



**World Health
Organization**

Guide to Preparedness and Readiness for Potential Outbreak of Ebola Virus Disease in Non-affected Countries

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1.0. Introduction

The extension of the current on-going outbreak of EVD in the West African countries of Guinea, Liberia, and Sierra Leone to Nigeria, and to Senegal, is a clear demonstration and manifestation of the potential for the outbreak to spill over to other countries, through travel and trade. Based on the anticipated risks for potential transmission or introduction of Ebola to new locations, countries can be grouped into “high risk^a”, “medium risk^b” and “low risk^c” countries. Effective response and containment of a potential outbreak of EVD in a country can only be achieved through anticipation, preparedness^d and readiness^e for response in the event of an outbreak. This requires developing and implementing a clear and comprehensive Ebola preparedness plan that is capable of supporting the initial response to a potential outbreak as additional resources are mobilized. The WHO recommends that all high risk and medium risk countries strengthen their respective country preparedness and readiness to EVD.

With proper preparedness and readiness at country level, Ebola can easily be contained, and the consequential possible impact on health care systems, and the society at large can be minimized. Against this background and in response to the on-going outbreak in West Africa, the IHR Emergency Committee recommends the following actions for countries currently not affected by the EVD epidemic (1);

- Any State newly detecting a suspect or confirmed Ebola case or contact, or clusters of unexplained deaths due to febrile illness, should treat it as a health emergency, take immediate steps in the first 24 hours to investigate and stop a potential Ebola outbreak by instituting case management, establishing a definitive diagnosis, and undertaking contact tracing and monitoring.
- If Ebola transmission is confirmed to be occurring in the State, the full recommendations for States with Ebola transmission should be implemented, on

^a High risk countries are countries with land borders adjoining States with intense Ebola transmission (Guinea, Liberia and Sierra Leone) and with active cultural, social and economic ties. These include Benin, Gambia, Guinea Bissau, Côte d’Ivoire, Ghana, Mali, Nigeria, Togo, and Senegal.

^b Medium risk countries are the countries not sharing borders with States with intense transmission, but with active cultural, social, economic and religious ties.

^c Low risk countries include all other countries with active economic ties, and international travels.

^d Epidemic preparedness refers to the implementation of a range of deliberate critical tasks, activities, and capabilities outlined in a preparedness plan for the timely detection, investigation, confirmation, effective response and containment of an epidemic if and when it occurs, and in a manner that mitigates all potential negative consequences.

^e Epidemic readiness refers to a situation of having capabilities and the capacity to immediately act and effectively respond to a potential epidemic.

either a national or sub-national level, depending on the epidemiological and risk context.

The WHO overarching objectives for the Ebola response roadmap includes strengthening preparedness of all countries to rapidly detect and respond to the potential introduction of Ebola in States currently not affected by the outbreak (2).

2.0. Purpose

The high population movement across borders, and between countries with intense transmission of EVD and other “at risk” countries increases the risk of potential introduction of EVD in these countries. An outbreak of EVD, if not detected and contained immediately can have far reaching negative consequences with resulting economic and socio-political impact.

