

Annex 1

**WHO STRATEGIC ACTION PLAN
FOR EBOLA OUTBREAK RESPONSE**



July – December 2014

Introduction

With resources already stretched, weak national health systems, and the complexity of the outbreak response in the field, WHO is committed to support all affected countries as well as the neighbouring countries to bring the epidemic under control. WHO continues to monitor the evolution of the Ebola outbreak and engage with all actors from governments, technical partners, field operation partners, donor partners at local, region, and global level. WHO is deploying experts through GOARN and mobilizing mobile laboratories and clinics. To date, more than 200 experts have been deployed in the three countries by WHO and GOARN partners, but more are needed. Response to this outbreak requires global solidarity and WHO calls upon all partners and the affected countries to scale up the implementation strategies. In addition, strengthening preparedness in neighbouring countries is crucial. Adequate human resources and logistics are urgently needed in the hot spot areas of the outbreak.

The WHO Strategic Action Plan for Ebola Outbreak Response is divided into two parts:

- A. Immediate actions to support the three first EVD affected countries (Guinea, Liberia, and Sierra Leone).
- B. Interventions in neighbouring at-risk countries to increase preparedness and prevent the occurrence of additional outbreaks.

The action plan will assure adequate implementation of the strategy developed at the Accra Ministerial meeting in July 2014.

A. Immediate actions to support the three EVD affected countries

1 Urgently strengthen the field response

The international Ebola response operations in West Africa consists of several local teams comprising both national staff and international staff. These are the people on the ground, at the frontline of combatting the outbreak. It is crucial to ensure and sustain adequate staffing, scale up and implementation of critical response activities.

Global Outbreak Alert and Response Network (GOARN) support to ongoing outbreak response interventions will be scaled-up. WHO and GOARN partners will identify additional technical resources, and international capacity; and plan and deploy technical experts and teams to address immediate priorities, and sustain support in the field. The newly established WHO mechanism for mobilization of Foreign Medical Teams will contribute to human resources mobilization. In addition, WHO will develop needed technical documents and guidelines and material for technical training required for appropriate and safe field response.

Output 1: A local response team is in place in each “hot spot”

In each areas where cases are being reported (“hot spot district”), there must be a team in charge of supporting local response operations to be adapted to the evolving situation. This team should typically be composed of — at a minimum — a coordinator, an epidemiologist, a data manager, a clinician, a infection prevention and control expert, a social mobilization expert, a communications expert and a logistician. In addition to social mobilization, specific expertise will be needed to address mental health and psycho-social support across hotspots, for both population and national and international front line workers.

Output 2: Provision of field logistical support including Personal Protective Equipment supply and local laboratory facilities capacity

- Organise and run working and living facilities for expert teams in the field.
- Provide logistical support to laboratories by providing supplies and consumables, sample transfer facilities , energy availability and maintenance.
- Ensure safety of disinfection, contact tracing, social mobilization and burial teams.
- Provide Personal Protective Equipment (PPE) to treatment centres.
- Ensure safe and rapid shipment of biological specimen from the place of collection to the nearest laboratory (field laboratory or national lab).
- Ensure that biosafety and biosecurity measures are in place for handling specimen.
- Perform laboratory identification of Ebola.
- Share results in real time with field clinicians and epidemiologists, including the results for EVD (for surveillance purposes) and of biochemistry (to optimize case management).

Output 3: Provision of care to patients with effective infection prevention and control in health care settings

- Deploy experts to provide training, mentor national and district level health care workers on EVD case management and infection prevention and control (IPC) practices, including the importance of establishment of triage systems.
- Ensure the availability for medications, supplies, PPE needed and ensure delivery to point-of-care.
- Ensure safe conditions in the dedicated healthcare facilities for the safety of healthcare workers and patients.
- Ensure proper nutrition of admitted patients.
- Ensure effective information to caregivers on self-monitoring of health condition and on self-reporting in case of accidental exposure.

Output 4: Chains of transmission broken through active surveillance, case investigation, contact tracing and follow-up

- Orient and facilitate the rapid response teams to conduct verification/outbreak investigation of suspected cases.
- Orient health care workers on the standard case definition of Ebola, and enhanced active surveillance including immediate reporting of suspected EVD, public health

events of unknown origin/ undiagnosed illness or unexplained death, community based surveillance and alerts.

- Conduct active surveillance particularly along the border districts towns linking major road networks.
- Establish/strengthen EVD alert management systems at national and district levels to receive alerts, rumours and other information from the communities, and respond promptly to conduct verification and investigation.
- Manage all data collected to inform the response.

