

FRAMEWORK FOR EBOLA RESPONSE AND RECOVERY AT THE LOCAL LEVEL

Overview

The Framework is intended to support implementation of Ebola response plans at the local level. It contains modules and worksheets to promote:

- Strengthening local area multisector response coordination
- Maintaining essential services (health and non-health) during and after the outbreak
- Limiting the spread of Ebola
- Supporting Ebola care and treatment protocols

The **purpose** of the Framework is to help local areas implement the recommendations of International and National Ebola guidelines and plans. The Framework is aligned with the latest guidance and protocols for the management of the current outbreaks. Local areas should follow their National Plan and adhere to the best of their abilities to the recommendations set forward by the International Response and Health organizations. These documents can be accessed at:

WHO Ebola and Marburg Viral Disease Epidemics: preparedness, alert, control and evaluation

(http://apps.who.int/iris/bitstream/10665/130160/1/WHO_HSE_PED_CED_2014.05_eng.pdf?ua=1&ua=1)

UN United Nations consolidated support to the national accelerated ebola virus disease outbreak response plan in Liberia - Draft

(<http://reliefweb.int/report/liberia/united-nations-consolidated-support-national-accelerated-ebola-virus-disease-outbreak>)

Integrated Disease Surveillance and Reporting

(<http://www.cdc.gov/globalhealth/healthprotection/ghsb/idsr/tools/guidelines.html#IDSr>)



The Framework consists of 5 modules, a checklist, and a series of planning worksheets.

Module 1: The Local Coordinating Committee will help you conduct local, multi sector coordination of the response. The local context is essential to designing an effective response, as there will be great local variability among the severity of the outbreak, the vulnerable groups, and response capabilities. National and International plans cannot foresee this local variation and generic plans are not likely to be able to finely tune the response to provide the right type of help to those that need it the most. All efforts must be coordinated to prevent chaos and to ensure an effective response.

Module 2: Maintenance of Essential Services uses disaster management strategies to assess available resource needs and gaps, to prioritize resource allocation, and to identify the essential services (health and non-health) that must be continued even during the outbreak.

Module 3: Limiting the Spread of the Disease focuses on the policies and practices that local areas must take to prevent spread of the disease. As in all the Modules, local areas should follow the specific policies and protocols of their government and international authorities. This module assists in the implementation of those policies at the local level.

Module 4: Health Sector Triage provides guidance for implementing the health care triage approach that is being recommended. This will depend on the latest guidance from authorities, and the phase and severity of the outbreak in your immediate area. In addition to triage for Ebola cases, guidance is also provided to reduce deaths from non-Ebola causes.

Module 5: Recovery and Resilience helps local areas to get life and commerce back to normal after an outbreak. It also helps link response to recovery and provides guidance on developing resiliency.



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Module I: The Local Coordinating Committee

There will be an escalating number of international aid organizations joining the response to an outbreak. While desperately needed, the most well meaning and equipped partners will need your assistance and leadership. Without a process to coordinate the various responding groups and volunteers, and adapt activities to the local realities and situation, well meaning efforts may fail. No matter how many national, regional and international agencies and organizations come to assist, the existence of a local, multi-sector leadership team will be critical to the success of the response.

There is a confusing and redundant set of names for this important task. Whether you use the terminology of the WHO (Local Coordinating Committee), or the UN (County Task Force and Disaster Team), or another, the requirements are the same:

LCC Composition

- Local leaders who are trusted by the population and have decision making authority
- Representatives from all sectors needed in the response
- Representatives from the various response partners

Any pre-existing multisector committee can be re-configured to serve as the Local Coordinating Committee (LCC). Some areas may even have a standing multisector disaster management committee with appropriate representation. If there is not an existing multisector committee, you will need to organize one.

Step I: Establish a Local Coordinating Committee

Local Leadership

Whether you are using a preexisting committee, or creating a new one, the LCC will need clear leadership. Public fear and misinformation about Ebola contributes to the number of cases and deaths. *The cooperation of the public in this response will be a key determinant in how many ultimately die.*

Having local leaders who are trusted by the public and understand the local customs and vulnerable groups are necessary for an effective response.

Tribal leaders, elders, clergy, mayors, and others are good sources.

The local context will be needed to identify vulnerable groups, address local customs and beliefs, identify resources and strategize locations for care, organize distribution of

Leadership

It may be necessary to take steps that are not popular, such as isolation of cases and restrictions on burials and movements of people. Leaders are needed who have the authority to make decisions and the ability to gain the cooperation of the public in carrying them out.

essential goods such as food, fuel and medical supplies. None of this can be done effectively without local knowledge and trusted local leaders.

*In addition, local dialects, beliefs, and traditions must be addressed in an effective response. For this reason, whether or not the government or NGOs are responding in your area, **local responders and leaders are needed to ensure an effective response.***

Multisector Representation

Ideally, an existing multi-sector committee, such as a disaster management committee, will provide the needed leadership and sector expertise. However, in the absence of such a committee, any trusted leaders can be recruited into the process. A large Ebola outbreak is likely to affect multiple sectors in overlapping and interdependent ways. For example, the health sector may need the assistance of the police or military to enforce public health measures, schools and businesses may be shut to stop the spread of disease, and crops may go unharvested. What begins as a health sector crisis quickly becomes a multi-sector disaster.

All sectors need to be part of the response. While the focus is on detecting cases and treating them, resources and expertise from across the sectors will be needed. For example, logistics and public safety support are critical components in the implementation of the response. **Unless the sectors are linked and coordinated, the response and eventual recovery will likely be less efficient and less effective.**

Include representatives from as many as possible of the following sectors

- Public health and medical services
- Public safety and security
- Public works
- Food security
- Education
- Business and commerce
- Finance
- Logistics and transportation
- Communications spokesperson(s)
- Telecommunications and IT
- Civil society
- Humanitarian assistance organizations
- NGOs and INGOs operating in the area

Response Partners

In addition to both the public and private sector representatives, it is essential to also include **humanitarian and development stakeholders**. These may be donors, project implementers, or international agencies. All the assistance that flows into an area to either prevent, respond to, or

recover from an outbreak needs to be coordinated to prevent waste, duplication, and confusion. In addition, **linkage of the local response to on-going development and humanitarian assistance partners and activities is essential to:**

- Ensure a “best possible” response that takes advantage of synergies of resources, capabilities, and expertise
- Protect development gains even in the face of the outbreak
- Build the capacity of local areas to sustain their population during future crises
- Ultimately, reduce deaths, illness and injury and minimize economic losses

Step 2: Clarify the Roles and Responsibilities of the LCC members

The **committee leadership** will be responsible for:

- Conducting regular meetings
- Developing meeting agendas
- Holding sector representatives accountable
- Decision making (an individual must have the authority to create and implement new policies). This person will be responsible for the very difficult decisions and actions that may be needed to respond to the outbreak.

