REGIONAL EBOLA PREPAREDNESS

OVERVIEW OF NEEDS AND REQUIREMENTS

July – December 2019

© UNICEF/UN0334045/Kanobana

TABLE OF CONTENTS

LIST OF ACRONYMS

DRC: Democratic Republic of Congo

WHO: World Health Organization

PHEIC: Public Health Emergency of International Concern

ETC: Ebola Treatment Centre

EVD: Ebola Virus Disease

NGOs: Non-Governmental Organizations

PHEOC: Public Health Emergency Operations Centre

RRT: Rapid Response Team

PoE: Point of Entry

PCR: Polymerase Chain Reaction

IPC: Infection Prevention Control

SBD: Safe and Dignified Burial

MOH: Ministry of Health

WFP: World Food Programme

PPE: Personal Protection Equipment

MSF: Médecins Sans Frontières

IMC: International Medical Corps

MONUSCO: United Nations Organization Stabilization Mission in the Democratic Republic of the Congo

CAR: Central African Republic

RoC: Republic of the Congo

EOC: Emergency Operations Centre

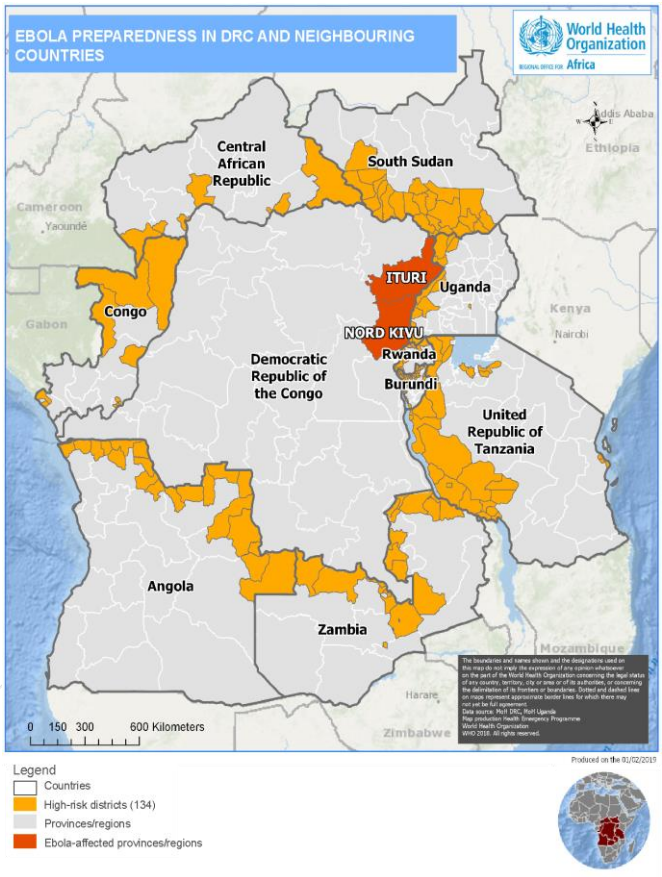
NTF: National Task Force

NRRT: National Rapid Response Team

EXECUTIVE SUMMARY

The Democratic Republic of Congo (DRC) is dealing with the world's second largest outbreak of Ebola. As of end August 2019, more than 3,000 cases of Ebola had been recorded, including over 2,000 deaths.

The DRC shares its borders with nine countries and there is regular cross-border movement of people, goods and services in the region. Combined with weaknesses in national health systems, the nine neighbouring countries are at very high risk for an Ebola outbreak.



This risk has become evident in recent months. In June 2019, three members of a family from the DRC crossed the border into Uganda; all three subsequently died of Ebola. In July 2019, an Ebola case was reported in the DRC near the border with South Sudan and another was confirmed in Goma, after arriving from Butembo, a previous epicentre. In August 2019, cases were confirmed in a third province of DRC, South Kivu, near the border with Burundi.

In reflection of the growing risks and based on the advice of the International Health Regulations Emergency Committee, the World Health Organization (WHO) declared the Ebola outbreak in the DRC a Public Health Emergency of International Concern (PHEIC) on 17 July 2019.

To assist the DRC's nine neighbours with advancing critical preparedness measures, the United Nations has developed this *Regional Ebola Preparedness: Overview of Needs and Requirements July - December 2019*. The Regional Overview serves as a complement to the *Integrated Strategy to Respond to Ebola Virus: Ituri and North Kivu Provinces* for the DRC, covering the same period. Together, the two documents present the full scope of actions and funding required to respond to the current Ebola outbreak in the DRC, to prevent it from spreading further, and to drive the response towards zero cases. The generous financial and in-kind contributions provided by national and international partners to the many actors working in support of Ebola preparedness has been a key factor in the progress made thus far.

The nine countries included in this Regional Overview are categorized into two groups, based on risk level:

- **Priority 1 (based on proximity to areas where cases have been reported and large-scale movement of goods and people across borders): Burundi, Rwanda, South Sudan and Uganda.**
- **Priority 2 (all other countries neighbouring the DRC): Angola, Central African Republic. Republic of Congo (RoC), Tanzania and Zambia.**

This document presents a consolidated summary of urgent activities required to advance preparedness, as elaborated in each country's national plan, with a particular focus on Priority 1 countries. It presents the estimated requirements, needs and gaps for each of the Priority 1 countries, and a summary for Priority 2 countries, as aligned for the period of July to December 2019.

INTRODUCTION

The Democratic Republic of the Congo (DRC) is experiencing its tenth outbreak of Ebola, epicentered in the North Kivu and Ituri Provinces. Since the declaration of the outbreak on 1 August 2018, over 3,000 Ebola cases, including 2,931 confirmed and 105 probable cases, had been registered by 1 September 2019. This includes 2,035 deaths, with a case fatality rate of 67 per cent. Twenty-nine health zones are affected by the outbreak, with the health zones of Mabalako, Katwa and Beni being particular hotspots.

The efforts of the DRC Government, frontline medical workers and the people of the DRC in responding to the Ebola outbreak have been commendable and have largely contained this year-long outbreak from spreading outside the affected areas. Nevertheless, the risk of spread to other areas inside the DRC and across borders to neighbouring countries remains very high. In June 2019, the first cases crossed the border to Uganda; three members of a family from the DRC subsequently died from Ebola. On 1 July 2019, a new health zone inside the DRC, Ariwara in Ituri Province, located several hundred kilometres north of the epicentre near the border with South Sudan, reported a new confirmed case. On 14 July, the first case was registered in Goma, the capital city of North Kivu Province and adjacent to the border with Rwanda, after a symptomatic man travelled there from Butembo; the case was later transferred to the Butembo ETC. On 15 August, two cases were confirmed in Mwenga in South Kivu Province, near the border with Burundi, after returning from Beni.

Significant challenges to breaking the chain of transmission and ending the outbreak remain. Unlike other areas in the DRC where Ebola has been successfully contained, the current outbreak is occurring in an extremely fragile environment marked by active conflict and the presence of both foreign and domestic armed groups. The area is also a traditional opposition stronghold characterized by a deep mistrust of outsiders and a perception of historical neglect and persecution. This context makes key activities such as surveillance, contract tracing, and infection prevention and control difficult.

