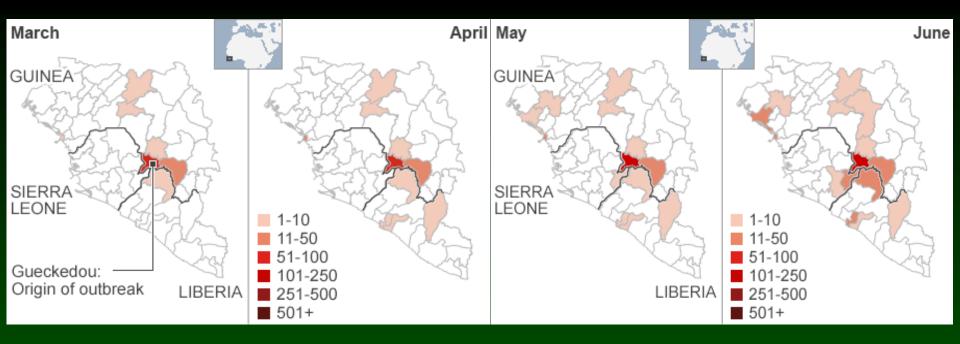
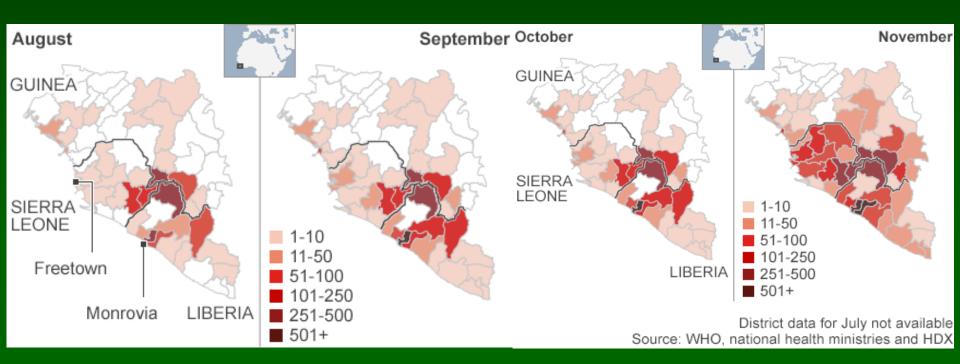
Impact of Ebola on health systems, vaccination programmes and health

Dr James Elston Field Epidemiology Fellow, Public Health England





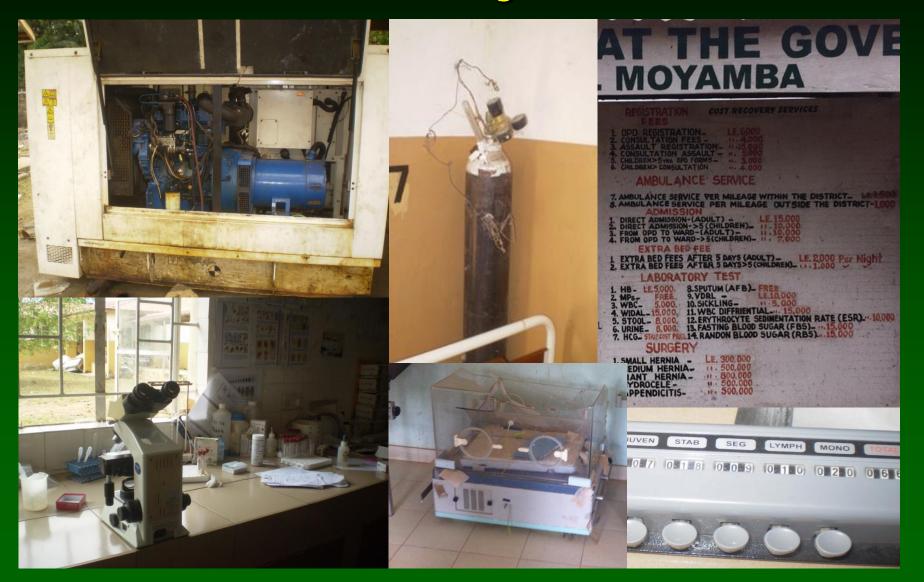
THE HEALTH SYSTEM: RURAL SIERRA LEONE







"Secondary care"

