



**STRATEGIC PLAN FOR CONSOLIDATION
AND STABILIZATION FOLLOWING
THE EPIDEMIC OF EBOLA VIRUS DISEASE
IN THE DEMOCRATIC REPUBLIC OF THE CONGO**

AUGUST-OCTOBER 2018



Tale of content

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CONTEXT AND JUSTIFICATION

On 8 May 2018, following the provisions of the International Health Regulations, the Ministry of Health of the Democratic Republic of Congo notified WHO of two confirmed cases of Ebola virus disease (EVD) in the Bikoro health district in Equateur province. Since that declaration, two other health areas have reported cases: the Iboko health district and the Wangata health district in the city of Mbandaka. The affected areas share a border with the Republic of Congo. This is the ninth Ebola outbreak in Democratic Republic of the Congo, but the first in the province of Equateur.

The national and local authorities and their partners acted quickly to respond to this outbreak. A National Epidemic Response Coordination Committee was established to coordinate the interventions and partners' efforts following the official declaration of the epidemic as a public health emergency by the Ministry of Health (announced on 8 May 2018). A joint response plan for all partners to support the Ministry of Health was developed. This initial plan covered a 3-month period expiring at the end of July. After this first stage, a consolidation and stabilization phase was necessary to develop resilience at the local and national levels. This purpose of this new plan is to present the priorities and interventions under this new phase. A monitoring framework has been set up to monitor regular activities at the 4 sites.



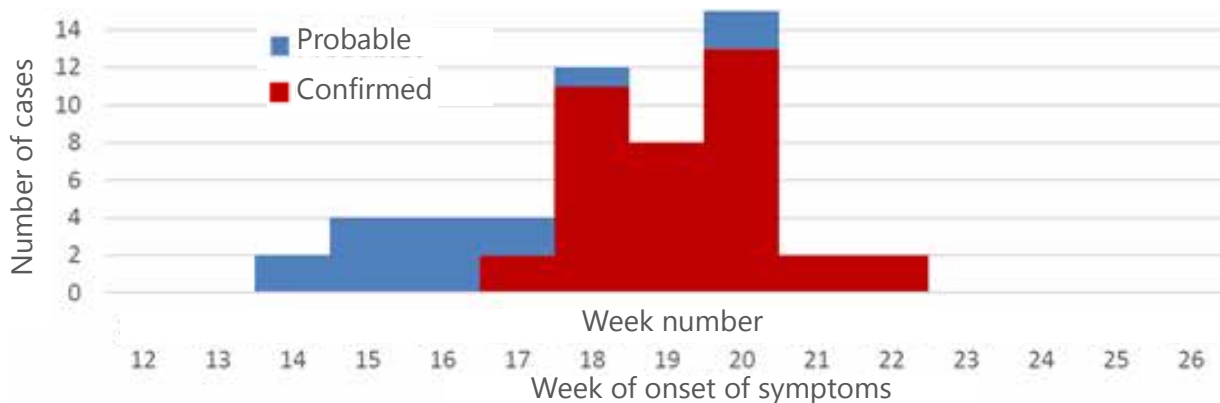
Last confirmed case of EVD was reported on the 6 June 2018, since then no confirmed cases have been reported.

**Since the start of the epidemic
54 reported cases
38 confirmed cases
16 probable cases**

Current epidemiological situation

Since the start of the epidemic, 54 cases have been reported, including 38 confirmed cases and 16 probable cases. The last confirmed case of EVD in Equateur Province was reported on 6 June 2018, since when no confirmed EVD case have been reported in the affected areas. The last confirmed case admitted to the Ebola treatment center was discharged on 12 June 2018 and monitoring of all registered contacts was discontinued on 27 June 2018.

Figure 1 - shows the epidemic curve of EVD cases in Equateur province (Democratic Republic of the Congo) between week 14 and week 29.



Progress to date

A national strategic response plan has been developed to guide the work of all stakeholders involved in the response around the Ministry of Health. The first phase of the EVD response was to protect the towns of Bikoro and Mbandaka against an increase in cases that could potentially threaten the country's major cities as well as neighbouring countries along the river.

The Minister of Public Health issued an Order dated 9 May 2018 on the establishment, organization and operation of a National Coordination Committee to respond to the Ebola outbreak. This Committee was organized and coordinated by the Minister and the General Director for Disease Control through strategic and operational meetings at the Ministry of Health. An operations coordination centre was established at Mbandaka and coordination mechanisms were put in place at the health area and district levels. Set up of an incident management system in Kinshasa, headed by an incident management officer, to support the national coordination structure.

