ANNEX

STRATEGIC RESPONSE PLAN FOR
THE EBOLA VIRUS DISEASE OUTBREAK
DEMOCRATIC REPUBLIC OF THE CONGO
2018
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STRENGTHENING THE COORDINATION OF THE MULTISECTORAL RESPONSE

An Ebola virus disease (EVD) outbreak response is extremely complex and requires an effective coordination of partners from all sectors at all levels, to be able to capitalize on both the individual and collective strengths of each partner and avoid overlapping and duplications as much as possible. While coordination structures are well-established in Kinshasa, this is not the case at the provincial or health zone levels, where they have limited resources and capacity or are not present at all. Coordination of national and global levels in support of local efforts is extremely important for an efficient and predictable response.

In order to strengthen coordination of partners, the following activities will be carried out:

- Strengthen the existing coordination mechanisms for the management of epidemics within the Ministry of Health at the national and provincial levels, ensuring the participation and active contribution of all actors involved in the response.
- Revitalize the nine technical commissions of which the National and Provincial Coordinating Committee are composed of, through the facilitation of close coordination between health services, education, social services, advocacy teams and community structures and leaders.
- Provide technical support to the activities planned and carried out by the nine technical commissions, in order to provide a rapid, effective and adequate response to the needs of the affected populations.
- Establish rapid response teams in each operational hub identified in the crisis-affected areas for rapid and multi-sectoral assessment (health, protection, water, sanitation and hygiene (WASH), education, logistics, etc.) and verification of alerts transmitted by the surveillance mechanism.
- Increase transparency and accountability of all stakeholders involved in the response through continuous monitoring of activities and progress of interventions.
- Ensure continuous access to timely and up to date communication and information through the publication and dissemination of regular reports on the evolution of the crisis and needs.
- Ensure continuous and in-depth analysis of the evolution of the crisis in order to better adapt the strategy of the response, based on scientific evidence.
- Deployment of the required technical expertise to support coordination activities to ensure a rapid, effective and adequate response to the crisis.

REQUIRED
US$ 5.64 million

PARTNERS:
WHO/OCHA in close collaboration with all partners to support the Ministry of Health of the Democratic Republic of the Congo.
SURVEILLANCE, ACTIVE CASE FINDING, CONTACT TRACING AND INVESTIGATION OF CASES; INCLUDING SURVEILLANCE AT POINTS OF ENTRY (POE)

Rapid detection and isolation of new cases is the key to preventing onward transmission of the virus. This requires teams of epidemiologists, community health workers and contact tracers in the field, supported by a laboratory service able to provide rapid, safe and accurate testing of samples. It also requires open access to sex and age desegregated data to inform real time monitoring and focused programming.

Good surveillance, case investigation and contact follow up are the three essential components to the rapid containment of EVD outbreaks:

- Surveillance for the detection of EVD cases
- Case investigation
- Contact tracing and follow up

Surveillance for the detection of EVD cases

Surveillance for the detection of EVD cases comprises community events-based surveillance (CEBS), surveillance at health care facility level and active case finding. Surveillance is essential to ensure the early detection of possible EVD cases, the prompt clinical management and isolation of these cases to reduce mortality and to interrupt the transmission of EVD:

- In community events-based surveillance, community leaders and volunteers are trained on using a simple definition to identify persons with symptoms suggestive of EVD and alert these to a contact person within the health system for investigation and clinical evaluation.
- At the health facility level, health workers are trained to clinically assess persons presenting to a health facility for signs and symptoms of EVD and refer these to a designated treatment facility with adequate treatment and infection prevention and control measures in place.

Key activities:

Training of healthcare workers, including community health worker, on the application of the case definition (at least all clinical staff), on how to record the information (paper or electronic surveillance application) and incentives as a motivation for increased workload. Data manager/person responsible for entering data at the HCF (depends on the size of the facility), telecommunication and equipment tablet, computer or smart phone to enter data.
Provide clear guidance to health care workers on management/referral of cases that does not respond to the EVD case definition, with specific attention being given to vulnerable population, including women and children. Active case finding is done in EVD affected areas and can be done by either screening medical records for patients/deaths who presented with symptoms consistent with EVD, or directly in the community by speaking to community leaders/informants or going from house to house. Contact follow up is also a form of targeted active case finding.

For good surveillance, personnel must be trained adequately to identify possible cases of EVD and must be supplied with an adequate supply of surveillance tools and stationary. Data managers to enter and maintain data are essential, and a data flow and analysis plan to inform the overall response needs to be established early.

**Key activities:**

Training of community health worker or specially recruited person, telecommunication and other equipment, such as smartphone with application installed. If information is recorded on paper, sufficient supply of forms that includes all areas for collection of information, such as to record number of households; health facilities visited; number of persons seen; number of ill patients; type of symptoms; etc. A Data Manager/Data Entry Clerk at the point where the information is electronically seized (health facility or area/zone health authorities) are required. Other funding resources are also required to include compensation/motivation and transportation (motorbike) costs.

