

2021 Ebola Epidemic Response: Time Saved Equals Lives Saved

Context

While COVID-19 has monopolized news headlines around the world since early 2020, Guinea has also been battling concurrent epidemics within its borders, such as the reemergence of Ebola, putting even more strain on an already overburdened and weak health care system.

The Johns Hopkins Center for Communication Programs (CCP), through the Health Communication Capacity Collaborative (HC3) and Breakthrough ACTION, has been active in Guinea since 2014, providing innovative social behavior change support to the government of Guinea (GoG), specifically the Ministry of Health (MOH), the One Health Platform (OHP), and the ANSS (National Agency of Health Security) to strengthen Guinea's capacity to prepare for and respond to zoonotic diseases, since 2018 through the Global Health Security Agenda (GHSA).

Challenge

On February 14, 2021, Guinea reported a cluster of Ebola cases to the WHO after being Ebola-free for more than four years. Although Ebola is not as contagious as COVID-19, it is far deadlier. It was clear that a rapid response was needed to stop the spread and mitigate the effects of the Ebola crisis. The GoG acted swiftly and deployed a team to the epicenter of this new Ebola outbreak - the region of N'zérékoré in the Forest Region – the same region where the 2014 outbreak began.

Given USAID's Breakthrough ACTION project's collaborative role with the National Health Security Agency (ANSS) in epidemic preparedness and risk communications, including the creation of the COVID-19 Communication Committee, the ANSS requested that Breakthrough ACTION play a lead role in the communication campaign response to the Ebola outbreak. Leveraging Breakthrough ACTION's work with improving systems for risk communication, strengthening internal and external partner coordination, and expanding public communication and engagement with communities, Breakthrough ACTION was poised for an immediate response.



Actions Taken

Solid Risk Communication Systems, Coordination, and Communication

Having a coordinated group of actors ready to respond to an unexpected health urgency is critical. Synchronized risk communication systems, coordination, and implementation provide a solid foundation for swift action. As such, Breakthrough ACTION collaborated with the ANSS and the OHP to carry out several activities to answer the following questions:

- **Who** are the relevant stakeholders at the national, state, prefectural, and community levels?
- **Where** must stakeholders collaborate for optimal outcomes at each stage of the response work?
- **What** is the responsibility of each stakeholder responsible?
- **How** can they work together?
- **When** should each stakeholder be involved at any point of the crisis response?

Prior to the Ebola Epidemic of 2021, Breakthrough ACTION carried out a clear and comprehensive visual landscape of key GHSA actors that included geographical locations, domains of interventions, relationships, and interdependence of stakeholders. This “NetMap Report” provides insight into who influences GHSA decisions in Guinea, what the mechanisms for information management/dissemination, the weight that each actor holds, and geographically, who intervenes where and in what field. From this information, a Risk Communication and Community Engagement (RCCE) Technical Working Group (TWG) was established under the leadership of the ANSS with technical support from Breakthrough ACTION. Since 2018, Breakthrough ACTION Guinea has partnered with the ANSS and OHP in the implementation of multiple sensitization campaigns for anthrax, measles, and rabies in addition to response campaigns for COVID-19 and Lassa Fever.

Breakthrough ACTION has organized three annual workshops for all One Health partners wherein the Integrated Operational Action Plan (IOAP) for health emergency activities is developed or reevaluated and updated to serve as a harmonized workplan for all RCCE actors. This action plan, along with an M&E plan, gets validated by the platform and distributed to all actors. These 3–4-day workshops not only create a new IOAP for the upcoming year, but they also discuss problems, gaps and shortcomings encountered, propose solutions/lessons learned/success to maximize coordination amongst partners.

In an emergency and time sensitive situation such as the Ebola epidemic, it is essential to avoid duplicating efforts. Because of the previous collaborative work between the OHP, the ANSS and Breakthrough ACTION, and in line with the existing foundation of the IOAP, the RCCE actors in Guinea were ready to respond quickly to the Ebola epidemic.

Capitalize on existing tools, resources, and structures

When a health outbreak strikes, there is no time to build relationships and capacity from scratch. Teams must look back on relevant work and determine: Is there an existing network of people that can be tapped into to reach affected communities? Is there an existing supply chain that can be leveraged to distribute supplies? Which communication channels are best positioned to quickly disseminate