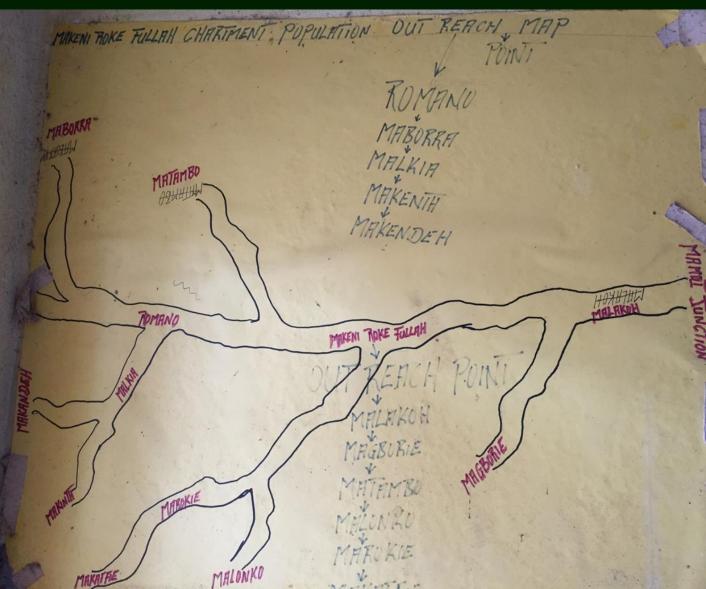




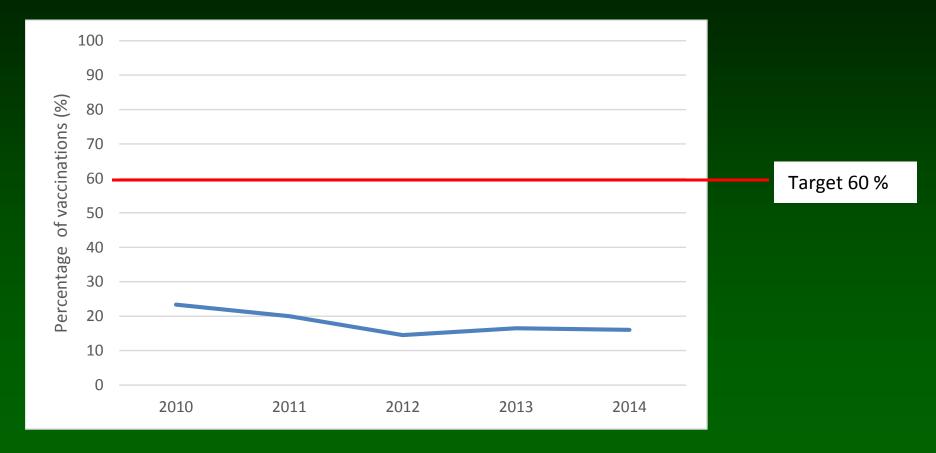
Vaccination provision

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2013		
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MATAMBO	2 Miles	
ROMANO	4 Miles)]
MABORRA	6 Miles .	
MALONKO	4 Miles	
MAROKIE	5 Miles	Rus
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	2 Miles	199
MALKIA	8 Miles -	
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Vaccinations performed by outreach for <1years Moyamba



IMPACT OF EBOLA OUTBREAK ON THE HEALTH SYSTEM

Healthcare worker infections and deaths

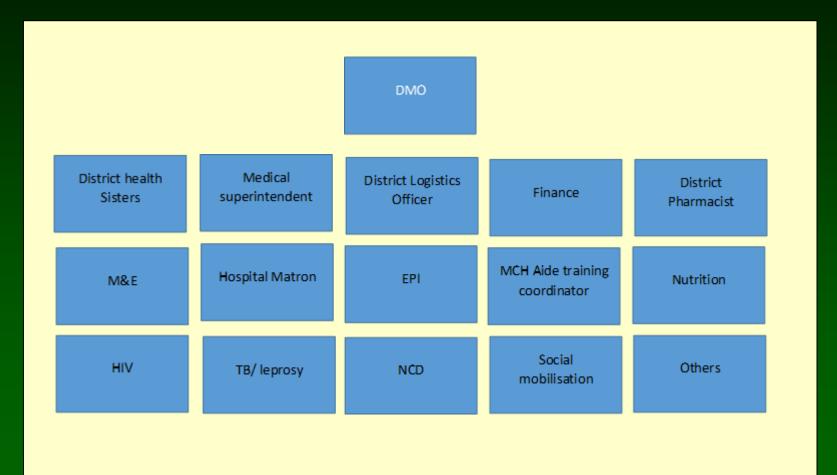
- HCWs 21-32 times more likely to become infected
- 881 confirmed infections among HCWs
- 513 HCW deaths
 - ~6.9%, 8.1% and 1.5% of the workforce in Sierra Leone, Liberia, Guinea respectively
 - Combined ratio of doctors, nurses and midwives remaining <5 per 10,000

