

4th International Congress on

Infectious Diseases

May 11-12, 2017 Barcelona, Spain

The game changers; breaking through resource limitation to Ebola control by community structures: The case of Bombali district – Sierra Leone

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Introduction: In December 2013, Ebola Virus Disease (EVD) started terrorizing West Africa affecting seven countries though Guinea, Liberia and Sierra Leone as the most hit with a total of 28610 cases and 11308 deaths as on 30/3/2016. Sierra Leone contributed 50% of cases and 35% of deaths. Epidemiological and public health interventions by “conventional” experts did not yield quick containment. This innovation was a desperate epidemiological and public health move to reorganize surveillance to the village level and provide resources to aid response by communities themselves in Bombali district since the epidemic was far stretching and resource intensive.

Methods: This was an epidemiological and public health innovation in all 13 chiefdoms of Bombali district in Northern Sierra Leone. Dialogue meetings were carried out with each of the 13 chiefdom councils to discuss and establish Village Task Force on Ebola (VTFE) and response structure committees. Recruitment and training of the VTFE and response structures committees’ volunteers was done. Support supervision and monitoring of activities by the volunteers was done.

Results: Each of the 13 chiefdoms of Bombali district formed the following Ebola response structures with their respective responsibilities; Chiefdom Ebola Task force that over saw EVD activities in the chiefdom, social mobilization committee which sensitized and mobilized communities to respond to Ebola, security committee which was dedicated to biosecurity of the chiefdom and finance and logistics committee which mobilized resources. Each Village in Bombali district formed a Village Task force on Ebola that reported on village health status on daily basis to the Chiefdom Ebola Task force who in turn reported to the district Ebola response and command centre. Community denial of EVD reduced leading to more early and self-reporting of EVD suspected cases hence increased survival. The community mobilized response resources and constructed local isolation shelters consequently EVD cases started to drop from December 2014 to the end of the outbreak.

Conclusion: Village level community surveillance in wide spread epidemics and constrained economies contributes to human resource support, community cooperation, early identification, early reporting and isolation of cases. Community response structures contribute to biosecurity and mobilization for response.

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