EBOLA VIRUS DISEASE OUTBREAK RESPONSE PLAN IN WEST AFRICA

WORLD HEALTH ORGANIZATION AND THE GOVERNMENTS OF GUINEA, LIBERIA, AND SIERRA LEONE





July – December 2014



Ebola Virus Disease Outbreak Response Plan in West Africa - A Call For Action

- 1. WHO and the Governments of Guinea, Liberia, and Sierra Leone are urgently requesting financial support of <u>US\$ 71,053,413</u> to implement the Ebola outbreak response plans and priority preparedness activities for the period of 6 months to accelerate the response in the region.¹
- 2. This funding plan is also based on a vision of empowering both affected countries and WHO to engage with all national and international stakeholders on the ground. The plan will ensure coordination among all actors and the delivery of effective support to the affected countries and countries at risk. With an outbreak of this nature and magnitude, no organization could meaningfully work and make impact working on its own. WHO envisages to work primarily within a partnerships framework. This proposal is a living document designed to allow for future expansion to include other organizations' needs, upon discussions with those organizations and partners.

¹ Other near and medium term needs considering, operational, technical and community support as well as the evolution of the epidemiology situation may require additional funding. In such a case, WHO will provide an amended budget proposal to donors and partners.

SUMMARY

At the beginning of the outbreak in Guinea and Liberia, this event was graded as a Level 2 based on the Emergency Response Framework (ERF). On 24 July 2014, the Director-General took the decision, based on the ongoing severity of the outbreak and a report of a case travelling from Liberia to Nigeria, to re-grade the event as a Level 3. In the ERF, a Level 2 event means WHO provides moderate support to the affected countries. With the re-grading to Level 3, WHO's response is now consider substantial and additional resources must be mobilized. The funding requested in this proposal will enable the World Health Organization (WHO) and the Governments of Guinea, Liberia, and Sierra Leone to implement their respective operational plans in response to the urgent and immediate needs of West African countries affected by Ebola virus disease (EVD). It will help ensure that critically important activities are conducted as soon as possible in the three affected countries. It will also be instrumental in stepping up preparedness activities in neighbouring countries and in countries where imported cases have been reported.

Previously, WHO had issued funding appeals that totaled US\$ 4.8 million on 27 March and 10 April 2014. WHO has received USD 7,006,230 against these appeals from the following donors: *ECHO, Italy, South Korea, USAID, Estonia, Canada, Rio Tinto Guinea, CERF, Germany, VIVO Energy, Japan, OAS Brazil, Société des mines de fer de guinée (SMFG), Société Anglogold Ashanti de Guinée (SAG), United Kingdom-Department For International Development (DFID), Vale International Holdings GmbH, United States, and the African Development Bank. These funds, which supported WHO's activities from March to June 2014, are now exhausted.*

With the current situation of Ebola outbreak, WHO together with affected countries is launching the Ebola Virus Disease Response Plan for the period of July to December 2014. The donor support will enable WHO to respond to the demands formulated by countries at the 2-3 July 2014 meeting in Accra, Ghana, in which Ministers of Health and senior health officials, as well as the international community participated. In Accra, all actors expressed their expectations for WHO to lead and coordinate the international response to the outbreak. It is anticipated that there will be a need for additional requests for funding in the coming weeks or months based on further assessment and further evolution of the outbreak.

Disease outbreak review and background

On 21 March 2014, the Ministry of Health (MOH) of Guinea notified the World Health Organization (WHO) of a rapidly evolving outbreak of Ebola virus disease (EVD). The cases of EVD were initially reported from Gueckedou, Macenta, and Kissidougou in the Forest Region, an area forming the border with Sierra Leone and Liberia; and later in Conakry, the capital city. Blood samples collected from the initial cases tested positive for *Zaire Ebola virus* (EBOV) species by RT-PCR at Institute Pasteur in Lyon, France. On 30 March 2014, the MOH of Liberia reported its first cases of EVD and on 25 May 2014, the MOH of Sierra Leone began reporting cases.

The scale of the ongoing outbreak is unprecedented, with reports of more than 1 360 cases and 767 deaths (as of 30 July 2014) in the three affected countries since March 2014. The Ministry of Health of Nigeria reported its first case of EVD on 27 July 2014. National authorities in Nigeria are working closely with WHO and its partners to ensure that this case is contained at the source. In accordance with the International Health Regulations (IHR 2005), the Ministries of Health of Guinea, Liberia, and Sierra Leone, together with WHO and other partners, are implementing a coordinated response to the outbreak. WHO has alerted neighbouring countries about the outbreak, calling for intensified surveillance for any illness consistent with a viral haemorrhagic fever, especially along land borders.