**Community events-based surveillance**

**Key activities:**

Training of community health worker or specially recruited person, ensuring full integration into the wider health response and benefit of supportive supervision. Adequate monthly financial package for telecommunication and other equipment, such as smart phone with application installed. If information is recorded on paper, sufficient supply of forms that includes all areas for collection of information, such as to record number of households; health facilities visited; number of persons seen; number of ill patient; type of symptoms; etc. A Data Manager/Data Entry Clerk at the point where the information is electronically seized (health facility or area/zone health authorities) are required. Other funding resources are also required to include compensation/motivation and transportation (motorbike) costs.

**PARTNERS:**

The lead agency supporting the Ministry of Health in surveillance, case investigation and contact follow up is WHO.

Supporting agencies often are Médecins Sans Frontières (MSF) (at Ebola treatment center level), the Red Cross, the International Rescue Committee (IRC), the Alliance for International Medical Action (ALIMA), Action for Hunger (ACF), agencies who support community health workers/volunteers.

For surveillance at PoE, WHO is the lead agency that supports the Ministry of Health in detection, assessment, and transport to medical facilities for treatment, contact tracing, risk communication, cleaning and disinfection.

The International Organization for Migration (IOM), the International Civil Aviation Organization (ICAO), the International Air Transport Association (IATA), the International Maritime Organization (IMO), the International Shipping Federation (ISF) and the regional and national Centers for Disease Control and Prevention (CDC) are supporting agencies.

The World Food Programme (WFP) will provide nutritionally adequate food assistance to contacts of Ebola cases.
Case investigation

Case investigation is done by dedicated and trained personnel working closely with case management and social mobilization teams. Case investigations aim to identify the possible source of infection of an EVD case, establish the transmission chain (how the case is linked with other cases) and list contacts who may have been exposed to the virus. Case investigators will often also arrange for the referral of a suspected case to a treatment facility or the safe and dignified burial of a deceased case. Case investigations contribute to guide the overall response on where to focus resources for surveillance, active case search, contact follow up and prevention measures.

Case investigators will establish the period during which an EVD case has been infectious before adequate infection prevention and control measures were taken and before the case was isolated in a designated treatment facility. Persons in contact with a case during this infectious period will be assessed for risk exposures with the case and will be followed up closely as contacts. A thorough case investigation takes time, usually at least one hour without including travel time. During an EVD outbreak, many alerts and suspected cases are reported, and the number of case investigators needed to respond should not be underestimated. Community resistance can ensue if suspected cases are reported but investigation teams do not arrive within a reasonable time frame to investigate.

Case investigators must be trained on using investigation tools (paper or electronic) and these must be readily available to all investigation teams in the field.

During investigation a specific focus on risk for children that have been exposed to EVD will need to be provided as they are often under reported.

Key activities:

Specialized training for case investigators, data entry clerks/manager and epidemiologists. Data processing and telecommunication equipment, internet access, transportation, basic personal protective equipment (PPEs), Infrared thermometer for each case investigator. Support from the communication team.
Contact tracing and follow up

Contact follow up is done for the 21 days duration of the EVD incubation period. New cases of EVD are most likely to arise from contacts of known cases. Contact follow up therefore aims to identify suspected cases early to ensure prompt referral to a dedicated treatment facility to prevent further exposure to the community and to ensure early case management for a better clinical outcome.

For contact follow up, each contact is visited twice a day for the 21 days following the last exposure to an infectious EVD case. During the daily visits, the contact tracer assesses the general physical and mental state of the contact and fills in a specific contact form recording the presence or absence EVD like symptoms. If symptoms develop, the case investigation team is alerted to assess the suspected case. The contact tracer also alerts their supervisor of any mental health concerns or stigmatization observed in the community to ensure an adequate response from the risk communication and social mobilization teams. Supervisors are responsible to collect information from contact tracers every evening and compile this together with a data manager to generate an overview of the number of cases seen, not seen, lost to follow up, developing symptoms and having completed the 21 days contact follow-up period.

Depending on the geographic distribution of contacts, a contact tracer can follow between 5 and 15 cases at any one time and a supervisor can supervise between 3 to 10 contact tracers. As part of the contact follow, contacts are often asked to limit their movement and be available for the twice-daily follow up. To facilitate this, nutritionally adequate food assistance and water can be provided to the contacts.

For all activities, communication means to transmit information (verbally and electronically) and transport to travel to the location of the cases/contacts are essential.

Identification of children contact and disaggregated monitoring is particularly important to ensure adequate psychosocial support (refer to the chapter on Psychosocial care of this annex) and rapid response in case of EVD symptoms.

Key activities:

Twice-daily contact follow up is time consuming, as is the compilation of information of all the data generated from the twice-daily visits. Training on contact follow up for contact tracers (twice-daily follow-up, concept of contact follow-up). Number of tracers depends on the number of contacts as well as geographical distribution of contacts; a contact tracer may follow between one and 20 contacts max (considering that they have to go see contacts physically twice per day). Telecommunication
equipment (phones, access to internet, smartphones/tablets for collection of information), transportation, water and food for contacts are provided if contacts are encouraged to stay at home.

Run regular exchanges between the teams involved in contract tracking and the team leading social and community mobilization in order to capture and follow-up on all alerts received through community discussions.

Provide 21 days of nutritionally adequate food assistance to 4000 contacts of Ebola cases.