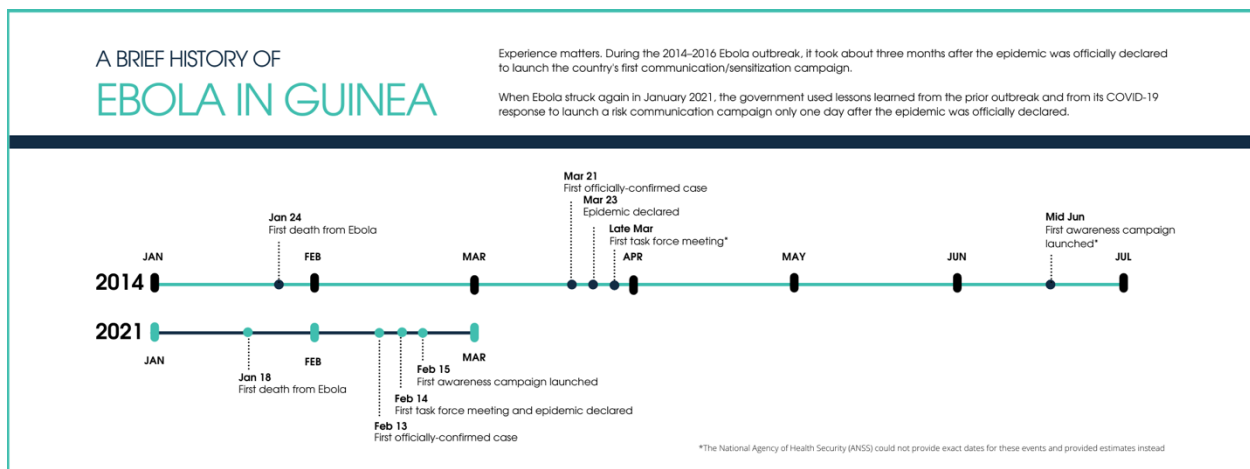
information? What messages have been used in past (or similar) situations? Are the messages relevant, and, if not, how can we quickly adapt them?

Thanks to the strategic documents put in place prior to the Ebola Epidemic of 2021, the government and strategic partners were more efficient and effective in their response. In addition to those previously mentioned, Breakthrough ACTION Guinea worked with the communication focal point of the ANSS to finalize a Standard Operating Procedures (SOP) Manual for RCCE which establishes clear objectives, communication flow charts, SOPs, and ways of working between units, agencies/organizations, for risk communication and community engagement. It also identifies the people or units responsible for risk communication within each relevant ministry and sector with clear and defined terms of reference to work together during a public health emergency.

The SOP Manual and a Harmonized Message Guide for PZD in Guinea were disseminated at the national, regional, and prefectural levels through orientation events. These two documents allow for synergy among actors at every level as well as clear and consistent messaging and modes of communication. The ANSS and Breakthrough ACTION rapidly compiled an inventory of existing Ebola-related materials and SBC resources that included messaging and materials. Audio scripts from the recent Ebola epidemic in DRC and the CDC website were adapted to the Guinean context and repurposed allowing for an almost immediate launch of the Ebola response communication campaign.

Swift Action at the Onset of the Epidemic

Within 24 hours, Breakthrough ACTION was involved in the epidemic response, playing a major role in coordination related to all communication efforts. In just three months, Breakthrough ACTION, alongside government and local partners, launched a mass media campaign with audio and video spots in local languages and interactive radio shows providing listeners with an opportunity to call in and ask questions. Additionally, the project trained journalists and community health workers to provide essential prevention and treatment awareness in their communities. Breakthrough ACTION's work with respected community leaders was especially important as it contributed to increased community acceptance of preventative behaviors such as vaccinations and safe burials. (See the infographic below for outcomes of these and other activities.)



Impact

Lessons learned from the COVID-19 and recent Ebola outbreak will continue to inform Guinea's GHSA and One Health preparedness work to improve planning, coordination, and interventions for risk communication. As part of the Ebola response campaign, Breakthrough ACTION in collaboration with the GoG reached more than three million people each month (on average) via mass media with content related to Ebola in each month of the campaign (Feb-July).

The team produced eight unique radio spots that were translated from French into eight local languages (Soussou, Manlike, Guerzé, Kissi, Mamo, Toma, Konja, and Poular) as well as four video spots translated into five local languages (Soussou, Manlike, Guerzé, Kissi, and Poular). These radio spots were broadcast on three private radio stations (Espace N'zérékoré, Djoma N'zérékoré, Liberté N'zérékoré) and 12 rural radio stations (Radio Mano River of Lola, Rural radio stations of N'zérékoré, Kissidougou, Guéckédou, Lola, Macenta, Beyla, Yomou, Mamou, Faranah, Forécariah, and Gouécké). The TV spots were broadcast on nationally on RTG, Djoma, and Espace television stations.

Using the approved radio spots, the team also utilized interactive voice response (IVR) push messaging as another channel of communication. Two messages focusing on signs, symptoms, and prevention were sent to 297,593 unique numbers.

Breakthrough ACTION also developed and adapted multiple visuals and posted 33 posts on its Facebook page discussing signs and symptoms of Ebola as well as preventative measures and promotion of the vaccine. The social media posts were accessed by thousands. One single post reached 104,600



people. Additionally, Breakthrough ACTION posted two project visuals on 10 billboards in the affected zones (three in N'zérékoré and one in Kissidougou, Guéckédou, Macenta, Beyla, Lola, and Mamou).

At the community level, 155 media and public health professionals, 192 community actors, as well as 135 Community Health Workers (CHWs) were trained to conduct outreach in their communities for on Ebola the prevention and mitigation of epidemics. An informational pamphlet was created by Breakthrough ACTION and disseminated to CHWs across five prefectures in the region of N'zérékoré (Beyla, Macenta, Lola, Yomou, and N'zérékoré), who used it as a job aid and as an awareness resource. The pamphlet reached 240,806 people through several community awareness events.

Between the rapid response from the GoG and the quick launch of the Ebola risk communication and community engagement (RCCE) campaign, Guinea reported its last case of Ebola on April 3rd and on June 19th, the outbreak was officially declared over with only 16 confirmed cases and 12 deaths (75% mortality rate). The country went through a 90-day surveillance period and no resurgence of EVD was reported.

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