Output 5: Public relations and reputation management, social mobilization, and risk communications strengthened

Public relations management

- Develop/update/review public health information products tailored for various target populations/audiences based on careful assessment of communities knowledge, practices and behaviour.
- Regularly disseminate updated information and risk assessment on the EVD outbreak to stakeholders.

Social mobilization

Social anthropologists and social mobilization experts from various cultural and languages backgrounds will be engaged and deployed to:

- Engage in a dialogue with community leaders and traditional healers to share information on the disease and find jointly and locally adapted solutions to stop transmissions (safe home based care, safe burial and early reporting of suspected cases to treatment centres).
- Track and analyse rumours and beliefs on a daily basis and engage communities to advocate the correct and appropriate information.
- Provide support to the communities in implementing locally-relevant solutions.
- Develop, update, review public health information products tailored for various target populations and audiences, based on careful assessment of communities knowledge, practices and behaviour and tested and developed in cooperation with the communities.

Risk communications capacity building

- By mid-November, WHO will unleash a third strand of its work with core actors at the national and local health authorities, engaging them in capacity building for risk communications. This will ensure the sustainability of impact of the communications interventions. Workshops, joint communications missions, exercise for sharing experience and knowledge and cross-border learning will be only a few among various possible formats for implementing this action;

2. Coordinate the outbreak response

Successful implementation of EVD outbreak response depends on strong national leadership and effective coordination of all the stakeholders involved in the response. The priorities of actions to be taken include:

2.1. Manage the WHO Sub-regional Ebola Operations Coordination Centre

The WHO Sub-regional Ebola Operations Coordination Centre (SEOCC) is the main sub-regional operations hub to strengthen operations' coordination and ensure resource use optimization across all outbreak control activities in the countries. The centre brings together WHO and major partners to consolidate, harmonize, and streamline the technical support to West African countries by all major partners and assist in resource mobilization. The centre was opened on 24 July 2014 and will be operational for at least 6 months.

The coordination centre is:

- 1) coordinating the technical contributions of partner organizations in the affected countries as well as in countries at risk, ensuring that each organization's contributions are complementary and not isolated or parallel, and supporting effective outbreak response operations;
- 2) providing technical support to Member States in terms of strategy, SOPs, standardized guidelines development to strengthen national outbreak preparedness and response;
- 3) coordinating communications and work among field teams in line with the Strategy for Accelerated Response to Ebola Outbreak in West Africa;
- 4) advising governments on the establishment and operationalization of the national task forces at all levels of the health system;
- 5) enhancing management and centralizing the collection and distribution of data and information products to relevant stakeholders for decision-making, communications, response assessment, and resource mobilization, including to the UN humanitarian community; and
- 6) assisting in harmonizing resource mobilization and allocation for the EVD outbreak response so that collection and use of donor contributions are optimized for supporting all necessary activities and supplies.

The centre is operated by WHO staff, with direct involvement of staff from international partners such as MSF, IFRC, UN agencies, and other GOARN partners in this response. Leadership is provided by a Director and a Coordinator. A senior communications advisor is contributing to the policy process, partner engagement, and coordination. The centre is in close contact with the WHO Regional Office for Africa and with WHO Headquarters, who will in turn keep other international partners informed and engaged.

Output 1: Field coordination, collaboration and operational management of the outbreak response strengthened

- Conduct high-level advocacy and engagement of national institutions (Presidency, Governments, sub-national political and administrative levels, etc.) to ensure strong political and government leadership and effective coordination; and mobilize the necessary human, financial and logistical resources.
- Engage partners to strengthen partnerships, inter-sectoral collaboration and cooperation; including interaction with regional bodies (e.g. ECOWAS).
- Coordinate and carry out regional financial resource mobilization for the outbreak response including liaising with all WHO offices for donor harmonization and donor reporting.
- Ensure effective coordination of outbreak response activities at the regional , national, sub-national and community levels.
- Ensure strategic communications coordination across the three levels of WHO and with all governmental and non-governmental actors and stakeholders, positioning WHO as the lead agency for communications-related components of the Ebola outbreak response.
- Supervise the administrative, logistics and finance management for operations.
- Support preparation plans and training of national staff in at risk countries of West Africa.

Output 2: Cross-border coordination strengthened

- Strengthen national and districts task forces by including all relevant sectors in line with the One Health approach.
- Hold cross-border meetings involving the affected countries and ensuring implementation of the recommendations.
- Provide health services across the borders and sharing of relevant information.
- Coordinate the development of operational plans that clearly describe the situation, human, logistics and financial needs.