Surveillance activities, including contact tracing, are in place in all affected areas. 722 alerts have been recorded and investigated since 13 May 2018. Contacts are systematically traced, identified, listed and monitored for all confirmed cases. Since the beginning of the epidemic, 1706 contacts have been followed for 21 days following a potential exposure. The last contact was discharged on 27 June 2018.

The strategy adopted by the Ministry of Health is to bring laboratory diagnosis of EVD closer to the populations affected by the epidemic. Thus, for the first time, a mobile laboratory was deployed in Bikoro on 11 May 2018. In light of the evolving epidemic situation, a GeneXpert (Cepheid) machine for rapid PCR diagnosis was set up at the Mbandaka provincial laboratory on 17 May 2018, followed by a second GeneXpert machine at the Itipo hospital laboratory on 30 May 2018. A total of 434 specimens were tested at these different sites, as a result of which 38 positive cases were confirmed.

To manage cases effectively, MSF set up an approved treatment centre of Ebola with capacity for 20 inpatients at Bikoro on 20 May, and a 12-bed treatment centre in Mbandaka (Lyonda) on 28 May, in addition to two transit centers in Iboko and Itipo. ALIMA set up an Ebola treatment centre at Itipo on 20 June.

Infection prevention and control measures are being strengthened in major hospitals and other health facilities. Handwashing facilities, training of children in schools, social mobilization and community involvement activities are under way by the Government, UNICEF, WHO and the partners.

Since 21 May 2018, 3330 people (contacts, contacts and front-line staff) have been ring vaccinated against EVD.

Monitoring of points of entry and other measures are in place at major airports, on waterways and at road crossings. 30 points of entry and priority populated areas have been identified (19 in Kinshasa, 10 in Mbandaka and 11 in Bikoro) and teams have been set up to screen people for the disease, raise awareness of infection prevention and control measures, and isolate and transfer suspected cases.

The Government has decided to provide free health care in the health zones affected by the EVD epidemic and in potentially at-risk areas to eliminate financial obstacles and increase clinical and community surveillance. This measure applies to 7 health districts in Equateur province.

