

International SOS Response to the Ebola Crisis – Operational Considerations and Lessons Learned

How private health providers can play a vital role helping Governments respond to infectious disease outbreaks. Ebola Case Study in West Africa 2014/2015: Operational Considerations and Lessons Learned

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Topic: Operational Health Support & Aero Medical Evacuation

Introductions

The Ebola outbreak spread throughout West Africa in early 2014 disrupting healthcare systems and business continuity on a global scale. Within the affected countries, the local healthcare infrastructure rapidly collapsed requiring significant support from external governments, militaries and civilian healthcare organizations. Normal business operations ceased and many local and foreign joint ventures went bankrupt or halted operations. Over the initial weeks to months, there was a voracious demand for real time updates, disease information and educational materials. In addition to supporting the local population, the influx of expatriate workers and healthcare professionals created the need for a parallel medical infrastructure and strategic medevac capabilities to sustain the aid operations.

Discussion

Working closely with the United Nations (UN), World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC), International SOS helped organisations minimise disruption and complemented affected health infrastructure with Emergency Ebola Response Plan for in-country support and out-of-country medical evacuation services. At the time of the outbreak, International SOS had over 300 personnel operating in affected countries and rapidly mobilized a team of medical experts to respond to the requests from over 1200 Government, military and private sector clients. Over the course of the outbreak, International SOS managed a large number of cases ranging from Ebola Preparedness and Infection Control Training to Mass Evacuations and Staffing of Short Term Isolation Units. This experience has provided significant insight into the logistical, clinical and operational considerations required during a viral hemorrhagic fever outbreak in the following areas:

- Ebola Education and Training
 - Development of Ebola education materials in over 25 languages
 - Creation of a dedicated Ebola website and Ebola Education App for mobile devices
 - Ebola-specific public health consulting and Personal Protective Equipment (PPE) training
- Medical Staffing and Response
 - Set up of training centers for Ebola prevention
 - Airport and workplace thermal scanning programs
 - Fever Clinics and Short Term isolation Units in Ebola Affected Countries
 - PPE and Medical supply services
- Medical Evacuation from Ebola affected countries
 - Mass evacuation (relocation) of personnel with no known exposure
 - Medical evacuation of patients with non-Ebola illness
 - Medical evacuation of Ebola-exposed but asymptomatic individuals
 - Medical evacuation of patients with active Ebola illness

Conclusion

The current Ebola outbreak is the first viral hemorrhagic fever epidemic to spread across international borders and have a protracted global impact. The rapid response by the global health community stabilized a deteriorating situation and mitigated the spread of the disease. The dissemination of accurate information and effective lines of communication were critical in educating the population and changing behaviour. Healthcare workers required focused infection control training and the implantation of Ebola specific protocols to re-establish confidence and reinstitute healthcare operations. The impact on transportation and logistics made international medical evacuation more complex for Ebola exposed personnel as well as patients with non-Ebola illness. Organizations at all levels of the response had to establish robust Business Continuity Plans, implement and adapt travel policies and reinforce health and safety policies, standards, and procedures.