Responding to a Global Public Health Emergency

Sigma Theta Tau
Institute for Global Healthcare
Leadership
September 8, 2016

RADM Sylvia Trent-Adams, RN, PhD, FAAN
Deputy US Surgeon General
United States Public Health Service
Department of Health and Human Services

Disclosure Statement

I have <u>no</u> financial disclosures that would be a potential conflict of interest with this presentation.

Objectives

- Examine how the global community can better prepare for, and respond to, international health emergencies such as Ebola
- Discuss the benefits of information sharing among nations to strengthen healthcare system preparedness and identify operational gaps
- Identify the roles health care teams play in global response and preparedness

International Response: The Role of the WHO

Guiding Principles for International Outbreak Alert and Response

- Provide direction on how to prepare for field activity, to activate international support, to coordinate response in the field, to evaluate and follow up on outbreaks of international importance.
- WHO ensures outbreaks of potential international importance are rapidly verified and information is quickly shared within the Network.
- There is a rapid response coordinated by the Operational Support Team to request assistance for affected state(s).

The Case of the Ebola Outbreak

- Ebola was rapidly spreading in West African countries
- Fragile health care system/infrastructure
- Inability to contain the spread of disease
- Poor economic conditions
- Porous borders between West African Countries
- Short supply of personal protective equipment (PPE)
- Inadequate disease surveillance system
- Shortage of health care workers

Questions Raised During the Ebola Response

- What happened?
- Why did it take so long for a response?
- Who will do what in the response?
- Who is responsible for helping West Africa?
- How will the US help?
- What will the rest of the world do to help?
- Why is the virus spreading so fast?
- Why are so many people dying from this virus?

August 2014

On August 8, 2014, WHO declared the Ebola epidemic a Public Health Emergency of International Concern (PHEIC)

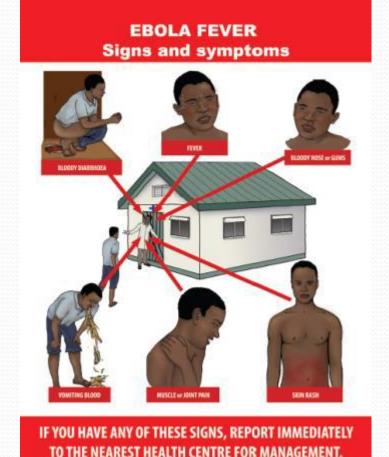
- *Need for a coordinated international response
- *WHO Ebola Response Roadmap published 8/28/14





Epidemic Challenges Lack of Acceptance that Ebola is Real

- Fear and superstition
- Stigma
- Distrust of outsiders
- Rumors that foreigners brought Ebola to make money
- Rumors that ETUs were harvesting organs or blood



Epidemic Challenges Active Community Resistance



Vehicle of contact tracing worker stopped in Gueckedou District, Guinea *Photo credit: Meredith Dixon*

Epidemic Challenges Healthcare System

Overburdened public health and healthcare system

- Not enough healthcare workers
- Unpaid healthcare workers
- Insufficient numbers of treatment centers/beds
- Insufficient training in infection prevention and control
- Insufficient quantities of PPE
- Insufficient medical supplies



Epidemic Challenges Burial Customs

• Funerals with ritual washing of corpses, touching of bodies without barrier protection (e.g., gloves)

• Acceptance of safe burial practices (e.g., using full personal protective equipment) culturally difficult



Mission Specificity

The USPHS Commissioned Corps: the only U.S. government asset in West Africa that provided direct patient care.











Priorities in a Global Response Such as Ebola

- Communication with partners and host country
- Facilitate diplomatic relationships in country
- Contain and control the epidemic data sharing
- Set priorities for clinical services
- Security physical and environmental
- Resource management supplies and sustainment
- Coordination with stakeholders
- Provide high quality care for healthcare workers and responders

Benefits of Open Communication in the Response

- Opportunity to have a dialogue about values and beliefs
- Transparency with partners involved in providing care
- Opportunity to understand the cultural differences between providers and host country
- Avoided conflict between MoH and partners
- Improved trust and respect between host country and responders
- Allowed opportunities to build relationships built on mutual benefit and concern for those we serve

Role of the Health Care Team in a Global Response

- Providing direct care
- Communicating with community leaders
- Development of clinical guidelines and best practices
- Community engagement
- Stakeholder coordination
- Education
- Contact tracing
- Epidemiologic reports and surveillance
- Negotiating resources