Ongoing armed conflict and lack of access to vulnerable communities hamper implementation of infection prevention and control measures and increase the risk of human-to-human transmission. A significant proportion of people with Ebola are dying outside health facilities, of whom some do not receive a safe and dignified burial, and the average time from onset of illness to reporting remains high. The concurrence of several outbreaks of diseases with similar non-specific clinical signs has also challenged the initial clinical diagnosis. Specifically, the recent spread of Ebola in cholera-affected health zones of the DRC (Kayna, Alimbongo) might complicate response activities.

The increased risk of geographical spread remains. The risks are particularly acute for countries bordering the affected provinces of the DRC. These countries are exposed to large cross-border

population movements (due to usual travel, trade or ongoing insecurity) and concurrently have health systems weaknesses. Confirmed cases and individuals who have come into contact with Ebola-affected people (referred to as 'contacts') are known to move long distances.

Citing concerns over worrying signs of possible extension of the epidemic in the DRC, the resurgence and ongoing transmission in Beni and the risk of further spread, the International Health Regulations Emergency Committee recommended on 17 July 2019 that the World Health Organization declare a Public Health Emergency of International Concern (PHEIC). The Committee's recommendations for preparedness were:

- **At-risk countries should work urgently with partners to improve their preparedness for detecting and managing imported cases, including the mapping of health facilities and active surveillance with zero reporting.**
- **Countries should continue to map population movements and sociological patterns that can predict risk of disease spread.**
- **Risk communications and community engagement, especially at points of entry, should be increased.**
- **At-risk countries should put in place approvals for investigational medicines and vaccines as an immediate priority for preparedness.**

Regional Overview, Purpose and Approach

This Regional Overview presents a consolidated summary of the risks, status of preparedness, urgent activities required to advance preparedness, and the estimated requirements for each of the Priority 1 countries, as aligned for the period of July to December 2019.

Each country's national preparedness plan serves as the guiding document for the elements summarized and consolidated in this overview. The nine national plans share a common goal – to stop the spread of the Ebola Virus Disease (EVD) from the DRC to the neighbouring countries – and follow the same core strategy, based on the WHO technical areas for EVD preparedness. Further details on specific elements of each country's preparedness plan not included in this overview, as well as updates of additional progress made, are available from government authorities at country level.

The needs and requirements for the four Priority 1 countries have been compiled under the leadership of each national Government, with support from the United Nations, particularly the World Health Organization, and in consultation with relevant UN agencies and, in several countries, non-governmental organizations (NGOs). Organization-specific costs have been delineated in all Priority 1 country-level budgeting processes, including for UN agencies and NGOs; these are annexed to this document. Comprehensive operational costs are not included and may result in additional funding gaps for each partner.

Efforts to further refine priorities, identify next steps to reach operational readiness, and further strengthen partnerships and inclusion among all contributing organizations, including NGOs, will continue over the next weeks and months. National plans are dynamic and emerging needs will arise that require resources over this period that have not been fully captured in this Overview.

REGIONAL PREPAREDNESS: ADVANCEMENTS, CURRENT STATUS AND KEY CHALLENGES

Advancements

Significant efforts have been made in advancing preparedness in each of the nine countries neighbouring the DRC since the outbreak was confirmed on 1 August 2018. The valuable support of the partners and donors under the leadership of national authorities has been instrumental towards this progress.

Thanks to the considerable efforts of the many national and international actors working to prepare for Ebola and the strong partnerships between them, the efforts to contain the disease have largely been effective. A minimum readiness package of activities under each of the seven preparedness pillars has been sought in each country at national and subnational levels. Key achievements across the region include:

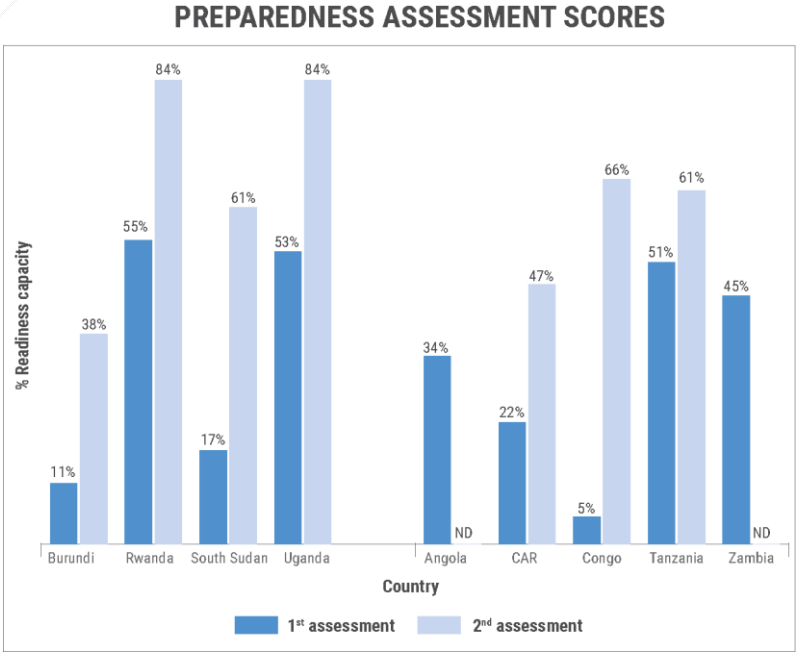
- ***Coordination*: A functional Public Health Emergency Operations Centre (PHEOC) established in five countries (Rwanda, South Sudan, Uganda, Tanzania and Zambia) and a national taskforce in three countries. Simulation exercises (drills and full scale) were conducted in five countries (Burundi, Rwanda, South Sudan, Uganda and Tanzania) to test the different operational pillars, with Rwanda, South Sudan and Uganda each organizing a full simulation. WHO has deployed over 250 experts to support the nine countries in the different technical areas.**
- ***Surveillance/Rapid Response Team (RRT) /contact tracing/points of entry (PoE)*: Healthcare workers were trained on early case detection and reporting, which has led to the reporting of over 1,000 alerts from the nine countries. The investigation of alerts by trained RRTs has led to the timely detection of and rapid response to Ebola cases in Uganda and yellow fever in South Sudan. Tools for the surveillance of Ebola have been made available in the high-risk districts. Travellers are being screened at PoEs, which have trained staff and referral systems in place.**
- ***Laboratory capacity*: All nine countries have developed capacity and trained personnel to collect Ebola samples. All countries except Angola have capacity to conduct tests to detect Ebola such as GeneXpert, or conventional real time Polymerase Chain Reaction (PCR). All the nine countries have the necessary packaging to transfer Ebola virus specimens to WHO Collaborating Centres or reference labs and all but one country (Rwanda) among those reporting, have International Air Transport Association certified personnel in-country who can sign dangerous goods declarations for the shipment of Ebola specimens.**

- *Case management/infection prevention and control (IPC)/safe dignified burials (SDB):* **At least one Ebola Treatment Centre (ETC) and multiple isolation units have been established in all the nine countries. There is at least one trained team of personnel for burials at district level in Priority 1 countries and one trained team at the national level in all countries except Angola. Eight out of the nine countries have health workers trained on IPC and management of Ebola cases specifically.**
- *Risk communication and community engagement:* **There is ongoing work to sensitise communities and health workers and all the nine countries have risk communication strategic plans in place.**
- *Vaccination*: **Frontline health workers have been vaccinated in Burundi, Rwanda, Uganda and South Sudan. Preparation of Priority 2 countries is ongoing for the selection of Principal Investigator, approval of protocol and a certificate of importation license to prevent any delay in the process in the event of a confirmed case.**
- *Operation support and logistics*: **In-country and regional logistical capacity must be operationally ready to support effective and efficient rapid scale up of emergency operations. To date, all the nine priority countries have been provided with essential Personal Protection Equipment (PPE) kits and key temperature screening equipment. Ultra-cold chain supply chains are established in all Priority 1 countries. Together with the Ministry of Health (MoH) and logistics partners, particularly the World Food Programme (WFP), WHO provides technical advice on health logistics and supports the prepositioning of in-country and regional supplies, in-country logistics capacity building, technical support missions and overall strengthening of operational capacity. With technical guidance from WHO, WFP has established a Regional Staging Area in Uganda to facilitate the prepositioning and rapid deployment of key humanitarian supplies and equipment.**

Current Status

The level of risk, including preparedness, in each of the nine countries neighbouring the DRC has been assessed using a WHO tool that has classified the risk of transmission of the Ebola virus as very high at national and regional levels and low at the global level.

