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Samedi, 09 Mars 2019

Calcul écrit:
Construissez chacun un triangle quelconque et mesurez ses trois angles. Additionnez les trois mesures. Que constatez-vous? Écrivez une règle.

Exemple 1: Diviser un nombre entier par une fraction
 $60 : \frac{2}{3} = 60 \times \frac{3}{2} = \frac{60 \times 3}{2} = \frac{180}{2} = 90$

Exemple 2: Diviser une fraction par un nombre entier
 $5 : \frac{2}{3} = \frac{5}{1} \times \frac{3}{2} = \frac{5 \times 3}{2} = \frac{15}{2} = 7\frac{1}{2}$

Exemple 3: Diviser une fraction par une fraction
 $\frac{2}{3} : \frac{4}{5} = \frac{2}{3} \times \frac{5}{4} = \frac{2 \times 5}{3 \times 4} = \frac{10}{12} = \frac{5}{6}$

Levier:
1) Effectuez les opérations suivantes:
 $\frac{2}{3} \times \frac{3}{4} = \dots$; $\frac{1}{2} \times \frac{3}{4} = \dots$; $\frac{3}{4} \times \frac{2}{3} = \dots$
 2) Complétez les opérations suivantes:
 $\frac{2}{3} \times \dots = \frac{14}{33}$; $\frac{13}{10} \times \dots = \frac{48}{50}$

PREDICT GUINEA

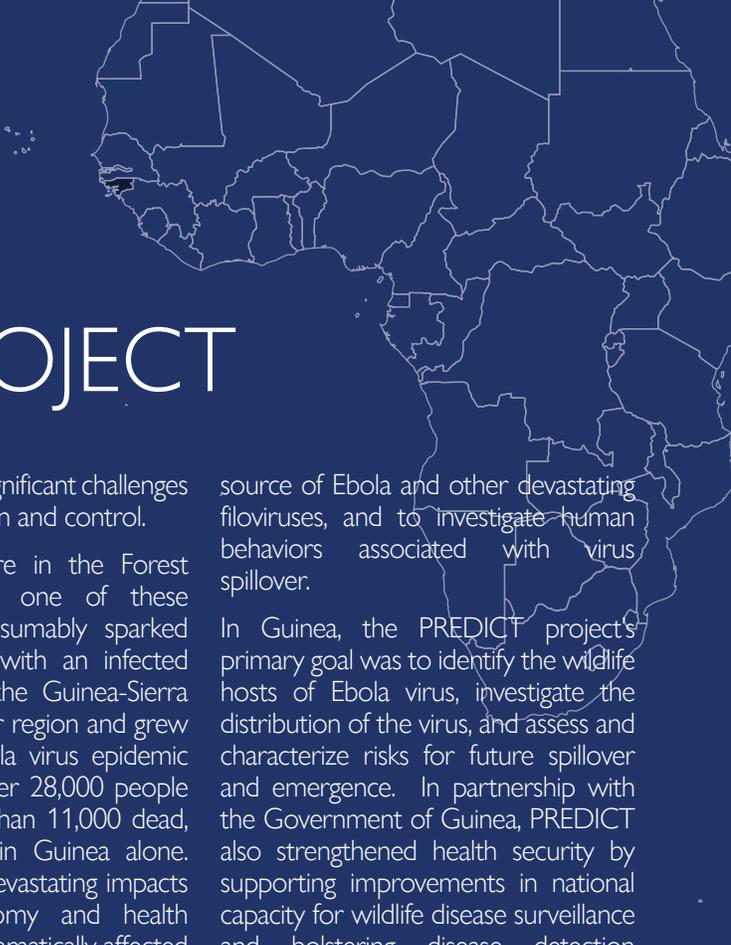
One Health in action (2016-2020)



Lessons learned from Ebola

GUINEA

EBOLA HOST PROJECT



Guinea, a country of approximately 12.9 million people on the Atlantic coast of West Africa, is characterized by several different climatic zones, largely due to great geographic diversity. There are more than 1,300 rivers in the country. Many major rivers, such as Niger, Senegal (Bafing), The Gambia, as well as their main tributaries have their sources in Guinea, making this country the “Water Tower” of West Africa. Guinea has the largest reserves of bauxite in the world and the largest untapped reserves of iron ore, gold and diamonds. Despite its significant natural resource potential, the Guinean economy remains very fragile and dependent on bauxite and agriculture.

The majority of Guineans work in the agricultural sector which employs more than 75% of the country's active population (24% of GDP). More than half (55.2%) of Guineans live below the poverty line. The rural environment in Guinea continues to be preserved thanks to a low population density and limited industrialization. This intersection of biodiversity, poverty, and rural livelihoods dependent on agriculture, subsistence hunting, and extractive industries presents multiple opportunities for viral spillover and spread across the human-animal

interface, as well as significant challenges for disease prevention and control.