Figure 2 Overview of activities, by strategic objective

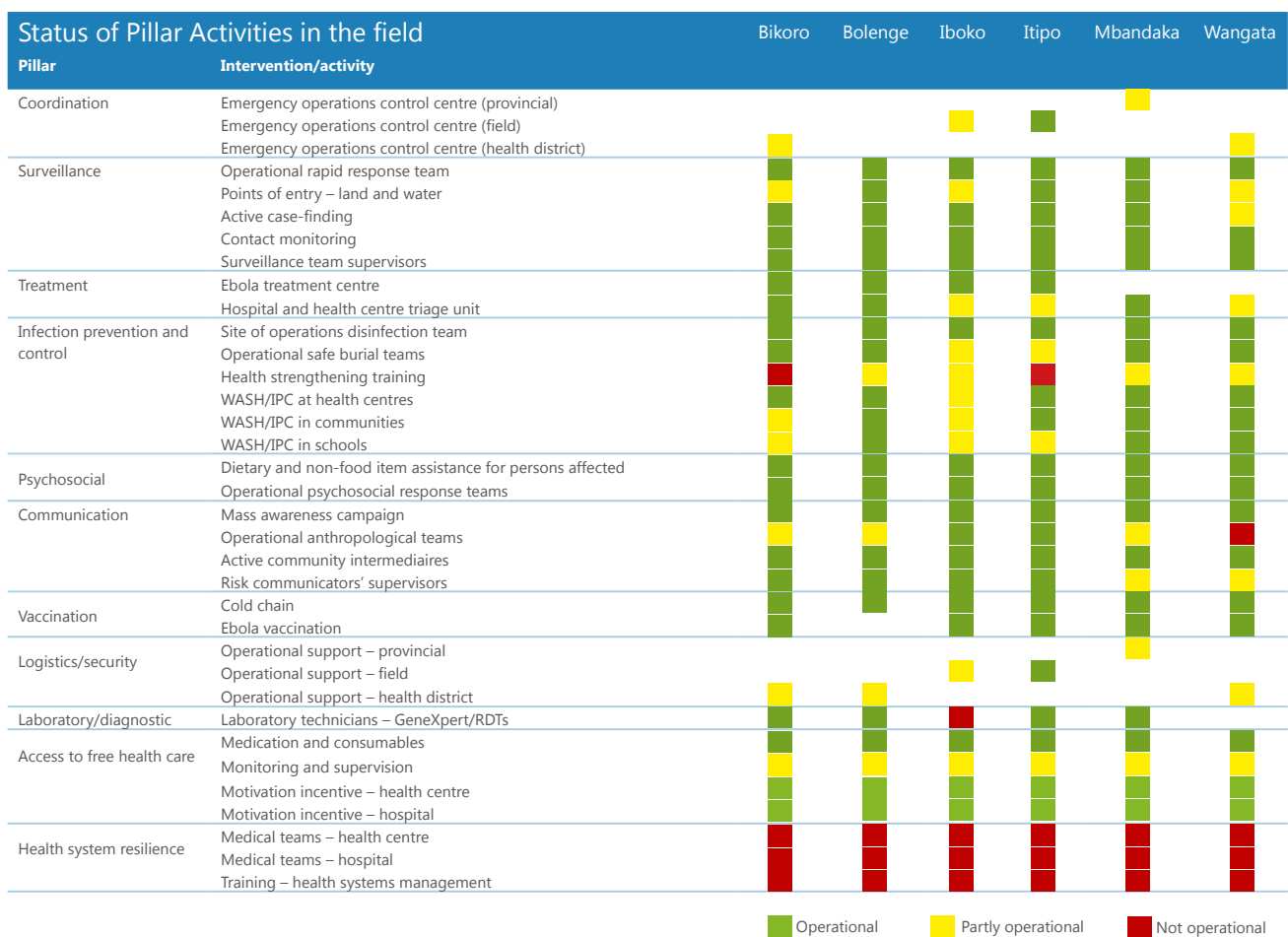


Figure 3 Overview of strategic response key performance indicators

| Ebola Reponse: Response Monitoring Framework | | Sible | Bikoro | Iboko | Wangata | National |
|--|--|---------|--------|-------|---------|----------|
| Status of KPI's - Week 27 | | | | | | |
| 1. General | Number of confirmed cases | 0 | 0 | 0 | 0 | 0 |
| | Number of probable cases | 0 | 0 | 0 | 0 | 0 |
| | Number of suspected cases | 0 | 0 | 5 | 0 | 5 |
| | Number of new health areas affected | 0 | 0 | 0 | 0 | 0 |
| | Total confirmed cases | 0 | 10 | 24 | 4 | 38 |
| | Total probable cases | 0 | 11 | 4 | 0 | 15 |
| 2. Surveillance | % of inquiries completed within 24 hours of a verified alert | 100% | 82% | 94% | 98% | 91% |
| 3. Contact finding | % of contacts completing 21-day surveillance period | 100% | 100% | 100% | 100% | 100% |
| | % of registered contacts under surveillance during the preceding 24 hours | 100% | | | | |
| | % of contacts lost to follow-up | 0% | | 0% | 0% | 0% |
| | % of new confirmed and probable cases previously registered as contacts | 100% | | | | |
| 4. Laboratory | % of new suspected cases tested or from whom a specimen has been taken | 100% | 100% | 100% | 100% | 100% |
| | % of laboratory results for specimens from suspected cases available within 48 hours | 100% | 100% | 100% | 100% | 100% |
| 5. Case management | Fatality rate among confirmed cases admitted to Ebola treatment centres | <50% | | 0% | 0% | 0% |
| 6. Infection prevention | Number of newly infected health workers/patient carers | 0 | 0 | 0 | 0 | 0 |
| | % of deceased suspected and probable cases for whom safe and dignified burials have been provided | 100% | 100% | 100% | 100% | |
| | Number of people with access to a source of drinking water in the affected areas | 206,500 | | | | 168,262 |
| 7. Vaccination | % of eligible individuals vaccinated against EVD | 100% | | | | |
| 8. Community involvement | Percentage of respondents who know at least 3 ways to prevent Ebola infection in affected communities | 80% | | | | 87% |
| | Number of school children who received information on Ebola prevention | 130,790 | | | | 130,790 |
| 9. Psychosocial care | Number of families of confirmed and probable cases affected, including children receiving protection and psychosocial support, including a support kit | 53 | | | | 53 |

Financial position

The first version of the strategic plan to respond to the Ebola outbreak was published on 15 May 2018, with a budget of US\$ 25.9 million. Following consultation between the Government and partners, a revised version of the initial strategic response plan was published on 25 May 2018. This version identified a number of key areas in which the response should be strengthened in view of the heightened risk of the outbreak spreading (especially in urban areas), and referred to additional commitment from communities. In the revised version, the budget has been increased to US\$ 56 million.