This assessment includes identifying the high-risk countries based on geographical proximity, high population movements for trade, health seeking behaviour, education and other social interaction, as well as weak health systems.



Assessment teams were deployed in the nine countries neighbouring the DRC to assess readiness capacities with in-country partners and the MoH using WHO standardised tools, building on the Ebola preparedness checklist developed for the West-Africa Ebola outbreak[1].

The first preparedness assessment was conducted between August and November 2018. The exercise was conducted again in March 2019 for seven countries.[2] Scores improved across all countries that were reassessed. Rwanda and Uganda – each scoring 84 per cent – were found to be at the highest level of readiness among all countries.

The assessment was conducted in one high-risk district located close to the country's border with the DRC and in which the country team had established structures and systems to prevent, detect, investigate and respond to an Ebola case. Important gaps persist in each of the nine countries. For example, although the assessment report shows improvement in readiness, the full-scale simulation exercise conducted in both Rwanda and Uganda showed that critical gaps and challenges remain. These need to be addressed to ensure robust preparedness and response.

Challenges

Major challenges include insufficient capacity across all preparedness and response pillars at sub-national, particularly district-levels, especially in the areas of decentralized capacities for leadership and coordination, as well as for surveillance and early detection, IPC practices and supplies, and community engagement.

In addition, the existence of multiple unofficial border crossings, high population movement for reasons of humanitarian need and trade, and inadequate cross-border collaboration are also a challenge. Sufficient funding to sustain preparedness activities and an 'on alert' status is becoming more difficult to access as the emergency becomes protracted.

[1] https://apps.who.int/iris/bitstream/handle/10665/137096/WHO_EVD_Preparedness_14_eng.pdf;jsessionid=73DBEC3E37221FA07789135C62343853?sequence=1

[2] The second preparedness assessment was not conducted in Angola or Zambia.

PRIORITY 1 COUNTRIES: RISK, PREPAREDNESS, KEY ACTIVITIES AND REQUIREMENTS

BURUNDI

Risk

Burundi shares a border with DRC's most recently affected province, South Kivu, and there is regular movement of people between Burundi, Rwanda and Uganda. The movement of goods and people (merchants, Congolese and Burundian refugees, travellers) between Burundi and the regions of South and North Kivu is very high. South Kivu region residents regularly seek medical assistance at health facilities in Burundi.

The risk of spread of Ebola into Burundi is considered highest at the road entry points in the north-western provinces of the country, followed by maritime transportation on Lake Tanganyika. In particular, 21 health districts on the border with the DRC, Rwanda and Tanzania are considered at risk.

Limited health literacy with poor knowledge about Ebola, both among health workers and communities, has aggravated the risk of transmission of the virus.

Preparedness

A WHO assessment in March 2019 found that Burundi's overall Ebola readiness level was at 38 per cent up from 11 per cent in 2018. The assessment showed several points of concern regarding readiness to any cases of Ebola in the country. In particular, Burundi only recently began vaccinating frontline health workers in mid-August 2019 and has not yet established a Public Health Emergency Operations Centre (PHEOC), despite assessment and identification of location; did not implement community-based surveillance; and has not tested the overall level of readiness with a full-scale simulation exercise. An Ebola Treatment Unit has been built and an agreement with Médecins Sans Frontières (MSF) and International Medical Corps (IMC) is being developed to run the ETU, should there be a case. Simulation exercises have been conducted at points of entries and at the military hospital.

In addition, funds mobilized since 2018 were used to build some of the capacities required, such as the ability to conduct laboratory testing using GeneXpert, a machine to test for Ebola, with trained personnel for sample collection, transportation and testing. This now allows for timely case detection.

With these inputs, the country was able to detect and investigate 18 alerts issued for the virus which led to collection of samples, all of which tested negative for Ebola. Case definitions and protocols have been developed and distributed to health facilities in about 19 official points of entry in the at-

risk districts that have further been identified as Priority 1 and 2 districts. Thermal scanners have been installed at major points of entry, and trained health workers are available at health facilities for surveillance case detection. The alert system faces challenges in picking up potential Ebola cases at border crossings due to heavy population movement between the DRC and Burundi.

More than 200 community volunteers have been trained to deliver key messages and sensitise communities on Ebola prevention and control measures. Key messages for community awareness have been developed, validated and disseminated. The Ministry of Health and partners continue to strengthen preparedness activities by conducting small-scale drills to test readiness capacity.

Top priorities and key activities for July-December 2019

During the second half of 2019, preparedness efforts in Burundi will focus on three key areas: establish a PHEOC, equip the ETC, and enhance surveillance and strengthen diagnostic facilities.

The country will ensure coordination structures at district level are functional and operational, test contingency plans through simulation exercises and strengthen community-based surveillance and health facility reporting. It will also establish isolation units at health facilities, build laboratory personnel capacity to test for Ebola, collect and transport samples both at district and national level.

The national contingency plan seeks to create community awareness for prevention and control of Ebola through community engagement, provide the required logistic support to the teams and ensure health workers in high risk districts are vaccinated.

The table below summarizes preparedness and key activities in Burundi

Ebola preparedness	Key activities
Coordination	• Accelerate the establishment of the PHEOC and strengthen supervision of health districts and health facilities • Establish cross-border coordination • Conduct a full-scale simulation exercise • Develop an Ebola 72-hour immediate action plan
Surveillance, Rapid Response Teams (RRTs), points of entry (PoE)	• Strengthen community-based surveillance, equip community health workers • Train and equip staff at POEs and rapid response teams
Case management, infection, prevention and control (IPC), safe and dignified burial (SDB)	• Equip the ETC and train staff • Set up Ebola Isolation Units in hospitals and health facilities in all districts: provide training in case management and IPC, equipment and supplies • Establish trained and equipped burial teams in high-risk districts

Ebola preparedness	Key activities
Laboratory capacity	• Strengthen diagnostic capacity at country level, including for PCR testing, train laboratory technicians, support transport of samples • Establish sustainable capacity for safe and timely transportation of specimens to national reference laboratory (training, supplies) at district level • Distribute standard operating procedures to all 21 priority districts
Risk communication and community engagement	• Build capacity of community health workers on communication and print awareness documents • Increase trained personnel on risk communication at all levels including communities • Enhance community engagement activities to ensure ownership of Ebola preparedness
Logistics	• Strengthen operational capacity including logistics staff, warehousing, transport, fleet management, training, financial resources and surge support • Strengthen capacity to fast track local procurement and receipt of international supplies • Support operational readiness including PHEOC / ETC / Lab setup
Vaccination	• Support vaccination of front-line health workers • Maintain supplies, protocols, and trained health workers including the importation license and protocol approval

Note: Refer to country plan for a more detailed list of activities.