The **sector representatives and partners** will be responsible for

- Providing sector leadership during a response
- Participating in the development of the plans to maintain essential services
- Contributing resources (people, equipment, supplies) to the response
- Providing ongoing assessments of their sector needs to maintain essential services.
- Developing, maintaining and implementing plans to communicate within their sector as needed

Step 3: Conduct regular planning meetings

- Conduct situation analysis and Ebola response plan needs
- Review sector essential service and resource needs (see Module 2)
- Develop a multisector plan to support the Ebola response and maintain essential services

Example of A Multisector Ebola Response Team

<u>Sector</u>	<u>Management Function</u>
Mayor or Designated Executive Authority	<ul style="list-style-type: none"> • Executive Leadership • Plan activation and deactivation • Policy Making • Risk Communications • Rational Use of Resources
Telecommunications and Information Technology	<ul style="list-style-type: none"> • Coordination with telecommunications and information technology providers • Maintenance and repair of telecommunications and information technology
Public Safety & Security	<ul style="list-style-type: none"> • Police and Fire • Quarantine enforcement • Facility and resource security • Coordination of first responder and emergency medical activities
Public Health and Medical Services	<ul style="list-style-type: none"> • Ebola surveillance and case management • Implementation and support of home care • Medical care for non-Ebola related disease • Emergency food / food aid • Mental health services
Public Works	<ul style="list-style-type: none"> • Utilities • Water and Sanitation, Garbage Removal • Roads
Communications and External affairs	<ul style="list-style-type: none"> • Emergency public information and protective action guidance • Media and community relations • Trained media spokespersons • Inter-governmental communications
Logistics and Transportation	<ul style="list-style-type: none"> • Resource support (facility space, office equipment and supplies, contracting services, etc.) • Maintenance and repair of vehicles • Management of Dead Bodies
Food Security	<ul style="list-style-type: none"> • Food safety and security • Food stockpiles and storage
Municipal Finance	<ul style="list-style-type: none"> • Trade and Commerce • Labor
Business Sector	<ul style="list-style-type: none"> • Banking • Commercial enterprises
Volunteer Coordinator	<ul style="list-style-type: none"> • Maintain up to date information on potential volunteers for all sectors • Coordinate training and use of volunteers
Community Recovery	<ul style="list-style-type: none"> • Social and economic community impact assessment • Short-term relief activities • Long-term recovery and resilience building

Module 2: Maintenance of Essential Services

The steps to maintaining essential services are:

- Identifying Essential and Non-Essential Services
- Mapping resources
- Integrating all sector needs and resources
- Allocating resources to support prioritized services
- Assessing needs on a daily basis

Step 1: Identify Essential and Non-Essential Services

Essential services are the services that are absolutely necessary to continue for the survival of a population, even during an Ebola outbreak. They maintain the health and welfare of the local area. Without these services, sickness, poverty, violence, and chaos would likely result. In a large Ebola outbreak, these services can be overwhelmed, disrupted, or abandoned. Suffering and death beyond that caused by illness can occur as a result of the lack of these services. Food shortages, communicable disease outbreaks due to contaminated food and water, utility and communication outages, lack of basic and health services are examples of population threats that can result when local areas are overwhelmed and do not manage to continue these services.

It is important to **separate basic services from essential services**. There are many services that are part of what are generally considered the right of the population to have and/or the responsibility of the government to provide. However, not all basic services are essential. Consider an immunization program. As important as it is to maintain the health of the population, if it were delayed for a few weeks or months, it would likely be able to be resumed without having caused deaths or significant illness. However, treatment clinics for diseases such as TB and malaria, and access to attended births are services that would likely result in deaths if not continued. Each sector should identify their own essential and non-essential services.

The importance of identifying the essential services is not only gaining a clear understanding of how to allocate resources and prioritize activities, but it is also helpful in determining what the NON-essential services are. An important action of the LCC will be

Highly desired volunteers include, but are not limited to:

- Retired healthcare personnel or people with medical training
- Skilled laborers to help with the continuity of public services, such as water and sanitation
- Mental health and spiritual counselors to provide grief counseling during and after the outbreak, to help spread messages that will reduce public fear and panic, to provide conflict resolution workshops with the community
- People with disaster response training to provide medical assistance to households; to transport dead bodies; to transport food, fuel, or water; or to contribute to risk and crisis communication efforts
- People who have trucks and vans that can help meet transportation needs
- Burial teams

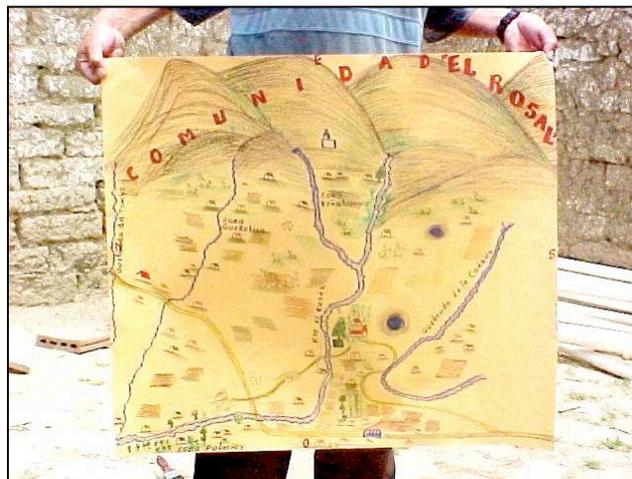
to **temporarily discontinue non-essential services**. The personnel, supplies and equipment that support those services can be brought into the response to Ebola. For example, the nurses from an immunization project can support care of Ebola or non-Ebola patients. Volunteers can also be used to assist with services.