**Surveillance at Points of Entry (PoE)**

PoE includes designated and non-designated international and national PoEs (formal and informal), internal entry/connecting points between cities, health zones and provinces, as well as points of congregation of travellers, notably markets, bus stops, etc.

Considering the risk of cross-border transmission of EVD, action needs to be taken by the Democratic Republic of the Congo and neighboring countries to enhance surveillance and increase readiness to prevent, detect, investigate and respond to potential cases of imported EVD with a focus on Points of Entry.

While migration and mobility are increasingly recognized as determinants of ill health and risk exposure, the volume, rapidity and ease of population mobility poses new challenges to EVD control. The plan includes, population mobility mapping and data collection to inform updated strategic points for intervention and adapt related activities (surveillance, IPC and Risk communitarian) accordingly.

**Key activities:**

Develop and implement action plans at priority PoEs for surveillance and education of travelers that travel directly through these PoEs from areas with confirmed or suspected EVD cases. Ensure plans for PoEs address case detection (e.g. temperature screening equipment at PoEs), interviews with close contacts, isolation facilities, personal protection equipment for front-line workers, access to diagnostic capabilities and laboratories, medical referral and transportation to EVD treatment centers and information for travelers about EVD and what to do if symptoms develop. Conduct exit screening for unexplained febrile illness consistent with potential EVD infection in international travelers at international airports, seaports and major land crossings of country(ies) in which EVD is circulating. Clean and disinfect temperature screening equipment and facilities used to screen/interview travelers.
Identification of close contacts or persons exposed to travellers with illness consistent with EVD. Provision of information about public health measures and what action to take if symptoms develop to travelers with contact history with suspected EVD cases at PoE. For air travel, health authorities at PoE should communicate with airline operators to ensure that passenger locator forms are available on the flight and/or at destination airports for identification of close contacts.

Establishment of lines of communication and cooperation between public health and transport sector/companies to disseminate information to travellers, raise awareness among transportation workers and to encourage case findings at PoEs. Provide culturally-appropriate disease/health information for travellers in local languages. Provision of communication with international travellers where exit screening is implemented. Ensure effective and rapid communication between PoE health authorities and national health surveillance system aimed at preventing individuals with suspected EVD from departure. Establishment of hot-lines for health, transportation workers and travellers.

Isolation facilities for travellers found to have illness consistent with EVD through secondary screening. Transportation of travellers safely to predetermined medical facilities. Samples should be taken in the medical facilities rather than at PoE. Mapping of existing health facilities in the vicinity of PoEs and assess capacity to treat and isolate affected travellers.
STRENGTHENING DIAGNOSTIC CAPABILITIES

Ebola outbreak containment depends critically on rapid detection of infected individuals for isolation and medical care. A definitive diagnosis of EVD can only be achieved through laboratory testing of samples for the presence of the virus. Deploying testing facilities near the areas of transmission and using tests with a rapid turnaround time will speed case detection and boost the effectiveness of epidemiological investigations.

Laboratory testing is also critical for:

- carrying out surveillance for undetected cases
- determining when Ebola patients are no longer viremia and can safely leave the Ebola Treatment Units (ETU)
- triggering decisions on safe and dignified burial procedures
- documenting the effectiveness of an investigational vaccine (in this outbreak)
- providing supportive care for patients (e.g. electrolyte and hemoglobin testing in ETUs)

WHO is supporting the deployment of automated PCR instruments and Ebola test cartridges to temporary or fixed laboratory facilities in sites where cases appear. The laboratories will underpin and be integrated into the overall response. WHO will support the national reference laboratory (Institut National de Recherche Biomédicale – INRB) in the capital city in providing oversight to field laboratory teams with training, installation assistance and troubleshooting of instruments. Where possible, electronic reporting will be enabled to improve speed and data security. Other technologies expected to play an important role in this outbreak are rapid diagnostic tests (RDTs) that detect Ebolavirus antigens, serology and viral sequencing.

Ebola RDTs are handheld disposable immunoassays that provide results in 20 to 30 minutes and can be used to screen blood (of Ebola suspects) or oral swabs (from the recently deceased) for evidence of Ebolavirus antigens. Though requiring PCR back-up testing to confirm cases, these tests provide a rapid and simple method to investigate alerts, especially in remote areas to which access is difficult.

Key activities:

WHO is providing laboratory coordination, training and troubleshooting expertise, instruments and ready-to-use test cartridges for PCR, and RDTs for screening. Physical improvements are planned for laboratory testing sites, including in some cases solar power generation.
CASE MANAGEMENT AND INFECTION PREVENTION AND CONTROL (IPC) IN EBOLA TREATMENT CENTRES AND TRIAGE UNITS

Case management and Infection Prevention and Control (IPC) form a key pillar in the response to Ebola, along with Epidemiology/Contact tracing and Investigation, Laboratory confirmation, Safe and dignified burials, risk communication/social mobilization and ring vaccination. All are managed under a coordinated approach in support of the Ministry of Health and form pillars of response, with support from Operation/logistics, finance and administration pillars.

Experts from WHO and partners will support the clinical/IPC teams from Ministry of Health and partners, convening of coordination meetings under Ministry of Health leadership, operational information management (i.e. partner activities, data management, etc.), technical guidance and quality improvement activities including site visits, trainings and in some case direct implementation of support.