Reduced capacity

- HCWs abandoned posts
- Overwhelming demand
- Closure of facilities
 - 3 largest hospitals in Monrovia Liberia, MSF hospital Sierra Leone, district hospital Guinea
 - 4-62% of primary health facilities closed
- Reduced productivity of HCWs

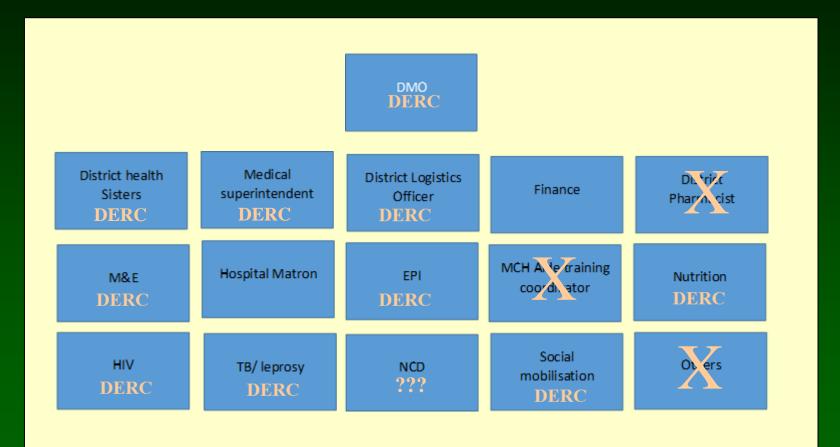
Resource diversion:

District Health Management Team



Resource diversion:

District Health Management Team



Routine work largely stopped

Health workforce Moyamba, pre-Ebola

	TOTAL
Doctors	2
Registered Nurse (SRN)	7
Registered Midwife	12
Enrolled Nurse (SECHN)	45
Community Health Officer (CHO)	21
Community Health Assistant (CHA)	25
Maternal and Child Health Aide (MCH Aide)	171
Community Health Worker (CHW)	1003

Health workforce Moyamaba, February 2015

	TOTAL
Doctors	2
Registered Nurse (SRN)	7
Registered Midwife	12
Enrolled Nurse (SECHN)	31
Community Health Officer (CHO)	18
Community Health Assistant (CHA)	18
Maternal and Child Health Aide (MCH Aide)	142
Community Health Worker (CHW)	??????

SOCIAL IMPACT OF EBOLA OUTBREAK



"They suggested we created Ebola...that we give people Ebola" Health worker

"The needles inject Ebola" Mother focus group

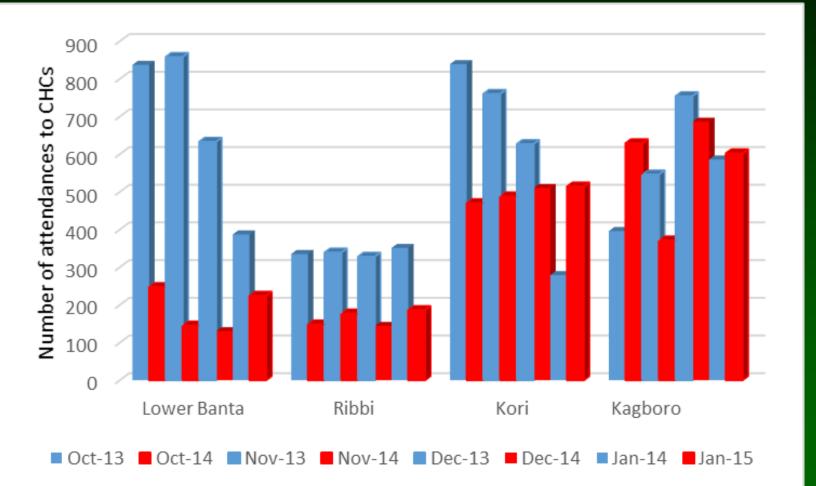
"People think their organs will be removed" Social mobiliser