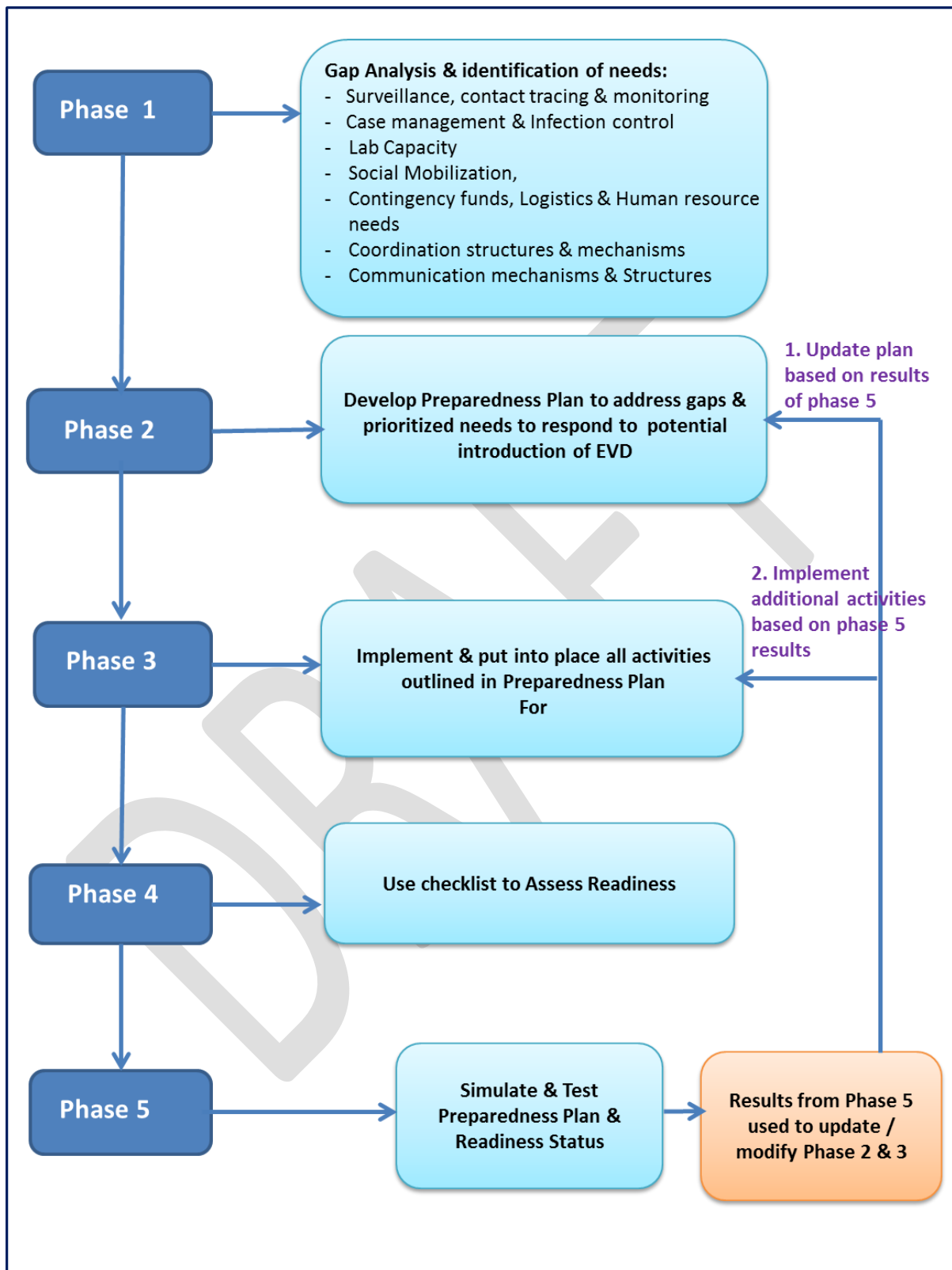
This document primarily aims to guide countries at high or medium risk of potential EVD introduction to prepare and get ready to respond timely and effectively in the event of an imminent outbreak. However, it is recommended that all other countries at this stage review and strengthen their preparedness to possible EVD.

Figure 1 below is a flow chart to outline processes in preparedness planning and readiness check.

While it is recognized that most countries in the African region have weak health systems and poor infra-structure that may challenge efforts to contain potential outbreak of EVD, this document on preparedness covers the minimum and priority interventions to focus on when developing preparedness plans for the immediate verification, investigation and response to suspected cases of EVD. Additionally, countries should note that if basic requirements for infection prevention and control such as water and sanitation, basic hygiene and standard precautions (3) in health care settings are not in place, countries will experience serious difficulties to operationalize the proposed interventions and effectively respond to the threats of EVD, should it occur. Therefore, for the medium and long term, these countries should develop and implement strategies and plans to strengthen their overall health systems and infrastructure as part of their preparedness plan.