Agreed standards in terms of clinical care and IPC including protocols and tools will be the basis for all interventions in this response strategy. All actors involved will dedicate adequate resources to ensure that pediatric EVC care are provided in the different treatment and triage facilities.

Ebola Treatment Centers (ETCs)

Ebola Treatment Centers (ETCs) are dedicated treatment units that care for suspected or confirmed patients with EVD. ETCs deliver standards of care to patients, which includes supportive care and monitoring as well as experimental therapeutics under monitored experimental use protocols. Ebola Treatment Units (ETUs) are managed by partners. ETCs require essential resources (structural, human and essential medications and supplies including food and nutritional commodities) to deliver care. This includes: a separate isolation ward with correct architecture to avoid cross-contamination, enough trained staff to monitor the critically ill patients and to deliver investigational therapeutics; and monitoring devices (including laboratory tests for simple chemistry and blood counts). WHO and experts from the Ministry of Health, partners and networks (EDCARN and GOARN) will provide ongoing technical support to ensure standards are maintained at all ETCs, through technical protocols and tools, trainings and visits as required; particularly during the use of experimental therapeutics. WHO will support logistics for central storage and distribution of therapeutics.

In line with the national strategy and international guidance on nutritional care to Ebola patients, the Ministry of Health and partners will collaborate to ensure that patients have access to adequate food and nutritional assistance so that nutrient needs are met during the different phases of treatment.

PARTNERS:

Médecins Sans Frontières (MSF) (with support from the Alliance for International Medical Action (ALIMA) will mainly be leading set up of ETCs. For Infection Prevention and Control (IPC) WHO with assistance from Epidemic Diseases Clinical Assessment and Response Network (EDCARN) and Global Outbreak Alert and Response Network (GOARN) experts will lead the coordination, technical oversight, monitoring, training and implementation and clinical teams from the EMT network and other partners to work side by side with national doctors in the larger referral hospitals and ETUs on a daily basis to ensure sustainable changes.

REQUIRED
US$ 9.42 million
Teams running ETCs will be expected to directly support national doctors, nurses and logistics staff with case management/ETC training and mentorship to ensure they are better placed to care for patients in this and future outbreaks. Based on the number of children affected and the needs, a specific pediatric space/ward with dedicated staff will provide pediatric case management.

Key activities:

10-15 bed ETCs will be set up in with teams of 1-2 doctors that are experts in IPC and infectious disease as well as patient flow and management; at least 3-4 nurses experts in Infection, Prevention and Control (IPC), safe clinical care and nutritional support, ideally with emergency, infectious disease, pediatrics and/or maternal care backgrounds. The team should also have at least 2 logisticians to implement key IPC improvements and support WASH, waste management and other aspects of improving safety of the hospital, staff and patients. ETU health workers /caretakers will be provided with food assistance.

Hospital case management and Infection, Prevention and Control (IPC) support (non-ETCs)

Essential health services must remain open to the population during the Ebola outbreak, and is likely to save many lives. For hospitals, improving IPC across the various clinical areas in a sustained fashion will not be achieved with single visits or even daily visits. For consistent and sustained rapid, quality improvement, the presence of a clinical care team on-site for weeks is recommended. The clinical care teams will be recruited from the Emergency Medical team (EMT) network.

Key activities:

The work of the clinical care teams/EMT will be particularly focused in the critical areas of triage and screening/isolation at the main entrance. In addition, the teams will also support the same function in other high-risk areas within the hospital: maternity and delivery areas, invasive or high-risk procedure areas (i.e. operating theatre) and outpatient areas. Teams will be self-sufficient but will be coordinated under the pillar and report to the Ministry of Health on their support activities.
Referral System

The referral system is applicable to each sub-region, and is designed to ensure any person fitting the case definition can be screened and identified at health posts or district hospitals and safely transported to the nearest designated ETC.

Key activities:

Ambulance vehicles and expert support from a small team able to directly support safe transport practices as well as a “hotline” accessible 24 hours for health staff (not the public) to call to request secondary transfer of a patient fitting the case definition from their clinic or hospital to the nearest designated ETC.

Medevac and Health Care Workers (HCW) care

To ensure national and international staff directly involved in response, especially HCWs, several response measures are required. Coordination with the vaccine pillar on vaccination of HCW will be managed locally, and also through WHO and CDC support to pre-vaccination sites in Switzerland, United States of America etc.

Key activities:

A dedicated helicopter provided by WFP/UNHAS will be available to all partners and the Ministry of Health for day to day transfers of staff, samples and vital equipment according to priority and availability. For urgent medevac of exposed or infected HCW and other staff a transport “bubble” is available and compatible with the helicopter. A small clinical team is required for in-flight monitoring and support to these patients and will be drawn from one of the responding clinical care (EMT) teams. Helicopter crew will train the clinical team on safe helicopter transport and use of the bubble.
STRENGTHENING INFECTION PREVENTION AND CONTROL (IPC) MEASURES AND WASH IN HEALTH FACILITIES, SCHOOLS AND COMMUNITIES, INCLUDING SAFE AND DIGNIFIED BURIALS

IPC and WASH in health facilities and community health programs

Conversely to hospital, it is critical to ensure that Primary health facilities and community based programs receive support for IPC standards and ensure continuity of primary health care, including routine vaccination, Integrated management of childhood illnesses, newborn care and other RMNCH essential services.