In 2013, somewhere in the Forest Region of Guinea, one of these spillover events presumably sparked by human contact with an infected bat, spread across the Guinea-Sierra Leone-Liberia border region and grew into the largest Ebola virus epidemic in history, leaving over 28,000 people infected and more than 11,000 dead, with 2,544 deaths in Guinea alone. This outbreak had devastating impacts on Guinea's economy and health infrastructure and dramatically affected the livelihoods of Guineans.

The West Africa Ebola epidemic catalyzed investments to identify the animal source, or reservoir, of Ebola to prevent future outbreaks. It has been >40 years since the Ebola virus was first discovered in Central Africa and the scientific and health communities continue to search for the source. However, no standardized, large-scale, longitudinal and multi-country study targeting multiple potential reservoir hosts of Ebola virus had ever been conducted. Rising to the occasion, the USAID PREDICT project designed and implemented the Ebola Host Project in Guinea, along with neighboring Sierra Leone and Liberia, to find the animal

source of Ebola and other devastating filoviruses, and to investigate human behaviors associated with virus spillover.

In Guinea, the PREDICT project's primary goal was to identify the wildlife hosts of Ebola virus, investigate the distribution of the virus, and assess and characterize risks for future spillover and emergence. In partnership with the Government of Guinea, PREDICT also strengthened health security by supporting improvements in national capacity for wildlife disease surveillance and bolstering disease detection capabilities. Through analysis of project data and findings, the PREDICT project was able to identify risks and educate communities and health professionals on behavior change and intervention strategies designed to protect people and wildlife from disease threats. Our project's legacy is prominent as our partners continue to use PREDICT as a model to promote One Health and engage with at-risk communities, and our team of One Health professionals continues to work on current national health security challenges, including COVID-19.

LOCAL PARTNERS

- Institut de Recherche en Biologie Appliquée
- Institut National de Santé Publique (INSP)
- Institut Supérieur des Sciences et de Médecine Vétérinaire de Dalaba
- Laboratoire de Fièvres Hémorragiques en Guinée
- Ministère de l'Élevage et de la Production Animale
- Ministère de l'Enseignement Supérieur et de la Recherche
- Ministère de l'Environnement, de l'Eau et des Forêts
- Ministère de la Santé et de l'Hygiène Publique



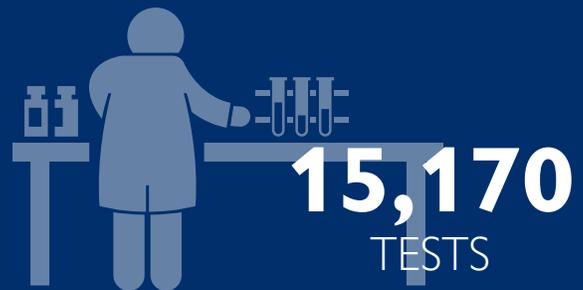
DEVELOPED the One Health Workforce by training more than 80 people in Guinea.



OPERATIONALIZED One Health surveillance and sampled over 4.7K animals and people, helping minimize the spillover of zoonotic disease threats from animals into human populations.

LABORATORY STRENGTHENING

- Laboratoire de Fievres Hemorragiques
- UC Davis One Health Institute





MICHEL

KOROPOGUI

Biologist
Laboratoire de Fièvres
Hémorragiques en Guinée

"I really liked the different trainings received from PREDICT; the level of the trainer was very good. They allowed me to acquire knowledge on good laboratory practices as well as on performing basic PCR analyses. I would like PREDICT to continue giving its training. They gave me confidence in myself and in the future, but also they succeeded in making me want to learn and go far in virology research!"



MOHAMED

IDRISS DOUMBOUYAO

Veterinarian
Ministère de l'Élevage et de
la Production Animale

"Before, I was an office veterinarian. Thanks to PREDICT, I became a field veterinarian. This allowed me to deepen my knowledge in biosecurity, and techniques of capture and wildlife sampling. PREDICT also allowed me to have a solid knowledge of bats and rodents in general. I have always dreamed of research in the field of veterinary public health and PREDICT came to clarify my vision in this field. If I succeeded in achieving my ambitions, it would allow me to help my country, Guinea and, why not, the whole world, to cope with emerging and re-emerging zoonotic diseases in the context of One Health which I now master thanks to PREDICT. Finally, PREDICT gave me the ambition to become, in the future, a veterinary epidemiologist."