The last section of this document contains the preparedness and readiness checklist, that is a measure against which countries can assess their level of preparedness for EVD, and ascertain gaps for further action. It is recommended that all the countries perform a simulation exercise involving detection of suspected EVD case to test the readiness and functionality of their preparedness. **A simulations exercise will be developed for countries to test their preparedness and readiness once all planned activities have been implemented.**

Figure 1. Flow Chart For Preparedness and Readiness for EVD



3.0. Target audiences

The document is primarily intended for Ministries of Health of countries currently at risk of EVD outbreak, the public health authorities and operators at Points of Entry (PoE)^f, national or state response agencies who might lead the response, the respective WHO country offices (WCO), together with their technical, bilateral and donor agencies supporting in-country preparedness efforts of respective countries.

4.0. Components and Required Actions for Country Specific Preparedness Plans for EVD Outbreak

1. Presence of a budget for outbreak detection verification and preliminary response

Countries should prepare:

- 1.1. Detailed budget outline required for verification of rumours and suspected cases and the initial response. The budget should specify how much of the required resources has been earmarked through pre-existing contingency funds and logistics, the additional funds to be mobilised and possible funding sources.
- 1.2. Identify additional possible funding sources to fill gaps in the budget and specify mechanism to raise additional resources when required.
- 1.3. Pre design and develop templates for resource mobilization and for donor reporting. Include arrangements for documenting activities, outcomes and impact.

2. Contingency funds, logistics and human resource needs

The purpose of mobilizing contingency funds, logistics and pre-identifying the human resource capacity needs based on the required skill sets for the initial case management of suspected and confirmed cases of EVD patients is to ensure local capacity for immediate response to a potential outbreak of EVD as additional resources are mobilized. To achieve this, the following should be implemented as part of preparedness and readiness activities;

^f Points of Entry – PoE: a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit (IHR 2005).

2.1. Allocate contingency funds based on a realistic and comprehensive budget, and make known to all concerned the mechanisms and processes for accessing the funds. Contingency funds should be allocated at national as well as other appropriate sub-national levels for outbreak response within the decentralized health care delivery system, such as at the district level.

2.2. Purchase and stock necessary logistics which should include hand hygiene equipment (e.g. soap and alcohol based hand rub - [ABHR]), personal protective equipment (PPE), disinfectants (4), as well as other essential supplies and medicines to manage other common co-infections.

2.3. Map out the human resource requirements, including appropriate skill mix and seniority for the initial response and develop a human resource deployment plan with specificities of individuals and contact details.

2.4. Identify how capacities could be scaled up rapidly, including the scaling up of additional financial, logistical and human resources, if needed.

3.0. Communication functions, structures and mechanisms

3.1. Review existing plan and map out existing public communication capacities and expertise within the health sector, but also within sectors impacting on health.

3.2. Assign responsibility for internal and external communication: review/define emergency message clearance procedures and establish a roster of focal points and spokespersons at all levels and for all times.

3.3. Plan for/ensure two-way communication through real-time media and social media monitoring, as well as a feedback loop with activity 6.3 below, the telephone hotline. Identify how trends from monitoring can quickly be integrated into communications.

3.4. Identify critical message/communication relay channels. These include traditional (TV, radio) and social media, but also communication through professional associations. If possible, it would be good to determine which audiences access what channels. KAP surveys when conducted, can provide useful information on how to disseminate messages through channels most preferred and trusted by the public.

3.5. Consistency of information is key for building trust and for ensuring risk-reducing behaviours. Establish functional communication coordination mechanism, that involves all relevant government actors as well as civil society organisations and religious organisations.