Figure 4 - Response plan financial position, as at 5 July 2018 (US\$)

| STRATEGY | INTERVENTION | TOTAL | | | |
|----------------------------|---|-------------------|-------------------|-------------------|-------------------|
| | | BUDGET | FUNDING | COMMITTED | BALANCE |
| Coordination | EOC national | 1 482 330 | 3 505 320 | 3 190 077 | 315 243 |
| | EOC provincial | 1 812 092 | 2 417 933 | 2 329 541 | 88 392 |
| | EOC field site | 2 347 136 | 1 496 954 | 1 270 655 | 226 299 |
| Surveillance | Rapid response team | 3 437 020 | 2 168 640 | 494 429 | 1 674 211 |
| | Contacts tracers | 2 140 000 | 1 750 000 | 235 029 | 1 514 971 |
| | Surveillance supervisors | 922 110 | 700 000 | 172 386 | 527 614 |
| | Points of entry - airports | 624 330 | 1 150 700 | 735 783 | 414 917 |
| | Points of entry - land & water | 2 751 000 | 3 000 000 | 1 184 068 | 1 815 932 |
| Diagnostics | Laboratory - national | 764 848 | 750 000 | 298 816 | 451 184 |
| | Laboratory - Gen Expert /RDTs | 1 068 110 | 770 371 | 137 738 | 636 633 |
| Case management | Ebola treatment units | 5 537 880 | 4 257 215 | 4 209 791 | 47 424 |
| | Triage unit in hospitals/health centers | 3 879 400 | 3 317 052 | 3 066 577 | 250 475 |
| Infection prevention | Safe and dignified burial teams | 370 641 | 683 900 | 410 048 | 273 852 |
| | Household decontamination teams | 286 110 | 604 500 | 304 929 | 299 571 |
| | WASH/IPC in communities | 2 105 000 | 2 125 420 | 1 317 497 | 807 923 |
| | WASH/IPC in health posts | 1 786 200 | 2 013 000 | 1 874 443 | 138 557 |
| | WASH/IPC in schools | 848 000 | 760 000 | 497 882 | 262 118 |
| Vaccination | Cold chain | 760 012 | 800 000 | 679 289 | 120 711 |
| | Ebola vaccinations | 3 248 230 | 3 132 000 | 1 965 730 | 1 166 270 |
| Community engagement | Anthropological teams | 122 880 | 405 000 | 319 205 | 85 795 |
| | Mass risk communication campaigns | 658 000 | 550 000 | 527 626 | 22 374 |
| | Risk communication supervisors | 384 600 | 300 000 | 285 000 | 15 000 |
| | Risk communicators | 1 710 000 | 1 954 000 | 443 083 | 1 510 917 |
| Psycho-social care | Nutritional and food support for those affected | 780 000 | 720 000 | 334 234 | 385 766 |
| | Psycho-social support teams | 495 440 | 800 000 | 680 299 | 119 701 |
| Free access to health care | Incentive payments - health centers | 1 359 000 | 4 000 000 | 3 079 787 | 920 213 |
| | Incentive payments - hospitals | 432 000 | 500 000 | 377 831 | 122 169 |
| | Medicines and consumables | 1 095 000 | 1 095 000 | 738 500 | 356 500 |
| | Monitoring and oversight | 258 000 | 250 000 | 0 | 250 000 |
| Health System resilience | Medical equipments - health centers | 3 020 000 | 3 020 000 | 205 000 | 2 815 000 |
| | Medical equipments - hospitals | 900 000 | 900 000 | 205 000 | 695 000 |
| | Training - health system management | 248 000 | 248 000 | 0 | 248 000 |
| Operations support | Operations support - national | 3 953 920 | 3 592 115 | 3 528 640 | 63 475 |
| | Operations support - provincial | 3 244 222 | 2 261 495 | 1 981 951 | 279 544 |
| | Operations support - field site | 1 227 722 | 2 345 379 | 2 316 277 | 29 102 |
| Unallocated | Unallocated | | 4 687 000 | 584 810 | 4 102 190 |
| GRAND TOTAL | | 56 059 233 | 63 030 993 | 39 981 949 | 23 049 044 |

Planning stages

The strategic response plan for the period May-July 2018 (revised strategic plan published on 25 May 2018) identified a number of key areas to coordinate the intensive efforts of the Ministry of Health and partners. The second planning stage focuses on finalizing current response activities under the initial strategic plan and implementing consolidation and stabilization activities.