"Nurses will ignore the people out of fear" Member of DERC IMPACT OF EBOLA OUTBREAK ON HEALTH SYSTEM UTILISATION

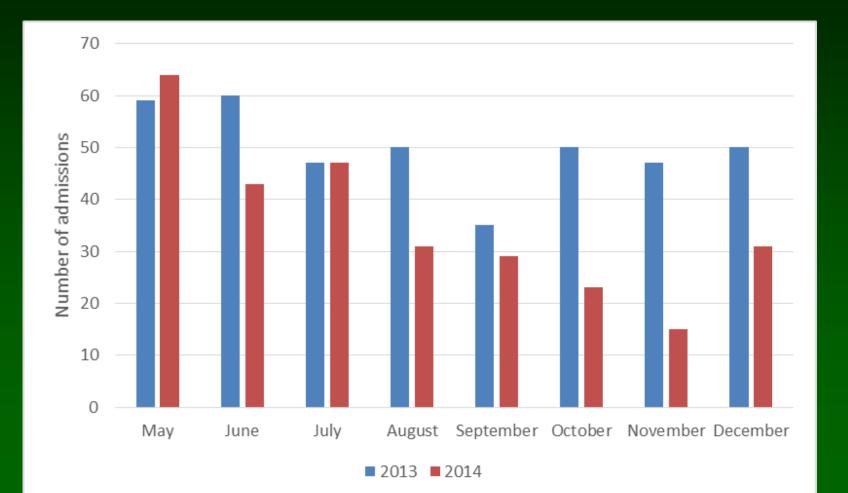
"Where are the patients?"



