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Sustaining essential maternal, newborn, and child health (mnch) services during the ebola outbreak: Evidence from Liberia

Background: Despite a substantial reduction in child mortality over the last decade, 5.9 million children under the age of five died in 2015; 16, 000 every day 1. Early detection and timely treatment of pneumonia, diarrhea, and malaria can save lives, but the timely access to effective treatment continues to be a challenge in resource poor settings. To broaden access to life-saving treatment for children for the leading causes of child mortality, integrated community case management (iCCM) has been promoted by global agencies and adopted by the ministry of health in many countries, including Liberia. In a Red Cross project in Liberia before the outbreak, community health workers (CHWs) were trained in iCCM. These CHWs improved access to essential primary health care services, where the health system lacked capacity to adequately deliver them. During the Ebola outbreak in Liberia, the limited health system experienced further disruption. The objective of this study was to examine the value of a trained community health workforce in ensuring continued service delivery at the community level during the Ebola outbreak.

Methods: A descriptive observational study design was used, integrating mixed methods to collect data from CHWs (structured survey, n = 60; focus group discussions, n = 16), government health facility workers, and project staff. Monthly data on child diarrhea and pneumonia treatment was collected from Outpatient Department or Child Health Registers from government health facilities in the project catchment areas for the period of January 2013 to February 2015, and monitoring data from CHW registers (n=92). This data was used to assess trends in the delivery of iCCM by CHWs before, during, and after the outbreak.

Results: Throughout the project areas, CHWs continued to treat child diarrhea and pneumonia before, during, and after the Ebola outbreak, with a slight decrease from September to October 2014 at the height of the outbreak. CHWs and project staff outlined the government circulated a "No Touch iCCM" policy during the outbreak. Training on this policy, CHWs reported, provided them with guidance and confidence to assess and treat sick children. During the outbreak, the primary activity of CHWs was to communicate Ebola awareness and prevention messages: 78% of CHWs surveyed conducted house-to-house visits and 50% used community meetings to disseminate messages. In a climate of distrust, where health workers were reluctant to treat patients, and the sick afraid to visit facilities, these findings affirm CHWs as a trusted source of treatment for childhood illnesses.

Discussion: Community-based health service delivery by CHWs during the Ebola outbreak in Liberia helped buffer the negative impact of the crisis. Investing in community health systems by providing training, essential medicines and equipment to community-based health workers can help build community resilience. Locally trained and available health workers understand cultural and social complexities, and are trusted by the community. During the Ebola crisis, this trust resulted in the ability of CHWs to quickly disseminate Ebola prevention messages, and provide continued access to basic health services to some extent.

Conclusions: Investments in community-based health service delivery contributed to continued access to lifesaving treatment for child pneumonia and diarrhea during the Ebola outbreak; making communities more resilient when facility-based health services were impacted by the crisis. To maximize the effectiveness of these interventions during a crisis, proactive training of CHWs in infection prevention and "No Touch iCCM" guidelines, strengthening drug supply chain management, and finding alternative ways to provide supportive supervision when movements are restricted are recommended

Speaker Biography

Dr. Salim Sohani has a medical degree from the University of Karachi and Masters in Public Health from Harvard School of Public Health. He has over 25 years' experience working in Africa, Asia and the Americas with a major focus on health systems strengthening. His specific area of interest has been reproductive, maternal, newborn, child and adolescent health (RMNCAH) throughout the continuum of emergency response to recovery and development. In his capacity as Director of the Global Health Unit, he is currently leading a multidisciplinary team of health experts who are responsible for providing technical advice and support to all Canadian Red Cross health programming, initiatives which are being implemented in diverse and challenging contexts. The team provides the technical leadership in developing, maintaining and disseminating the operational frameworks for the CRC's global health programming. In addition, the team leads the CRC's health policy dialogue with the International Red Cross and Red Crescent Movement, and engages on key health policy initiatives with the Government of Canada and global health institutions. Under his leadership the GHU team is also providing technical support to CRC programs through evidence-based monitoring and evaluation and in using the findings to strengthen programs through quality assurance. Salim has worked with and / or provided consultancy support to organizations such as the Canadian Coalition for Global Health Research, Aga Khan Health Services in East Africa, the Asian Development Bank, World Bank, Agri team and the Aga Khan University, and has authored and co-authored several publications, among them publications with a focus on equity based interventions for mothers and children.

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