Requirements

The financial requirement for the national Preparedness Plan, last revised in June 2019, is estimated at about $11.5 million for July to December 2019. These costs include Government multi-UN agency, and NGO requirements.

RWANDA

Risk

Rwanda shares a border with North Kivu and South Kivu provinces. The risk of importation of the Ebola virus from the DRC to Rwanda remains high and is related to free movement of people and goods across the borders, including displaced people and migrants. Rwanda continues to receive and host refugees and Rwandan returnees from the DRC. At least 15 districts in Rwanda have been identified as at risk.

The recent expansion of the outbreak to Goma (in July 2019) and Mwenge Health Zone in South Kivu (in August 2019) has further increased the risk of importation to Rwanda. The highly populated cities of Goma (DRC) and Gisenyi (Rwanda) are only separated by border check points. This border is characterised by intense trade activities and high volume of population movement. There is emerging concern of the potential of importation of EVD from southern parts of South Kivu into Rwanda through Burundi.

The increased risk of transmission to Rwanda calls for the need for sustained and prolonged EVD preparedness activities, strengthened cross-border collaboration, and the flexibility to adapt to emerging needs.

Preparedness

A WHO assessment in March 2019 found that Rwanda's overall Ebola readiness level was at 84 per cent, up from 55 per cent in 2018. While there has been significant improvement in the level of operational readiness for EVD response at national level, there is urgent need to decentralize and build capacities for EVD preparedness and operational readiness for response in all priority districts. Additionally, Integrated drills and simulation exercises have revealed some critical gaps in all areas of the preparedness pillars that require urgent attention.

The recommendations from the simulation exercise need to be implemented to ensure the country is ready to respond. These include strengthening surveillance and alert systems for early detection of potential cases, and overall preparedness for timely and effective response at the district level.

Significant progress has been made with the resources mobilized so far for preparedness capacities in Rwanda. This includes putting together multi-disciplinary and multi-sectoral rapid response teams that have been supporting the district teams in investigating and responding to alerts. The district level rapid response teams, however, still require significant capacity building to ensure capacities for operational readiness in respective priority districts.

As of July 2019, about 234 alerts of possible Ebola cases have been verified and investigated, and 13 suspects have been investigated and all tested negative for Ebola. The resources were also used to provide training in high-risk districts. Trained personnel are now available to safely collect, package and transport samples of Ebola virus to the national laboratory using triple packaging. The

GeneXpert technology is being used to test all suspect samples of EVD. Community health workers and health facility staff have also been trained to conduct active surveillance for the virus at community and health facility levels respectively.

The PHEOC has been operationalized, and a full-scale simulation exercise was conducted to test readiness capacities. The Ministry of Health in collaboration with WHO and other partners have established one Ebola Treatment Centre in a very high-risk district with trained staff to manage cases including effective infection prevention and control measures. There is a request from the Government to install to additional ETCs (one in Kigali, and one in Rusizi) based on identified risks related to population movements.

More than 100 Rwanda national police officers have been trained as contact tracers. A total of 2,476 frontline health workers from public and private health facilities in two very high-risk districts (Rubavu and Rusizi) have been vaccinated. A full-scale simulation exercise was conducted in January 2019 in Rubavu and Rusizi to test the readiness capacities of Ebola preparedness activities being implemented.

Top priorities and activities for July-December 2019

During the second half of 2019, preparedness efforts in Rwanda will focus on key aims: to decentralize and build capacities for leadership and coordination of Ebola preparedness activities at district level; ensure early detection and reporting of suspected Ebola cases; strengthen prevention, and operational readiness capabilities for response; strengthen cross border collaboration; and enhance capacities for timely, effective and efficient response to any confirmed EVD case in Rwanda.

Key activities include the scale up of enhanced surveillance in all 15 priority districts, with extension country wide due to the increased risk associated with the EVD cases in South Kivu; strengthening of laboratory diagnostic capabilities at national and district levels; strengthening case management in hospitals and health facilities in all 15 high-risk districts; the establishment of two additional ETCs in strategic locations (Rusizi and Kigali), in addition to the Rubavu ETC; and implementation of cross border collaboration.

The table below summarizes preparedness and key activities in Rwanda

Ebola preparedness area	Key activities
Coordination	• Sustain leadership and coordination at central level, while strengthening similar capacities in the 15 priority districts • Finalize and validate public health emergency policy, terms of reference and standard operating procedures by authorized level of authority • Regular review and update of the National Ebola Contingency Plan implementation • Promote advocacy and strategic engagements for resource mobilization • Develop and implement a monitoring framework

Ebola preparedness area	Key activities
	• Enhance human resource capacities at national and district levels • Develop an Ebola 72-hour immediate response plan and activate for a first confirmed case • Establish and implement a framework for cross border collaboration based on risks • Implement and sustain mechanisms for information sharing, holding regular cross border meetings
Surveillance, Rapid Response Teams (RRTs), points of entry (PoE)	• Enhance and sustain surveillance and laboratory diagnostic capabilities at national and district levels, including at transit centres and refugee camps • Sustain and scale up screening at Points of Entries (PoEs), based on changing risks • Reinforce early case identification and linkage with rapid response teams for investigation and response • Develop and maintain a user-friendly and accessible database to report Ebola data from peripheral (community, health centres and district hospital levels) to central level
Case management, infection, prevention and control (IPC), safe and dignified burial (SDB)	• Improve capacity for case management and IPC in all hospitals in the 15 priority districts; as well as capacity for Ebola-related mental health and psychosocial support to affected individuals, families, communities, and frontline health workers • Extend IPC and screening capabilities to additional districts based on risk assessment • Maintain operational readiness for the Ebola Treatment Centers • Establish two additional ETCs in designated districts and 23 Isolation Units in 23 hospitals in the 15 high priority districts
	• Secure longer-term infrastructural investment to establish a permanent Infectious disease/Ebola Treatment Unit in Kigali
Laboratory capacity	• Improve capacity for sample collection, triple packing, transportation, and testing of samples at national and district levels • Strengthen district hospital laboratory capacity in biosafety and bio-risk management for handling, packaging, transporting, and analysing high-risk samples
Risk communication and community engagement	• Engage and empower communities and districts to implement risk communication and community engagement activities • Sustain integrated media communication and strategic use of information to increase public awareness and participation in Ebola prevention and control activities including Ebola vaccination

Ebola preparedness area	Key activities
Logistics	• Strengthen operational capacity at both national and district levels • Support rapid deployment of teams • Ensure quality in supply management including implementation of agreed stock control measures, management, replenishment procedures and capacity to engage with global EVD pipeline data • Support to operational readiness including waste management, WASH
Vaccination	• Ensure Ebola cold chain and a functional end-to-end supply chain required for Ebola vaccine and devices • Continue with the vaccination of frontline health care and public health workers in Rwanda prioritized to benefit from the limited global vaccine stock as supplies allow • Establish the framework and capabilities for use of Ebola investigational therapies

Note: Refer to country plan for a more detailed list of activities.