IPC measures in Communities and Schools

IPC aims to stop the spread of infectious diseases to other patients as well as health care workers by rapid isolation of suspected cases; creation of isolation areas that ensure correct patient flow and keep suspect patient away from others seeking usual care; and availability of facilities for hand washing, waste management and PPE for health workers.

IPC measures across the Equateur health system will need to be massively scaled up and strengthened as soon as possible to stop amplification. Lessons from previous outbreaks in low as well as high resource settings have shown health care workers are vulnerable to infection, and health care facilities can become amplification sites.

Availability of facilities for hand washing and other hygiene methods is essential in health facilities as well as in communities including schools. Strong focus of ICP management should be on personal and collective hygiene, waste management, sanitation and water. IPC measures for Community health programs will also need to be considered.

Key activities:

Essential activities and resources in health facilities and for community health programs include personal protective equipment (PPE) for health workers (including cleaners), right engineering of triage and screening areas at points of entry to health care facility and dedicated treatment units for suspect or infected patients.

PARTNERS:

The United Nations Children’s Emergency Fund (UNICEF), WHO and the International Federation of Red Cross and Red Crescent Societies (IFRC) are the main partners supporting these activities.

REQUIRED
US$ 5.39 million
IPC measures in Communities and Schools

Communities will be equipped with materials and equipment for hand washing, including schools. Crowded public places will be identified and interventions will ensure that hygiene protocols are implemented. Communities including schools will be trained in hand washing and other hygiene methods. Proper waste management at the households, communities, health facilities and schools level will be implemented.

Safe and dignified burials

A safe and respectful way to bury deceased patient. WHO has developed a protocol to provide information on the safe and culturally acceptable management of burial of patients who died from suspected or confirmed Ebola or Marburg virus disease. These measures should be applied not only by medical personnel but also in communities by trained teams dedicated to burial of suspected, probable or confirmed Ebola patients. This aspect is extremely important because it reduces the transmission in communities and engages by respecting their beliefs and cultures.

Safe and Dignified Burials require trained teams to engage the communities, explain the use of adequate personal protective equipment. Twelve steps have been identified describing the different phases that Burial Teams have to follow, starting from the moment the teams arrive in the village up to their return to the hospital or team headquarters after burial and disinfection procedures. These steps are based on tested experiences from the field.

The handling of human remains should be kept to a minimum. Always take into account cultural and religious concerns. Only trained personnel should handle remains during the outbreak. The burial process is very sensitive for the family and the community and can be the source of trouble or even open conflict. Before starting any procedure, the family must be fully informed about the dignified burial process and their religious and personal rights to show respect for the deceased. Ensure that the formal agreement of the family has been given before starting the burial. No burial should begin until family agreement has been obtained.

Key activities:

Burial teams are following standard procedures described in 12 standard steps. Adequate supply for decontamination equipment for the houses and body bags are required as well as trainers for the burials teams (four members). At least two people with full set of PPE including: one pair of disposable gloves (non-sterile, ambidextrous), one pair of heavy duty gloves, disposable coverall suit (e.g. Tyvec suit) + impermeable plastic apron, face protection: goggles and mask, footwear (rubber boots (recommended) OR if not available: shoes with puncture-resistant soles and disposable overshoes). A dedicated car per team should be made available.
RISK COMMUNICATION AND SOCIAL MOBILIZATION

Proactively engage with affected and at risk communities to provide timely and accurate health advice to encourage positive health seeking behaviors to address community concerns and rumors that may impact the control of the outbreak.

The three strategic approaches for risk communication and community engagement which takes into consideration the linguistics, culture, tradition, religion, social and economic background of the stakeholders within the context of the current EVD outbreak has to be worked on closely with local leaders, religious leaders, traditional healers, teachers and health workers.

These include:

Public awareness and social mobilization

People have the right to know what risks they face as a result of the EVD outbreak so that they can make informed decisions to protect themselves, their families and communities. Providing regular updates as the situation evolves and monitoring concerns and rumours raised through the media, social media, traditional media and telephone hotline is an important component in this area of work. Mass awareness campaigns and social mobilization activities are carried out to maintain vigilance in areas which have not seen EVD cases, to provide information on safe practices and on signs and symptoms for early recognition of the disease, on seeking early treatment and on safe and dignified burial practices.

Key activities:

Regular timely updates and engagement with the media through media briefings, press releases, information on the websites, social media, telephone hotline.

Development of public health messages and materials, which can be disseminated through media channels and social mobilization activities. Establishment of media and rumour monitoring mechanisms where public concerns can be addressed in a timely manner.

Community engagement with high risk communities

Community leaders and traditional healers should be supported to take leadership in stopping the spread of the outbreak right from the beginning. Engagement with communities in high risk areas through community forums, focus group discussions and interpersonal communication or house-to-house visits to help address community concerns and advocate for safe health practices, early recognition of signs and symptoms of EVD, early treatment, and safe and dignified burial practices.
**Key activities:**

Regular meetings with community leaders, traditional leaders, traditional healers, key influential community groups including religious groups, women’s group, youth groups, teachers and health workers to offer support for their leadership on EVD activities at the community level.