While each local area will need to determine what its essential services are, here are some examples:

- Governance
- Access to health care and essential medicines
- Fire and police protection
- Provision of clean water
- Food security
- Basic sanitation, including sewage and garbage removal
- Maintenance of communication infrastructure (e.g., telephone system, radio, internet)
- Maintenance of utilities (e.g., gas and electricity)
- Transportation
- Road maintenance/repair
- Banking

Step 2: Map Resources

All resources need to be mapped – people, supplies, equipment and facilities. Each sector should identify their own resources and then the LCC should integrate all the information from all the sectors. It is a good idea to include **an actual map** in your local area resource assessment, as well as a map of the population census. Typically a map of the area will be available in the mayor’s (or designated leader’s) office or can be obtained from a local office of law enforcement, firefighters, emergency medical services, or the military. In the event a local map is unavailable, the leadership team should draw a simple map as shown in the picture. Such maps typically include useful information such as key landmarks, roads, water, health facilities, schools, places of worship, and other infrastructure. Resources can be identified on the map using colored stickpins or labels. The resource map, together with the resource lists developed by the sectors, will help determine what gaps in resources exist, while demonstrating to the community at large that an organized preparedness and response effort is under way.



One of the most important resources that will be needed for a response is human resources. Volunteers will be needed to assist in a variety of tasks, both ones that require special skills and others that do not require skills or expertise. A volunteer coordinator should be designated by the LCC to compile a master list of all volunteers, trained and untrained, and to coordinate the use of the volunteers during the response.

Step 3: Integrate the sector information from Steps 1 and 2 into a single multisector plan

Once the sector essential services have been identified, the local leaders will need to combine them into a single, integrated and prioritized implementation plan for the local area. While each sector will be responsible for continuing their own essential services and for managing their human and other resources to accomplish them, there will at times be a need for decisions about policies and resource allocation to be made that serve the best interest of the local area overall, rather than the sector itself. For example, during times of food or fuel shortages, each sector will have legitimate needs for the available goods. When there simply is not enough for everyone, someone has to have the authority to prioritize the resources, and allocate them in a way that promotes the health and welfare of the population, including the most vulnerable and hard to reach populations. A local area that has the ability to make those decisions on behalf of the population can help to prevent wasting of resources, social unrest, and preventable illness and death.

Once the plan is complete, each sector is responsible for training their staff on the plan. Each person needs to know if they are considered essential personnel or not. If they are essential, they need to be trained on how to continue the services of that sector, including who the alternate personnel are. Non-essential personnel should be used to support the essential services as needed.

Step 4: Allocate Resources

Once the prioritized essential services have been identified and the available resources mapped, the LCC will need to conduct the difficult task of allocating those resources. The objective is to prevent as many deaths as possible. The allocation of health resources is at the heart of the response to Ebola, and is outlined in the next module.

Without a clear understanding of the most critical needs of the population, and the impact of a shortage of an essential service, decisions are made ad hoc, and waste, fraud, and loss of resources can occur. In order to maximize the efficient use of scarce resources, it is necessary to first identify ALL the requests for a resource, and then to make the difficult decisions about which requests are more important for the welfare of the local area. These can be very difficult decisions to make, and may be highly controversial. For example, if infected areas are quarantined, many businesses, homes and institutions will be cut off from supply chains and people may be separated from their livelihoods. Schools, hospitals, utility grids, grocery stores and others will need assistance.

This approach involves a ***deliberate and thoughtful process to dedicate resources to a set of prioritized needs***. A clear process to analyze all the needs for the limited resources, and a clear person in charge, are needed to ensure the best outcome. In areas with on-going shortages of essential goods and services, decisions will be needed on a daily basis. Some local areas only need to take these steps when a new crisis happens. In either case, the Local Coordinating Committee will need to organize, lead, and implement the decisions that serve the best interests of the population. Particularly in areas that struggle to provide basic services on a daily basis, ***any wasteful use of resources is likely to translate into serious consequences*** for the population.

Local areas that are able to continue essential services will be able to reduce the number of deaths by accomplishing the following:

- Maintaining strong government leadership
- Supporting surveillance and management of Ebola cases
- Providing Ebola and non-Ebola essential healthcare services in separate locations.
- Maintaining supply of essential medications, commodities, laboratory and infection prevention equipment (personal protective equipment-PPEs)
- Helping to feed their populations
- Continuing to provide clean water, electricity, sanitation, communications, and other basic

The best outcome requires a calm and cooperative public, which in turn is dependent on strong local leadership and effective public communication. The local leaders must be able to explain the constraints around the use of resources and why it is necessary to reduce deaths from the outbreak. This will be critical in reassuring the public to avoid the possible panic an outbreak can generate.

Module 3: Limiting the Spread of Disease

We strongly recommend that local authorities follow the latest available guidance on the care and treatment of cases, and the handling of dead bodies. Disease surveillance and reporting is the first and best way of limiting the spread of the disease. Local Coordinating Committees are advised to consult with the international and national programs and protocols.

Ebola is a highly lethal and contagious illness. It is critical that anyone working in the area, whether they are involved in direct response to the outbreak, or not, are well informed about how to protect themselves and prevent being the cause of transmission to another person. The specific protocols and policies used to limit the spread of the disease will depend on the extent of the outbreak in your area, and the phase of outbreak you are in.

Key concepts in preventing spread

- Avoid exposure to sick people
- Do not touch dead bodies
- Disinfect all articles of clothing, bedding, and other items that have been touched by an infected person.
- If you are ill, isolate yourself and notify authorities.
- Do NOT go directly to a health facility for care unless you are directed to do so. In many cases, it is safer for you and the rest of the population to stay at home. If there is an Ebola Treatment Unit in your area, you may be directed to go there. Follow the recommendations of your local authorities.