Requirements

The financial requirement for the national Preparedness Plan, last revised in July 2019 for July to December 2019, is about $14.6 million. These costs include Government and multi-UN agency requirements. NGO requirements are being discussed with the Government and will be included at the conclusion of discussions.

The new Ebola preparedness plan was launched by the MoH on 27 June 2019 in the presence of all partners present in-country. This plan did not include the cost of implementing the road map for cross border collaboration between Rwanda and DRC that was developed after the launch of the plan. In addition, it does include the need for expansion of preparedness activities arising from the emergent risk in relation to the outbreak of Ebola in Mwenga, South Kivu.

SOUTH SUDAN

Risk

The risk of the disease spreading to South Sudan remains high as the country shares a border with the affected provinces in the DRC. Ongoing conflict in South Sudan, which has displaced thousands of people, has significantly enhanced the risk.

The recent confirmed case of Ebola in Ariwara in the DRC's Ituri Province on 1 July 2019, approximately 70 kilometres from the border with South Sudan is a serious concern. Not only is this area near Kaya in South Sudan's Yei State, which hosts a refugee camp, but it is also close to Arua, a major trading hub in Uganda's West Nile region. Arua is also within close proximity of Nimule, which receives thousands of South Sudanese refugees every day.

Preparedness

In March 2019, a WHO assessment found that South Sudan's overall Ebola readiness level was at 61 per cent up from 17 per cent in 2018.

The primary focus of the first preparedness plan was on screening and surveillance in high-risk locations. Despite the fragile context, access issues in some areas and a weak health system, several areas of improvements were notable during implementation of the plan.

The country conducted a full-scale simulation exercise to test its readiness capacities in mid-August and identified the most critical gaps to be addressed.

As of the beginning of June 2019, 2,793 frontline health workers had been vaccinated at state and national level. Some 900 health care workers, frontline workers, community volunteers and military personnel were trained on Ebola surveillance (detection, alert and investigation), management of suspected and confirmed cases, laboratory safety procedures, safe and dignified burial, risk communication and social mobilization, and infection prevention and control in the high-risk States.

An Emergency Operations Centre (EOC) that hosts all Ebola high level coordination, technical meetings and partner activities including a venue for trainings has been set up with a free hotline to report Ebola alerts. A 24-bed Ebola Treatment Centre was also constructed at the national level for the Ministry of Health and handed over to an implementing partner that is currently using it for training and capacity building of national staff.

Twenty-eight Rapid Response Teams have been trained. Local capacity for GeneXpert and PCR analysis, which is the most accurate test for detecting Ebola, was established. Training is currently in progress for PCR analysis, with the aim of reducing the time needed for feedback on alerts, which currently averages at two days.

The country now has over 800 health workers including community volunteers trained to detect Ebola and to investigate and manage cases should there be any importation.

There have been considerable improvements in screening and surveillance capacity at both state and national level with 31 screening sites at border points of entry in operation, supported by five partner organizations. Recently, the continuity of these operations has been seriously affected by funding gaps. The MoH has alerted that the retention of screening services at Juba International Airport and other prioritized points of entry might be threatened by the lack of resources. Available resources will be targeted to facilities in high-risk locations bordering the DRC and Uganda.

Despite progress, the current core capacity and preparedness efforts in South Sudan fall short of the minimum required for operational preparedness.

While insecurity in Yei River State remains problematic, a recent reduction in conflict has allowed for more returns and the establishment of additional health facilities. However, frontline workers in these health facilities were not captured in the first round of vaccinations and are particularly vulnerable. The combination of a highly transient population, political insecurity and weak health systems is a reminder that South Sudan remains vulnerable and requires support.

Top priorities and activities for July-December 2019

During the second half of 2019, preparedness efforts in South Sudan will focus on three key aims: to strengthen coordination of Ebola preparedness activities at the district level, ensure early detection and reporting of suspected Ebola cases, and effective and efficient response to any confirmed case in South Sudan.

Key activities include retention of screening points at Juba International Airport and other main PoEs, improvement of Ebola surveillance capacity at the community and health facility level in all high-risk states and at the national level, and the activation and coordination of a 72-hour rapid response plan and case management of a confirmed case at the state and national level.

The table below summarizes preparedness and key activities in South Sudan

Ebola preparedness area	Key activities
Coordination	• Develop an Ebola 72-hour immediate action plan in preparation for a confirmed case at the state or national level • Implement recommendations from the full-scale simulation exercise held in August 2019.
Surveillance, Rapid Response Teams (RRTs), points of entry (PoE)	• Train and equip RRTs at national level and priority districts • Strengthen screening points at Juba International Airport and other POEs • Improve Ebola surveillance and capacity to detect, alert and activate contact tracing at the community and health facility level in all high-risk states and at the national level
Case management, infection, prevention and control (IPC),	• Train 500 community mobilisers on good hygiene practices

Ebola preparedness area	Key activities
safe and dignified burial (SDB)	• Equip 20 hospitals, 131 primary health care centres and 385 primary health care units with WASH and IPC supplies • Recruit and train 100 IPC staff
Laboratory capacity	• Sustain laboratory capacity at the national level • Train health workers in laboratory biosafety in high-risk states
Risk communication and community engagement	• Revise and develop new training modules and materials including abridged and simplified versions of SOPs, trainings and instructional videos • Establish a pool of 44 highly trained Ebola master trainers in communities and conduct new and refresher training for some 2,200 mobilisers and 110 supervisors • Train and orient senior government officials at national and state levels on media engagement for public health emergencies
Logistics	• Strengthen operational capacity to logistically support surge requirements and rapid deployment of teams. • Ensure quality in supply management and capacity to support fast track local and international procurement • Support operational readiness through technical missions to assess and test operational requirements
Vaccination	• Conduct vaccination of frontline workers in Juba and Nimule per vaccine availability

Note: Refer to country plan for a more detailed list of activities.

Requirements

The financial requirement for the national Preparedness Plan as estimated for the period of July to December 2019 is about $14.4 million. These costs include Government, multi-UN agency and NGO requirements and were calculated via an activity-based budgeting approach; as such, the specific requirements of each organization have not been delineated, but rather budget requirements are presented in aggregate, across all partners, per activity in the national plan. The previous plan required $16.2 million, of which 82 per cent ($13.3 million) was secured.

UGANDA

Risk

Uganda shares borders with the DRC's Ebola-affected North Kivu and Ituri provinces. Some of the affected areas in the DRC such as Butembo and Masereka are just 30-100 km from Uganda.

The border areas between the DRC and Uganda are porous and there is heavy economic activity and movement of goods between the two countries, including between key cross-border trading towns, such as Mpondwe and Bunagana. Based on the movement of people between the two countries, Uganda has identified 24 border districts to be at high risk of Ebola.

The country has classified the districts into three categories based on the proximity to the DRC and/or the affected district (Kasese) as well as population movement to and from the DRC or Kasese. The district categorization is as follows:

- **Category 1: Kasese district (affected district)**
- **Category 2: Rubirizi, Kamwenge, Kabarole, Bunyangabu, Bundibugyo, Ntoroko, Kanungu, Kisoro, and based on movement and trade, Kampala and Wakiso (districts bordering Kasese and/or with direct routes to/from the DRC.**
- **Category 3: Kabale, Rukungiri, Kikuube, Kyegegwa, Kyenjojo, Isingiro, Buliisa, Hoima, Kagadi, Pakwach, Zombo, Arua, and Nebbi (districts requiring enhanced preparedness due to population movement, refugee hosting, not necessarily bordering Kasese).**

Uganda currently hosts more than 300,000 refugees from the DRC in camps along the border with North Kivu and Ituri provinces. In June 2019, more than 300 refugees arrived in Uganda each day from the DRC. The refugees enter through the districts of Bundibugyo, Kanungu, Kasese, Kisoro, Kikube and Nebbi.