Development of joint plans and support community influencers in carrying out community engagement activities.

Establishment of mechanisms to monitor and address rumours that can lead to misinformation and community concerns.

**Social science operational research**

Social science operational research is a critical component to informing the outbreak response teams of the sensitivities that could arise as a result of the socio-cultural contexts of local communities which need to be taken into consideration.

Operational researches, including rapid community assessments through use of anthropological research technique help responders to better understand the perception and practices related to critical issues that could affect the control of the Ebola outbreak like seeking health care, funeral and burial practices.

**Key activities:**

Conduct social science operational research to better understand the beliefs, practices and concerns of communities where EVD cases have been reported.

Conduct knowledge, attitude practices surveys and other behavioural and communication surveys to better understand the trusted sources of information for the communities.

Identify critical underlying community practices that could contribute to the spread or stopping the outbreak which should be incorporated into the outbreak response.
PSYCHOSOCIAL CARE

Ebola virus disease (EVD) outbreaks often have considerable direct and indirect social, economic, and political impacts in addition to affecting physical and mental health and wellbeing. Mental health and psychosocial support (MHPSS) is an essential component of case management for EVD patients, survivors, family members, contacts, as well as the affected community and can help mitigate adverse impacts of the outbreak.

MHPSS needs are often specific to key populations affected by the EVD outbreak. Referring to the guides, it includes:

- EVD infected individuals at the point of diagnosis, treatment, or afterwards, who may need support to deal with fear, grief, stigmatization, isolation, and marginalization within the community.

- EVD survivors may face stigma from the community and challenges to reintegrate. Additionally, due to complications of post-Ebola virus syndrome, individuals may need support to adjust to living with long-term complications of the disease such as blurry vision, joint pain, limited mobility, and other mental and neurological symptoms.

- Families and/or contacts at health facilities, treatment centres, and in the community may need support to cope with uncertainty about the wellbeing of their family members, distress about their own wellbeing, grief or anger due to the loss of a loved one, and stigmatization from others in the community. Families may need support with bereavement, particularly due to changes in burial practices that are necessary to prevent the spread of infection. Families with children affected by the loss of a mother or father may face financial and social problems.

- Community-level psychosocial interventions may prevent further stigmatization of EVD affected individuals and families, lead to earlier access to treatment, and prevent the spread of rumours and misinformation.

- Vulnerable groups such as minority ethnic or religious groups, women, and children, may be particularly vulnerable to MHPSS issues due to existing marginalization, stigmatization, or scapegoating by the broader community, which can be exacerbated during disease outbreaks.

Frontline workers and volunteers may need support to cope with high stress situations, long work hours, managing fears, anxieties, and concerns of affected individuals and families, as well as isolation and stigmatization from working closely with infected patients. Teams particularly involved in frontline response work such as with safe and dignified burials, contact tracing, or case investigations may also be particularly vulnerable due to exposed to community frustrations and acts of aggression.

It is therefore important that psychosocial care is integrated in the response at the earliest stage.

Key activities:

- Conduct assessment of context and culture specific MHPSS issues, needs and available resources among the affected population.
- Train all frontline workers including volunteers, health workers, MHPSS providers, and community gatekeepers on essential psychosocial care and psychological first aid.
- Ensure that at every health care facility there is at least one person trained (using Mental Health Gap Action Programme (mhGAP) package of materials) and a system in place to provide care for people with common and severe mental health conditions.
- Establish a mental health and psychosocial support strategy for EVD cases, survivors, contacts, family members, and the broader community. Ensure that the strategy is addressing fear, stigma, negative coping strategies (e.g. substance misuse), and other needs identified through assessment.
- Establish monitoring and evaluation mechanisms to measure effective MHPSS activities.
- Assist in the care and social reintegration of survivors and orphans, ensuring a close collaboration from the outset between health, nutrition, and social welfare staff and services, and communities.
- Develop and implement a package of services for children and adolescents affected by Ebola – orphans, survivors, contacts etc. –to ensure a predictable and measurable response for Ebola affected children and adolescents.
- Work with health authorities, in early recovery phase, to establish sustainable and community based mental health services for EVD survivors, their family members and the community.
- Ensure access to adequate food and nutrition support to cover the needs of patients at discharge by providing: 15-days nutritional support for the patient to boost convalescence and a 3-month family food ration to ensure household food security during the recovery period and support social reintegration.
IMMUNIZATION OF RISK GROUPS AND RESEARCH RESPONSE

An accurate knowledge of EVD is essential for an effective response to EVD outbreaks. It is therefore important that EVD research is integrated into the outbreak response. The aims of such research are to contribute to the development and evaluation of rapid diagnostic tests, improve clinical management of patients and identify more effective therapeutics for EVD, better understand the risk factors of the disease, as well as test the effectiveness of the candidate Ebola rVSV vaccine. Research activities will be adjusted during the response and may include other activities than what is described below.