Ebola is a viral infection spread through direct contact with the blood or body fluids (cough particles, vomit, urine, semen) of an infected symptomatic person, contact with the body of someone who has died from Ebola, or exposure to objects (such as needles) that have been contaminated with infected blood or other body fluids and tissues. Once exposed, it generally takes 3-21 days for symptoms to appear. During the incubation time (between exposure and symptoms) the person is not contagious and usually moves freely about the community. It is only once symptoms begin that the virus can be spread to another person. Ebola is unusual in that dead bodies remain infectious and have been a major contributor to spreading the illness.

The health sector will be responsible for advising how to limit the spread of the disease, and reduce the number of deaths. However, the Local Coordinating Committee will be responsible for implementing them. These actions may involve quarantine and isolation, as well as closures of schools, businesses and public transportation. The health sector and the LCC will need to work very closely together to implement and then discontinue the actions as the situation changes.

Ebola kills most of its victims and there is no treatment available. Preventing cases is the best defense.

There is no vaccine or specific treatment for Ebola, and many people who get the disease die. Supportive care will be limited by the nature and quantity of available resources. Oral hydration, IV hydration, oxygen, blood transfusions, antibiotics for any superimposed infections, and nutritional support may or may not be available.

The use of non-pharmaceutical interventions, or NPIs, is the best defense against exposure to the illness.

NPIs include actions that individuals and households can take (e.g. frequent hand washing, disinfection of anything that has come into contact with a sick person, and keeping a distance from sick people) and social distancing policies that communities can enact (e.g. closing schools, restricting public gatherings, quarantining a population) that are specifically geared to limiting the spread of the disease. Non-pharmaceutical interventions are accessible, affordable, and effective. Communities can use these interventions, without additional resources, to protect themselves and promote health.

Five important prevention measures are:

1. Wash your hands frequently

If soap and water are unavailable, alcohol-based hand sanitizers or heavily chlorinated water are good substitutes.

Handling of Dead Bodies

- In an Ebola outbreak, the care and burial of bodies is of utmost importance and must be conducted with great care. Leaders will need to ensure the safety of those charged with this task, and manage resources carefully. They must be sure to prioritize interventions aimed at reducing transmission in order to save lives and to provide care for those in need.
- Ebola is different from many other diseases because **dead bodies are infectious and must be handled with care. Ebola can be transmitted to another person by carrying, washing, dressing, kissing or hugging a dead body. Contact with a dead body can cause infection in that person.**
- Cultural and religious needs should be observed and normal procedures for mourning and burial allowed to the extent possible that provides for the safety of family members and other mourners without directly touching the body.
- Consider the need for local crisis intervention teams or psychosocial support teams and how their use can be adapted to the needs and culture of the community.
- Authorities must be contacted to transport and prepare bodies for burial.

2. **Keep your distance**

Avoid any contact with anyone who has symptoms consistent with Ebola, and take care to disinfect any articles of clothing, bedding, and other items used by an Ebola patient.

3. NEVER touch the body of a person who died from Ebola. This is a frequent cause of infection and proper handling is required to avoid spreading the disease. Local customs may involve washing and dressing the body, or embalming. All of these practices are extremely dangerous and must be avoided. **Only properly trained and equipped persons should recover, transport and bury the bodies.** The body can be respectfully washed by personnel in protective clothing prior to placing the deceased in a body bag. Where local cultural practices dictate that objects belonging to the deceased be buried with the body, then they can be placed into the body bag but never taken out again.

4. **Disinfect as needed**

All items that may have come into contact with bodily fluids of a person with Ebola or a person who has died from Ebola should be regularly and thoroughly disinfected. These items, and the dead body, are capable of infecting others. Follow the direction of local authorities. Chlorine water can be used to wash down an infected person's room using gloves, a mask and cap, and a protective apron. This will prevent any family member from contracting Ebola after a family member has died or otherwise left the house.

3. **Separate the sick**

Isolation of sick people prevents sick people from infecting those who are well. The best way to prevent persons who are infectious from spreading the illness to others is by keeping them isolated. However, they must be supported for their daily needs. The local area can enlist volunteers to help arrange for the delivery of Ebola home care kits, food, non-Ebola medications, and other goods to homes. In some areas, private drug dispensers will distribute community care kits for use in the home or other designated Ebola Treatment Unit.

Isolation:
Keeping sick people away from others to prevent them from infecting others.

4. **Social Distancing and Quarantine**

Social distancing is used at the community level to minimize contact between sick and well persons to prevent the spread of the illness. While individual interventions are always recommended, the use of community level social distancing policies can be very difficult to implement. Because people are not contagious with Ebola unless they develop symptoms, there is no need to quarantine individuals who are not ill. However, as soon as symptoms develop it is imperative to isolate the patient until a determination is made about the cause of the illness. Assume it is Ebola until proven otherwise.

Forced quarantine of an area is an extreme example of a social distancing policy and may be needed to prevent further spread. Closing of markets, businesses, schools and religious services and funerals can result in loss of livelihoods, public fear and unrest, and the stoppage of basic services. This can create many hardships for people, and the **public safety sector** (police, military, or civil defense) may be needed to assist in the enforcement of this intervention.

Social distancing:
Actions that communities can take to decrease the amount of contact among people in order to reduce the likelihood of person-to-person spread of an infectious disease.

It is very important to use these measures when they are needed, but, at the same time, to avoid using them if they are not indicated. **Every day in a severe outbreak will be a balancing act between taking actions to limit spread, and paying the price for having done so.** It is, therefore, recommended that policy makers and those with the authority to make these decisions develop local plans for use of social distancing policies that can adapt to a changing situation.

Module 4: Health Sector Triage

We strongly recommend that local authorities follow the latest available guidance on the care and treatment of cases. The need for triage, and the optimal triage plans, will depend on the local situation. Local Coordinating Committees are advised to consult with the international and national programs and protocols.

Health care triage for Ebola is a series of policy and logistical decisions that provide:

- Protection of health care facilities and health care workers from Ebola
- Allocation of health care personnel and supplies to prevent the greatest number of deaths
- Isolation of the infectious persons from the general population
- Essential health care services for both Ebola and non-Ebola patients
- Flexibility to adapt to readily changing conditions

Triage is needed when the balance of need for resources outweighs their availability. **Triage should only be used as last resort** when health care resources are overwhelmed and unable to respond to all that need immediate care.