ACHIEVEMENTS

- Safely and humanely sampled 4,754 animals and collected >28,000 samples.
- Interviewed >340 individuals considered at-risk for viral spillover.
- As proof of concept for PREDICT's approach, detected an entirely new species of ebolavirus (Bombali ebolavirus) in insect-eating bats; this virus was first detected by the PREDICT team in Sierra Leone and then later in Guinea; this is the first time an ebolavirus was discovered before causing human or animal illness or death.
- Following the detection of Bombali virus, conducted a large-scale risk reduction and behavioural change communication campaign focused on the human-bat interface and reached >2,900 adults and >3,800 school children and high school students across 55 at-risk communities.
- Supported the Global Health Security Agenda (GHSA) and contributed to improving national capacities for prevention, detection and response.
- Informed national prevention and control strategies through evidence-based insights into the dynamics of viral spillover and spread and practical recommendations for risk reduction.
- Supported COVID-19 response efforts by providing technical assistance to risk communication strategies and for community engagement and outreach.

ONE HEALTH SURVEILLANCE

FINDING THE ELUSIVE WILDLIFE HOSTS OF EBOLAVIRUSES AND OTHER VIRAL THREATS



In collaboration with in-country partners, an extensive surveillance program was implemented in Guinea to successfully identify the animal source and reservoir of Ebola virus and other closely related filoviruses (ebolaviruses and marburgviruses). At 17 sites across the country, mainly in the forest region (Kissidougou, Guéckédou, Macenta and N'Zérékoré), biological specimens were collected from >4,700 animals (bats, rodents, nonhuman primates, livestock, and domesticated animals such as dogs, cats, goats and sheep).

VIRUS DETECTION

In partnership between the Laboratoire de Fièvres Hémorragiques en Guinée (Viral Hemorrhagic Fever Laboratory of the University Gamal Abdel Nasser of Conakry) and the One Health Institute Laboratory at the University of California, Davis, samples from >4,500 animals (primarily bats, but also rodents/shrews, dogs, pigs, and goats) were safely tested for the presence of Ebola or other related filoviruses, along with 4 other priority viral families considered high-risk pandemic threats (Coronaviridae, Paramyxoviridae, Orthomyxoviridae, and Flaviviridae). A total of 16 viruses were detected in 29 animals, 6 of which are known viruses, and 10 are new (previously unknown) viruses.

VIRUS TABLE

VIRAL FAMILY	VIRUS	SPECIES	SAMPLING LOCATION	# OF POSITIVE INDIVIDUALS		
				TOTAL	WET SEASON	DRY SEASON
Filovirus Coronavirus	Bombali virus (BOMV)	Angolan Free-Tailed Bat	Houndonin, Sangardo	3	3	0
	PREDICT_CoV-70	Halcyon Horseshoe Bat	Wondero	2	0	2
	PREDICT_CoV-109	Unidentified Rhinolophus Bat	Wondero	1	0	1
	PREDICT_CoV-115	Noack's Roundleaf Bat	Wondero	1	0	1
	PREDICT_CoV-116	Abo Butterfly Bat,	Wondero	3	0	3
		Unidentified Miniopterus Bat				
	Bat coronavirus	Noack's Roundleaf Bat,	Wondero, Missira	4	0	4
		Hipposideros	Variegated Butterfly Bat			
	Chaerephon bat coronavirus/Kenya/KY22/2006	Gambian Epauletted Fruit Bat,	Missira	8	0	8
		Peter's Dwarf Epauletted Fruit Bat,				
	Coronavirus 229E (Bat strain)	Variegated Butterfly Bat				
		Noack's Roundleaf Bat	Wondero	1	0	1
	Eidolon bat coronavirus	Angolan Fruit Bat, Egyptian Fruit Bat	Wondero	2	0	2
Kenya bat coronavirus/BtKY56/BtKY55	Angolan Fruit Bat, Noack's Roundleaf Bat,	Wondero	3	0	3	
	Unidentified Miniopterus Bat					
Kenya bat coronavirus/BtKY66/65/63/60	Abo Butterfly Bat,	Wondero	2	0	2	
	Unidentified Miniopterus Bat					
Paramyxovirus	PREDICT_PMV-15	Peter's Dwarf Epauletted Fruit Bat	Missira	1	0	1
	PREDICT_PMV-181	Noack's Roundleaf Bat	Wondero	1	0	1
	PREDICT_PMV-182	Unidentified Miniopterus Bat	Wondero	1	0	1
	PREDICT_PMV-184	Unidentified Miniopterus Bat	Wondero	1	0	1
	PREDICT_PMV-185	Variegated Butterfly Bat	Missira	1	0	1
Total				29*	3	26*

*Numbers do not total due to individuals being co-infected with multiple viruses

NEW EBOLA VIRUS IN MOLOSSID BATS

Two (2) bats from the free-tailed bat family (Molossidae; *Mops condylurus*) tested positive for *Bombali ebolavirus* by consensus PCR and were confirmed by sequencing, with an additional individual testing positive for *Bombali ebolavirus* by real-time PCR. Analysis of the genetic sequence information confirmed that this new virus is not the Ebola virus (Zaire Ebola virus) which caused the 2014 epidemic in the West Africa region. However, as an Ebola virus, Bombali virus should be considered a potential threat to human health (and possibly animals) until proven otherwise.