Besides the movement of refugees, the main points of entry may register between 5,000 and 10,000 people travelling between the DRC and Uganda in one day because of trade and cultural ties between communities along the border and to access health care. These travellers visit the districts of Adjumani, Yumbe, Moyo, Koboko, Kabale, Arua, Kampala and Wakiso.

Besides this, Uganda hosts the United Nations Regional Transport and Logistics base in Entebbe, which supports the operations of the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO) with an average of four to five flights per day, including some directly to Beni in North Kivu and Bunia in Ituri.

Uganda experiences a high burden of outbreak-prone diseases that frequently demand emergency responses. More than 100 districts in Uganda are currently battling a measles outbreak. The country has also been dealing with sporadic outbreaks of anthrax, Crimean-Congo haemorrhagic

fever, Rift Valley fever, cholera and yellow fever. The country has experienced and responded to five Ebola outbreaks since 2000. In June 2019, three members of a family from DRC, who had entered Uganda seeking care, died from Ebola. In August 2019 a child from DRC was confirmed to have Ebola after being identified by screening at a border crossing into Uganda.

Preparedness

In March 2019, a WHO assessment found that Uganda's overall Ebola readiness level was at 84 per cent, up from 53 per cent in 2018.

Task forces at the national and district levels chaired by the Director-General of Health Services and the Resident District Commissioners, respectively, have continued to coordinate implementation of the Ebola preparedness and readiness exercise. A weekly UN Ebola preparedness meeting chaired by WHO coordinates agencies' activities.

WHO has also provided support to equip Ebola Treatment Units in the districts of Kasese and Bundibugyo with beds, mattresses, linen, furniture, and VHF-500 kits, and trained personnel in safe and dignified burials and psychosocial support.

Five ETUs in Kasese, Kabarole, Kikuube, Entebbe and Bundibugyo districts are now fully functional. The ETUs in Arua, Mbarara, Isingiro, Ntoroko and Lacor are partially functional while the ones in Kihihi, Naguru, Mulago are under construction. The ETU for Kisoro is under consideration. Health workers have managed several alerts and are gaining confidence in patient management.

Both event-based and routine surveillance of Ebola have been ongoing. As a result, most of the districts have continued reporting alerts during this period. A total of 584 alerts have been investigated since August 2018.

Currently population awareness of EVD is 88.6 per cent. From August 2018 to July 2019. a total of 2.68 million people were reached with EVD messages through house to house visits (408,663) and community meetings (15,909) in 22 districts. During the same period, 590 health facilities and 1003 schools were supported with infection prevention supplies for water, sanitation, and hygiene promotion (WASH). Supplies included solar powered chlorine generators which use local kitchen salt to generate 0.6% chlorine.

As part of the risk communication and social mobilization over 1.7 million pieces of various IEC material in 18 local languages and English have been distributed. Additionally, over 24,00 radio spots and radio talk shows have been aired.

Over 7,575 village health teams have been trained in community-based surveillance. Trained surveillance and contact tracers are in place in 26 out of 30 districts and a 24/7 hotline has been set up in the high-risk districts. At least 15,910 community leaders have been mobilised for Ebola readiness and community-based responders have been trained in 15 out of 24 districts that are part of 7,575 village health teams.

At least 24 out of 30 districts have received training in sample collection, packaging and transportation (total of 166 trainees), An additional 19 laboratory technicians have been trained in Ebola diagnostics – rapid diagnostic tests and GeneXpert.

Emergency logistics is a vital part of the overall readiness effort. Many partners have participated in this effort with donations of commodities to prepare for any possible outbreak. Motorcycles for surveillance and ambulances for transfer of patients have been procured. At least 10 out of 24 high risk districts have been covered with infection, prevention and control supplies for primary care facilities.

The protocol for Ebola vaccination of health workers has been finalized. At least 13 national vaccination team have been trained; 4,420 frontline workers from 14 districts have been vaccinated against Ebola. Cold chain equipment for vaccination storage and for transportation to the field is available.

Prior to the preparedness exercise, Uganda had only a defunct port health department formerly housed at the MoH Environmental Health division. The challenge of large inflows from the DRC due to flight and trade meant that a quick mechanism had to be devised at ground crossing points and airports. The country now has 160 infrared thermometers for screening activities in various parts of the country. UN agencies have partnered with Uganda Red Cross Society to conduct screening in 45 of the 126 referenced points of entry (official and non-official) and supported training and monitoring of PoE operations in 10 border districts. The Entebbe Airport has a thermal scanner for temperature screening of the travellers.

However, despite these achievements the country still faces many gaps and shortfall in Ebola preparedness in several areas. Because of the incremental approach to implementation informed by the initial risk assessments, the districts in Rwenzori region were prioritized for most interventions. The high-risk districts in the south-western regions were next in terms of priority, followed by Hoima district and the West Nile sub-region. With the delivery of interventions concentrated in the districts identified initially, agencies ran short of funding to prepare the districts adequately in the last two phases.

This second contingency plan is therefore intended to address critical gaps among identified vulnerable groups; in districts sharing a border with the Ebola-affected areas of the DRC; in commercial hubs frequented by traders from Ebola-affected areas and districts hosting DRC refugees. A reasonable level of interventions will need to be maintained in districts not sharing borders with DRC but with significant inflow from and a direct road link to the DRC.

It is important to underscore that in Uganda, the role of women remains crucial in the transmission of EVD and control chain. Evidence shows that women are unevenly affected by Ebola due to their role as health works of social and welfare care providers within the family and community. The multiplicity of women's role in society makes them pivotal agents of change on the road to eradication of Ebola cases in Uganda.

Top priorities and activities for July-December 2019

During the second half of 2019, preparedness efforts in Uganda will focus on three key aims: to strengthen coordination of Ebola preparedness activities at district level, ensure early detection and reporting of suspected Ebola cases, and effective and efficient response to any confirmed case. Key activities include enhancing surveillance, screening at PoEs, training and assessments at the district level, and improving logistics.