The key concept in health care triage is to prevent as many deaths as possible. On the surface, this would appear to require an exclusive focus on the Ebola cases. Too often, however, many deaths that occur in outbreak situations occur from other causes. If the health care facilities and personnel are overwhelmed with Ebola cases, or become unsafe for other care, where will the care for pregnant women, TB, Malaria, HIV/AIDS and other patients come from?

The first step in making decisions about where and how to treat Ebola patients is understanding that epidemics are **dynamic, constantly changing situations**. What works at the start of an outbreak may be very different from how it is managed as it escalates. Therefore, it is imperative that you obtain the most up to date information from your government, responders in the area, NGOs and the International agencies (WHO, CDC, UN). National response plans, policies and protocols should be adhered to, and local customs and beliefs respected, to the fullest extent possible.

Typically, hospitals and other health care facilities are quickly overwhelmed as an outbreak starts, and as they become contaminated from arriving cases, often become unsafe places for care. The decisions around where to care for the Ebola patients, and how to allocate the health care resources available to care for them, as well as the other health care needs of the population, are the most critical initial decisions facing an outbreak area. When outbreaks occur in areas that already have shortages of health care resources and other essential services, the triage decisions become more important, but more difficult.

Step 1: Identify Essential and Non-Essential Health Services

The best way to prevent deaths in an Ebola outbreak is to prevent the spread of the disease (see Module 3), and, to the greatest extent possible, provide essential care and services to all those who need it (see Module 2).

Essential services are not the same thing as basic services. Non-Ebola health care needs, such as attended births, preventing and treating diarrheal disease and pneumonia, clinics that provide ongoing care for malaria, HIV/AIDS and TB patients, and the ability to take care of people with heart attacks, car accidents, etc. cannot be overlooked and should be considered as essential services. However, other services, such as mass-medication campaigns for NTDs may be considered basic services provided to the public, but non-essential in the sense that they could be delayed or interrupted to allow the health care personnel and other resources to assist in the response to the outbreak without contributing to the death rate.

Step 2: Map Resources

Before planning the triage system for your local area, make a complete inventory of all available healthcare resources. As needs and available resources will change dynamically throughout the disaster and into recovery, it is important that there is a process to assess and track the availability of resources on a continuous basis. For areas that experience critical shortages of essential goods and services on a regular basis, triage will already be in place. Resources will need to be further stretched to accommodate response to the outbreak to reduce deaths.

Resource tracking should include:

- Human resources: the people involved in patient care, community education and disease prevention, transport of patients, handling of dead bodies, and logistics and support personnel needed for both health facility, community, and household level care. Consider all skilled and unskilled health care providers (doctors, nurses, technicians, and pharmacists, as well as trained and untrained volunteers).
- Logistics: Medical supplies, such as masks, gloves, oral and intravenous fluids and medication; Non-medical supplies such as gasoline, electricity, communication devices, clerical support, etc.
- Financial resources
- Community resources for additional care sites
- In addition, the plan should include the names and contact information for those who will be responsible for implementing the plan (both from the health sector and the local government)

Step 3: Execute a plan that fits the current situation

Epidemics are rapidly changing events, and as the pattern of disease and recommendations for treatment become clear, the international authorities will be updating recommendations for care.

For example, as the number of Ebola cases grew, it became clear that having Ebola cases treated in existing health care facilities meant that these facilities were no longer safe for other patients and there was no room left to care for others. Sick people stayed away from health facilities that treated Ebola for fear they would contract the disease in the facility. WHO recommends the establishment of **Ebola Treatment Units (ETUs)**, and populations are instructed to go to them for care. There may be too few, or no ETUs in many areas. When an ETU is not available, it is now recommended that Ebola patients are to be cared for at another location outside of a health facility, e.g., a tent, a closed school, or community center. Home-base care for Ebola patients (using a “no-touch care” approach) is a good option for sick patients who don’t have access to or don’t want to go to an ETU. This requires a caretaker (usually family) to stay with the patient and provide care. Communities need to organize a program to provide food, medical supplies, personal protective equipment and other essential goods so that the patient and caregiver can remain in the home. The “no-touch” approach minimizes the chance that the family care giver(s) will contract Ebola, and patients can remain with loved ones within their own home. Local leaders need to assess their situation, and develop a plan that protects and cares for the greatest number of people in their population.

Plan components

The available settings of care will determine how to most effectively allocate health care resources. Persons infected with Ebola must be isolated (at home or in a facility). If not, the general population is at risk of being exposed to them and developing the disease. Ebola kills most of those infected and there is no treatment for the disease, other than supportive treatment such as hydration, nutrition, and fever relief.

The triage plan must include the allocation of available health care workers and essential goods, settings of care, and continuation of non-Ebola essential health care services.

Settings of Care

The plan for where to care for Ebola and non-Ebola patients will vary from area to area and should reflect the current recommendations for care, the phase of the epidemic, and the available resources.

Ebola Treatment Unit (ETU)

Having a dedicated place for Ebola patients is the ideal situation. An ETU keeps the cases isolated from the general population, allows health care resources to be maximally effective, and keeps the health care facilities available for the delivery of essential health care services. The highest level of available care should be allocated to these units, such as IV hydration. **NOTE: In order to free up health care personnel and supplies for Ebola patients, non-essential health care services should be suspended.** Essential health care services are those that are needed to prevent unnecessary deaths in maternal child health, e.g. assisted childbirth, malaria, diarrhea, pneumonia, TB and HIV/AIDS and

other disease specific programs deemed to be life sustaining. Ebola treatment units can be set up in any appropriate location. Schools or other available buildings can be used.