Bombali ebolavirus was first detected in molossid bats by the PREDICT team in Sierra Leone and since that initial detection this new virus has been identified in Guinea and as far east as southern Kenya. In Guinea, the bats in which Bombali was detected were sampled in May and June 2018 in the prefectures of Guéckédou and Kissidougou, Administrative Region of N'Zérékoré, and were captured near human dwellings. These bats are small insectivores (body weight <30g) and prefer to live in human dwellings or in other buildings and trees. Their proximity to people and evidence that this bat family is the currently known host of this new ebolavirus represents a real risk for viral spillover.

ADDITIONAL FINDINGS IN BATS

We detected 10 different coronaviruses in 25 bats and 5 paramyxoviruses in 5 bats. Two bats exhibited co-infection with 2 coronaviruses and 4 bats exhibited co-infection with a coronavirus and paramyxovirus.

Of the known and new viruses we detected, there were no viruses with the exception of Bombali virus described above that pose an immediate public health concern. However, we did detect 4 betacoronaviruses in bats (3 known and 1 new betacoronavirus), which given the recent emergence of betacoronavirus SARS-CoV-2 causing the COVID-19 pandemic, additional investigation into the ecology, evolution, and global distribution of betacoronaviruses in wildlife, especially bats, is warranted.

We also detected an alphacoronavirus, Coronavirus 229E (Bat strain), in one Noack's Roundleaf Bat. While this particular strain infects bats, there is a strain that infects humans, Human Coronavirus 229E, which is known to cause respiratory illness in people. However, there is no indication that the detection of this viral strain in bats poses any public health concern.



SPECIAL FEATURE

INSIGHTS ON THE GEOGRAPHIC DISTRIBUTION OF MOLOSSID BATS IN WEST AFRICA

In direct response to the detection of Bombali virus in molossid bats and in recognition of the limited data available regarding bat distribution in the region, the Government of Guinea requested assistance identifying areas in the country and greater West Africa region at highest risk for virus spillover from bats. In response, we developed a spatial distribution model to identify areas that are ecologically suitable for habitation of Molossidae bats, such as *Mops condylurus* (Angolan free-tailed bat) and *Chaerephon pumilus* (Little free-tailed bat), that were found to harbor Bombali virus in Guinea and Sierra Leone. Using PREDICT data, our model identified areas in the region that are suitable for habitation and where the bats may be present at higher densities, resulting in increased human contact and possibly higher virus spillover risk. Tools such as this model can assist the Governments of Guinea, Sierra Leone and Liberia to better target wildlife surveillance and community-based risk reduction activities.

Learn more [here](#).

IDENTIFYING BEHAVIORAL RISKS FOR VIRUS SPILLOVER & SPREAD

Between August 2018 and January 2019, the PREDICT team interviewed 335 people using a structured questionnaire across 6 sites (3 rural, 3 urban) in 4 prefectures impacted by the 2013-2016 West Africa Ebola epidemic: Macenta,

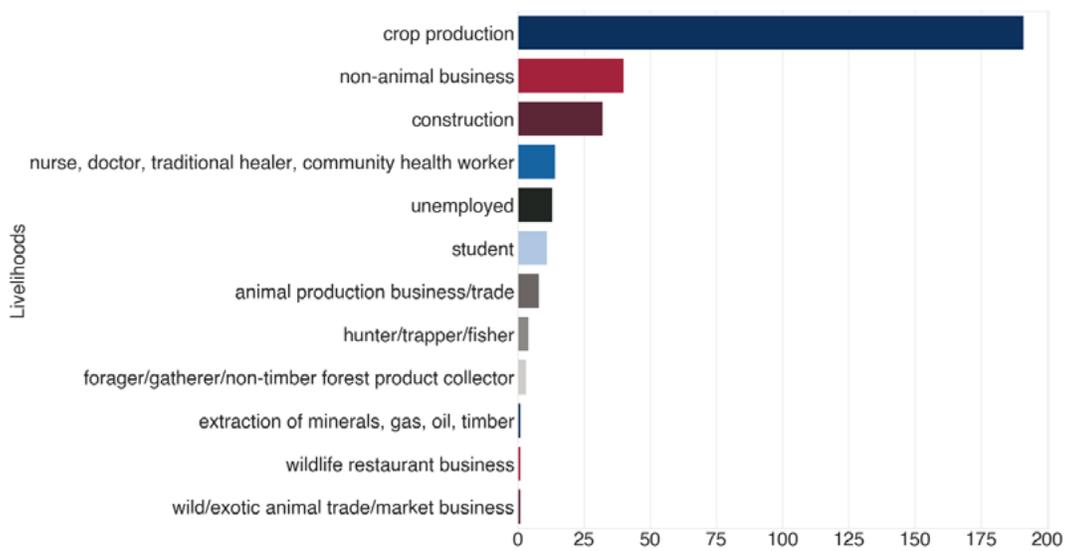
Guéckédou, Kissidougou, and N'Zérékoré. For comparative purposes, questionnaires were also completed by 48 people living in a rural community in Macenta that did not have any reported cases of Ebola during the outbreak.