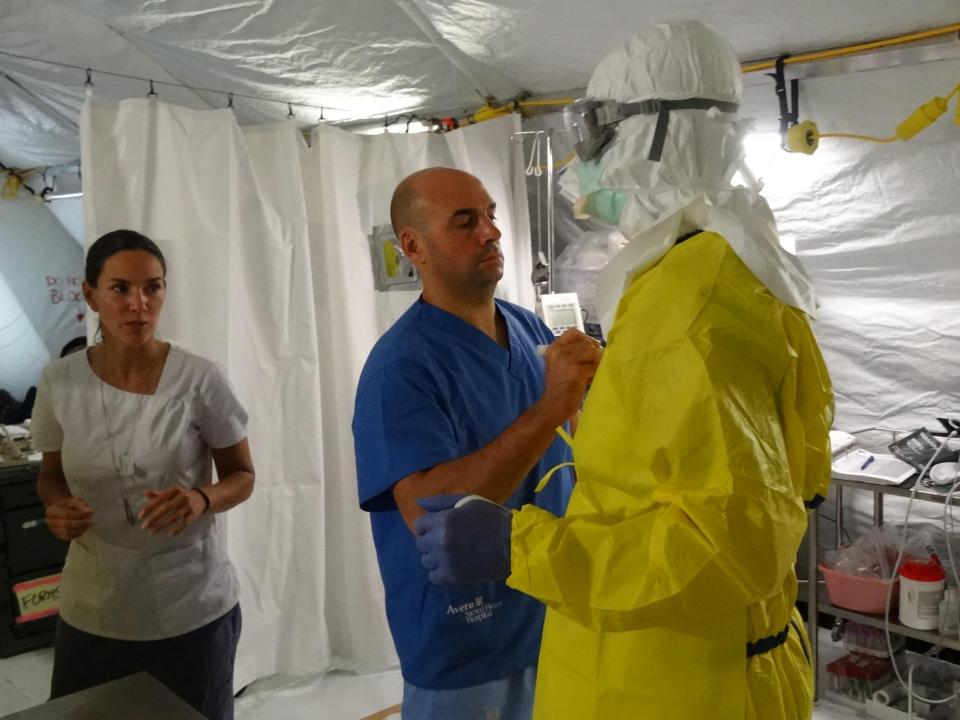
International Response Competencies

- Cultural awareness/Cultural competency
- Diplomacy
- Communication
- Coordination/Triage/Case Management
- Clinical knowledge, skills, and abilities
- Administrative oversight
- Fiscal management
- Policy/Regulatory knowledge
- Resilience

MMU Mission:

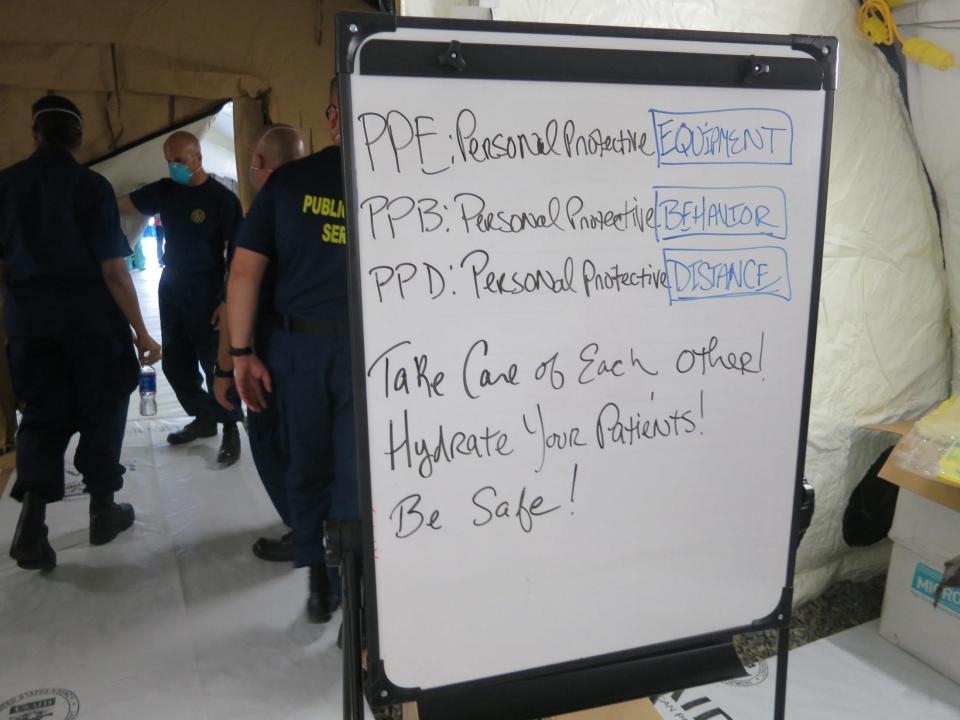
Providing hope through care to healthcare workers in Liberia who may have the Ebola Virus Disease and continuing efforts with the Liberian government and international partners to build capacity for additional care.















Lessons Learned

- We can improve international responses with better training, awareness, and communication as issues emerge
- Ebola can be treated safely
- Communication is critical in times of crises
- We live in a global community where everyone is connected
- A global response can be successful with planning, coordination, collaboration, and strong partnerships
- Public health is a national security priority

Lessons Learned (cont)

- Fragile healthcare systems can be devastated when faced with a disease outbreak
- Disaster management be prepared for anything
- Comprehensive approach interprofessional team
- It takes a village the Global community
- Nurses possess the skills to be leaders in preparedness and response both domestically and internationally





Contact Information

RADM Sylvia Trent-Adams, PhD, RN, FAAN
Deputy Surgeon General
Office of the Surgeon General
Department of Health and Human Services

Phone: 202-401-4660

Email: sylvia.trent-adams@hhs.gov