The third planning stage will aim to strengthen the resilience of the health system. Taking into account the JEE, evaluation of capacity and post epidemic assessment, a national health plan will be developed.

Figure 5 - Planning stages



Strategic Consolidation and Stabilization Plan (Phase 2)

A mid-term strategic review of the EVD response activities, with input from the Democratic Republic of the Congo Ministry of Health and various partners, was carried out on 4-5 July in Kinshasa. The strategic review was also based on a review of the operations carried out by the Ministry of Health and operational partners in Mbandaka on 19 June to take stock of 30 days' activity. The objective of the strategic review was to review the ongoing response operation and available and deployed resources, to adjust the strategic response plan to ensure continued vigilance and responsiveness in affected areas, and to plan the deployed transitional resources to build emergency response capacity in the epicentre and other high-risk areas. The consolidation and stabilization plan is a product of this strategic review and covers priority activities until the end of the epidemic and the three-month post Ebola phase (August-October 2018).

OBJECTIVE

Consolidate the gains of the Ebola response and maintain increased vigilance, learn lessons and identify good practices for the future and contribute to resilience of the health system.

OBJECTIVES OF THE PLAN

- 1.** Maintain and strengthen surveillance to quickly detect and respond to a new potential case, including in neighbouring provinces and countries.
- 2.** Provide health services for the clinical management of people cured of Ebola and psychosocial care of the successfully treated individuals and the families of those affected.
- 3.** Strengthen infection prevention and control including WASH in targeted health facilities and in the community.
- 4.** Strengthen community networks to improve community knowledge and action on Ebola and epidemic-prone diseases prevalent in the health districts.
- 5.** Maintain national and local laboratory capacity for confirmation of possible cases and management of successfully treated individuals.
- 6.** Prepare and conduct an After Action Review (AAR).
- 7.** Ensure the transition of resources and knowledge to contribute to consolidation and resilience.
- 8.** Finalize the development of the National Health Security Plan and develop a resilience plan.
- 9.** Contribute to food security in health districts affected by Ebola.
- 10.** Create a logistics platform to prepare the response to future epidemics.

CONSOLIDATION AND STABILIZATION STRATEGY

The plan outlines priority interventions and post-Ebola consolidation and stabilization activities. The overarching goal is to ensure adequate capacity at all levels to detect and respond quickly to a potential new case and to ensure the transition of resources and knowledge to contribute to consolidation and resilience, as indicated below.

Coordination of consolidation and stabilization activities

The goal is to maintain programme coordination structures:

- Develop Ebola management guide specifying roles of each entity (emergency operations centre/CDC)
- Technical expertise (emergency operations centre)
- Kinshasa emergency operations centre
- Support establishment of national emergency operations centre and consolidate emergency operations centre in Equateur province (e.g. through legislation, guidelines, steering committee)
- Approval and initiation of research plan
- Maintain geographical and programme coordination structures
- Mbandaka operations centre
- 3 field offices in Bikoro, Iboko, Itipo
- National coordination committee
- Create a logistical platform to prepare the response to future epidemics

Surveillance and rapid response

The aim is to maintain and strengthen surveillance activities (active case-finding and community-based surveillance, in addition to investigation and rapid response capacity), consolidate the achievements of the Ebola response, learn lessons and identify good practices for the future, to contribute to health system resilience:

- Maintenance of surveillance activities (community-based surveillance, toll-free number, alert tracking) and rapid response teams.
- Provide cascaded Integrated Disease Surveillance and Response (IDSR) training in the affected province of Equateur and neighboring provinces.
- Strengthen institutional and operational capacities of providers in Equateur province to prepare for and respond to epidemics and disasters.

- Strengthen community-based surveillance of priority epidemic-prone diseases.
- Streamline entry points according to the needs and context at the end of the epidemic, taking into account risk and mobility mapping of the population.
- Streamline the number of providers deployed at the various points of entry and around the health perimeter.
- Continue supervision and training for management / controls at PoE through staff of the National Frontier Hygiene Programme.

Maintaining diagnostic capacity and monitoring survivors

The goal is to maintain diagnostic capacity in the health districts and the province affected by the epidemics to confirm possible new cases and especially to monitor survivors. This activity will also cover risk areas in the context of preparedness. During this phase, local capacity building activities will be undertaken.