LIVELIHOODS & HUMAN-ANIMAL CONTACT

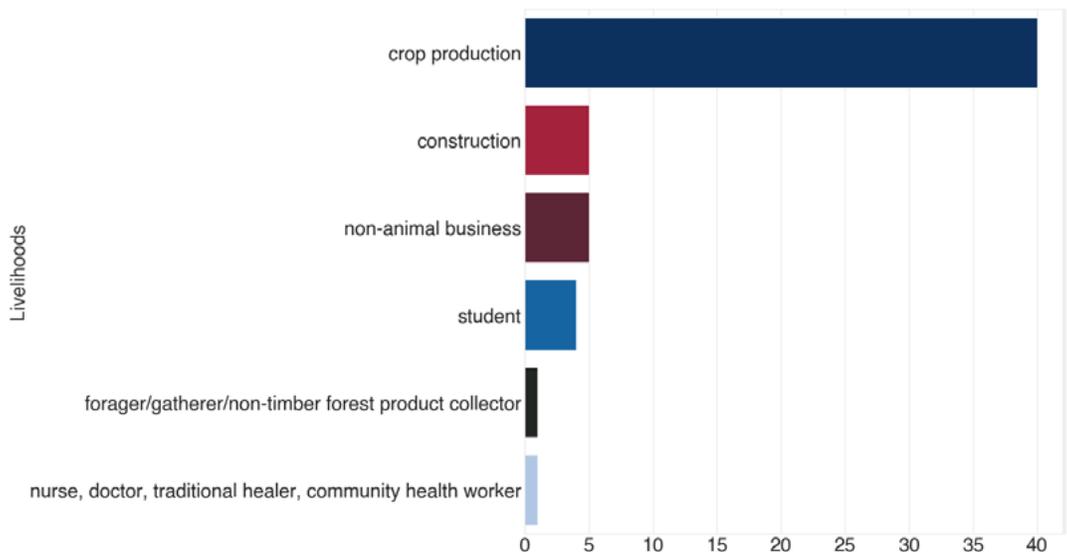
Participants described their livelihoods, health, and interactions with animals before, during, and after the outbreak. Of those enrolled in our study, 54% of respondents were male and 46% were female, and the mean age of participants was 39

years. Eighty-eight percent of participants had lived in their community for more than 10 years, most of which worked within crop production (Figure 1a, b, and c).

1a. All sites



1b. Non-Ebola affected communities (Macenta prefecture)



1c. Ebola affected communities (all engaged prefectures)

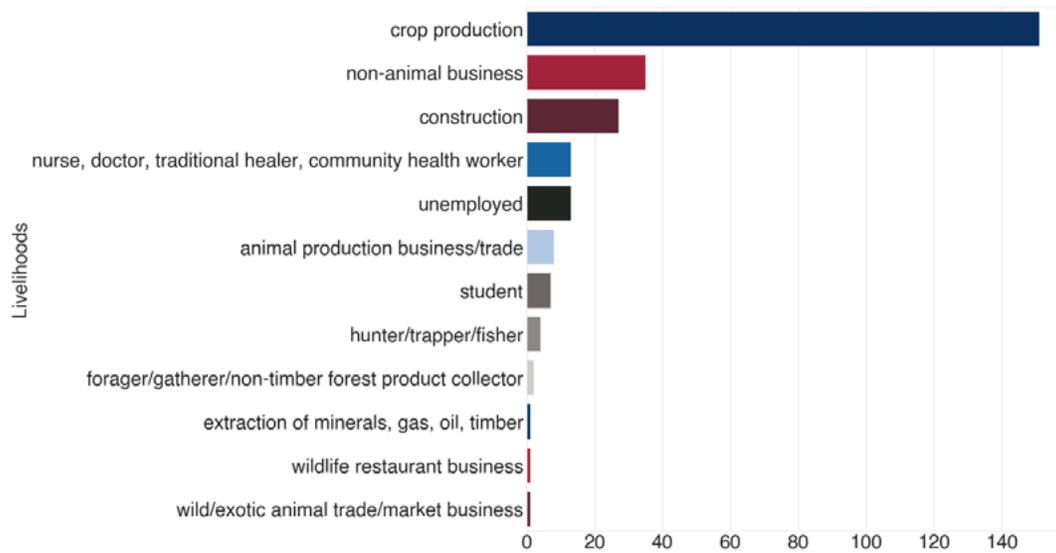


Figure 1a, b, and c. Reported livelihoods of participants across all sites (1a), within the non-Ebola affected community in Macenta prefecture (1b), and within the Ebola affected communities across all engaged prefectures (1c).