3.6. Update websites regularly and routinely, at least twice a week. Post stories and photos that illustrate key messages to be conveyed, as well as help to create trust in the alerts and in the health care system.

3.7. Have pre-defined policy for engaging with private sector for communications work, including branding. Have pre-briefed and pre-identified service providers from production companies to provide state of the art video and radio products that resonate with the community (i.e. radio jingles, etc.).

3.8. Establish a plan and mechanisms to monitor the impact of communication. For example, to monitor if the public is following health advice provided, and are if they adequately informed about issues.

4.0. Emergency and Epidemic Committees / Ebola Task Force

Most countries have established epidemic or disaster committees whose terms of reference and membership are updated and adapted according to the needs and specificities of the epidemic or disaster (5, 6). Countries will need to adapt pre-existing national epidemic/emergency committee to align it to the needs for Ebola response.

4.1. Determine the need to adapt pre-existing emergency/disaster Committees and transition to an Ebola Task Force (ETF) for the purpose of oversight, coordination and management of a potential Ebola epidemic.

4.2. Review and update membership to the national ETF, and inform all members. This should be a multi-sectoral team that incorporates relevant line ministries (e.g. Ministry of Health, Ministry of Disaster management if separate, Ministry of Agriculture, Animal Industry & Fisheries, Ministry of Information, Ministry of Finance, etc.), as well as in-country technical and bilateral partners. The sub-national level, such as the district level, should also establish their respective district level Ebola committee or ETF.

4.3. Pre-identify and constitute the necessary technical sub-committees of the ETF with focal points that will follow up on respective specific technical aspects/needs and issues as part of response operations.

4.4. Develop Terms of Reference (ToR) with clearly defined modus operandi and share with all members of the ETF.

4.5. Establish procedures for command and control, coordination mechanisms, clearance of key materials, release of public information, reporting and other key functions that may encounter bottle necks in response operations if not streamlined in terms of processes.

5. Points of Entry (PoE) ; Ports, airports and ground crossings

Preparedness activities at PoE (7) should aim to immediately detect, verify/investigate and effectively manage potential imported cases of EVD into the country should it occur, and to limit further transmission and spread within the new country. Activities should include;

- 5.1. Establish health emergency contingency plan at high risk PoE that include international airports, ports and designated high risks ground crossings.
- 5.2. Establish, equip and appropriately staff sites for initial health assessments at identified PoE, in the event of suspected illness detected in a traveller.
- 5.3. Establish adapted standard operating procedures (SOP) to manage and refer ill patients to designated hospitals (with designated isolation facilities), including the allocation of adequate ambulance services for patient referral (8).
- 5.4. Develop, maintain and manage rapid communication system between PoE, health authorities and the conveyance operators (for receipt of information on suspected ill patients on board flights), and with national health surveillance systems.
- 5.5. Raise awareness about EVD and disseminate information, including expected actions to all relevant public health authorities and stakeholders.
- 5.6. Establish procedures and systems for implementing health measures related to infection prevention and control (e.g. cleaning and disinfection)
- 6.7 Prepare a multi-sectoral operational plan or SOP for applying exit screening at PoE in the event of EVD outbreak at country level, if and when recommended for purposes of risk assessment of individual travellers.

6.0. Alert, enhanced surveillance and response system

All countries in the African region have included viral haemorrhagic fevers (VHF) in their routine surveillance system for immediate reporting. Key actions for preparedness should include (1,5, 6);

- 6.1. Alert the country and step up the surveillance system for early EVD detection in all at-risk districts and elsewhere in the country. Specific actions include (1):
 - i. the establishment of surveillance for clusters of unexplained deaths due to febrile illness;
 - ii. strengthen the alert system at major ground crossings with the already affected countries, capital cities, airport, seaport if any, health care facilities, and especially major hospitals; and
 - iii. establish community surveillance and notification systems in border districts.
- 6.2. Raise awareness of key staff (surveillance, laboratory and medical staff) in “at-risk” districts on surveillance, management and response to suspected and/or confirmed case of EVD (1, 6).

