

**PLANNED RESPONSE TO THE
EBOLA VIRUS DISEASE EPIDEMIC IN GUINEA**



**Ministry of Health
Republic of Guinea**

July – December 2014

Introduction

Since the Ebola virus haemorrhagic fever epidemic was declared on 21 March 2014, the Government of the Republic of Guinea and its partners have been actively involved in the response effort. The epidemic seemed to have been brought under control in mid May, but a resurgence in the number of confirmed cases and the emergence of new foci were reported at the beginning of June 2014. The epidemic has also spread to the neighbouring countries of Sierra Leone and Liberia, thus giving the crisis a regional dimension. By way of response, the WHO Regional Office for Africa organized an emergency interministerial meeting in Accra, Ghana, on 2-3 July 2014 to enable Member States and partners to reach consensus on a regional response strategy to halt the epidemic.

By 8 July 2014, Guinea had recorded 409 cases and 309 deaths (296 confirmed cases and 197 deaths), i.e. a case fatality rate of 66%. The confirmed cases and deaths are distributed as follows:

Location	Cases	Deaths
Guéckédou	166	132
Macenta	26	16
Kissidougou	2	1
Conakry	58	26
Dabola	1	1
Telimele	23	7
Boffa	18	11
Kouroussa	1	1

Against this backdrop, Guinea's response plan has been updated to conform to the strategy and objectives outlined at the Accra meeting. The plan is valid for six months, for the period July-December 2014.

A. Epidemic response plan

To ensure a comprehensive and coordinated response to the Ebola epidemic, the National Crisis Committee has updated the emergency intervention plan, which has been in force since April 2014.

This plan puts particular emphasis on interventions designed to break the chain of transmission at national and regional level, and also on disease prevention.

1.1 General objective

To reduce mortality and morbidity due to the Ebola virus by breaking the chain of transmission of the virus to new foci in Guinea and neighbouring countries.

1.2 Specific objectives

- ✓ Strengthening of active surveillance through early detection of suspected cases, investigation of suspected cases and deaths, and identification of contacts to break the chain of transmission.
- ✓ Rapid and effective management of all cases at no financial cost to patients.
- ✓ Promotion of preventive action to control Ebola viral haemorrhagic fever.
- ✓ Improved community participation.
- ✓ Better coordination of response activities at all levels.
- ✓ Monitoring and evaluation of control measures.

1.3 Proposed interventions

1.3.1 Coordination, finance, and logistics

Strengthening coordination of response activities at all levels

- Hold national and cross-border coordination meetings
- Hold daily meetings of the National Crisis Committee, with input from all relevant stakeholders
- Provide support for meetings of prefectural and regional crisis committees
- Develop and monitor implementation of various strategic documents (response plan, community mobilization, logistics plans, etc.)
- Ensure monthly Internet subscription for dissemination of daily reports on the evolving epidemic situation
- Maintain the flow of communication between health stakeholders and members of technical committees to facilitate the circulation of information regarding coordinated control efforts
- Organize information and advocacy meetings hosted by the various entities (prefectural authorities, elected officials, partners, etc.)
- Regularly update partner mapping
- Meet the cost of engaging the national and international consultants involved in managing the epidemic

Monitoring and evaluation

The monitoring and evaluation of the response activities will be conducted by all the partners under the supervision of the Ministry of Health and Public Hygiene.