Half (56%) of people interviewed in Ebola affected regions handle or raise live animals, with poultry and swine being the most commonly kept livestock. Participants regularly reported poultry entering their home, providing an opportunity for fecal contamination of the living space, including food and water resources. Slaughtering of animals was more commonly conducted by men, and differences in animal taxa were observed among the sites, with a higher diversity reported in Djomankoidoi, Macenta prefecture. The majority of people (89%) were worried about disease in live animal markets before, during and after Ebola. Of the remaining minority of respondents, 6% reported never having been concerned, and 4% reported becoming worried about disease risk in markets during or only after the outbreak.

When comparing participant responses between Ebola affected and non-affected communities, there were no significant differences in behaviors hypothesized as risky for animal contact or for zoonotic disease transmission. This could be explained by the fact that in both Ebola affected and non-affected sites, participants were reluctant to admit engaging in high-risk activities that were observed during community engagement and animal sampling. For example, very few people mentioned that they had contact with bats although our teams observed bats in their houses while conducting the questionnaire. While these are the first findings on behavioural risk for viral spillover in the Forest Region in Guinea, it is important to conduct further ethnographic and participatory investigations that first seek to gain trust with the communities and then work to explore the full social and cultural dimensions of emerging disease risk.

HUNTING & DISEASE RISK

Because hunting of wild animals is a high-risk disease transmission interface due to the intimacy of contact, potential injury, and exposure to bodily fluid during capture, handling, and slaughtering, the project targeted individuals who reported hunting for interviews using the questionnaire. A total of 24 people across 4 sites (Djomankoidoi, Guéckédou, Kissigougou, and N'Zérékoré) indicating hunting as an activity and were asked additional questions about their hunting behavior. Rodents, birds, and non-human primates (NHP) were the most commonly hunted wildlife taxa (Table 3), with 92% of people hunting more than one group. Animals were predominantly hunted or trapped for consumption at home. Of the 9 NHP hunters, all reported selling the animals for food and also eating them at their own homes. In the year prior to being interviewed, all hunters reported being exposed to animal blood, being scratched/bitten, and reported observing an outbreak of disease in wildlife. Despite this and as expected in these low resource communities, personal protective equipment was infrequently used and mostly consisted of footwear and/or clothes which provide inadequate and insufficient protection against disease transmission.

WILDLIFE TAXA	PERCENTAGE OF HUNTERS (n = 24)
RODENTS/SHREWS	92
BIRDS	72
NON-HUMAN PRIMATES	38
BATS	33
PANGOLINS	25
UNGULATES	13

TABLE 3. The most commonly hunted wildlife taxa reported by the high-risk subset of individuals interviewed

EBOLA IN THE COMMUNITIES

Despite conducting interviews several years after the 2013-2016 Ebola outbreak, people in the communities where individuals were infected and died from Ebola virus were largely unaware of the cause (74%) (Figure 2). Only 10% of participants knew that contact with sick or deceased people could transmit Ebola virus, and 5% thought contact with animals (wild and domestic) caused Ebola sickness. These findings suggest that community outreach and education at the

time of the outbreak was ineffective, with an obvious need for education on the risks associated with intimate contact with sick people and animals. Additional behavioral interventions led by community health workers, including integration of the PREDICT project's risk reduction and behaviour change communication resource *Living Safely with Bats* (see below) with education programs and other disease prevention and control strategies are worth further investment.