Ministerial meeting in Accra

In an effort to rapidly prevent further spread of EVD in West Africa, WHO convened a special Ministerial meeting on the outbreak. The meeting, held on 2 – 3 July 2014 in Accra, Ghana, brought together Ministers of Health and senior health officials from 11 African countries (Côte d'Ivoire, the Democratic Republic of the Congo, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Senegal, Sierra Leone, and Uganda), as well as response partners, Ebola survivors, representatives of airlines and mining companies, and the donor communities. The objective of the meeting was to obtain consensus from Member States and partners on the optimal ways to interrupt ongoing EVD transmission in West Africa in order to reduce the human, social, and economic impact of the current outbreak and any future EVD outbreaks. The meeting focused on attaining a clear understanding of the current situation and response, including gaps and challenges; developing a comprehensive operational response plan for controlling the outbreak; implementing priority preparedness activities by countries considered to be at risk; and engaging with national authorities to optimally respond to EVD outbreak. The outcome of this meeting was the **Strategy for Accelerated Response to Ebola Outbreak in West Africa**.

The goals of the Strategy for Accelerated Response to Ebola Outbreak in West Africa are to:

- 1. Stop transmission of EVD in the affected countries through scaling up effective, evidence-based outbreak control measures.
- 2. Prevent the spread of EVD to the neighbouring at-risk countries through strengthening epidemic preparedness and response measures.

Based on the current epidemiological profile of the EVD outbreak, the technical and operational knowledge available, this strategy will build on the following three major pillars and associated activities:

- 1. Immediate outbreak response interventions, including: assessment; reduction of the spread of disease and effective measures to interrupt transmission of Ebola virus disease.
- 2. Enhancing coordination and collaboration, including:
 - a. Building on local, regional and national coordination.
 - b. Whole of society response (incl. potential legislative action, involvement of the military, as appropriate; public order maintenance;).

- c. Proactive preparedness promotion in neighbouring countries including through social mobilization and training.
- 3. Scaling-up of human and financial resources mobilization, including:
 - a. Communication and public engagement (e.g. sharing responsibility for preparedness and response; communication for the general public; sharing of data and information).
 - b. Linking health and social care responses.

Response Plans of WHO and Affected Countries

Following from the Accra Ministerial meeting, WHO and the affected countries have developed response plans based on the policy objectives and roles and responsibilities detailed below, which were set at the Accra Ministerial meeting. The Accra meeting also recognized a number of gaps and challenges in the outbreak response, such as coordination issues, financing, communications, cross-border collaboration, logistics, case management, infection prevention and control, surveillance, contact tracing, case follow up, community participation, and research.

1. WHO Strategic Action Plan for Ebola Outbreak Response

The Accra meeting called on WHO to:

- 1. Provide leadership in coordinating the international partners at global, regional, and country levels in support of national plans.
- 2. Urgently establish a sub-regional operations coordination centre located in Guinea to act as a coordinating platform to consolidate and harmonize the technical support to West African countries by all major partners and assist in resource mobilization.
- 3. Mobilize and deploy needed WHO staff, experts, and consultants, in collaboration with the technical institutions and networks of the Global Outbreak Alert and Response Network (GOARN) to support the response to the ongoing EVD outbreak.
- 4. Regularly disseminate updated information and risk assessments on the EVD outbreak to stakeholders.
- 5. Develop and disseminate information, education, and communication materials for the public and additional training materials for health professionals, on matters of EVD prevention and control.
- 6. Facilitate cross-border and inter-country collaboration.
- 7. Continue to provide the necessary support to strengthen core capacities that are most essential to responding to serious public health events.
- 8. Work closely with countries and lead an international effort to identify and prioritize key gaps and promote the required research to address EVD and other haemorrhagic fevers.

The WHO Strategic Action Plan is based on lessons learnt from WHO's collective experience in response to SARS, pandemic influenza A(H1N1), and Middle East respiratory syndrome coronavirus (MERS-CoV) and the activities set out in this plan are based on the ERF grading system. The response plan represents the three levels of the Organization – Headquarters, Regional Office for Africa, and WHO Country Offices, in coordination with the respective Ministries of Health. As a coordinating mechanism for operations, a sub-regional centre has been established. The Sub-regional Operations Coordinating Centre (SEOCC) is located in Conakry, Guinea. The centre will be the main operations hub for West Africa and will serve as a coordinating platform bringing together WHO and its partners to consolidate, harmonize, and streamline the technical support to affected countries. WHO and the Regional Office for Africa will coordinate international and regional deployments and activities, respectively, and will provide surge capacity to the SEOCC.