Hospital or other health care facility

Prior to an outbreak, hospitals and health facilities should have a plan in place to accommodate the initial cases of an outbreak. These plans should provide for isolation of the patient from the other patients, prevent contamination of the facility, provide personnel protection and training for the health care workers, and appropriate disinfection and handling of the body in the case of a death. Once it is clear that an outbreak has started, an Ebola Treatment Unit outside the health facility should be established. This will serve the purpose of both providing care for the Ebola patients, and keeping the health facilities open for non-Ebola care. If it is not possible to establish an Ebola Treatment Unit, great care should be taken to separate Ebola and non-Ebola care. Health care workers should be assigned to only one of the areas, and rigorous attention to personal protection and disinfection should be adhered to.

Home Care

Whether or not an Ebola Treatment Unit has been established, in a large outbreak there will not be sufficient capacity to receive all Ebola patients in a facility. In this case, in order to protect the population from the spread of the disease, home care will be needed. Households must be provided with their daily needs. By allowing care to be done in the home, the patient is isolated from the population and spread is limited. The most urgent needs of patients in home care will be oral hydration (taking liquids by mouth), nutrition, and the continuation of medications or other treatments for coexisting illnesses. Family members will be the primary care givers using “no-touch” care, but a trained health worker, such as a nurse or clinical officer, can visit the household periodically to monitor the patient and family, and offer more support and treatments as needed.

Allocate resources effectively

Because the use of triage assumes that health care resources are insufficient or overwhelmed, local areas should identify the essential health services and suspend all others. The health care workers, vehicles, and supplies can then be re-directed to support either Ebola care or non-Ebola care. This allocation will need to be reviewed on a regular basis and adapted to changing conditions.

Provide psychosocial support

The fear of a deadly communicable disease for which there is no treatment can result in extreme reactions, some counterproductive to stopping the outbreak. Local myths and customs may put the population at greater risk of exposure, and there may be a lack of willingness to cooperate with authorities, or outright conflict. This may be heightened once the crisis has passed and there is time to reflect and grieve. Previously trained community health workers (CHWs) and peer counselors (e.g., people living with HIV) can be quickly re-trained to provide the psycho-social support needed to keep affected families integrated into the community and to help them grieve if a death occurs. Pastoral counseling is very important to restore community resiliency and re-integrate affected families.

REMEMBER THESE KEY CONCEPTS

- **Triage will be necessary in a large outbreak**

A large outbreak will overwhelm available resources. Few deaths will be preventable, and not all sick patients will be able to receive needed care. The goal of triage is to save as many lives as possible within the context of insufficient resources. For Ebola, the ability to gain the public's cooperation to limit the spread among the population will be a key ingredient to success. Allocating resources to provide for isolation of cases (whether in a health care facility, ETU or at home) while at the same time continuing essential health care services to non-Ebola patients is the best way to prevent unnecessary deaths.
- **Triage will save lives**

Triage is not about withholding care from patients, it is about providing the best care to the greatest number of people. This means providing the appropriate level of care in the appropriate setting, including supporting home care. The objective of medical care in an Ebola epidemic, when all resources are overwhelmed, is to decrease the number of new cases.
- **Preventing new cases is the priority**

Unfortunately little can be done to save the lives of those infected with Ebola other than supportive care. However, local areas can and must limit the spread of the disease. This involves policies and allocation of resources to optimize the separation of sick people from the general populations. The greatest threat to the population is a person infected and contagious moving freely among non-infected persons.
- **Have a plan**

The best situation for a local area is to prepare the population to take care of themselves before an outbreak occurs. There are many steps in preparing and responding to an outbreak that can help build self-sufficiency. This includes good government planning and preparedness at all levels, household level preparedness, good public information and education, and understanding the essential services and goods that are needed to sustain the population. By making the critical decisions about which services will continue and which will be suspended in advance, the implementation will be faster and more effective. This preparation should include notification to all workers as to whether or not they are providing an essential service that will continue, or will be re-directed to support one as needed.
- **Provide mental health support**

An Ebola outbreak will involve large numbers of deaths, and health care providers, patients, and their loved ones will need a great deal of support. The use of triage involves very difficult decisions for all involved.
- **Minimize preventable deaths from all causes**

In a large outbreak, many people will die. Some of these will be deaths that would occur under any circumstances, but others will be deaths that occur because of the changes in health care access and resources during the outbreak. The focus of triage planning should be to prevent unnecessary deaths—those that would not occur if care were available. The deaths that are preventable will vary from place to place and local leaders need to work within their own context of health care access and resources. In addition to accepting that no one can prevent all deaths, it is important to

recognize what can be done. Through effective triage planning, leaders can make the best use of limited resources

- **Consider legal and ethical implications of triage**

There is a great deal of variability between countries on the legal protection for health care providers and volunteers who implement triage. Local leaders need to review their own legal framework, and involve the central government in any new regulations, policies, protocols, or planning.

Critical to extending health services in the face of scarce resources is allowing less skilled personnel to assist in the response through **task-shifting**. While this is a fundamental need in a disaster, local areas may need to address any laws, policies, and/or protocols to support it.

As with all disaster planning, special attention needs to ensure that the most poor and vulnerable groups, internally displaced persons, and others that may be at increased risk of disease and death are provided for. Public transparency about the need and objectives of triage and public participation in triage planning and implementation will help to ensure an effective response. Finally, triage should only be used when it is needed, and only in proportion to that need.

- **Get ready before the disaster (if possible)**

- Ensure that health care providers are knowledgeable about the need for triage and the objectives of the plan. This should include familiarity with the concepts behind the allocation of resources as it applies to the health care sector.
- Assess resource gaps and address as many as possible ahead of time.
- Train sufficient volunteers to support home care.
- Develop a communications plan for all personnel needed to implement the triage plan.
- Develop a process to assess the balance of care needed versus resource availability on an on-going basis.

Module 5: Recovery And Resilience

Overview

The impact of a large Ebola outbreak on a population can simulate a large disaster, such as an earthquake or flood. Outbreaks and other disasters vary in terms of their immediate and long-term impact. The immediate, direct consequences, such as illness, death, overwhelmed systems, economic losses, and more will depend on the extent of the outbreak, as well as the area's ability to respond and recover from it. Longer term, more indirect consequences can occur, such as drastic inflation, unemployment, food crisis, and a collapse of social networks. The impact of the Ebola outbreaks in West Africa will likely take years to recover from. Decades of hard won gains in development may be wiped out. While local areas are not always able to significantly mitigate the harm from a large outbreak, nor can they always prevent the economic and social setbacks, much can be done to maximize their ability to withstand the shock. Resilience building allows local areas to get life and commerce back to normal quickly. Social cohesion can actually be strengthened as people come to each other's assistance. This, then, can result in a faster and more lasting recovery.

