

ORIGINAL ARTICLE

Adaptable Lessons Learnt on Procurement from Deployment to a Deadly Emergency Outbreak: The Case of Sierra Leone during Ebola Outbreak 2015

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ABSTRACT

Background: The WHO has standard operating procedures for procurement, travel and logistics for use at country level. Some of the guidance is waived during public health emergencies of international concern. Practical acumen on using the standards for emergency settings is limited at country level. WHO Zambia was one of the countries that responded to the call by WHO HQ to support the 2014 Ebola outbreak in West Africa. This paper aims to document lessons learnt by procurement staffs that were deployed to emergency settings.

Methods: Desk review of documents on procurement during emergency settings, terms of reference of the mission, materials on prevention of getting infected by Ebola and general rules governing international deployment were analysed. The staff member was deployed for the duration of eight weeks in 2015 from where experiences gained were reviewed and systematically recorded.

Results: Deployment and exposure to an emergency setting was the first such experience to WCO Zambia staff. During the Ebola outbreak in Sierra Leone there was the “no touch person” practice from inherent profound fear of contracting the deadly disease. While the job description was similar with what was prevailing in non-emergency setting in Zambia, the quantities and

implementation speed on assignments on average were more than ten times on emergencies. In that environment the procedure for procurement involved Invitation to Bid and Request for Proposal to interested parties occurring at the same time which is done differently from normal situations where there is first a request for quotations and procurement committee deliberate before making selection. In the Ebola set-up, there is a waiver of the competitive bidding requirements.

Discussion: The exposure of WCO staff to emergency setting allowed WCO staff to be more knowledgeable about preparation and award contract using additional procurement methods in compliance with WHO policies as adopted for emergencies.

Conclusion: Secondment of staff to a setting of emergencies is beneficial to WCO staff in terms of capacity building and handling similar situations in future. Country Offices are encouraged in future to share human resources when situations dictate.

INTRODUCTION

The WHO has regulations, manuals and operational procedures for procurement, travel and logistics services for use by all the 196 member states worldwide. There are regulations and guidelines regarding procurement, travel and logistics that country offices are mandated to follow during ordinary routine operations of the welfare of the organization¹. There is reference to modification of these standards during emergency settings especially public health emergencies of international concern. However,

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there is little orientation and practical acumen on using the standards for emergency settings. WHO Zambia was one of the countries that responded to the call by WHO HQ to support the 2015 Ebola outbreak in West Africa.

The three Mano river union states of Liberia, Sierra Leone and Guinea except Ivory Coast were confronted by the deadliest outbreak in the history of Ebola with more than 11 000 deaths during the two year period². The outbreak was one of the most complex in scope and terrain affecting rural and urban as well as different countries simultaneously. The common predisposing feature among the three countries and their health sectors was very weak health systems unable to withstand even the smallest of external shocks⁴.

Of the six pillars of health systems the weakest link during the outbreak was the human resource element that could be seen stretched beyond function. Within the framework of International Health Regulations 2005, the WHO called upon all member states to support the countries affected by the declared international public emergency of international concern from Ebola. WHO Zambia responded by deployment of various categories of staff including staff for procurement, travel and logistics to be deployed and contribute to the global concern³.

The Ebola outbreak is not the first occasion when the WHO exercised its role as Health Cluster lead and convener as during the 2009 H1N1 Influenza pandemic it took lead. There was surge of capacity of experts to fight the disease again called upon by the WHO for the world to respond. Indeed many experts in various areas were recruited with support from WHO ranging from infection prevention specialists, treatment centre physicians, logistics and burial team trainers, and human resource experts to guide recruitment.

The deployment by the Zambia WHO team to West Africa offered an opportunity to learn how to respond to such deadly diseases outbreaks in future. This paper aims to document lessons learnt by the staff in dealing with such emergency settings.

METHODS

The information was generated from desk review of documents on the nature of the disease and how to prevent staff from infection by the disease including proven cost effective preventive measures and infection prevention control practices to be adapted upon arrival. Documents on procurement, travel and logistics during emergencies, were studied and analysed with reference to similar documents during non-emergency settings prevailing in many other member states including Zambia at the time. Experiences gained during the deployment of staff in West Africa were reviewed and systematically recorded

RESULTS

The Procurement role was critical to creating the support for mobilized resources, human and material resources to mitigate this complicated outbreak. Exposure to an emergency setting was the first such experience to WCO Zambia staff. During this Ebola outbreak, in Sierra Leone there was “the no touch person practice” with fear of contracting the disease. All staff quickly adapted to and learnt infection prevention and control practices. While the job description was similar with what was prevailing in non-emergency setting in Zambia, the quantities and implementation speed on assignments on average were more than ten times on emergencies. In this environment, procurement procedures adopted used waivers from bidding and delegation of authority and great a high level of flexibility for response to emergency situations. However, requesting entities still needed to keep Contract Review Committees and keeping senior management committees to close communication.

DISCUSSION

In response to the call by WHO to provide experts in procurement, travel and logistics, WHO Zambia deployed procurement experts to Sierra Leone. The staff members were preoccupied with prevention of the contracting the disease and all precautions and infection prevention control skills and rapidly acquired survival as

an instinct. The diverse cultures, religion and racial orientations of the team members created team work, resilience, flexibility and capacity to work under pressure and even prepared to face the worse if that was the only thing that presented itself.

The exposure of WCO staff to emergency setting allowed them to be more knowledgeable about preparation and contract award using the procurement methods such as; Invitation to Bid, Request for Proposal and dealing with transactions with large amount of monies in compliance with WHO policies. WHO's emergency rules for purchasing emergency goods and services locally and internationally for up to \$100,000.00 per transaction would attract the of waive bidding requirements.

The country therefore has the capacity within the individuals and within WHO Zambia to respond to emergencies for use in country and elsewhere should another clarion call be done by the organization.

CONCLUSION

Secondment of staff to setting of emergencies was beneficial to WCO staff in terms of capacity building and handling similar situations in future. Country Offices are encouraged in future to share human resources when situations dictate.

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