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Effectiveness of non-conventional humanitarian responses on Ebola outbreak crisis in West Africa

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Background: The significance of early warning alert, preparedness, public health surveillance and response systems, has been shown through the most deadly Ebola outbreak, complex ever seen Ebola war in West African communities as new cases is increasing exponentially with high risk of exposure of population and medical staff alike. The late humanitarian and local non-government organisations emergency responses and challenges to curtail transmission dynamics and stop the ongoing spread in the Ebola outbreak in West Africa have led to an unprecedented toll of 21,724 reported Ebola cases in eight countries since the outbreak began, with 8,641 reported deaths including 828 health-care workers and 499 died as 14 January 2015.

Methods: Non-conventional humanitarian interventions (NCHI) was declared in West Africa Ebola epicenters with major tasks at implementing relief logistics and the much-needed public health emergency responses and programmes to ultimately reduce and stamp out Ebola outbreak amidst the most remote and hard to reach vulnerable populations.

Results & Discussions: Indications have prompted the need of further evaluation of monitoring of the effectiveness of non-conventional humanitarian interventions during and post Ebola outbreak crisis. This paper showed that NCHI has significantly support the reduction EVD new proportion of cases and drastically reduce case fatality in the context of Ebola epicenters through Ebola health centres building, mobile laboratory facilities, emergency medical evacuation capability, prompt treatment and care support and services delivery, and infection prevention and control quality assurance checks in these countries. At the same time, exhaustive NCHI efforts targeted ensuring timely and sufficient optimal supply personal protective equipment (PPE), building new Ebola emergency care centers and emergency stockpile supply and delivery and set strategic coordinated priorities to all Ebola treatment facilities, along with the provision of local training and empowerment using relevant guidelines to limit to the minimum possible level of risk and aftermath within the context of national sovereignty, peace and security. The paper highlights the effectiveness of NCHI in population in public health crisis and mitigates on medical, ethics and legal challenges in West Africa emergency responses.

Conclusion: NCHI has successful supported operational containment efforts and lessons learnt in West Africa and lay foundation for accountable, transparent and innovative model for emergency response to global disease outbreaks in the most remote vulnerable populations. However, there lies a critical need to build up from the NCHI response and management in West Africa toward a more pragmatic and robust evidence based NCHI approaches and models that can transform and empower the huge natural and human resource potentials towards achieving universal coverage, the 2015–2030 Millennium Developing Goals (MDGs), sustainable growth and development in Africa and worldwide economic prosperity.

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