US$1.2 million is urgently needed for WHO, UNICEF and other health sector partners to sustain scaled-up response operations for the cholera outbreak, to ensure that families and communities have access to lifesaving treatment and care, to prevent new cholera cases and to prevent the further spread of the outbreak.

Summary

Sierra Leone declared an outbreak of cholera in February 2012 which affected Port Loko, Kambia, and Pujehun districts. However, the infection later spread to the Western Area, where Freetown is located. Since mid-July, the number of cases has greatly increased (from less than 10 per day to over 250 per day in August) and the epidemic has rapidly spread to eight further districts: Bo, Bombali, Tonkolili Moyamba, Bonthe, Kenema, Konandugo and Kono, bringing the number of affected districts to twelve (population 5.6 million) out of the thirteen districts in the country. As of 10 September a total of 17 319 cases with 259 deaths have been reported with a case fatality rate of 1.5%.

This is a major crisis for a country recovering from several years of conflict with a fragile health system. The President of Sierra Leone has declared the outbreak a humanitarian and public health emergency, as virtually the entire country is now affected. A National Scale-Up Response Plan has been developed to bring the outbreak under control.

UN and partner agencies have scaled-up their response to the outbreak. However, there is a gap of US$ 1.2 million for the health sector to sustain the implementation of key cholera response interventions including, intersectoral coordination, strengthening the epidemiological surveillance and alert system, adequate case management, and support for social mobilization, integrated water and sanitation interventions and supply provision (mainly through the UNICEF logistic platform).

The Sierra Leonean health sector is severely underfunded and needs significant support in its efforts to combat this major cholera epidemic.

Current health situation

As of 10 September 2012, the national cumulative total from the twelve districts was 17 319 cases including 259 deaths with a case fatality rate (CFR) of 1.5% - above the WHO expected rate of 1%. The Western Area, where the capital Freetown is located, has reported 8859 cases, about 51% of all cholera cases reported nation-wide.

Urgent Health Sector Needs

There are a number of challenges and weaknesses in the coordination and implementation of the response that must be rapidly addressed to reduce transmission and stop the spread of the epidemic.

The National Scale-Up Response Plan aims at:
Improving epidemiological surveillance, reporting, and early warning systems for earlier detection and response

Rapid detection of new cases is critical to cholera control. It helps prioritize both interventions and the deployment of equipment and technical support to stop further spread of the disease. It identifies “hot spots” around which interventions are targeted to prevent disease spread into surrounding communities. This requires a functioning reporting system.

Currently, under-reporting from public health units (PHUs) in Sierra Leone (64% on average) is inhibiting early detection of suspected cholera cases. There is no system for reporting suspected cases and deaths occurring in the communities.

The National Scale-Up Response Plan will:
- Provide district health facilities with basic communication and information technology equipment to rapidly improve the quality and timeliness of reporting, strengthen epidemiologic monitoring of the disease and target planning and preventive interventions.
- Strengthen community surveillance for the early detection and reporting of suspected cases and deaths and to support the prompt implementation of control measures.

Improving cholera treatment capacities and facilities

Inadequate or non-existent treatment facilities in national and district hospitals severely hampers the control of a cholera epidemic. Accessible, functioning and safe cholera treatment centres are critical to provide life-saving treatment and care to patients. Health care staff also need to be protected both so that they remain healthy and able to care for patients and to prevent infection being spread within the health care facility.

Many factors are contributing to the unacceptably high CFR of more than 1%. People are seeking health care late; staff do not have appropriate equipment, knowledge or policies on how to prevent infection within treatment centres; laboratories do not have the technical capacity or adequate supplies and equipment for analysis.

Not all health workers in Sierra Leone have been trained on cholera case management and low morale is common among staff currently managing cholera treatment units (CTUs). CTUs are typically a space set aside within an existing health infrastructure for isolation and treatment. District level capacity to manage cases needs to be strengthened in order to reduce CFRs.