Ring vaccination

A ‘ring vaccination’ strategy will be used based on the approach that was used to eradicate smallpox. This involves the identification of a newly diagnosed Ebola case – an ‘index case’ – as well as of all her/his contacts and the contacts of those contacts, usually their family members, neighbors, co-workers and friends. A ring is defined as the contacts and contacts of contacts of the index case, and is estimated to be around 50-100 people. The adults in the ring are vaccinated if they give their informed consent. The ring vaccination is important because it can stop the disease transmission and protects the contacts and the contact of contacts.

The close contacts of a newly identified Ebola case will be vaccinated if they provide their informed consent to it. Half of the rings are vaccinated as soon as the index case is identified; this is called an immediate vaccination ring. The other half of rings are vaccinated 21 days later; this is called a delayed vaccination ring. This method is an alternative to using a placebo (an inactive preparation) as a control group, and provides a useful comparison between groups.

The team from the Ministry of Health, Médecins Sans Frontières (MSF) and WHO will determine who is eligible to be vaccinated, depending on their level of risk and health condition. The following people will be considered for vaccination: (i) contacts and contacts of contacts, (ii) local and international health-care and front-line workers in the affected areas and (iii) health-care and front-line workers in areas at risk of expansion of the outbreak will receive an injection of the candidate vaccine in the arm. As a follow up, they will be visited in their homes to check their health six times – on days 3, 14 after vaccination.

Key activities:

Training of vaccination teams (vaccinators and mobilizers), delivery of vaccine kits and cold chain.

PARTNERS:

The Ministry of Health is leading the vaccination activities in collaboration with Médecins Sans Frontières (MSF), the United Nations Children’s Emergency Fund (UNICEF) and WHO. Several partners are included in different aspects of research response activities including WHO, MSF, GOARN and UNICEF.

REQUIRED US$ 4 million
Experimental therapeutics

The objective of this area is to make available experimental therapeutics (Remdesivir and Zmapp) to clinicians who will treat patients under compassionate use and or agreed upon research protocols. A group of independent scientific experts convened by the WHO for the purpose of evaluating investigational therapeutics for Ebola virus disease (EVD) during the current outbreak, 17 May 2018.

There are many pathogens for which no proven effective intervention exists. For some pathogens there may be interventions that have shown promising safety and efficacy in the laboratory and in relevant animal models but that have not yet been evaluated for safety and efficacy in humans. Under normal circumstances, such interventions undergo testing in clinical trials that are capable of generating reliable evidence about safety and efficacy. However, in the context of an outbreak characterized by high mortality, it can be ethically appropriate to offer individual patients investigational interventions on an emergency basis outside clinical trials. The WHO developed an ethical framework known as Monitored Emergency Use of Unregistered Interventions (MEURI).

In the context of the current Ebola Zaire Democratic Republic of the Congo outbreak with a high case fatality rate, WHO convened a meeting of scientific experts to evaluate the available information and data on investigational therapeutics intended to treat Ebola virus disease (EVD). The purpose of the meeting was to consider whether the available information supported MEURI for access to investigational therapeutics on an individual patient basis for treatment of EVD during the current outbreak, outside of clinical trial.

A specific attention will be provided to monitor impact of experimental therapeutics on children.

Key activities:

Patients that are receiving drug under MEURI will receive the products only after approval by relevant country authorities, including an appropriately qualified ethics committee, and after informed consent. In any setting where an investigational product is used under MEURI, there will need to be appropriate monitoring to protect patient safety as the safety and efficacy for products used under MEURI has not been established. Standardized, robust and transparent data collection on the important health outcomes is imperative. Knowledge generated through MEURI should be aggregated across patients and shared transparently and rapidly.

More information can be found in the WHO Consultation on Monitored Emergency Use of Unregistered and Investigational Interventions for Ebola Virus Disease (EVD) at the following link: http://www.who.int/emergencies/ebola/MEURI-Ebola.pdf?ua=1

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5 http://www.who.int/ethics/publications/infectious-disease-outbreaks/en/ Chapter 9 MEURI
WHO is actively working with Health Authorities in the Democratic Republic of Congo to respond to the current Ebola outbreak to minimize harm and loss of life. All involved with the current EVD outbreak recognize that the situation can change, and WHO will re-visit these points in the future as more information becomes available or the circumstances of the outbreak in the Democratic Republic of the Congo change.
SUPPORT TO HEALTH SYSTEMS RESILIENCE AND FREE ACCESS TO HEALTH SERVICES

Strengthening the health system resilience

In order to enable the different health centers to cope with possible health emergencies, such as the current outbreak of EVD, it is important to strengthen their capacities in all components of the health system (infrastructure, equipment, human resources, medicines and other health products) so that the local health system is as resilient as possible.

The risk of vaccine-preventable disease outbreaks such as Measles or Polio is significant during an Ebola outbreak if routine immunization services are disrupted such outbreaks would further overload the health services and inevitably result in child deaths. Consequently, it is critical to focus efforts on sustaining / intensifying immunization activities during the Ebola response as long as risk assessment indicates that risk of vaccine-preventable disease outbreaks (i.e. polio, measles, etc.) outweighs the risk of increased Ebola virus transmission.

Key activities:

The planning and human resources are adequate to ensure a successful campaign/outreach/routine services achieving high coverage. The recommended infection prevention and control precautions can be effectively implemented at all times. Communication campaigns and health promotion activities to ensure adequate care seeking behaviors.