The WHO Strategic Action Plan is divided into two parts:

- 1. Immediate actions to support the three first EVD affected countries (Guinea, Sierra Leone and Liberia).
- 2. Interventions in neighbouring countries to increase preparedness and prevent occurrence of an outbreak.

The following elements of the Plan are described in details in Annex 1.

A. Immediate actions to support the three EVD affected countries

1. Urgently strengthen the field response

- Output 1: A local response team is in place in each "hot spot"
- Output 2: Provision of field logistical support including Personal Protective Equipment supply and local laboratory facilities capacity
- Output 3: Provision of care to patients with effective infection prevention and control in health care settings
- Output 4: Chains of transmission broken through active surveillance, case investigation, contact tracing and follow-up
- Output 5: Public relations and reputation management, social mobilization, and risk communications strengthened

2. Coordinate the outbreak response

2.1 Manage the WHO Sub-regional Ebola Operations Coordination Centre

- Output 1: Field coordination, collaboration and operational management of the outbreak response strengthened
- Output 2: Cross-border coordination strengthened

2.2 WHO's leadership and coordination of EVD outbreak response strengthened at all levels

- Output 1: Logistics management systems strengthened to support response activities
- Output 2: Disease-related and other content-based expert support provided for risk assessment and expert networks mobilized
- Output 3: Global communication and information provided
- Output 4: External relations strengthened
- Output 5: Clinical support strengthened
- Output 6: Development of new medical treatments and interventions against EVD advanced

B. Preparedness in countries at-risk

- Output 1: Preparedness plans activated and tested
- Output 2: Active surveillance strengthened
- Output 3: Laboratory diagnostic capacity strengthened
- Output 4: Public information and social mobilization enhanced
- Output 5: Case management and infection prevention and control capacities strengthened

2. National Response Plans

Government of Guinea, Government of Liberia, and Government of Sierra Leone

At the Accra meeting, the Ministers agreed that the current situation poses a serious threat to all countries in the region and beyond and called for immediate action. They expressed concern about the adverse social and economic impact of the outbreak and stressed the need for coordinated actions by all stakeholders, including national leadership, enhanced cross-border collaboration, and community participation in the response.

The Accra meeting called on Governments to:

- 1. Mobilize relevant government sectors and community, religious, and political leaders to work together in improving awareness, psycho-social support, and understanding of the Ebola situation by communities in order to achieve a more effective response.
- 2. Convene national inter-sectoral meetings involving key government ministries, national technical coordinating committee members, and stakeholders to develop a road map for immediate implementation of the strategy adopted at the meeting.
- 3. Deploy additional national staff with relevant qualifications and other required resources to strengthen key activities in hot spots.

- 4. Identify and commit additional domestic financial resources to support the outbreak response.
- 5. Work and share experiences with other countries that have previously managed Ebola outbreaks in the spirit of south-south cooperation.
- 6. Organize cross-border consultations to facilitate exchange of information and agree on joint collaborative activities.
- 7. Strengthen surveillance, case finding, reporting, and contact tracing and share information on EVD with WHO in a timely manner.
- 8. Continue to strengthen IHR core capacities, especially those essential to responding to serious public health events.
- 9. Pay their contributions to the African Public Health Emergency Fund (APHEF) to support response to outbreaks and other public health emergencies in Africa.
- 10. Improve information and communication to communities on matters related to the Ebola epidemic, respecting the different cultural contexts, to enhance awareness and favourable behaviours needed to improve community participation in prevention, curative, and health promotion interventions.

All affected countries have established a National Task Force for Ebola Outbreak Response and several governments have declared the Ebola virus disease epidemic as a national health emergency. The three countries have organized a series of consultations to enable their National Task Force to develop National Ebola Outbreak Response Plans. The Governments of Guinea, Liberia, and Sierra Leone will implement their respective national strategic plans for accelerated response to the EVD outbreak, adopted in the Accra Ministerial meeting. It is expected that the implementation of these operational plans will bring tangible improvement and scale up effective outbreak containment measures at field level.

The National Ebola Outbreak Response Plan of the affected countries aim to:

- 1. Ensure effective coordination of the outbreak response activities at all levels.
- 2. Strengthen early detection, investigation, reporting, active surveillance, and diagnostic capacity.
- 3. Institute prompt and effective case management and psychosocial support while protecting the health of health-care workers involved.
- 4. Create public awareness about EVD, the risk factors for its transmission as well as the factors that do not entail any risk, and its prevention and control among the people.