6.3. Establish a hot line (with easily remembered telephone numbers) for the reporting of suspicious cases, and ensure 24 hour access to the hot-line (1).

6.4. Establish or enhance rumour verification process and management.

6.5. Establish rapid response teams (RRT) with capacity to investigate and manage suspect EVD cases and their contacts, and train them on IPC practice, including use of PPE (1).

6.6. Ensure availability and continuous supply of rapid response kits to all RRTs at all levels of the health system (5).

7.0. Capacity for laboratory confirmation

7.1. Establish prior arrangements/agreement with WHO Collaborating Centres for VHF on testing specimens collected from suspected EVD cases (1).

7.2. Establish stand-by arrangements and agreements with relevant air-lines and customs officials for purposes of shipping specimens from suspected cases to WHO Collaborating Centres for VHF for confirmation of EVD.

7.3. Ensure availability of resources for the local transportation of specimens to designated laboratory (WHO Collaborating Centre)

7.4. Adapt, distribute and operationalize the WHO protocol for sample collection, referral and shipment to a designated laboratory for confirmation of EVD, including guidance on temperature requirements.

7.5. Procure and distribute triple packaging systems for packing of specimens from suspected cases of EVD (6).

7.6. Train laboratory staff and health care workers on the procedures for specimen collection, packaging, labelling, referral and shipment of specimens from suspected EVD cases, and handling of infectious substances.

8.0. Capacity for isolation and case management

8.1. Designate and equip isolation facilities at an identified national hospital as well as at “at risk” district hospitals.

8.2. Identify and map out strategic sites for potential Ebola treatment centers (ETC) including identification of infrastructure requirements to make them functional when required.

8.3. Prepare a staffing plan, with details of individuals and contact details, ready for implementation when necessary.

8.4. Train all staff (e.g. doctors, nurses, hygienist, etc.), including from private facilities on management of suspected and confirmed cases of EVD.

9.0. Infection Prevention and control

9.1. Disseminate guidelines on standard precautions (3), infection prevention and control (IPC) measures (4) and isolation precautions (4) for management of EVD to all health facilities.

9.2. Train and orient all health care workers (HCWs) on standard precautions for infection control

9.3. Train key HCWs in hospitals and in HF in “at risk” districts and in designated isolation facility on IPC measures and Isolation precautions for EVD/VHF, (hand hygiene best practices, and proper use and application of PPE, in particular).

9.4. Ensure availability and continuous supply of materials and requirements for basic standard precaution and IPC in all HFs

9.5. Strengthen capacities of HF and hospitals in injection safety (9) and safe management of infectious waste (10).

10.0. Capacity for community[§] and public engagement (health promotion, social mobilization, health diplomacy, messaging)

10.1 Develop a community and public engagement strategy and plan for different target groups. Identifying multipliers to reach those audiences if an operation needs to scale-up fast. There should be plans for cascading down awareness and outreach, as well as plans and expertise for house to house (H2H) programmes. A list of resource persons that are usually short of supply (such as medical anthropologists), should be pre identified. The plan should include activities for:

- i. Pre-detection of EVD case- set up basic information gathering/feedback mechanisms, focusing on raising public awareness and the importance of enhanced surveillance;
- ii. Introduction of disease – emphasizing the importance of early announcement, as well as the need to engage public communication partners;

[§] “Community” is defined as any group sharing common characteristics, interests and perceived or perceiving itself as in some way distinct from others e.g. geographic area, culture, religion, ethnicity, occupation, education, gender etc.

- iii. Rapid increase of disease and peak transmission – strategies for ensuring effective listening and response to community needs and fears, including evaluation and adaptation of communication strategies as required;
- iv. Decrease in cases and control of disease outbreak - reinforcing vigilance, combatting complacency, addressing stigmatization and psychosocial needs, and documenting lessons learnt.