The table below summarizes preparedness and key activities in Uganda

Ebola preparedness areas	Key activities
Coordination	• Maintain a functional district emergency coordination mechanism with full participation of district and partner actors
Surveillance, Rapid Response Teams (RRTs), points of entry (PoE)	• Strengthen case search, follow up of village health teams involved in community-based disease surveillance, support supervision, sample collection, packaging and transportation, real time sample tracking and results. • Provide triple packaging carriers and case investigation forms • Ensure screening at Points of entry • Provide psychosocial support for suspected cases under isolation with focus on child protection • Provide psychosocial support to communities as part of the support for reintegration of individuals or families after discharge from isolation centres and negative tests
Case management, infection, prevention and control (IPC), safe and dignified burial (SDB)	• Conduct bimonthly assessments in high risk districts to identify gaps • Conduct monthly drills at all the ETU • Conduct IPC mentorship/supervision in 13 districts and procure IPC supplies for the WASH and case management components • Conduct refresher training of health workers in IPC, WASH and clinical management • Improve WASH infrastructure at non-ETU health facilities, schools and communities • Provide psychosocial support for EVD affected individuals, families and communities, with focus on child protection and support reintegration into the communities • Conduct drills of health workers for Ebola management • Train and equip teams for safe and dignified burials
Laboratory capacity	• Establish mobile laboratory in Kasese • Adapt protocols for mobile laboratory testing, and specimen transportation • Train sample handlers on specimen collection, packaging and transport and use of the chain of custody

Ebola preparedness areas	Key activities
Risk communication and community engagement	• Increase public awareness through mass media • Orient head teachers, religious leaders, local government leaders, traditional healers and other community influencers on Ebola and support people and pupil champions at the community level • Use social media to increase individual and target group awareness of EVD and address misinformation and misbeliefs • Print and distribute the community case definitions • Map high-risk groups including traders and hotels
Logistics	• Strengthen operational capacity to support rapid response and deployment of teams at national and district level • Ensure quality in supply management including fast track local procurement and receipt of international shipments • Support operational readiness including waste management, vaccination, staff accommodation, ETU setup, SDB teams and IPC supply management • Support the last mile delivery of supplies
Vaccination	• Vaccinate missed frontline health workers as vaccine availability permits • Replenish vaccine stocks for preparedness and ring vaccination activities as vaccine availability permits

Note: Refer to country plan for a more detailed list of activities.

Requirements

The financial requirement for the national Contingency Plan for the period of July to December 2019 is about $17.2 million. These costs include Government, multi-UN agency and NGO requirements.

PRIORITY 2 COUNTRIES

The five Priority 2 countries - Angola, Central African Republic (CAR), Republic of the Congo (RoC), Tanzania and Zambia - do not share a border with the DRC's Ebola-affected provinces. However, they are still at risk. For example, the Ebola outbreak between May and July 2018 in Équateur province of DRC presented a real threat of the virus travelling down the Congo river and spreading to the Republic of the Congo.

Priority 2 countries together need $5.8 million for Ebola preparedness efforts until the end of 2019.

All the five countries (Angola, CAR, RoC, Tanzania and Zambia) have a preparedness plan in place. The second WHO assessment of Ebola readiness levels conducted between January-March 2019 covered CAR, RoC and Tanzania. The findings reveal some progress in the different pillars.

The table below is a summary of the status of Ebola preparedness and readiness in the Priority 2 countries.

Key pillars	Angola	Central African Republic	Republic of Congo	Tanzania	Zambia
Coordination including PHEOC and simulation exercise	No PHEOC but NTF in place	PHEOC operational and functional	No PHEOC but NTF in place	PHEOC operational and functional in Tanzania mainland. Zanzibar support is required to establish EOC	PHEOC operational and functional
	Ebola plan available but not updated	Ebola plan available but not updated	Ebola plan available but not updated	Updated Ebola plan available	Ebola plan available but not updated
	Identified 13 high-risk districts in the country	Identified 14 high-risk districts in the country	Identified 6 high-risk districts in the country	16/26 high-risk districts have OPR activities	Identified 29 high-risk districts in the country
	None	Drills conducted	No SimEx done	Drills conducted	No SimEx done
Surveillance	3 alerts to date	4 alerts to date	5 alerts to date	10 alerts to date	5 alerts to date
	Trained NRRTs and 7 provincial RRT available	National RRT trained	NRRTs and Sub-national RRT trained	3/8 high risk regions with RRTs	RRTs available in high risk districts
	Case definition distributed to health facilities	Case definition distributed to health facilities	Case definition distributed to health facilities	Case definition distributed to health facilities	Case definition distributed to health facilities
	Health workers trained on Ebola case detection and reporting	Health workers trained on Ebola case detection and reporting	Health workers trained on Ebola case detection and reporting	Health workers trained on Ebola case detection and reporting	Health workers trained on Ebola case detection and reporting

Key pillars	Angola	Central African Republic	Republic of Congo	Tanzania	Zambia
CM/IPC/ETC/SDB	Health workers not trained on Ebola case management including IPC	Health workers trained on Ebola case management including IPC	Health workers trained on Ebola case management including IPC	Health workers trained on Ebola case management including IPC in 8 high-risk regions- with district participants	Health workers trained on Ebola case management including IPC
	ETC constructed in Luanda	1 ETC established	1 ETC established and Isolation unit identified at regional hospital in Brazzaville	1 ETC established	1 ETC established
	Treatment protocol not yet adapted	Treatment protocols and SOP available	Treatment protocols and SOP available	Treatment protocols and SOP available	Treatment protocols and SOP available
	National SDB Team trained	Trained SDB team available	Trained SDB team available	8/8 HR Regions w/ SDB (8 people @ 7 regions, 12 in DSM Region)	National SBD Team trained
Laboratory capacity	None	PCR referral lab available	PCR capacity in development	PCR and GeneXpert capacity in place	PCR and GeneXpert capacity in place
	Trained personnel for sample collection and transportation	Trained personnel for sample collection and transportation	Trained personnel for sample collection and transportation	Trained personnel for sample collection and transportation	Trained personnel for sample collection and transportation
	Mechanism in place for shipment of samples to WHO collaborating centre	Specimen transport ready internationally	Mechanism in place for shipment of samples to WHO collaborating centre	Mechanism in place for shipment of samples to WHO collaborating centre	Mechanism in place for shipment of samples to WHO collaborating centre
RCCE	Risk communication plan available	Risk communication plan available	Risk communication plan available	Risk communication plan available	Risk communication plan available
	Key Ebola messages produced and disseminated.	Key Ebola messages produced and disseminated	Key Ebola messages produced and disseminated	Key Ebola messages produced and disseminated	Key Ebola messages produced and disseminated

Key pillars	Angola	Central African Republic	Republic of Congo	Tanzania	Zambia
	Development of Pocket Manual with ICSC				
	Ongoing sensitisation activities in high-risk districts	Ongoing sensitisation activities in high -risk districts	Ongoing sensitisation activities in high-risk districts	Ongoing sensitisation activities in high-risk districts	Ongoing sensitisation activities in high-risk districts
Points of entry (PoEs)	PoEs identified	PoEs identified	PoEs identified	PoEs identified	PoEs identified
	Ongoing screening at the airport	Ongoing screening at high-risk PoEs	Ongoing screening at high-risk PoEs	Ongoing screening at high-risk PoEs	Ongoing screening at high-risk PoEs
Vaccination	MOH sensitised on Ebola vaccine	MOH sensitised on Ebola vaccine	MOH sensitised on Ebola vaccine	MOH sensitised on Ebola vaccine	MOH sensitised on Ebola vaccine

