Pandemic Prevention in the ECOWAS Region
Strengthening ECOWAS, WAHO/RCSDC and National Coordinating Institutions for an improved prevention and control of disease outbreaks

The Challenge

Especially, the Ebola outbreak 2014-16 and following outbreaks of epidemic prone diseases in the West African region exposed the weaknesses in the capacity of health care systems to control the epidemics. Most occurring epidemic-prone infectious diseases in the region are zoonoses, hence transmissible from animals to humans. Insufficient coordination of actors, ineffective communication of health risks to the population and the lack of a qualified health workforce also contribute to the challenges faced in epidemic control. Significant shortcomings have emerged in applying the core capacities set out in the International Health Regulations (IHR 2005). Deficiencies and excessive demands in the control of disease outbreaks have been identified in regional and national organisations and processes. The support from the Economic Community of West African States (ECOWAS) through the ECOWAS Commission and the West African Health Organisation (WAHO) is limited.

Our Approach

The 'Regional Programme Support to Pandemic Prevention in the ECOWAS Region (RPPP)' including the Action of the European Union ‘Support to the Regional Centre for Disease Surveillance and Control in the ECOWAS Zone' assists the ECOWAS Commission, WAHO and the newly established Regional Centre for Surveillance and Disease Control (RCSDC) in supporting ECOWAS Member States to better implement the IHR. This includes the support to the National Coordinating Institutions (NCIs) connected to the RCSDC in the Member States. Special attention is being given to Guinea, Liberia, Sierra Leone and Togo. Close collaboration with the bilateral health programmes of the German development cooperation in the focus countries, such as those concerned with cross-border protective measures, will create synergies.

This way, WAHO will be strengthened to better fulfil its mandate to support Member States in epidemic control together with the RCSDC and NCIs.

Four approaches are being taken to achieve these objectives: Improving gender-sensitive health risks communication considering the One Health Approach will address the communication quality at regional and national levels. The programme supports the One Health Approach which recognizes the interconnection
of human, animal and environmental health. Only when taking this into account, the context of infectious disease outbreaks can be fully understood and addressed. RPPP supports WAHO and the RCSDC in developing and implementing a regional health risks communication strategy. This way, Member States will have tailored guidance and will be able to report health risks to the population and the media appropriately and in good time. To improve communication and coordination between the ECOWAS Commission, regional health institutions, the national level and partners, the programme supports the development and implementation of a corresponding regional strategy. The mechanisms of the strategy will be tested and revised through simulation exercises. To strengthen human resources for pandemic preparedness and control, training modules and qualification measures will be delivered for regional and national staff together with the Regional Public Health Institute (IRSP) in Benin. Moreover, WAHO is establishing and expanding the regional Rapid Response Team with the support of the project. To strengthen digitalized surveillance and outbreak management system, the tool SORMAS-open (Surveillance, Outbreak Response, Management and Analysis System) will be expanded in Nigeria and introduced in Ghana in collaboration with the private sector by the German Helmholtz Centre for Infection Research (HZI). All four approaches contain modern information and communication technologies (ICT) including software design competitions (Hackathons), a digital information sharing platform, (social) media monitoring, improved intranet and extranet functions of ECOSuite, eLearning modules and SORMAS-open. Operational research will be applied for problem solving in surveillance and outbreak management. At national level, a specific support to strengthening NCIs includes the development/revision of national risk communication plans and SOPs, operational research on gender-sensitive risk communication, simulation exercises and trainings, support to regulatory aspects and the development/revision of preparedness plans as well as technical support to the functioning of the Emergency Operations Centres (EOCs).

Impact in figures …

As part of a joint programme involving German development cooperation actors and the Kreditanstalt für Wiederaufbau (KfW), the programme supports efforts to protect the population of the ECOWAS Region, estimated at over 350 million people, more effectively against infectious disease outbreaks. WAHO/RCSDC’s strengthened mandate will be demonstrated by the increasing quality of support given to the 15 Member States. In the development process of the regional health risks communication strategy, two Member States have started the revision of their national plans accordingly. Optimised inter-institutional communication and coordination will facilitate a more coordinated approach to pandemic preparedness between the institutions, partners and Member States. Thus, the institutions can successfully adjust the developed mechanisms after outbreaks or simulation exercises. The two strategies have been technically validated by all 15 Member States and will further undergo political validation processes. For the functioning of the regional rapid response team, the concept for deployment procedures has been validated by the 15 Member States. Through the initial pilot phase of SORMAS-open in Nigeria, 150 Local Government Areas with about 60 million people have been covered until now. SORMAS can now serve 10 priority diseases including Monkey Pox, which was added as an ad hoc element during the latest outbreak.

… and in stories

The four Hackathons for health risks communication took place in Sierra Leone in May 2018, in Liberia in September 2018, in Nigeria in October 2018 and in Guinea–Conakry in March 2019 with a successful and high number of participants each. Each country’s first-place winner team will be supported in a 6-months mentorship programme to further develop their solution for an uptake by the respective state actor. The winner team in Sierra Leone convinced with their idea “Health Awareness System”. The solution offers pre-recorded risk communication messages in local languages according to an outbreak situation. It is linked to a website, which would provide further updates on response measures.