10.2. Identify and engage existing national level networks and partners needed for possible response. e.g. health care workers, social mobilizers, health promoters, religious groups, local associations, civil society groups, etc.

10.3. Map and identify the information, and training needs of the networks (products, messaging, guidelines, skills, tools).

10.4. Develop a mechanism for scaling up outreach using a cascade strategy, along with relevant visual IEC material.

10.5. Pre-identify service providers for printing of awareness materials; establish a process to develop, pre-test and clear IEC materials and to translate them into local languages. The mechanism should be robust enough to make reviews and re-orientate messages based on evolving situations and challenges.

11. Arrangements for safe management and disposal of dead bodies

11.1. Plan and institute systems for the safe management and burial of dead bodies taking into consideration mechanisms to address cultural and or religious practices that may promote exposure and transmission. The following should be put in place;

- i. Plan and strategy for management and disposal of dead bodies of EVD cases
- ii. SOPs for safe burials that incorporates religious and cultural sensitivities (11).
- iii. Logistics like body bags, PPE, hand hygiene material and materials for waste management are included in the contingency plans for logistics needs

12. Plans for waste management

12.1. Plan and institute systems for management of solid waste, including sharps in health care settings as well as from within the community e.g. during burials.

13.0. Mass gatherings and international meetings

Mass gatherings and international meetings may result in the introduction of EVD in countries currently not affected by the outbreak. Mass gatherings and international meetings may require specific measures to manage risks associated with hosting the event.

13.1 Carry out a risk assessment of any planned mass gathering based on the expected participants, activities and the readiness of public health systems to decide on appropriate action that may include meeting cancelation or postponement, or implementing specific preparedness measures to deal with the threat.

14. Technical guidance for prevention and control of EVD

14.1. Obtain, adapt and distribute all relevant guidance document necessary for the prevention, management and control of EVD (Case definition for EVD, guidance for RRT, guidance on enhance surveillance and contact tracing, social mobilisation, case management and IPC, safe burials, risk communications) to all relevant stakeholders at different levels of the response system.

15. Package for health care workforce

Many of the of the countries in the African region are facing critical shortage of health workers which undermines effective response to a potential outbreak. It is therefore critical for all countries to consider the human resource needs in their preparedness plans.

15.1. Pre-articulate and prepare guidance and package for:

- i. remuneration and motivation of HCWs responding to outbreak of EVD,
- ii. guidance and compensation of health care workers in the event of infection and death from EVD.

16. Simulation Exercise for Response

The purpose of the simulation exercise to test country preparedness and readiness to respond to a potential EVD case is to ensure availability of respective country capacities in terms of all the components of preparedness and readiness outlined above to immediately and effectively respond to a potential EVD case. The simulation exercise should as much as possible include scenarios involving PoEs to assess their readiness status, as well as scenarios that involves potential cases originating from any other part of the country. All aspects of the response that include immediate verification and investigation; specimen collection, packaging, labelling, and shipment to designated laboratory for confirmation; isolation and case management, IPC, management of infectious waste, communication with general public, community engagement, etc. should be tested, as well as well as precence of responsive capacities at national and appropriate sub-national levels involved in outbreak response.

The following should be assessed:

16.1. Simulation exercise conducted to assess the readiness and functionality of all elements of the plan.

16.2. Gaps and needs for improving readiness identified through simulation exercise implemented

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Checklist for Assessing Preparedness and Readiness for EVD Outbreak