CALL FOR ACTION – SUPPORT FOR WHO AND AFFECTED COUNTRIES

- WHO and affected countries are already responding actively, galvanizing governmental actors at the highest political level from all affected and at-risk countries in the sub-region and beyond. WHO is helping West African governments to contain the outbreak. One key action has been to develop and implement a Sub-regional Ebola Control Centre as the main sub-regional operations coordination hub. This is already strengthening coordination among affected countries and among key partners and improving efficient and effective use of resources across all outbreak control activities in the countries. The centre, which is managed by WHO and will remain operational for at least six months, directly brings together staff from WHO and international partners such as CDC, MSF, IFRC, UN Agencies, and other GOARN partners.
- WHO and affected countries will also intensify assistance to the West African region and strengthen countries' preparedness capacities recognizing the immediate threat posed by the Ebola situation. The Governments of Guinea, Liberia, and Sierra Leone will implement their respective national strategic plans for accelerated response to the EVD outbreak, adopted at the Accra Ministerial meeting. The three Governments will scale up and strengthen all aspects of the response, including contact tracing, public information and community mobilization, case management and infection prevention and control, and coordination.
- While concentrating as a priority on immediate needs related to the Ebola outbreak, WHO will take all opportunities to ensure that all investment into the response plan will also significantly strengthen national capacities. By doing this, by the time the Ebola outbreak is contained, countries will have built stronger national capabilities, which will be needed for other eventual future public health emergencies.

| Logframe Ebola Virus Disease (EVD) Outbreak Response Plan in West Africa JULY - DECEMBER 2014 | | | | | | | | | | |
|---|---|---|-------------------------------|----------------------|---|--|--|--|--|--|
| THEMATIC AREA | OBJECTIVE | Measurable indicator | Target | 6 month milestone | Means of vetification | | | | | |
| Coordination, finance and | To ensure effective coordination of the outbreak response | Needed expertise sourced and deployed | 100% | 80% | Daily situation report and weekly monitoring reports | | | | | |
| logistics | activities at all levels | Operational plans in place and implemented | 100% | 80% | Monthly progress report | | | | | |
| | | Availability of at least two weeks needs of PPEs and other required supplies available at all levels. | 100% | 80% | Weekly logistic report | | | | | |
| | | National and Sub-National coordinating committees in place | 100% | 80% | Meeting minutes | | | | | |
| | | All health facilities in affected districs report regularly | 100% 80% | | Daily situation report and weekly monitoring records | | | | | |
| Epidemiology and laboratory | To strengthen early detection, reporting and referral of suspected cases through active | Proportion of alerts investigated within 24 hours | 100% | 80% | Daily update reports | | | | | |
| | surveillance and extended outbreak investigation | Suspected cases confirmed within 48 hours | 100% | 80% | Daily update reports | | | | | |
| Case management and infection | Institute prompt and effective case management of all | Treatment centres available in each epidemiological focus area | 100% | 100% | Monthly reports | | | | | |
| prevention and control; Psychosocial | suspected cases | Number of Ebola treatment centers with demonstrable IPC | 100% | 80% | Site monitoring reports | | | | | |
| Psychosocial support | | Treatment centres use discharge criteria | 100% | 100% | Weekly monitoring report | | | | | |
| | | Number of Ebola treatment centres enabled with communication facilities | 100% | 100% | Weekly monitoring report | | | | | |
| | | No of Treatment centres adhering to standard operating procedures for EVD case management | 100% | 100% | Site monitoring reports | | | | | |
| | | Number of Health Workers infected | 0% | 0% | Daily update reports | | | | | |
| | | Number of districts providing psycho- social support | 100% | 100% | Weekly monitoring report | | | | | |
| Social mobilization/ Public Information | To create public awareness about EVD, the risk factors for its transmission, its prevention and | Social mobilization strategies are in place in all affected villages/Countries and implemented | 100% | 100% | Weekly monitoring report | | | | | |
| | control among the people | Proportion of affected of villages/communities resisting EVD interventions | 0% 0% | | Weekly monitoring report | | | | | |
| Leadership | To provide leadership and operational coordination of the outbreak response in the | Partners, Donors and other stakeholders receiving regular reports | Daily | Daily | Meeting reports and engagement of partners and donors in information sessions | | | | | |
| | different affected countries | High-level engagement of Leaders | Regular | Ongoing | Meeting reports and Political Engagement schedules | | | | | |
| | | Coordinated donor reporting | 100% | 100% | Consultation with technical, financial implementers across countries and WHO offices | | | | | |
| Preparedness | To ensure adequate epidemic preparedness measures in order to avert the spread of EVD | Number of updated national and district epidemic preparedness and Ebola response plans following WHO SOPs | All potential countries | 100% | Plans are shared with WHO | | | | | |
| | to avert the spread of EVD | Rapid response teams available and operational in each affected and 'At-risk' country | All potential countries | 100% | Training report | | | | | |
| | | Laboratory diagnostic capacity for EVD in the national reference laboratory or mechanism for referral of samples to WHO designated reference centres | | 80% | Progress reports | | | | | |
| | | Community awareness on Ebola | All potential countries | 100% | Surveys of countries at risk | | | | | |
| | | Number of countries at risk with available EVD Surveillance and Information tools | All potential countries | 100% | Monitoring reports | | | | | |

