
[Ebola Preparedness - Assessment in Sri Lanka]

[In January 2015 South East Asia Regional Office (SEARO) requested an assessment of the preparedness and readiness for Ebola Virus Disease.

It would help to identify gaps and ways to develop country's operational readiness to respond to Ebola virus disease (EVD). SEARO recognized that due to low risk of EVD spread of South East Asia, member countries were incapable to respond to an Ebola outbreak in their full capability- particularly when resources are limited.

The assessment was carried out using WHO Ebola preparedness check list in December 2014..]

Mission

The goal of the mission was to ensure that the country is as operationally ready as possible to effectively and safely detect, investigate and report potential EVD cases and to mount an effective response that will prevent a larger outbreak.

Specific objectives

- Conduct assessment for readiness and preparedness for Ebola Virus Disease response
- Assist member states to identify vulnerabilities, opportunities and needs to meet EVD response requirements.

Joint assessment team

The assessment was performed by a joint assessment team consist of

1. Ministry of health
2. WHO country office
3. SEARO/ WHO office

Assessment Methods

The assessment consists of guided discussion between joint assessment team and the senior technical leaders of the national health authority and field visits.

The checklist contain nine major assessment components (AC)

1. Ebola emergency planning
2. Risk assessment
3. Leadership and co-ordination
4. Surveillance- alert and early warning
5. Laboratory diagnosis
6. Rapid investigation and containment
7. Infection control and clinical management
8. Different aspects of communication
9. Points of entry

Findings

The overall findings indicated that evidence of operational readiness and currently functional activities as "Substantial" in Sri Lanka

-The Joint Assessment Team (JAT) believes that overall, Sri Lanka is significantly prepared with respect to the following preparedness tasks:

- Good leadership and multi-ministerial and multisectoral/multidisciplinary coordination mechanism
 - High level commitment to IHR where funds release mechanism has been eased to cover both outbreak response and preparedness
 - Close intersectoral and multisectoral coordination led by the Epidemiology Unit of the Ministry of Health, Nutrition and Indigenous Medicine (MOH)
 - Surveillance is web-based with good internet connectivity; notifiable diseases with immediate reporting covering all districts
 - Event-based surveillance appears effective in reporting unusual events in all parts of the country
 - Regular surveillance feedback through weekly and quarterly bulletins
 - Effective capacity for social mobilization
 - Good dissemination capacity of information or instruction via internet
- The reference hospital for infectious diseases has strong leadership and commitment to infection prevention and control (IPC) with standard mechanism in place including functional IPC committee, IPC training program for all level of hospital staff, surveillance of healthcare associated infection and antimicrobial resistance