Monitoring

- Ensure monitoring by teams from the technical coordination committee and district health management teams
- Draft the epidemic monitoring report

Evaluation

Evaluation of the epidemic control interventions will be organized and enable those involved to learn appropriate lessons. The evaluation will be carried out by a multidisciplinary team of national and international experts, which will:

- Carry out a final evaluation survey on the way the epidemic was managed.
- Organize a workshop to disseminate the epidemic management evaluation report

1.3.2 Epidemiology and laboratory

Strengthening of early detection of suspected cases and identification of contacts

- Register all private-sector health facilities and enlist their help in active case detection
- Continue to develop and distribute technical guidelines and other epidemiological surveillance tools to all national health facilities (public, private, denominational, etc.)
- Continue to train health workers in surveillance of haemorrhagic fevers and proper use of surveillance tools including the wearing of personal protective equipment
- Train community health workers in community-based surveillance techniques
- Carry out active case detection and identify community contacts in collaboration with health teams, civil society (NGOs), locally elected officials and other opinion formers
- Carry out community-based surveillance by devolving responsibility on to community leaders, traditional practitioners, opinion formers, locally elected officials and community health workers
- Verify rumours and deaths in collaboration with the community and community leaders
- Collect specimens from all suspected cases and contacts in accordance with good biosafety practices
- Provide epidemiological surveillance teams with logistical backup
- Reimburse the cost of transporting specimens

Investigation of suspected cases and deaths

- Provide district teams with the proper resources to investigate cases and deaths (financial, technical and logistical tools and resources)
- Train or retrain district and regional health management teams (both technical and support staff) in the application of case definitions, investigation techniques and the use of available tools
- Supervise field investigation teams
- Provide laboratory teams with personal protective equipment, kits for specimen-taking, reagents, consumables and other sundries

- Provide district team technicians with personal protective equipment to carry out medical interventions

1.3.3 Case management and infection prevention and control; psycho-social support

Rapid and effective case management

- Ensure wider dissemination of standard operating procedures (SOPs) for case management in all registered health facilities
- Provide top-up training for health workers in the use of the relevant case management protocols
- Replenish stocks of emergency medicines, equipment, consumables and nutritional and dietary inputs at treatment centres
- Replenish stocks of personal protective equipment (PPE) at treatment centres and at health authority premises
- Equip sorting centres at treatment facilities (medicines, rapid malaria tests, protective equipment, consumables, etc.)
- Provide transport services for suspected cases and deaths
- Meet the cost of engaging international consultants

Promotion of infection prevention and control of Ebola virus disease

- Train health workers and volunteers in infection prevention and control (IPC) on the model of EPI
- Distribute hygiene kits at health facilities and in communities in affected areas
- Ensure proper disposal of the bodies of patients who have died from EVD
 - Report all deaths occurring at health facilities and in the community
 - Provide health facilities and the Red Cross with the proper equipment to dispose of bodies (body bags, personal protective equipment, products and equipment for disinfection)
 - Provide disinfection teams with fuel to effect searches for deaths in the community and burials

Psycho-social support

- Show sensitivity in patient management and funeral arrangements in the event of a fatal outcome
- Provide psycho-social and dietary support to orphaned/surviving children
- Meet the cost of psycho-social interventions

1.3.4 Social mobilization, public information, and communications

- Develop action plans with a proper communications strategy to effect behaviour change in health workers and communities
- Ensure effective coordination of communications interventions at all levels
- Organize advocacy events at all levels (central, regional, district and community) to involve community leaders in the dissemination of behaviour change messages
- Update the media, community leaders and traditional communicators on EVD
- Issue regular press releases and hold regular press conferences, organize information sessions for the media, information streaming, etc.
- Identify the key behaviour components to be promoted and use different channels of communication
- Develop and disseminate various communications media featuring key messages on preventing EVD infection
- Raise awareness of safe and hygienic cooking practices and food preparation techniques
- Develop a community-based communications strategy using locally elected officials, videobuses, and traditional communicators in affected areas

Conduct mass outreach through microblogs, SMS, etc.

B. Budget

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

Thematic area	Amount (USD)	Pledged (USD)	Gap (USD)
Coordination, finance and logistics	7,347,393	714,286	6,663,170
Epidemiology and laboratory	1,107,724		1,107,724
Case management and infection prevention and control; Psychosocial support	2 068 200		2 068 200
Social mobilization/ Public Information	808 932		808 932
Total (USD)	11,131,419	714,286	10,417,133