| Ebola Virus Disease (EVD) Outbreak in West Africa: | | | | | | | | | | | | | |
|---|---|---------------|------------|---------------|-----------------------|------------|-----------|--------------|-----------|-----------|------------------|-------------------|--|
| Response Plan for WHO and the Governments of Guinea, Sierra Leone and Liberia | | | | | | | | | | | | | |
| July-December 2014 | | | | | | | | | | | | | |
| | | Government | Government | Government | WHO Ebola | WHO Global | WHO CO | WHO CO | WHO CO | WHO CO | Preparedness per | TOTALS | |
| No | ITEM | of Guinea | of Sierra | of Liberia | Control Center | | Guinea | Sierra Leone | Liberia | NIgeria | neighbouring | | |
| | | | Leone | | Conakry | | | | | | country | | |
| 1 | Coordination, finance and logistics | 7,146,563 | 6,253,943 | 6,941,190 | 2,224,294 | 6,036,800 | 1,132,599 | 2,626,841 | 2,180,560 | 180,000 | 0 | 34,722,790 | |
| 2 | Epidemiology and laboratory | 1,107,724 | 5,597,040 | 2,268,860 | 0 | 6,645,000 | 102,964 | 238,804 | 198,233 | 180,000 | 0 | 16,338,624 | |
| 3 | Case management and infection prevention and control; Psychosocial support | 2,068,200 | 6,390,611 | 10,296,260 | 0 | 6,295,000 | 360,373 | 835,813 | 693,815 | 0 | 0 | 26,940,071 | |
| 4 | Social mobilization/ Public Information | 808,932 | 7,575,536 | 1,924,680 | 0 | 1,425,700 | 102,964 | 238,804 | 198,233 | 360,000 | 0 | 12,634,848 | |
| 5 | Leadership | 0 | 0 | 0 | 0 | 600,000 | 102,964 | 238,804 | 198,233 | 360,000 | 0 | 1,500,000 | |
| 6 | Preparedness (Non affected countries and countries at-risk) | 0 | 0 | 0 | 0 | 900,000 | | | 0 | 225,000 | 884,800 | 2,009,800 | |
| | SUB TOTAL | 11,131,419 | 25,817,130 | 21,430,990 | 2,224,294 | 21,902,500 | 1,801,863 | 4,179,065 | 3,469,073 | 1,305,000 | 884,800 | 94,146,133 | |
| PSC | PROGRAMME OVERHEADS 7% | | | | 155,701 | 1,533,175 | 126,130 | 292,535 | 242,835 | 0 | 61,936 | 2,350,376 | |
| | TOTAL Government plans | 11,131,419 | 25,817,130 | 21,430,990 | | | | | | | | 58,379,539 | |
| | TOTAL WHO Global plan of Action | | | | 2,379,994 | 23,435,675 | 1,927,993 | 4,471,599 | 3,711,908 | 1,305,000 | | 37,232,169 | |
| | Cost of preparedness (potential 8 countries) | | | | | | | | | | 7,573,888 | 7,573,888 | |
| | Financial pledged | 714,286.00 | 17,658,180 | 6,185,830 | | | | | | | | | |
| | Financial Gap | 10,417,133.27 | 8,158,950 | 15,245,160.00 | 2,379,994 | 23,435,675 | 1,927,993 | 4,471,599 | 3,711,908 | 1,305,000 | | 71,053,413 | |

Budget for the Response Plans for WHO and the Governments of Guinea, Liberia, and Sierra Leone

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