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

While the sub-regional coordination centre will ensure the coordination of the response in the different affected countries, there remains a need to ensure that all levels of WHO, international agencies, and countries offering support work in a coordinated way. The response is supported and reinforced by teams based at WHO Headquarters (HQ), Geneva. WHO HQ Strategic Health Operations Centre, through its global network of public health emergency operations centres, provides emergency management staff and tools for global coordination. Moreover, the WHO regional and global HQ offices provide coordination, communications, expert support, supplies and logistics. This function should be maintained at a centralized level.

The EVD outbreak — combined with increasing demands to respond to concurrent MERS-CoV, UN Level 3 emergencies in Africa and the Middle East, and other health security demands — is imposing immense strain on WHO capacities to continue providing support across the board.

GOARN partners' support to the leadership and operational coordination of the outbreak response will involve regular teleconferences with GOARN partners for risk assessment, situational awareness, and adapting response plans to the evolving outbreak situation. Regular operational updates, Situation Reports and other communications will be disseminated to keep United Nations, GOARN partners, National IHR Focal Points, other partners, and the general public informed about the response.

Output 1: Logistics management systems strengthened to support response activities

- Provide logistical support to laboratories by providing supplies, sample transfer facilities, energy availability and maintenance.
- Support Logistics Committees work and coordinate logistical activities with other national and international partners.
- Plan, transport, and deliver personnel protective equipment (PPE) material to the WHO Country Offices and in other affected areas, to support the outbreak response activities.
- Support adaptation and implementation of procurement, inventory and other supply chain management systems and tools.
- Provide oversight of WHO resources invested in the outbreak response

Output 2: Disease-related and other content-based expert support provided for risk assessment and expert networks mobilized

- Develop/update technical documents and guidelines for use in the field.
- Conduct trainings of international experts on site and prior to engaging in field work and response activities.
- Designate and deploy experienced international outbreak coordinators at all level to support coordination of the outbreak response activities and engagement with partners.
- Conduct regular supportive supervision and monitoring in the affected countries.
- Provide strategic capacity building expert support for carrying out national assessments of each country's risk communications preparedness plans and strategies.

Output 3: Global communication and information provided

- Coordinate communications across the three levels of the Organization, with full engagement and ownership of the Regional and Country Offices.
- Coordinate and lead on communications activities among all actors operating in the Ebola response, including governmental and non-governmental stakeholders and partners.
- Ensure a fully-fledged capacity building action on risk communications, with the view of achieving sustainable, high-level capacities and expertise in countries, available for dealing with this as well as any future public health emergencies.
- Coordinate Organization-wide donor communications.

- Regularly disseminate updated information and risk assessment on the EVD outbreak to stakeholders.

Output 4: External relations strengthened

- Provide oversight of WHO resources invested in the outbreak response.
- Coordinate resource mobilization, both financial and in-kind contributions, from multisectoral donors and partners, including governments, development agencies, and the private sector, to support Ebola outbreak response activities at all levels.
- Strengthen collaboration with key implementing actors, such UN agencies, NGOs, and regional organizations, to avoid duplication of efforts.
- Coordinate donor reporting through close consultation with regional resource mobilization focal points and financial and technical teams at all levels.

Output 5: Clinical support strengthened

- Coordinate the establishment of mobile clinics, laboratories, and isolation centres in hot spots.
- Promote access to free care for patients affected by EVD.
- Promote the use of incentive to support and motivate first responders.
- Coordinate the organization of support for health-care workers and deployed staff who may become infected, including emergency evacuation.

Output 6: Development of new medical treatments and interventions against EVD advanced

- Identify the most promising new medical products and/or medical interventions to prevent or control EVD (Drugs, immunotherapy, vaccines)
- Evaluate the potential efficacy of such currently non-licensed medical interventions, including ethical analysis of their deployment.
- Identify partners, potential producers, and product sources.
- Define treatment modalities and systems for establishing effectiveness and tracking adverse events
- Implement effective data management.

In addition to advancing the availability of effective treatments against EVD, the above activities will be instrumental in paving the way to the future development of a public health research agenda on Ebola and other haemorrhagic fevers.

B. Preparedness in countries at-risk

The countries neighbouring Guinea, Liberia, and Sierra Leone, as well as those where imported EVD cases have been reported (e.g. Nigeria) are urged to ensure adequate epidemic preparedness measures in order to avert the further spread of EVD. WHO aims to continue to provide the necessary support to strengthen the most essential core capacities for responding to serious public health events.