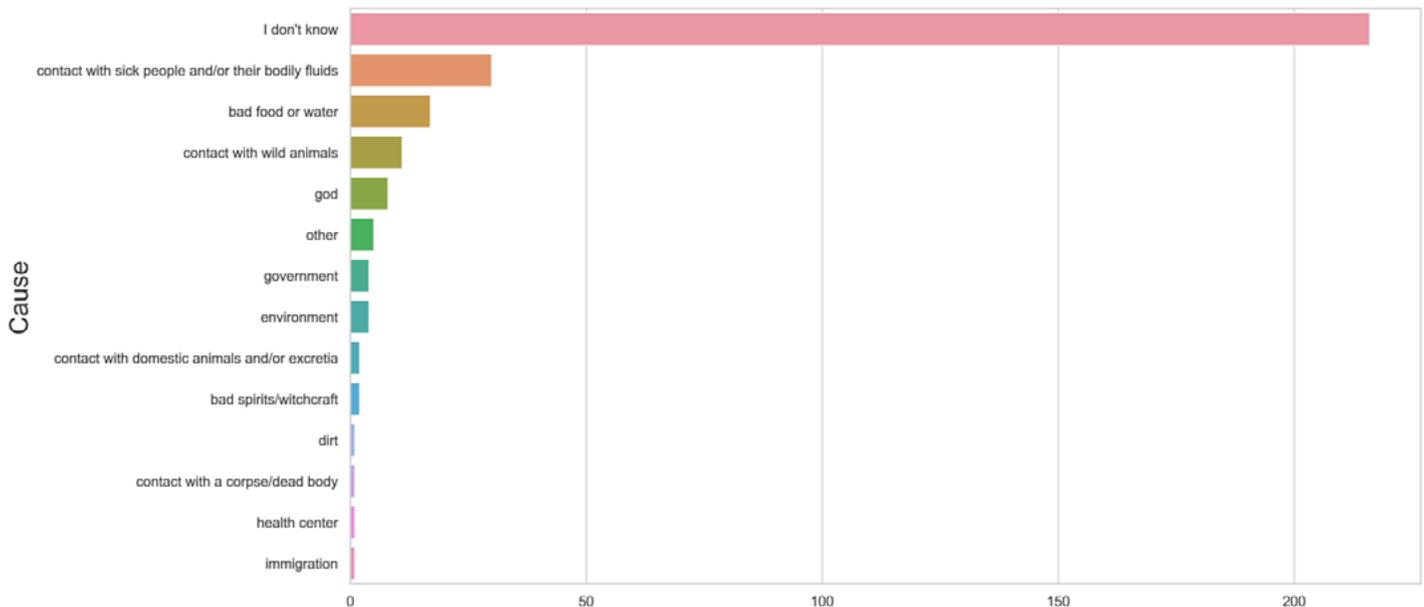


FIGURE 2. Participant opinions on the cause of the 2013-2016 Ebola outbreak in their community

Of those interviewed, only 4 were diagnosed with Ebola virus during the outbreak. All 4 individuals had contact with sick people and/or their bodily fluids and believed this was the source of their illness. They all reported going to the Ebola center because it was the “right thing to do”. As the outbreak was widespread in these communities, we did not identify any specific behaviors associated with risk of Ebola infection. However, we did identify risky behaviors of general

zoonotic disease transmission, especially from food-borne illness as all respondents reported eating undercooked meat, predominately swine, but also poultry, goats and sheep. Hunting and bushmeat consumption is also a concern. Cooking meat provides an element of protection against disease, killing many pathogens of harm to humans and should be incorporated into outreach and awareness programs.

RECOMMENDATIONS & NEXT STEPS

Our findings, though preliminary, are important for shedding light on high-risk communities for viral spillover and spread in Guinea's Forest Region. Going forward, we recommend investments in the following three areas:

1. Community outreach, education, and behaviour change communication campaigns on Ebola and other priority zoonotic diseases
2. Targeted educational interventions that balance health and conservation goals while incorporating messaging on risks and prevention of disease transmission from animals to people in the forest, fields, and around the home
3. Training on biosafety, PPE use, and safe slaughter practices for hunters, along with investments in alternative livelihood strategies to reduce disease transmission risk in this high-risk occupation.



COMMUNITY OUTREACH & RISK COMMUNICATION

In Guinea, the PREDICT team led broad and targeted (community-specific) outreach and risk communication campaigns to raise public awareness of locally relevant zoonotic disease threats such as Bombali virus in bats. Our team, consisting of the same individuals that led Ebola Host Project activities in these communities, held multiple community meetings, shared resources and flyers, conducted local radio programs, and visited classrooms in local primary schools. We also targeted high-risk groups for viral spillover such as hunters, farmers, and ranchers.

Following the discovery of Bombali virus in neighboring Sierra Leone and later in Guinea itself, our team worked with PREDICT's global network to develop and implement the risk reduction and behaviour change communication resource *Living Safely with Bats*. This resource was designed as a moderated picture book, delivered by our team as trusted community partners. From October 2018 until the completion of the project in September 2019, the PREDICT team in Guinea engaged >5,000 people in the at-risk communities where PREDICT surveillance and sampling activities were based.

In addition, to reach more of the general public, our team worked with rural radio stations in Guinea to broadcast an interactive podcast program entitled "Health for All". The podcast was specifically focused on the messages in *Living Safely with Bats* and was broadcast in French along with 4 other major Forest Region dialects (Kissi, Toma, Guerzé and Malinké). The program was broadcast weekly for several months through the entire Forest Region on channels accessible to >1.9 million individuals. Building on these successes, in February 2019, following reports of a confirmed death due to Lassa Fever, Government of Guinea partners again engaged our team in risk communication efforts, focusing on daily broadcasts of the "Health for All" program in the affected region. Finally, in the wake of the COVID-19 pandemic, this team was again called into action by ministry partners to help develop and promote risk communication strategies for the current disease threat.





