World Health Organization

EBOLA RESPONSE

Key considerations for the implementation of Community Care Centres

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Introduction

Community Care Centres (CCCs) are small facilities (10 beds maximum), located within the community and run by community health workers. CCCs provide isolation facilities for Ebola patients in order to prevent further transmission of the virus within their households and communities. People with Ebola virus can also receive basic curative and palliative care in these centres in an environment supported by their family and communities.

Community Care Centres are part of a Community Approach, which is a **package of services** comprising of the four pillars of the Ebola response strategy:

- **Case finding**, with a mechanism for monitoring of Ebola contacts and early detection of new cases at community level
- **Isolation and care** of Ebola patients
- **Safe and dignified burials**, with appropriate numbers of burial teams and respect for local traditions
- **Social mobilization and community engagement** to ensure acceptance and sustainability of interventions

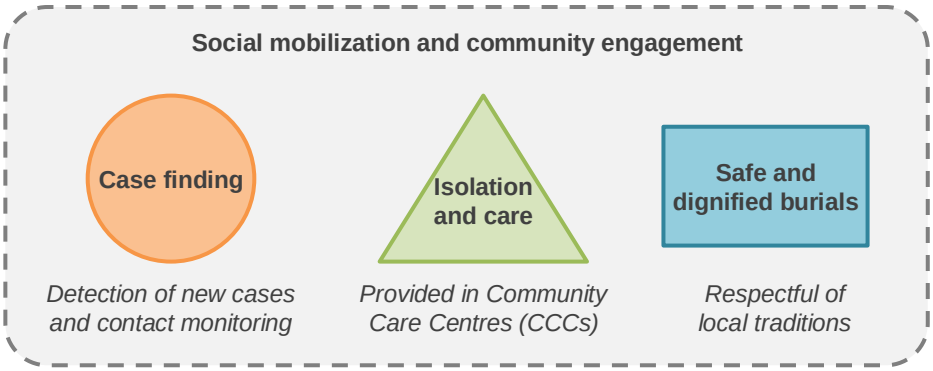

Figure 1. Package of services contained in the Community Approach

This brief paper outlines the concept of Community Care Centres. The concept is flexible and should be adapted at country level, in consideration of local environments and contexts. However, strict supervision of the facility and its management and attention to key principles should be implemented to ensure the safety of the approach.

CCCs in the context of an Ebola response are a new approach and evaluation is needed. It is recommended that WHO and partners conduct a “lessons learned” exercise after the implementation of a number of pilot centres. Validated proof of the concept will allow implementation of Community Care Centres on a larger scale.

WHO/EVD/Guidance/Strategy/14.1

Key principles

Community engagement and empowerment: Communities should be involved in all stages of the process; planning, implementation, maintenance and operation.

Designated structure: CCC are simple, existing or purpose-built (e.g. tent) small structures (10 beds maximum) where people with Ebola infection can be housed separately from their families and community. They have appropriate water and sanitation facilities, with established waste management and disinfection procedures.

Triage protocol, separation of suspected and confirmed cases, and safe patient flow: A triage protocol will be applied to patients before entry to assess their risk of having EVD. Ebola and non-Ebola patients are housed separately. When laboratory confirmation is not available, patients presenting with "wet" symptoms (vomiting, bleeding, diarrhoea) who are more contagious, are separated from patients without wet symptoms. Design of the CCC and care process should be carefully examined to reduce transmission.

Standard of care: Patients must be treated with respect and provided with decent and compassionate care, 24 hours a day, 7 days a week, by trained community members or health staff. In all CCCs, patients will, at a minimum, receive food, water, oral rehydration, presumptive treatment for malaria (where appropriate and according to national guidelines), antipyretics and analgesics, and broad-spectrum oral antibiotics when medical supervision is available. When possible (in terms of supply and adequately trained and protected staff) intravenous fluids are administered as needed. Psychosocial support is also provided for patients and their families as well as community awareness. Kits for the family of patients and deceased patients are also provided.

Appropriate staffing and safety: CCC staff members include care givers, cleaners, communicators and security officers as needed. All CCC staff are trained in Ebola and infection prevention and control (IPC) and supervised daily.

Supervision and support: A supervision team regularly visits the CCC and is in charge of mentoring community health workers, educating the community, taking swab or finger prick samples for laboratory confirmation, and assessing CCC safety and adherence to standards. Each supervision team would likely be in charge of several sites, but should visit each facility daily.

Regular supply: CCC staff members are provided with appropriate supplies and personal protective equipment (PPE) to minimize risk of transmission and provide appropriate care.

Packages of services: CCCs provide isolation and patient care. This function is part of a package of services contained in a 'Community Approach', which also includes a mechanism for monitoring Ebola contacts and detecting early new cases, and safe and dignified burials.