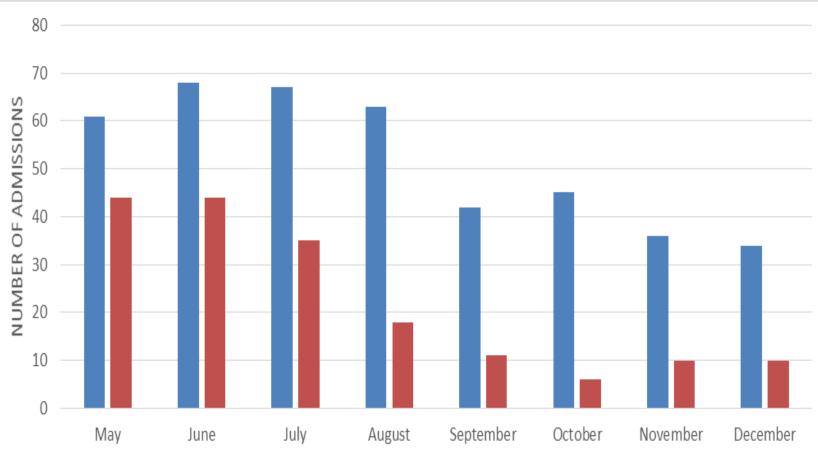
Health system utilisation



Maternity admissions

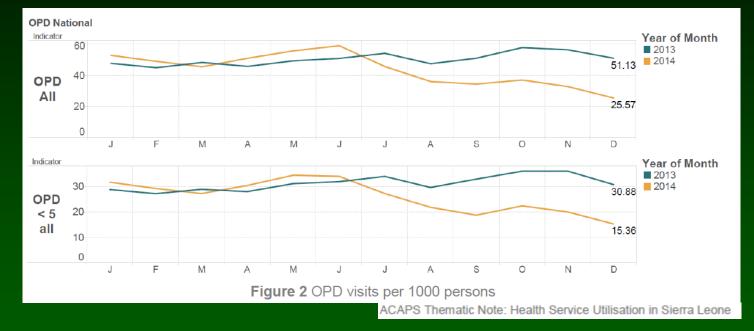


Paediatric admissions



2013 2014

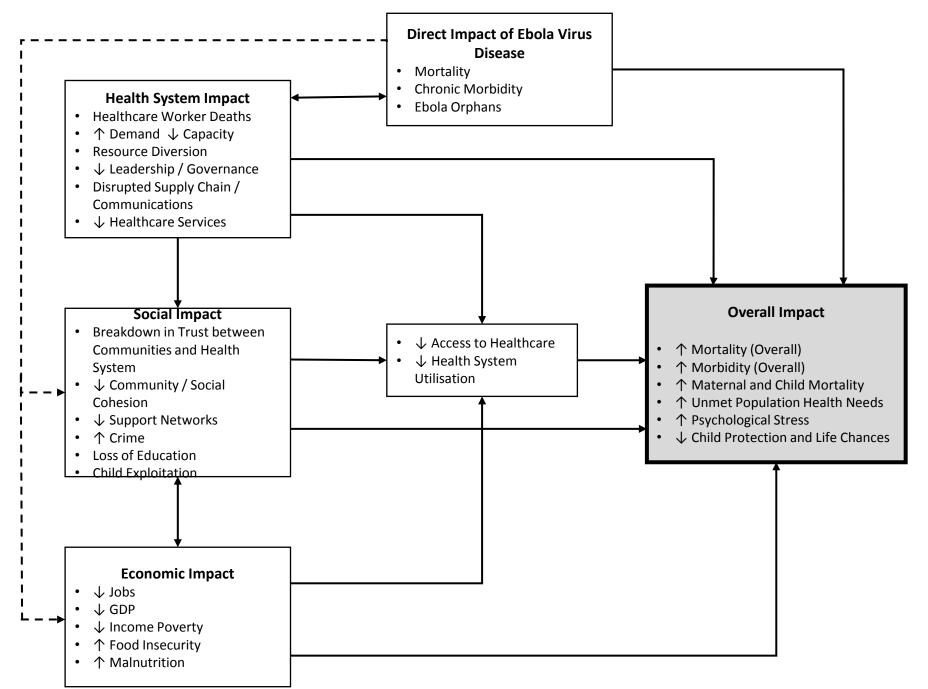
National healthcare utilisation



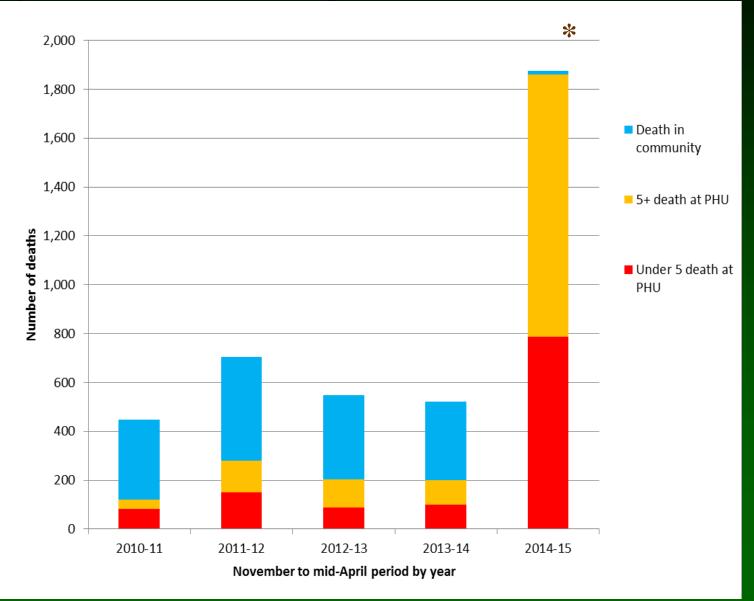
• Outpatient consultations in Sierra Leone halved by December 2014

- Liberia: health facility utilisation per capita fell by 59%
- Guinea: health facility consultations and hospital admissions fell by 58% and 54%
- Pregnant women and children most affected
 - 20% reductions in assisted deliveries (40-81% in most Ebola affected areas) SL, Guinea
 - 60% reduction in diarrhoea consultations for children <5 years nationally SL