CAPACITY STRENGTHENING

In order to support capacity building of surveillance networks within the West Africa region and promote cross-country collaboration, the PREDICT teams participating in the Ebola Host Project (Guinea, Sierra Leone and Liberia) engaged with each other throughout the project in trainings and online platforms to share experiences and exchange best practices. Specifically, the Guinea team traveled to Sierra Leone to participate in an animal sampling and biosafety/biosecurity training and also traveled to Liberia to gain experience and training in behavioral data collection techniques. These cross-border trainings increased knowledge and practical skills of the teams as well as building communication networks within the region. Information exchange between teams continued throughout the project and was critical during the public release and dissemination of the Bombali virus findings to ensure all stakeholders were properly informed and engaged.

Our team also worked in collaboration with governmental and non-governmental stakeholders to develop and strengthen One Health surveillance and disease detection capacities while ensuring the sustainability of project investments. The PREDICT team organized a series of practical workshops to train laboratory technicians in hospitals and health posts, as well as animal health professionals and key workforce members in the environmental sector.

We strengthened national health security through strategic investments in zoonotic disease detection, working with the national laboratory network establish capacity for detection of known (e.g., Ebola and Marburg) and emerging viral threats such as Bombali virus. Over the course of the project, we trained 32 national laboratory staff in the skills and techniques necessary to safely detect priority zoonoses. Trainings included laboratory safety RNA extraction, cDNA synthesis, RNA quality control and conventional PCR for filoviruses. As a result, the core foundation for both the animal and human surveillance networks in Guinea, namely Viral Haemorrhagic Fever (VHF) lab, the Central Laboratory for Veterinary Diagnosis, and the laboratory of the National Institute of Public Health (INSP), are now better connected and empowered.

Finally, as part of outreach campaigns, our team engaged with and trained 20 government agents in risk communication and community engagement and provided invaluable experience in translating difficult and challenging information on a new Ebola virus to communities often sensitive to and distrustful of authorities. These individuals are now responsible for leading risk communication strategies in their prefectural public health departments across the country, a critical role now as the country responds to the current pandemic threat, COVID-19.

ONE HEALTH IN ACTION

The PREDICT/Guinea team has attended Guinea's National One Health Platform monthly meetings, giving opportunities to the Country Coordinator to disseminate data and training materials to human and animal lab partners, and to GHSA partners. These meetings were an excellent opportunity for PREDICT/Guinea to transfer knowledge and capacity to Guinea's National One Health platform targeting improvements in the national zoonotic disease surveillance system. At the local and national levels, the PREDICT project continued to strengthen One Health capacity and skill development of the existing health professionals in community engagement strategy; biosafety; biological sample collection, transport, and storage; information management; and laboratory skills necessary for detection of priority zoonotic viruses.

PRACTICAL IMPLICATIONS

The PREDICT project contributed to national health security in Guinea through:

- Operationalizing One Health by developing and empowering Guinea's One Health workforce through trainings in the core skills required for surveillance, disease detection, and risk communication
- Strengthening the national laboratory system and zoonotic disease detection capacity through hands-on training of lab technicians and safe and secure testing of thousands of collected samples
- Establishing the foundation for effective behaviour change through large scale outreach and education campaigns aiming to reduce risks of viral spillover in at-risk communities.

Our achievements are best illustrated by this testimony from the Prefecture Health Director of Kissidougou:

“Technically-speaking, Guinea’s surveillance capacity was poor before the Ebola outbreak as well as before the PREDICT/Guinea-Ebola Host Project. The health system was largely unprepared for a mass disease outbreak which had shown how rapidly the disease was able to spread. This was due to several factors, including inadequate availability of human resources, a lack of support in terms of crisis and disaster preparedness. Failure to communicate effectively with the communities was another item to add to this list of inadequacies. A successful improvement of the health system was made thanks to PREDICT/Guinea efforts in the Forest Region. In February 2019, we had a confirmed death from Lassa Fever in Kissidougou. There were rumors about an unknown viral spillover in the region. The Ministry of Public Health (MOPH) called upon PREDICT team to assist with community engagement and risk communication to manage rumors. PREDICT, together with prefecture health agents put risk communication and community engagement skills to manage the rumors and set life in the communities back to normal life. This collaborative, experiential-focused approach to workforce training has contributed to Guinea health system readiness and response capabilities for newly emerging diseases or outbreaks of unknown origin in the future.”

For more information
view the interactive report at
p2.predict.global



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