STEPS TO RECOVERY AND RESILIENCE

Outbreak recovery programs should:

- Reduce fear and re-establish a sense of security and confidence
- Reassess vulnerability and strengthen and sustain relief activities
- Get life and commerce back to normal
- Improve on pre-outbreak living conditions and overall well-being by linking relief activities to longer-term work that addresses the underlying causes of food shortages and poverty

After a severe shock, the tendency may be to analyze the situation simply in terms of needs and deficiencies, because both will certainly be immense. Yet a local area must rely on an inventory of remaining assets and capacities if it is to find the power to regenerate itself. Initially, communities should determine what they can do immediately, without external assistance, using all existing skills, resources, and technical experience. Some recovery efforts may require more resources than an area has available. The team must then be prepared to communicate the priorities of the area to national and regional government, international agencies, and other sources of external support, once assistance becomes available.

Stages of Recovery Efforts

Recovery efforts occur in stages. They address the critical middle ground between outbreak response and improving long-term well-being for at-risk populations. Some activities can be undertaken immediately following the crisis and serve to reduce fear and re-establish a sense of calm. Examples are reopening schools and businesses and making sure that short-term income and basic necessities are available.

There are other recovery activities that can take place once a sense of normalcy and security begins to return to the local area. The goal of these efforts is to strengthen the resiliency of households and communities so that they are better able to manage future shocks. These efforts include improving outbreak surveillance and reporting, rebuilding household and community assets, and restoring governance and local institutions that have been disrupted or overwhelmed, particularly health facilities.

Stage 1. Re-establish a Sense of Security

Reduce public fear and support the community's grieving process

The first stage of recovery involves reducing public fear and supporting the grieving process. The psychological impact on survivors may be huge; psychosocial support will be extremely important to restore a sense of calm. Concerns that people have about future outbreaks, about their ability to get life back to normal, or about other worries must be identified, recognized, and dealt with as soon as possible. Local areas should begin activities to reduce fear and reestablish a sense of security as soon as is possible.

Gender, age, and previous medical conditions may influence the impact the event has on family and individual health and should be taken into account by those providing psychosocial support. Women—often the primary caregivers for households—may need additional grief and recovery counseling. Schools will also play an important role in this process by helping children recover from a very frightening experience and move forward.

With local staff from the education and communication sector, and any available resources or direction from national level government, develop a public education and communications plan. Television, radio, and newspapers can help the community recover by sharing accurate information and dispelling rumors. The public should be made aware of normal responses to fear, uncertainty, survivor guilt, trauma, and disasters.

Organize community meetings to discuss the situation and to assure people that life can get back to normal. To aid in the grieving process, memorials and candlelight vigils can be held for those that have passed away. During upcoming cultural events and festivals, the dead can be remembered and celebrated, if this is an acceptable tradition. These outlets and venues should also be used to provide sources of further information and help.

Reopen public places

Once health experts and national authorities have declared that it is safe to do so, schools, community centers, businesses, and markets should be allowed to reopen—even if they are short-staffed or have limited supplies. This will help people feel that things are getting back to normal and help restore confidence in the government to respond effectively. Depending on the severity of the disruption in trade, many smaller businesses may not be able to reopen immediately and may need assistance to recuperate. Options for reviving economic activities and markets are discussed in the next section.

Reintroduce joy

Bringing joy and laughter back to the community can be an important contributor to coping with losses and restoring a sense of normalcy. Consider organizing recreational activities, cultural events, or music festivals in order to bring people together. Give them the opportunity to talk about their experiences and promote supportive relationships.

Stage 2: Linking Relief and Recovery

Once initial fear is reduced and a sense of security and confidence begins to return, the local leaders can concentrate on linking relief efforts to recovery. Well-planned recovery programs address not only the immediate recovery situation but also the underlying causes of hunger and suffering among affected

populations. The goal of these efforts is to strengthen the resiliency of households and communities so that they are more able to manage future shocks.

This next stage of recovery involves three phases. (1) First, identify the people that have suffered the most and will have trouble getting back on their feet. Then, (2) simultaneously make sure that short-term income and basic necessities are available for these people, and (3) link short-term relief efforts to longer-term strategies for building resources and skills that will reduce the impact of future disasters. Local Red Cross societies can be quite valuable at helping with these needs. Depending on how severely the event affected the local area, recovery operations may continue for years.

Phase I: Re-assess vulnerability and determine the coping strategies that people have used

The first step in designing recovery programs is to identify those who have been most affected and those that will have the most trouble getting back on their feet. Target immediate assistance to these groups.

Coping strategies refer to the ways that individuals, households, and communities combine their skills, knowledge, and resources to respond to a shock or disaster. These strategies can be positive or negative and investigating both types is important to understanding whether a situation is worsening, remaining the same, or improving. Awareness of coping strategies can help the local leaders identify which households are in most need of recovery assistance, and it can increase understanding of how those who have managed fairly well have been able to do so. This last important point is often overlooked. By understanding successful coping strategies that have helped people survive, leaders are able to share this information with others that have not fared so well, helping them to be better prepared for future disasters.

The chart below gives examples of coping strategies that people might use in response to a severe Ebola outbreak

Positive	Negative
<p>Planting a small garden with short-cycle crops, which provides vegetables for the household during times that markets are closed.</p> <p>Organizing exchanges among neighbors to increase the variety of foods the household eats.</p> <p>Gathering and preserving fruit found on common property.</p>	<p>Migrating away from home to distance themselves from an infected area, thereby losing jobs or leaving farms or businesses unattended, and spreading the disease. In urban areas where disease rates are likely to be the highest due to large populations, there could be high rates of urban-rural migration as families migrate to live with rural relatives to escape the outbreak, thus exposing rural areas to the disease.</p> <p>Reducing the quantity and quality of food consumed because food has not been available in the community or because it has been unaffordable.</p>

Phase 2: Strengthen and sustain relief activities

The next recovery step will be to help the groups of people that have been most affected to obtain short-term income and basic items such as water, food, shelter, medicines, and clothing. In addition to

the information gathered in the assessments, encourage the community to participate in identifying people that should receive assistance. This establishes an open and participatory process.