The priority activities are:

- Approval of the provincial laboratory plan at the national level
- Tracking inventory and expiry date of rapid diagnostic tests (RDTs)
- Continue availability of laboratory inputs and order tracking
- Maintaining in function the 3 laboratories, including the GeneXpert capability in place (Mbandaka, Bikoro, Itipo), to monitor survivors
- Formative supervision of the laboratory technicians trained at the 3 sites
- Upgrade of the Mbandaka laboratory (materials and reagents)
- Development of a national strategy document for EVD diagnosis
- Training of laboratory personnel in basic techniques

Medical treatment

Maintaining treatment capacity

The task involves maintaining a case management capacity to deal with a potential case and build local capacity. The operation of Ebola treatment centres is expected to continue for three months after the end of the epidemic to manage possible cases. Treatment must include access to experimental therapy in accordance with the MEURI protocol.

The priority activities are:

- Maintain an Ebola treatment centre for Equateur province in Itipo (by decreasing the number of emergency biosecurity facilities) and the Kinkole Ebola treatment centre in Kinshasa

- Maintain triage and isolation capacity in health facilities in the 3 health districts of Equateur Province (Mbandaka, Bikoro, Iboko)
- Provide supervision of health workers in triage, isolation, hospital hygiene and IPC (including universal protection measures) in health districts of the city of Mbandaka, health districts in Bikoro, Iboko and Ntongo; health districts in the Kiri region (Kiri and Punjwa health districts), the city of Inongo and the Kinshasa Provincial Health Authority (17 health facilities targeted)
- Pre-positioning EPI kits in Equateur and Kinshasa Provincial Health Authorities for front-line providers and sick ward staff
- Adoption and dissemination of the new treatment protocol in the national protocol
- Develop guidelines for setting up Ebola treatment centers

Monitoring successfully treated individuals (survivors)

People cured of Ebola can develop medical and psychological complications. These people should be supported when they return to their community to minimize the risk of stigma and post-EVD complications. Given the variable duration of the persistence of the virus in seminal fluid, the risk of sexual transmission, although limited, does exist. Therefore, monitoring survivors is a priority to manage the sequelae of the disease and to limit any potential risk of transmission related to the persistence of the virus in certain bodily fluids (e.g. sperm).

The priority activities are:

- Operationalization of procedures for monitoring persons cured of Ebola
- Launch of the programme to monitor successfully treated individuals
- Involvement of the necessary specialists in this monitoring (ophthalmology, psychology)
- Supervision of the programme
- Continue the monitoring and evaluation (at 3, 6 and 12 months)

Infection prevention and control (IPC)

Improving IPC and WASH throughout the health system is essential. Triage / screening in major health facilities in Equateur province will continue, but with a transition plan to create sustainable screening / screening areas for EVD and / or other high-threat pathogens. More training on standard precautions will be essential for national staff. Identify partners and develop a strategy to strengthen IPC and WASH in the longer term as a priority.

The priority activities are:

- Plan pre-agreements with the National Red Cross / IFRC on dignified and safe burials and other IPC partners at health facilities
- Define the criteria around safe and dignified burials
- Strengthen WASH conditions in at-risk health facilities (UNICEF) and in communities
- Develop a plan to strengthen IPC and WASH in health facilities in risk areas
- Develop and implement national IPC and WASH technical guidelines
- Document the anthropological study on dignified and safe burials with recommendations for substitution rituals
- Systematically incorporate IPC / WASH elements at points of entry

Risk communication and community involvement

The challenge is to consolidate community mobilization activities for effective community-based monitoring and strengthen community-based surveillance through the incorporation of other relevant events. Risk communication and community involvement are most effective when contextualized and take into account psychosocial, cultural, political, economic and linguistic factors so that health stakeholders are better informed and can engage successfully with local communities at risk. Risk communication and community involvement should be promoted in close consultation with, and with active commitment from, local health authorities, community leaders (political, religious, formal and informal), traditional healers, teachers and other groups or private sector associations (associations of taxi drivers or pharmacists).

The priority activities are:

- Maintain and preserve the capacity of community mobilization units / community intermediaries, volunteer networks, social mobilizers and their supervisors with partners
- Maintain and strengthen institutional capacities
- Document and disseminate socio-anthropological studies (case studies) and finalize KAP surveys
- Document and disseminate lessons learned in risk communication and community involvement including:
 - ▶ Reports of volunteers; and
 - ▶ Feedback from communities on response
- Improve and replicate educational materials for communication activities in the future

- Disseminate interpersonal and radio messages of acceptance and integration of Ebola victims
- Maintain education as a pillar of prevention

Psychosocial support

Psychosocial support

To consolidate counselling services for victims and their families and strengthen community mobilization for effective community surveillance, in addition to strengthening community-based surveillance through the incorporation of other relevant events.