The National Scale-Up Response Plan will:
- Strengthen community outreach to encourage early treatment seeking
- Provide standard personal protective equipment for health care workers
- Reduce case fatalities by providing training for health care workers on cholera case management and infection prevention and control
- Strengthen capacity for laboratory confirmation of cholera cases in newly affected districts and provide laboratory reagents, transport and materials.

Cholera treatment centres (CTC) are independent structures built specifically for cholera control. There is a need to improve case management facilities, including CTCs and community-based oral rehydration points for easy access by infected persons. Additional medical supplies and equipment are also required.

Strengthening coordination and improve effective use of resources

As a nation-wide public health and humanitarian emergency, the cholera outbreak requires further strengthening of inter-sectoral and interdisciplinary response.

With WHO support, the Ministry of Health has activated a Cholera Command and Control Centre (C4) mechanism at the central level. The C4 is facilitating the scaling up of on-going interventions in response to the cholera outbreak.

There is an urgent need to continue strengthening coordination through this mechanism. In addition, the C4 activities must be complemented by strengthened Emergency Management Committees and Rapid Response Teams (RRTs) at national and district level. A strong C4 will also provide information for decision-making.

The National Scale-Up Response Plan will:
- Maintain the C4 mechanism at the central level for effective inter-sectoral coordination
- Establish multi-sectoral emergency management committees at district level

Health priorities

The health priorities for the coming three months:
- Strengthen the Sierra Leonian Ministry of Health’s capacity to coordinate, monitor, and
implement outbreak response activities at the central and district level.

- **Support the District Health Management Team in establishing Multisectoral Emergency Committees at district level** to strengthen risk assessment, case investigation and response activities at the district level through strong technical guidance from the C4.

- **Improve cholera surveillance, especially daily data collection and notification** to increase the PHU reporting rate from 64% to 80%, and set up an alert system involving all stakeholders, especially community-based organizations.

- **Strengthen uptake of risk reduction measures at the community level and promote early reporting and treatment seeking** of diarrhoeal and vomiting disease cases.

- **Strengthen treatment of cases by supporting set up and running of CTCs/CTUs in affected districts in close collaboration with partners, including capacity building and logistic support.**

- **Conduct training of health workers** on cholera surveillance, laboratory, case investigation and case management.

- **Scale up public awareness on cholera** to enhance early care seeking behaviour.

- **Scale up water and sanitation interventions** guided by the information obtained from epidemiological surveillance and alert systems.

- **Improve laboratory and health facility capacity to collect, transport and analyse stool specimens.**

### WHO’s response

WHO’s response to cholera in Sierra Leone has been on-going since early 2012, using and repurposing resources from the WHO Country Office. Additional staff from all levels of WHO (Country Office, Inter-Country Support Team, Regional Office for Africa and HQ) have been repurposed and deployed. Technical partners in the Global Outbreak Alert and Response Network (GOARN) have also provided expertise to support the response.

Outbreak response management and sectoral coordination staff, epidemiologists, data managers, logisticians, case management, infection control, and laboratory experts, together with social mobilization and communication experts are being deployed to strengthen the following key response activities:

- Strengthening epidemiological surveillance to identify “hotspots” and target interventions;
- Setting up C4 to enhance coordination of response activities;
- Providing logistics and technical support to set up CTUs and CTCs;
- Procuring and distributed medicines and supplies for cholera treatment, sample collection and laboratory testing;
- Providing technical support for health education messaging, surveillance, treatment of cases, infection control within treatment centres, sample collection and laboratory confirmation, and logistics.

To sustain key cholera control interventions will require the support of additional staff and operational funds for field activities, training and procurement.

### WHO and UNICEF* funding needs for health operations

A total of US$ 1 223 444 is needed for:

- Scaling up surveillance activities: US$ 345 065
- Scaling up case investigation and case management: US$ 648 259
- Strengthening coordination at central and district level: US$ 230 120

### Donors

WHO and UNICEF cholera response operations in Sierra Leone have been supported by the UN Central Emergency Response Fund (CERF).

* UNICEF funding needs to sustain scaled up WASH interventions are estimated at US$ 2 570 000.