Carefully consider what the local area can do with its own resources and capacities to help those in need in the short term. The specific mix of activities should be tailored to the local context and based on the full participation of the municipality. Red Cross/Crescent Societies and religious groups can be very helpful at this stage.

- Set up supplemental feeding centers (community kitchens, soup kitchens) for at-risk populations such as the elderly and children.
- Provide vouchers, stamps, or other alternative currency that can be used to purchase food in local markets. This will also help to stimulate local business.
- Continue to encourage home gardens as a means of improving diet diversity and to provide immediate access to low-cost foods. Supply seeds and technical assistance, if possible.
- Provide health, hygiene, and nutrition education.
- Organize food security recovery programs like food- or cash-for-work. This will free up money for food purchases.
- Provide cash-for-training (i.e. people learn vocational and other life skills to enhance food and livelihood security).

Phase 3: Get life and commerce back to normal

While some of the local staff works to identify and assist those that have suffered the most from the impact of the outbreak, others—with community input—should identify what can be done with local resources and manpower to get life and commerce back to normal. An overarching objective will be to improve on pre-outbreak living conditions and overall well-being. The Local Coordinating Committee will want to link relief activities to longer-term work that addresses the underlying causes of food shortages and poverty. All activities should focus on strengthening the resiliency of households and communities so that they are more able to manage future shocks.

To enhance the speed and appropriateness of recovery activities, make full use of the assets and capacities that already exist in the community. By building on the abilities of local households, the capacities of local associations, the strength of social networks, and the supportive functions of local institutions, the local area can secure and restore income-generating opportunities and access to services that will ultimately build stronger, more sustainable, and less vulnerable communities.

A key objective of these efforts will be to revive economic activities and markets. Following a severe shock, trade can be reestablished through the rehabilitation of small and medium businesses. When there are high mortality rates, skills and business training, as well as other services that support the development of small businesses, will be critically needed. Vocational training programs can also serve to address the impact that mortality rates may have on staffing levels.

With the help of the community, brainstorm a list of all recovery options that might be relevant and effective in the community. The list of sample activities below offers some initial ideas. Some activities, such as reestablishing market linkages, may require external assistance. Separate the list into two groups: recovery options that can be done with local resources and manpower, and recovery options that require external assistance. This will help to identify what can be done right now, as well as help to prepare leaders to communicate the local area's priorities to sources of external support, should assistance become available.

Sample Recovery Activities

- Strengthen or reestablish local markets and supply chains
- Support efforts to reinstate or strengthen cross-border markets and food supply chains
- Strengthen or reestablish transport of goods, medicines, and services
- Offer skills training for immediate (self) employment; match job seekers to employment opportunities
- Facilitate small loans for business activities in all sectors
- Provide business training for new businesses
- Support the formation of cooperatives
- Facilitate start-up grants for vulnerable groups who face difficulties greater than the loss of productive assets (e.g., women who lost their husbands or main income earner)
- Provide access to alternative opportunities for earning income
- Provide education and support for mothers, families, and communities on child health and hygiene
- Strengthen health service delivery systems; ensure equitable access to vaccines and other medications
- Revitalize small-scale agriculture and animal husbandry
- Introduce vocational training and improved agricultural technologies, including low-labor input technologies
- Strengthen natural resource management (e.g., reforestation, water, harvesting)
- Strengthen agricultural extension services
- Advocate for national government solutions that help poor people manage risks
- Support citizen awareness campaigns and communication and media efforts

Checklist for Framework for Ebola Response and Recovery at the Local Level

MODULE 1: THE LOCAL COORDINATING COMMITTEE			
	Task	Yes or No	Who is Responsible?
1.	Establish a Local Coordinating Committee		
2.	Obtain contact information on all members		
3.	Designate a clear leader for the LCC		
4.	Determine the sector leads		
5.	Develop a schedule for regular meetings and a place to meet		

MODULE 2: MAINTENANCE OF ESSENTIAL SERVICES			
	Task	Yes or No	Who is Responsible?
1.	Complete sector resource maps		
2.	Identify sector specific essential services		
3.	Identify sector specific non-essential services		
4.	Integrate resource map into one, comprehensive one		
5.	Prioritize essential services		
6.	Identify which non-essential services to suspend		
7.	Develop a process to use suspended non-essential services to support essential services		
8.	Allocate resources to the prioritized essential services		

MODULE 3: LIMITING THE SPREAD OF DISEASE			
	Task	Yes or No	Who is Responsible?
1.	Inform the public about how to avoid the illness and where to access care		
2.	Isolate Ebola patients from the population		
3.	Identify resources needed to support home isolation		
4.	Train teams to handle dead bodies and disinfection of homes, vehicles, and public places		
5.	Develop a process to enforce community level social distancing measures, if they are needed		
6.	Develop a process to request supplies of PPE, body bags, disinfectants, and other needed goods		

MODULE 4: HEALTH SECTOR TRIAGE			
	Task	Yes or No	Who is Responsible?
1.	Identify key decision makers		
2.	Ensure all healthcare resources have been mapped		
3.	Develop a plan for Ebola settings of care		
4.	Develop a plan for continuation of Non-Ebola essential services		
5.	Develop a plan to support home care if needed		

6.	Develop a plan to allocate resources to support Ebola care on an on-going basis		
7.	Provide psychosocial support as needed to health care workers, families of cases, and the population		

MODULE 5: RECOVERY AND RESILIENCE			
	Task	Yes or No	Who is Responsible?
1.	Conduct public communication campaign to reduce fear		
2.	Continue psychosocial support as needed		
3.	Resume non-essential services (both health and non-health services)		
4.	Plan to provide short-term income opportunities		
5.	Open closed schools and businesses		
6.	Identify and target assistance to the most vulnerable, such as orphans, IDPs, households where income producer has died.		