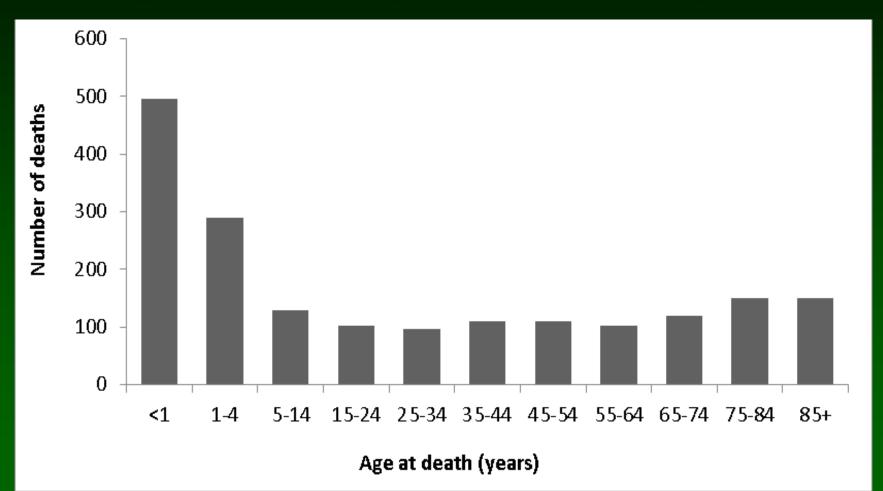
IMPACT OF EBOLA OUTBREAK ON POPULATION HEALTH



Reported deaths Moyamba district 2010-15



Age at death Moyamba Nov.14- Apr.15

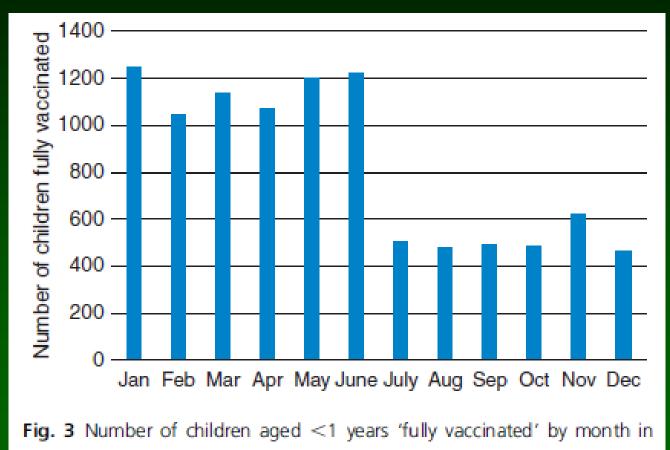


IMPACT OF EBOLA OUTBREAK ON VACCINATION PROGRAMMES

Impact on vaccination programmes

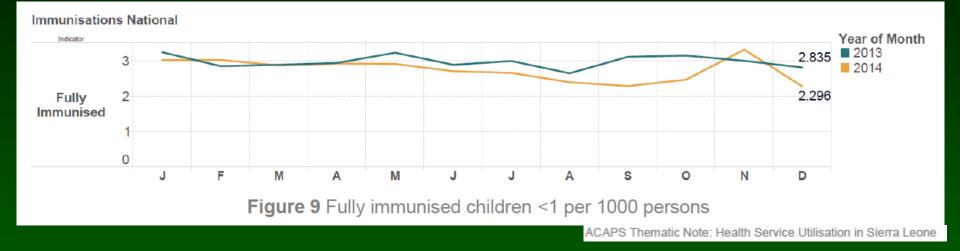
- Vaccination campaigns suspended
- Community vaccination/ outreach curtailed
- Reduced provision
- Reduced healthcare seeking

Vaccination coverage



Koinadugu, 2014.

