Evaluation of Performance of the African Union Support to Ebola Outbreak in West Africa (ASEOWA) Mission in Controlling Ebola Virus Disease (EVD) and Restoring Health Services in Guinea, Liberia and Sierra Leone.

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Background

In September 2014, the African Union announced the deployment of health workers and other specialists to tackle the Ebola Virus Disease outbreak in West Africa under its operation “African Union Support to Ebola Outbreak in West Africa” (ASEOWA). The EVD outbreak response was complicated, with lots of moving parts involving thousands of national and international staff.

Aims and Objectives

The aim was to evaluate the performance of ASEOWA mission in supporting the control of the Ebola outbreak and restoring health services in Guinea, Liberia and Sierra Leone and to document areas of new learning. It was important to understand how best to deploy healthcare workers on this scale in response to a public health emergency, to inform decisions on future missions. The outputs could enable the African Union to identify its strengths, respond to its weaknesses and use the lessons learnt to continuously improve the way it serves and relates to its host countries.

Methods

We used both qualitative and quantitative methods to address the project objectives. Purposive sampling was employed in selecting “key informant interview (KII)” and “focus group discussion (FGD)” participants. An online questionnaire was field-tested and administered to all the volunteers

Key Findings

80% of participants were under 40 years, mostly early career professionals, and most described their experience as either very good or excellent. About 60% had jobs to go back to in their home countries. Case management, capacity building and surveillance were areas where ASEOWA added particular value. In infection prevention and control ASEOWA provided expertise and human resources that made the successful “Ring Approach” possible. Officials from host countries appreciated the insistence of ASEOWA on harmonisation of response activities and as ASEOWA volunteers were all deployed for long periods, exceeding the length of stay of colleagues from other partner organisations, they were well recognised and often became those with the longest institutional memory.

Main Conclusions

Our evaluation indicated that the ASEOWA mission played a unique vital role in outbreak control with expertise from a large number of African professionals deployed, whose ability to blend in was recognised. The commonest criticism of the mission from the volunteers & other stakeholders related mostly to the management of the mission, arrangements for logistics, transport, processes and payments.