The priority activities are:

- Gradual transfer to existing social protection programmes of assistance provided
- Documentation of lessons learnt from the support programme for affected persons
- Individual follow-up for children identified as orphans, with support for the most vulnerable (schooling, apprenticeship)
- Establishment of community spaces for socialization, play and literacy intended for children affected by Ebola
- Support for community protection networks to reactivate referral mechanisms
- Activation or reactivation of suitably trained, equipped, supported and accompanied community-based protection networks to identify vulnerable cases and raise awareness

Nutrition

- Strengthen infection prevention through awareness and nutritional advice to the population of the affected districts through promotion of infant and young child feeding (breastfeeding, adequate complementary feeding of children aged 6-23 months), including the proper use of dietary and nutritional supplements through the community-based nutrition project.
- Pre-positioning ready-to-use therapeutic foods for the nutritional management of children aged 6-59 months and pregnant and lactating women through intensive therapeutic nutritional units in areas under nutrition alert and the districts extensively affected.
- Provide adequate nutritional support (in cash or in kind) for 3 months to cover food needs (ready-to-use therapeutic food), accelerate recovery and promote physiological recuperation.
- Screening for surveillance and referral of all acute malnutrition patients to appropriate treatment facilities

Vaccination of risk groups and research

The activities associated with this intervention will be completed:

- Describe in accordance with the research protocol the procedure for stopping vaccination (including front-line workers)
- Completion of the vaccination protocol
- Plan training of local vaccinators in good clinical practices at a regional training session in Guinea during the second half of 2018
- Provide training for logisticians in cold chain management
- Document the success of ring vaccination against Ebola and assess its impact
- Review the Ebola vaccination guidelines and conduct a critical analysis of lessons learnt
- Complete the research protocol on new therapeutic pharmaceuticals
- Participate in the After Action Review

Free health care/health-care access

Measures and activities to encourage free health care will be continued and consolidated. Therapeutic approaches such as injectable vaccinations, injections and surgical interventions which have often been avoided or kept to a strict minimum will be resumed.

The priority activities are:

- Delivery and distribution of medicines by PDSS and primary health care in rural settings/national malaria control programme, and routine EPI vaccines
- Maintenance of staff bonuses (WB and other partners)
- Finalization of the agreement with the Ministry of Health, WHO and UNICEF on incentives for health workers, including community mobilization units
- Strengthening supply chain capacity in Equateur province, including at the Mbandaka operations centre
- Return to pre-Ebola clinical algorithms backed by supervision of minimum and complementary packages offered by health facilities
- Free health care to be provided in the 7 health districts until December, involving all stakeholders involved in treatment
- Maintenance of staff performance bonuses linked to purchasing power in PDSS areas
- Progressive transfer of staff bonuses to management committees of health facilities outside PDSS areas

Preparation

Preparedness activities for response to EVD cases will continue in neighbouring provinces at risk and will be strengthened at the health district level.

The priority activities are:

- Follow-up of priority preparedness activities in Kinshasa, Tshopo and Mayi Ndombe with the establishment of rapid response teams
- Implementation of priority preparedness activities in other provinces bordering on Equateur (southern Ubangui, Mongala and Tshuapa)
- Setting up a support plan to improve the socioeconomic conditions of the populations of the affected areas (Mbandaka Bikoro highway development, income-generating activities, etc.)
- Preparations in other provinces (being finalized in 5 priority provinces) with the establishment of rapid response teams and ensuring the availability of mapping
- Organize the AAR (with sustained preparation by area of response)
- Finalize the National Action Plan for Health Security (NAPHS) taking into account the results of this review, the AAR and the Joint External Evaluation (IHR/JEE)

Operational and logistics support

This involves continuation of operational support activities and reallocating resources for consolidation and resilience.

The priority activities are:

- Strengthening the capacity of logistics experts at national level and administrators of health districts and general referral hospitals in the area of emergency logistics in the event of epidemic outbreaks
- Maintain and repair vehicles acquired during the response
- Plan to redeploy equipment acquired during the response to other health districts in Equateur province or to health districts in neighbouring provinces
- Proceed to redeploy this equipment to the beneficiary areas
- Rehabilitate the central pre-positioning depot
- Mothball and warehouse all equipment remaining after the response
- Continue the lease of the Mbandaka depot
- Ensure the repatriation of specified equipment to Kinshasa
- Ensure the repatriation of field teams
- Ensure the rehabilitation of specified health facilities (health centres, general referral hospitals)