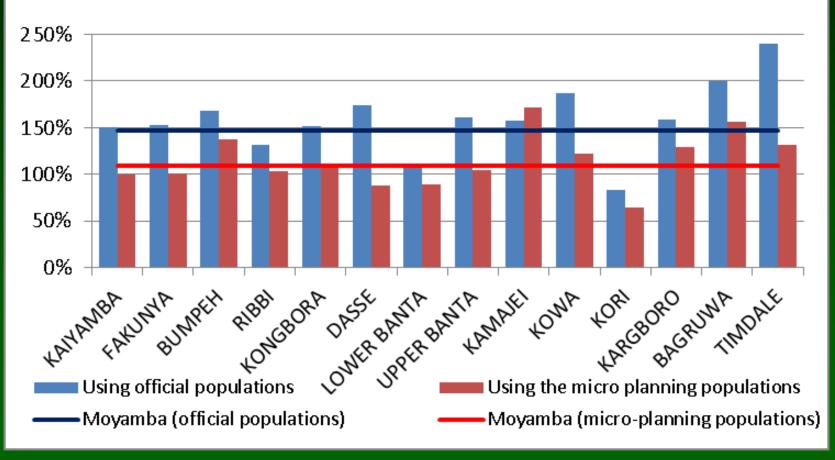
Vaccination coverage



 Uptake of third dose Pentavalent vaccine reduced by 23%, 50% and 30% in Sierra Leone, Liberia and Guinea ONGOING CHALLENGES FOR DELIVERY OF VACCINATION PROGRAMMES

'Optimistic' coverage

Figure 64: Completeness of PCV vaccinations in target populations



Implications

- MoH falsely reassured by coverage data
- Supply of vaccines based on expected population- underestimates need
- Planning compromised

Actual coverage?

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card, by background characteristics, Sierra Leone 2013

			DPT		Polio ¹					Percentage			
Background characteristic	BCG	1	2	3	0	1	2	3	Measles	All basic vaccinations ²	No vaccinations	with a vaccination card seen	Number of children
District										-			
Kailahun	98.3	95.9	95.9	89.0	97.7	97.0	97.0	91.2	91.3	84.7	1.6	92.6	166
Kenema	97.3	95.4	93.6	83.3	95.1	96.0	93.6	83.2	81.5	75.4	2.0	75.5	269
Kono	99.4	94.3	88.9	80.0	96.9	95.5	87.9	80.0	81.5	73.8	0.6	81.7	131
Bombali	95.9	92.6	88.8	84.2	90.3	95.2	88.8	83.4	76.5	68.9	3.9	80.3	136
Kambia	89.4	90.7	75.5	61.1	80.8	86.2	73.2	59.2	74.6	51.7	6.8	56.0	106
Koinadugu	94.9	92.4	85.4	69.9	80.0	94.3	84.9	69.9	74.3	63.6	3.9	76.1	134
Port Loko	94.1	93.0	85.5	74.0	93.1	92.4	85.5	74.5	72.5	65.1	5.2	72.3	277
Tonkolili	96.3	90.4	81.5	69.5	87.8	93.4	81.9	70.2	71.5	57.3	2.6	75.0	205
Во	98.5	98.5	97.7	93.4	98.5	97.7	97.7	93.2	84.4	82.3	1.5	86.7	167
Bonthe	96.6	97.2	96.3	80.9	92.3	98.2	96.3	80.9	92.5	77.2	0.9	69.9	62
Moyamba	94.5	92.6	88.3	78.7	90.4	93.4	89.0	80.0	78.4	66.4	4.7	63.5	118
Pujehun	96.5	94.1	92.4	87.1	95.7	94.6	92.9	85.0	79.1	72.8	3.5	84.6	96
Western Area Rural	96.7	96.4	89.6	71.6	92.0	96.4	89.6	71.0	76.7	60.4	3.3	58.4	55
Western Area Urban	91.4	90.1	85.7	68.5	85.9	89.6	85.6	67.7	76.2	55.2	6.3	50.7	246

Distribution

• Lack of transport to distribute vaccines, fridges and supplies



Cold chain interruptions

- 40-50% of health facilities with working fridge
- Lack of cool boxes for outreach activities



Disincentives to conducting outreach activities



- Lack of human resources
- Lack of transport
- Financial disincentive
- Safety concerns
- Physically demanding



Vaccination activity



Conclusions

- Impact of Ebola outbreak on poorly functioning health systems was severe
- Loss of trust and reduced provision led to reductions in healthcare utilisation
- Vaccination programmes compromised and vaccination uptake fell substantially
- Support required for health system rebuilding and for vaccination programmes

Recommendations for vaccination programmes

- 1. Conduct mass vaccination activities
- 2. Conduct social mobilisation activities
- 3. Address disincentives and capacitate HCWs to conduct outreach
- 4. Invest in resources ensure the cold chain
- 5. Mobilise the community workforce
- 6. Support the MoH to lead EPI services
- 7. Advocate for a revised population estimate