No.	Indicators	Status	Remarks
1.0	Budget for outbreak detection verification and preliminary response		
1.1	Presence of operational budget for activities (rumour verification, enhanced surveillance, investigation, etc.) pre-epidemic detection and for the preliminary response.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.2	Additional funding sources, including mechanisms to raise additional required resources when necessary has been put in place and is known.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.3	Existence of templates for resource mobilization and for donor reporting, including mechanisms to monitor & track implementation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.0	Contingency funds, logistics and human resource needs		
2.1.	Presence of easily accessible contingency funds for immediate response to outbreak of EVD at national and other appropriate sites	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.2.	Presence of well prepositioned and adequate stock of appropriate logistics and supplies (e.g. hand hygiene products, PPEs) for immediate response to EVD.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.3	Ambulance and trained personnel for transfer of cases to treatment centres	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.0	Communication functions, structures and mechanisms		
3.1.	Public communication capacities & expertise within health and other sectors impacting on health has been mapped out.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.2.	Existence of defined responsibility for internal & external communication, a roster of focal points & spokes persons, including well established procedures for rapid clearance of information products.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.3.	Existence of plans and mechanisms to ensure two-way communication in real time through media and media monitoring.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.4.	Critical communication channels (TV, radios, etc.) for relay of information to general public has been mapped out and planned for.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.5.	Existence of established functional communication coordination mechanism involving all government relevant sectors, and other stakeholders, including civil society organisations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.6.	Existence of capacity, capabilities and established mechanisms to update website with unfolding information on a regular basis (2-3 times a week).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.7.	Existence of pre-defined policies for engagement with private sector, including pre-identification of service providers for videos, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.8.	Established plan for monitoring impact of communication strategy	<input type="checkbox"/> Yes <input type="checkbox"/> No	

No.	Indicators	Status	Remarks
4.0.	Emergency & epidemic committees / Ebola Task Force (ETF)		
4.1.	Pre-existing emergency / epidemic committee transitioned into an ETF.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.2.	Membership to the ETF at national and sub-national level in “at risk” districts reviewed and updated, and every one informed of the roles and responsibility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.3.	Technical sub-committees of the ETF with focal points and clear mandate constituted	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.4.	Existence of clear TOR of ETF and technical sub-committees.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.5.	Established procedures for command & control, coordination mechanisms, clearance of key technical and information products.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.0.	Points of Entry (PoE): Ports, airports and ground crossings		
5.1.	Existence of health emergency contingency plan at high risk PoE (ports, airports, & ground crossings)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.2.	Presence of equipped and appropriately staffed sites for health assessments and management of suspected ill travellers at PoE.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.3.	Presence of SoPs to identify, manage and refer suspected ill patients from PoE to designated hospitals /isolation facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.4.	Established and effective communication system for rapid communication between health authorities & conveyance operators at PoE, & national health surveillance systems.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.5.	Public health authorities at PoE sensitized on EVD, their roles and processes for handling, reporting and referral of suspected cases of EVD	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.6.	Existence of systems and procedures for implementation health measures related to IPC.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.7.	Presence of a plan and SOP for implementing exit screening in the event of a confirmed EVD outbreak, and if recommended.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.0.	Alert, Enhanced Surveillance and Response System		
6.1.	Country on the “alert”, & surveillance for EVD stepped up incorporating (i) surveillance for clusters of unexplained deaths due to febrile illness; (ii) enhanced alert system at major ground crossings with affected countries, PoEs, health care facilities & hospitals; (iii) community surveillance & reporting systems at border districts.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.2.	Key staff in “at-risk” districts sensitized on surveillance, management and response to suspected and/or confirmed cases of EVD	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.3.	Presence of a 24 hour accessible hot line dedicated for the reporting of suspicious cases of EVD	<input type="checkbox"/> Yes <input type="checkbox"/> No	