- Validate tools for collecting and managing inputs for better tracking and control over inventories of equipment
- Finalize procedures for donation of equipment by partners
- Maintain security support in the province
- Plan pre-agreements with MONUSCO and WFP to facilitate early support in future outbreaks
- Establish and maintain a centralized Ebola contingency stock under the direction of the Ministry of Health from redeployed goods and equipment
- Develop guidelines and tools for logistics and security
- Maintain logistics, procurement and administrative capacity to manage the redeployment and winding up plan of the operation

FOLLOW-UP AND EVALUATION

The Ministry of Health and WHO, in collaboration with their partners, publish daily epidemiological bulletins, supplemented each week by detailed status reports and periodic reports on the response indicators. The Ministry of Health will publish an integrated weekly newsletter including alerts of suspected cases of Ebola. Currently, the Ministry of Health and its partners is continuing the development of the evaluation framework based on the lessons learnt from this epidemic. The goal will be to produce a standard tool for monitoring and evaluation of the response to the next EVD epidemic.

EPIDEMIC AFTER ACTION REVIEW (AAR)

A post-epidemic After Action Review will be carried out to consider the measures that were taken to respond to the epidemic. Following an emergency response to a public health event, an AAR seeks to identify what worked well and how it can be maintained, improved, institutionalized and shared with relevant stakeholders.

PLANNING SCENARIO

The planning scenario for consolidation and stabilization activities in the period August-October 2018 is as follows:

- Management of a possible case.
- Emergency Operations Centre set up in Mbandaka with 3 additional field offices (in Bikoro, Iboko and Itipo).
- National Multisectoral Coordination Committee.
- Three months of operation (August-October 2018).
- 20 people cured of Ebola now enrolled in the follow-up programme.
- Activities in six distinct geographical areas.
- Implementation of an iterative process for evaluation and ongoing updates of planning.
- After Action Review.

Budget

| CONSOLIDATION AND STABILIZATION STRATEGIES | BUDGET | PRINCIPAL SUPPORT PARTNERS |
|--|-------------------|----------------------------|
| Coordination of consolidation and stabilization activities <ul style="list-style-type: none"> Mbandaka operations centre 3 x field offices in Bikoro, Iboko, Itipo 1 x National coordination committee | 3 272 000 | WHO |
| Surveillance, active case-finding <ul style="list-style-type: none"> 5 x rapid response teams in the affected areas 28 x supervisors 1200 x community mobilization/community health workers 39 x points of entry to monitor | 2 275 000 | WHO, GOARN, IOM |
| Maintain diagnostic capacity and monitor survivors <ul style="list-style-type: none"> 1 x national reference laboratory 3 x provincial field laboratories (Mbandaka, Itipo, Bikoro) | 953 000 | WHO, EDPLN, PDSS |
| Medical treatment- Monitoring successfully treated individuals and maintaining treatment capacity <ul style="list-style-type: none"> 1 x Ebola treatment centre (6-10 beds) Itipo 1x treatment centre Kinkole 2 x medical monitoring teams (survivors) 6 x hospital triage Triage health centers | 3 350 000 | OMS, ALIMA |
| Infection prevention and control <ul style="list-style-type: none"> 83 x treatment facilities 154 x in schools 96 x villages affected 4 x teams for safe and dignified burials | 2 534 000 | WHO, UNICEF, IFRC |
| Risk communication and community involvement <ul style="list-style-type: none"> Awareness campaigns (local radio) 1598 x community involvement teams 39 x supervisors | 907 000 | UNICEF, WHO, IFRC |
| Soutien psychosocial <ul style="list-style-type: none"> 4 x psychosocial assistant supervisors 24 x psychosocial assistants 114 x social assistance kits for affected and successfully treated individuals 145 x assistance kits for affected individuals/orphans 78 x assistance kits for affected individuals/non-cases 1 x nutritional support for affected people | 440 000 | UNICEF, WFP |
| Support for health system resilience and free health care <ul style="list-style-type: none"> 7 x hospitals 114 x health centres | 731 000 | PDSS |
| Preparation <ul style="list-style-type: none"> 5 X rapid response teams After Action Review Development of national health security plan | 362 000 | WHO |
| Operational and logistics support <ul style="list-style-type: none"> 1 x operating/logistic base (MBK) 2 x living quarters (Itipo, Bikoro) 3 x field offices 1 x national logistics base 1 x aeroplane (Kin - MbK) 1 x helicopter 1x redeployment of material | 4 506 000 | WHO, WFP, UNICEF |
| TOTAL BUDGET | 19 334 000 | |

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