All countries will be reminded of their obligations under the International Health Regulations (2005), including their obligation to notify immediately any suspect risk; assess the risk; carry out investigations; and build their capacities. These activities are to be conducted for approximately 12 months. They will be initiated in the next 6 months. WHO will support countries in undertaking the following key actions.

Output 1: Preparedness plans activated and tested

- Set up or activate outbreak and epidemic preparedness committees.
- Develop or update national and district epidemic preparedness and response plans. Plan for laboratory support, for the establishment of isolation units, as well as for rumours investigation, contact tracing, and data management strategies. Plan for allocation of logistic, financial and human resources availability and mobilization. Conduct rapid assessments of IPC situation in high-risk areas (due to their proximity to country entry points) and address gaps, including training of health-care workers on Standard Precautions and provision of basic supplies for their application (clean water, alcohol-based hand rubs, soap, gloves).
- Organize meetings with partners and other stakeholders to mobilize adequate resources to build readiness capacities and support the implementation of relevant task forces.

Output 2: Active surveillance strengthened

- Conduct active surveillance particularly along the border districts and towns linking major road networks.
- Orient and facilitate the rapid response teams to conduct verification/outbreak investigation of suspected cases and immediate response interventions.
- Brief and inform local health-care workers on: the standard case definition of Ebola; enhanced active surveillance, including immediate reporting of suspected EVD; public health events of unknown origin/undiagnosed illness or unexplained death; and community-based surveillance and alerts.
- Conduct risk assessment for Ebola in areas of highest risk.

Output 3: Laboratory diagnostic capacity strengthened

- Strengthen capacity for appropriate specimen collection, processing, packaging, and storage at the provincial and district levels.
- Establish efficient system for specimen shipment to the national reference laboratory within and outside the country.

- Review laboratory diagnostic capacity, quality, and safety for dangerous pathogens including EVD in the national reference laboratory or mechanism for referral of samples to WHO designated reference centres.
- Enhance cross-border collaboration and networking among laboratories in different countries.

Output 4: Public information and social mobilization enhanced

- Initiate/enhance dissemination of public health information on EVD infection prevention and control measures using multi-media channels and inter-personal communications.
- Engage and encourage participation of local and national opinion leaders in social mobilization activities.
- Develop comprehensive communication strategies to improve response using lessons from affected countries.
- Conduct rapid assessment of knowledge-attitude-practice (KAP) and community awareness of EVD.
- Ensure active community involvement (community leaders, traditional healers, community groups) in information and awareness creation.

Output 5: Case management and infection prevention and control capacities strengthened

- Train national rapid response teams on EVD.
- Conduct rapid assessments of IPC situations in health-care settings and address priority gaps. Strengthen standard precautions in health-care settings including provision of essential supplies; e.g. gloves, disinfectants, soap, clean water, hand wash facilities.
- Train health-care workers on EVD case management and infection prevention and control practices including mortuary staff and other high-risk groups.
- Designate potential isolation facilities/treatment centres in strategic locations; e.g. border districts, major highway towns, capital cities. Include provision of ambulance services, burial services, etc.
- Procure and pre-position case management and infection prevention and control supplies.
- Map human resource needs for critical staff and deploy to affected countries to provide technical support and perform on-the-job training.
- Document and lessons learnt from affected countries and share with unaffected and at-risk countries.

C. Budget

Estimated budget for response to the epidemic of Ebola virus haemorrhagic fever over six months (July to December 2014)

Ebola Virus Disease (EVD) Outbreak in West Africa: Response Plan for WHO and the Governments of Guinea, Sierra Leone and Liberia July-December 2014									
No	ITEM	WHO Ebola Control Center Conakry	WHO Global	WHO CO Guinea	WHO CO Sierra Leone	WHO CO Liberia	WHO CO Nigeria	Preparedness per neighbouring country	TOTALS
1	Coordination, finance and logistics	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	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	0	6,295,000	360,373	835,813	693,815	0	0	26,940,071
4	Social mobilization/ Public Information	0	1,425,700	102,964	238,804	198,233	360,000	0	2,325,700
5	Leadership	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	900,000			0	225,000	884,800	2,009,800
	SUB TOTAL	2,224,294	21,902,500	1,801,863	4,179,065	3,469,073	1,305,000	884,800	35,766,594
									1
PSC	PROGRAMME OVERHEADS 7%	155,701	1,533,175	126,130	292,535	242,835	0	61,936	2,350,376
	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
	TOTAL WHO Response Plan								44,806,057