No.	Indicators	Status	Remarks
6.0.	Alert, Enhanced Surveillance and Response System (continued from previous table)		
6.4.	Presence of an effective system for the verification and management of rumours	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.5.	Presence of functional RRTs at national and at sub-national level	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.7	Presence of adequate supplies of rapid response kits, (including systems for maintaining supply chain) for the investigation of suspected cases of EVD.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.0.	Capacity for Laboratory Confirmation		
7.1	Stand-by arrangements and agreements with WHO Collaborating Centres for confirmatory testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.2	Stand-by arrangements and agreements with relevant air-lines to ship samples from suspected cases to WHO collaborating Centres in place.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.3	Availability of resources to facilitate transportation and shipment of specimens	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.4.	Existence of protocol for; (a) sample collection, (b) referral and shipment of specimens from suspect EVD cases to designated laboratory for confirmation at national and sub-national public health laboratories.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.5.	Triple packaging systems procured and distributed to relevant sites.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.6.	Laboartory personnel trained on procedures for specimen collection, packaging, labelling, referral & shipment, including handling of infectious substances.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.0.	Capacity for Isolation and case Management		
8.1.	Presence of designated and equipped isolation facilities at an identified national hospital as well as at "at risk" district hospitals.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.2.	Presence of a strategically mapped out plan for the establishment of potential ETC including identified infrastructure requirements to make them functional when required.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.3.	Presence of a staffing plan, with details of individuals and contact details, ready for implementation when necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.4.	Key staff trained/oriented on case management of suspected and confirmed cases of EVD.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.0.	Infection Prevention and Control in hospitals and health facilities		
9.1.	Guidelines on standard precautions as well as special precautions for the management of EVD distributed to all health facilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.2.	All HCWs trained on standard precautions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

No.	Indicator	Status	Remarks
9.0.	Infection Prevention and Control in hospitals and health facilities (continued from previous table)		
9.3.	Key HCWs in “at risk” districts and in designated isolation facility trained on infection prevention and control (IPC) measures and isolation precautions for EVD/VHF, and proper use and application of PPE.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.4.	Supplies and requirements for basic standard precautions and IPC available in all HFIs (e.g., soap, alcohol-based hand rub solutions, chlorine 0.5%, detergents, PPE).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.5.	Existence of a safe and functioning water and sanitation system at the HFIs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.6.	Existence of capacity for safe management of infectious waste in all hospitals and HFIs.		
10.0.	Capacity for community and public engagement (health promotion & social mobilisation)		
10.1.	Existence of a comprehensive strategy & plan for community and public engagement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.2.	Identification and establishment of mechanisms for engagement with national level networks for social mobilisation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.3.	Information & training needs of networks identified	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.4.	Existence of strategy & methods for scaling up outreach services, including development of relevant visual IEC materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.5.	Presence of list of pre-identified service providers for printing awareness materials, including procedures for development, pre-test & clearance of IEC materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11.0.	Safe management and disposal of dead bodies		
11.1.	Existence of strategy & plan for management & disposal of dead bodies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11.2.	Existence of SOPs for safe burials	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11.3.	Logistics for safe burials, e.g. body bags, PPE, disinfectants, etc. procured and stocked as part of contingency plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12.0.	Waste management		
12.1.	Existence of systems for solid waste management, including sharps in health care facilities (and a plan for management of infectious wastes at community level).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13.0.	Mass gatherings and International meetings		
13.1.	Risk assessment of all scheduled or anticipated mass gatherings conducted and appropriate & informed recommendations made.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

No.	Indicator	Status	Remarks
14.0.	Technical documents & standards for prevention and control of EVD		
14.1.	Existence of updated and adapted technical guidelines and standards for prevention, management and control of EVD; (a) Case definition for EVD, (b) Guidance for RRT, (c) Guidance on enhance surveillance and contact tracing, (d) Social mobilisation, (e) Case management and (f) IPC , (g) Safe burials	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
15.0.	Benefit package for health care work force		
15.1.	Existence of guidance and package for: (a) remuneration and motivation of HCWs on the frontline of response to outbreak of EVD, and (b) compensation of HCWs in the event of infection and death from EVD.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
16.0.	Simulation Exercise for preparedness & response		
16.1.	Simulation exercise conducted to test preparedness, readiness and functionality of all elements of the plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16.2.	Gaps and needs for improving readiness identified through the simulation exercise implemented	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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