REQUIREMENTS

EVD preparedness area	Coordination	Surveillance including RRT and POEs	Laboratory capacity	Case management including IPC and SDB	Risk communication and community engagement	Logistics	Vaccination and Therapeutics	Human resources	TOTAL
Burundi	1,419,400	3,369,016	714,424	3,462,934	1,123,792	572,336	855,569	-	11,517,471
Rwanda	3,195,753	1,785,624	947,320	4,932,060	1,508,049	1,346,807	665,206	264,282	14,645,101
South Sudan	3,054,700	2,472,800	366,000	2,849,000	4,208,600	485,000	1,000,000	-	14,436,100
Uganda	280,583	1,785,528	83,232	9,362,276	4,163,650	1,090,873	465,283	-	17,231,425
Priority 1 countries	7,950,436	9,412,968	2,110,976	20,606,270	11,004,091	3,495,016	2,986,058	264,282	57,830,0997
Angola	336,043	102,880	82,468	47,908	57,280	18,015	13,860	-	658,454
Central African Republic	323,000	451,500	46,200	343,500	154,000	92,000	-	-	1,410,200
Republic of Congo	50,000	130,800	10,000	236,160	75,000	380,000	30,000	390,000	1,301,960
Tanzania	90,000	398,000	175,000	487,000	60,000	100,000	50,000	-	1,360,000
Zambia	135,000	362,000	60,000	150,000	90,000	125,000	50,000	125,000	1,097,000
Priority 2 countries	934,043	1,445,180	373,668	1,264,568	436,280	715,015	143,860	515,000	5,827,614
Regional and HQ technical support and common services	400,000	120,000				2,006,856		425,000	2,951,856
GRAND TOTAL	9,284,479	10,978,148	2,484,644	21,870,838	11,440,371	6,216,887	3,129,918	1,204,282	66,609,567

ANNEX

Burundi National Preparedness Budget

With international organization participation/budget (US$)

EVD preparedness area	National Plan Budget	WHO and partners	WFP	UNHCR	IOM	UNICEF	UNFPA	GVC	IRC	TdH	DRC	Total International Organization Costs/Budget
Coordination	**1,419,400**	454,193	44,905			50,000	10,000			134,495	80,000	**773,593**
Operations		353,250	593,232	15,000	87,313			100,000	150,708		100,000	**1,399,503**
Surveillance/RRT	2,099,753	249,400		5,000								**254,400**
Points of Entry	**1,269,263**	19,050	121,200	4,000	548,075			80,500	83,563			**856,388**
Laboratory	714,424	60,000		7,781								**67,781**
Case management/ IPC/WASH	**3,334,259**	416,900	1,224,889	4,000		1,125,000	113,273	10,602				**2,894,664**
Safe and dignified burials	**128,675**		44,000	15,562								**59,562**
Risk communication and community engagement	**1,123,792**	94,500		45,600		621,502	10,000					**771,602**
Logistics	**572,336**	132,225	217,304	50,000			10,000		45,032			**454,561**
Vaccination	855,569	300,000										**300,000**
Human resources		400,000	156,045		42,725	135,000						733,770
TOTAL	**11,517,471**	**2,479,518**	**2,401,575**	**146,943**	**678,113**	**1,931,502**	**143,273**	**191,102**	**279,303**	**134,495**	**180,000**	**8,565,824**

Rwanda National Preparedness Budget

With international organization participation/budget (US$)[3]

Components/ Objectives/ Key Activity	National budget	WHO	UNICEF	WFP	UNHCR	IOM	Rwanda Red Cross	Save the Children	OXFAM	Total International Organization Costs/Budget
Technical area 1: Coordination and leadership	1,526,444	194,352	-	-	84,000	75,031	-	-	-	**353,383**
Technical area 2: Risk Communication and Community Engagement	1,508,049	332,624	700,000		110,145	0	-	-	-	**1,142,769**
Technical area 3: Surveillance and Laboratory										
Surveillance	1,785,624	630,216	780,000		78,917	252,903	-	-	-	***1,742,036***
Laboratory	947,320	416,588					-	-	-	***416,588***
Technical Area 4: Immunization and New Drugs	665,206	222,000			409,500		-	-	-	**631,500**
Technical area 5: Case management and Infection prevention and control	4,932,060	346,497	270,000	3,566,197	271,509	292,220	-	-	-	**4,746,423**
Technical Area 6: Logistics	1,346,807	1,086,195			45,000		-	-	-	**1,131,195**
Technical Area 7: Budget for 72-hour immediate response plan	1,933,591						-	-	-	**0**
Technical Area 8: Support to Country Office *Total for Partners running cost*		1,174,365			79,934		-	-	-	**1,254,299**
TOTAL	14,645,101	4,402,837	1,750,000	3,566,197	1,079,005	620,154	-	-	-	11,418,193

[3] EVD preparedness planning and partner mapping are in process by the Government of Rwanda; final budget amounts for NGOs are not yet available and will be included when available.

South Sudan National Preparedness Budget[4]

With funding received by international organization (US$)[5]

EVD preparedness area	National Plan Budget	Funding Received by International Organization								
		WHO	OCHA	IOM	UNICEF	WFP	Alima, Concern, Goal Consortium	Save the Children, Concern, Internews Consortium	Health-Pooled Fund Partners[6]	Total Funding Received by International Organizations
Coordination	3,054,700		975,000							**975,000**
Surveillance/RRT/PoEs	2,472,800									
Surveillance	*739,000*							24,000	345,000	***369,000***
RRT	*456,500*						408,000			***408,000***
PoEs	*1,277,100*									
Laboratory	366,000									
Case management /IPC/SDB	2,849,000									
Case management/IPC	*2,662,000*				285,000			712,238	670,000	**1,667,238**
Safe and dignified burials	*187,000*									
Risk communication and community engagement	4,208,600				400,000			445,000		**845,000**
Logistics	485,000					227,000				**227,000**
Vaccination	1,000,000									
TOTAL	**14,436,100**		**975,000**		**685,000**	**227,000**	**408,000**	**1,181,238**	**1,015,000**	**4,491,238**

[4] Budget figures represent needs until the end of December 2019, which are extrapolated from the national second-phase preparedness plan budget developed by the Government of South Sudan and partners for April to September 2019. The budget was developed in full collaboration between the Government and international partners and costed by activity, instead of by entity or organization. The budget is reflective of both Government and international organization costs.
[5] The amounts of funding received by international organization are included to illustrate the full participation in EVD preparedness by the range of international organizations.
[6] CORDAID, HealthLink. SSUHA. World Vision, AMREF, CUAMM

Uganda National Preparedness Budget

With international organization participation/budget (US$)

EVD preparedness area	National Plan Budget	UNICEF	IOM	WFP	WHO	UNDP	UNFPA	UNHCR	IRC	World Vision	Oxfam	URCS	Save the Children	Total International Organization Costs/ Budget
Coordination	280,583	53,280	20,000	-	150,000	50,000		55,000						**328,280**
Surveillance and laboratory	1,047,241	-		-	1,020,770				316,936			129,792		**1,467,498**
Points of entry	821,519	-	503,500	-	210,000		-	216,000						**929,500**
Case management	4,804,590			-	2,322,719									**2,322,719**
IPC WASH	4,557,686	1,244,666	569,000	-	659,267				833,683			38,102		**3,344,718**
Risk communication	3,839,213	1,377,250		-	659,362			48,660	20,000	64,000	402,025	12,162	660,000	**3,243,459**
Vaccines and therapeutics	465,283	-		-	465,283		-	-						**465,283**
Logistics	1,090,873	99,000	100,000	951,714	683,326	40,000	63,000							**1,937,040***
Mental Health and Psychosocial support	324,437											4,386		**4,386**
Operational Costs									829,381					**829,381**
Total	**17,231,425**	**2,774,196**	**1,192,500**	**951,714**	**6,170,727**	**90,000**	**63,000**	**319,660**	**2,000,000**	**64,000**	**402,025**	**184,442**	**660,000**	**14,872,264**

***Amended planning requirements due to operational revision**