Free care

As part of the response to the EVD epidemic, free care remains one of the most important pillars in the implementation of the strategy for effective response. This situation is linked, among other things, to the low financial accessibility to health care despite all the efforts made in this direction by the government and partners.

In order to guarantee financial accessibility to healthcare in this epidemic context, it is essential to ensure free healthcare in the various affected health zones or to the one identify as being at risk. In addition to provide people with access to quality health care, this strategy will also help stimulate their interest in the demand for health care from health specialists in hospitals and health centers. Stimulating the demand for health care would induce risk communication and phobia of diseases. This free treatment should concern consultations, hospitalization, paraclinical examinations and medications. Free health care must be linked with sufficient provision of essential drugs in these health zones.

Additional support will need to be provided to frontline health workers, including community health workers, in delivering an essential package of

PARTNERS:
The Ministry of Health with the support of the PDSS. Additional support from other partners might be considered if needs arise.

1 Strengthening the health system resilience

2 Free care

REQUIRED

US$ 7.31 million
services, with a specific focus on maternal and child health. While all efforts are being concentrated to stop the Ebola epidemics, it will be critical to mitigate impact of the public health response on routine primary health care services, as it could result in increased maternal and child mortality, resurgence of other epidemics (such as Polio, measles or increase in cholera cases) and compromise the overall success of the response.
 OPERATIONS SUPPORT AND LOGISTICS

Effective operational and programme support is critical to scaling up operations rapidly and effectively. WHO and partners are operating in a very challenging environment where access is extremely difficult. The affected area is remote, with limited communication and poor transportation infrastructure. The Equateur Province has a population of approximately 2.5 million people spread over an area of approximately 103,902 km². Mbandaka, the capital of the Equateur Province, is an important port city with over 1 million inhabitants. Mbandaka is reachable by river from Kinshasa, and the voyage takes about 4 days. It is also reachable by plane from Kinshasa, with a 90-minute flight time. Onward ground travel to Bikoro requires at least three hours, on a motorbike, and 12 hours by car. Bikoro is also reachable via the river from Mbandaka with speedboats, taking approximately three hours travel time.

Since the declaration of the epidemic, the World Food Programme (WFP)-led logistics cluster has deployed a dedicated logistics coordinator in Mbandaka in order to identify logistics gaps, provide coordination support and collect partner’s pipeline requirements. The logistics coordinator acts as liaison between WHO, the Ministry of Health, and humanitarian actors, in order to increase operational coordination in the logistics sector.

Currently there is very little accommodation for the hundreds of people who need to be present at the targeted sites for an effective response while there is poor communications network and no reliable electricity services. The WFP-led ETC cluster (emergency telecoms) is active in the Democratic Republic of the Congo and can quickly mobilize to Mbandaka and provide both technical and operational support as required.

Key infrastructure, procedures, and technical and operational support mechanisms must be put in place and supported on a daily basis to enable and coordinate all aspects of the EVD response. In this respect, the WFP-led logistics cluster is providing expertise to enhance a more focused coordinated logistics response.

WHO through the support of partners in putting in place an air-bridge between Kinshasa, Mbandaka and other affected areas and has activated partners to set up base camps and workspaces in 2-3 field locations for responders. WHO logisticians are deployed to conduct logistical assessments and to prepare for incoming emergency teams. A dedicated helicopter, with medevac capabilities, has been positioned in Mbandaka for the response.

A Jet Embraer 135 and a Dash 8 aircraft are supporting daily flights between Kinshasa and Mbandaka. WFP/UNHAS will provide a second helicopter to argument capacity for passenger and cargo movement from Mbandaka to the affected areas.

PARTNERS:

WHO is working closely with the World Food Programme (WFP) and the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO), UN Humanitarian Air Service (UNHAS) and the United Nations Children’s Emergency Fund (UNICEF).

REQUIRED
US$ 8.43 million
The government of the Democratic Republic of the Congo, WHO and other partners are deploying hundreds of multiple skilled experts for the outbreak response. Human resources planning and deployment support as well as finance and administrative support at all levels is required to ensure field security and staff safety, including planning and capacity for emergency medivac measures from the affected districts as well as support the day to day implementation of all activities.

**Key activities:**

Dedicated logisticians, resources mobilization and administrative staff are essential to implement an effective response. Operating equipment, supplies including transportation.
For more information:

**Ministry of Health, Democratic Republic of the Congo**
Dr Ndjoloko Tambwe Bathé
General Directorate for Disease Control, Director General
Email: bathe42@hotmail.com
Telephone: +243 99 990 80 64

Ms Jessica Ilunga
Communication Officer
Email: presse@sante.gouv.cd
Telephone: +243 82 030 78 72

Dr Dominique Baabo
Programme for the Development of the Health System, Director
Resource mobilization
Email: dobaabo2@pdss.cd
Telephone: +243 81 617 99 21

**WHO Democratic Republic of the Congo**
Dr Yokouide Allarangar
WHO Country Representative
Email: allarangaryo@who.int
Telephone: +47 241 39001

Dr Michel N’da Konan Yao
Incident Manager
Email: yaom@who.int

Ms Clarisse Kingweze
Resource Mobilization Officer
Email: kingwezec@who.int