Table 1. A Community Care Centre at a glance

Size	8 to 10 beds
Staffing	To be determined at country level (see Annexes for suggested staffing)
Minimum level of care	• Open 24/7 hour • Food • Water and oral rehydration solution • Antipyretics • Analgesics • Presumptive treatment with antimalarials (where appropriate) • Oral antibiotics (where appropriate)
Other services	• Psychosocial support for patients and families • Community awareness • Family kits for patients and family of deceased • Water and sanitation facilities • Safe waste management
Community approach services	• Mechanism for community surveillance and contact monitoring • Safe and dignified burials
Key enablers for success	• Community engagement • Staff training on Ebola virus disease and infection prevention and control (IPC) • Daily supervision by supervision team – Specimen collection for laboratory confirmation – Respect for safety and IPC procedures

Main considerations for implementation

What is the difference between Community Care Centres and other Ebola facilities?
Ebola Treatments Units (ETUs) are usually larger (up to a hundred beds), and run by foreign medical teams and local health care workers., compared to smaller and community-run CCCs. CCCs also differ from holding or referral centres, which are facilities where Ebola cases are isolated before transfer to an ETU when the case is laboratory confirmed and beds /transportation are available.

Is this type of facility needed?
The current outbreak in West Africa is affecting a number of villages and communities, some of which are very far from existing Ebola Treatment Units (ETUs). The majority of existing ETUs have exceeded capacity and the number of beds available in these facilities is inadequate to isolate and treat all patients. In many places, infected patients remain in their family homes with no other option for care, increasing the risk of infection for their families and contributing to the continued transmission of Ebola.

CCCs can help to address the geographical and capacity challenges experienced by ETUs. Additionally, in new hotspots of transmission, the CCC can provide a robust and **rapid** option to offer isolation and care.

Community care allows patients to receive care close to home, and by another member of their own community which makes their stay more ‘friendly’, reassuring and comfortable. Some communities have already started to build their own centres, demonstrating a willingness to have an active response from and within the community.

Is home-based care an appropriate response to the current lack of capacity?
There are different definitions of home-based care. However in the common acceptation, home-based care presents a greater risk of Ebola infection to other household members and the community, as it is unrealistic to expect households living in a confined environment to be able to adequately protect themselves from infection at all times. Home-based care is likely to increase transmission within communities, unless active mentoring of families, intense medical supervision, a medical supply chain of PPE to families, large-scale decentralised laboratory testing and waste management and safe and dignified burials procedures are also implemented.

Will Community Care Centres decrease transmission?
If properly implemented, CCCs would likely slow down the progression of the epidemic by reducing community contact with infected persons and offering care to Ebola patients close to their homes. This improves community acceptance and also reduces the need to transport infectious patients which, in some instances, has led to significant infections among taxi and ambulance drivers. Some modelling studies suggest that CCCs could reduce the basic reproduction number below 1 (R_0<1) if the duration of time from onset of symptoms to admission is reduced sufficiently. Currently, the average reproduction number varies from 1.4 to 1.6, meaning that one case generates an average of 1.4 to 1.6 cases over the course of its infectious period. R_0<1 suggests a slowing down of transmission and an eventual end to the epidemic.

In the context of the current West Africa outbreak, the Community Approach is considered the best option at community level to reduce transmission through early detection of new cases, isolation and treatment of cases and safe and dignified burials, while the capacity of standard public health actions is scaled up.

What is being done to ensure the safety of these structures?
Community workers receive training in Ebola management case and IPC. Each CCC will also be carefully and regularly supervised by a supervision team (ideally, daily), composed of at least 1 clinician and 1 IPC specialist who will ensure safe management of the facility. IPC monitoring and assessment tools have been produced and are ready to be used in CCCs. In addition, water, sanitation and hygiene and waste management will be ensured.

All efforts should be made to find partners to undertake supervision responsibilities, and partnerships among several institutions are welcome. CCCs will not be opened if there is any doubt about safety and security of staff and patients; the opening of pilot sites in Sierra Leone, has, for instance, been postponed to ensure safety.

Are Community Care Centres diverting other health facility staffing resources?
CCCs will be operated by trained community health workers and will not rely on formal health workers. This minimises impact on the already limited number of health workers from essential facilities (e.g. ETUs or primary health care facilities). Unemployed local health care workers could be recruited to work in CCCs.

Are Community Care Centres diverting supply from other health facilities?
All care facilities should be provided with the appropriate type and amount of supplies and PPE. Supply should be planned in advance for an appropriate length of time. If needed, supply production could be accelerated and countries should ensure appropriate allocation of available resources.

Why are efforts not focused on scaling-up Ebola Treatment Unit capacity?
The CCC offers a complementary approach to ETUs. It is embedded in a Community Approach that tackles all risks of transmission and is a comprehensive solution.

Are family members allowed in Community Care Centres?
Some countries (Liberia and Sierra Leone) have chosen not to accept family members in CCCs. Instead other locally accepted solutions can be put in place, such as transparent walls to allow family members to see inside or the use of mobile phones to communicate with isolated patients. It is crucial that CCCs maintain open communication links with the community and families should be kept informed of the activities of the CCCs and the condition of their family member.

If communities choose to allow family members to care for patients, only one designated family member should be allowed to give care, to reduce the risk of household transmission. The family member should be trained on IPC and should wear PPE if they get close (less than one metre) to patients.