STRATEGIC RESPONSE PLAN FOR THE EBOLA VIRUS DISEASE OUTBREAK

DEMOCRATIC REPUBLIC OF THE CONGO

2018
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CURRENT SITUATION

As of Sunday, 13 May 2018, the Provincial Health Division (Division provinciale de la santé in French – DPS) of the Equateur Province reported two confirmed and 25 probable cases of Ebola Virus Disease (EVD) with an additional 12 suspected cases of fever with haemorrhagic signs. Currently there are 393 contacts under investigation and follow up. All cases were reported from the Equateur Province. The confirmed cases are coming from the Ikoko Impenge health catchment area of the Bikoro health zone de santé, 400 km away from Mbandaka, the capital of the Equateur Province.

An investigation team of the Ministry of Health, with the support of the World Health Organization (WHO) and Médecins Sans Frontières (MSF), visited the site on Saturday, 5 May 2018. The team found five active cases, including two hospitalized at the General Hospital of Bikoro, and three in the health center of Ikoko Impenge. Samples were taken from all five cases and subsequently sent for analysis to the National Institute of Biomedical Research (Institut National de Recherche Biomédicale – INRB) of Kinshasa on Sunday, 6 May 2018. Two samples were positive to EVD serotype Zaire, by RT-PCR. The Ministry of Health subsequently declared the EVD outbreak in Equateur a public health emergency on 8 May 2018.

An immediate rapid assessment of the public health risks stemming from this outbreak has been carried out. Based on this assessment, at this stage of the outbreak, the risk to public health is classified as high at the national level, moderate at the regional level, and low at the global level. There are three health workers among the cases.

Figure 1. Location of the province of Equateur in the Democratic Republic of the Congo

12 suspected VHF cases
17 DEATHS INCLUDING
3 HEALTH WORKERS

Ebola virus disease
25 probable and
2 confirmed cases
OPERATIONAL CONTEXT

The affected area is remote, with limited communication and poor transport 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 1.5 million inhabitants. Mbandaka is reachable by plane from Kinshasa. Onward ground travel to Bikoro requires at least three hours, on a motorbike, and 12 hours by car. Since 8 May, regular helicopter communication has been established between Mbandaka and Bikoro.

Figure 1. Health zones in the Equateur Province reporting EVD cases
IMMEDIATE RESPONSE

National and local authorities and partners have moved quickly to respond to the outbreak. Rapid response teams from the national and provincial levels have been deployed to Bikoro to carry out case investigation, trace contacts, put in place case management and other control measures. In addition, a roadmap regrouping certain emergency actions was elaborated. These include: the activation of the national coordinating committee for outbreak response; the official declaration of the outbreak by the Ministry of Health as a public health emergency (announced on 8 May 2018); the deployment of a multisectoral field team and a mobile field laboratory; the inventory of available intervention kits; exit screening and the development of a national response plan.

By 10 May 2018, Ministry of Health and partners have been deployed to Bikoro, Mbandaka and Kinshasa, and additional surge is rapidly scaling up. Operational hubs for the EVD response will be established in Mbandaka and the affected health zones with operational and technical support provided from Kinshasa.

Figure 3. EVD outbreak and response timeline


POPULATION MOVEMENT FROM AFFECTED AREA

Based on an initial assessment of the area there is an approximate movement of over 1000 people per day by river, road and air at the major points of entry connected to affected Bikoro health zone.

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
<th>MEANS</th>
<th>NO. OF POPULATION MOVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lukolela</td>
<td>Mbandaka</td>
<td>River</td>
<td>30 pax/day</td>
</tr>
<tr>
<td>Bikoro</td>
<td>Mbandaka</td>
<td>Road</td>
<td>75 pax/day</td>
</tr>
<tr>
<td>Ngombe</td>
<td>Mbandaka</td>
<td>Road</td>
<td>50 pax/day</td>
</tr>
<tr>
<td>Mbandaka</td>
<td>Kinshasa</td>
<td>Flight (3 flights/day)</td>
<td>150 pax/week (approximately 21 pax/day)</td>
</tr>
<tr>
<td>Lukolela</td>
<td>Poe (Congo Brazzaville)</td>
<td>River</td>
<td>20 pax/day</td>
</tr>
<tr>
<td>Bikoro</td>
<td>Poe (Congo Brazzaville)</td>
<td>River</td>
<td>50 pax/day</td>
</tr>
<tr>
<td>Ngombe</td>
<td>Poe (Congo Brazzaville)</td>
<td>River</td>
<td>75 pax/day</td>
</tr>
<tr>
<td>Poe (Congo Brazzaville)</td>
<td>Lomsjasa</td>
<td>River</td>
<td>700 pax/day</td>
</tr>
<tr>
<td>Kinshasa</td>
<td>Poe (Congo Brazzaville)</td>
<td>Flight (3 flights/week)</td>
<td>450 pax/week (approximately 65 pax/day)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>1086 pax/day</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>7602 pax/week</strong></td>
</tr>
</tbody>
</table>
HISTORICAL CONTEXT

EVD is a serious, often fatal disease in humans. The virus is transmitted to humans from wild animals and spreads to populations through human-to-human transmission. The average case fatality rate is about 50%. During previous outbreaks, rates ranged from 25% to 90%.

The first Ebola outbreak was reported in the Democratic Republic of the Congo in Yambuku in Equateur Province in 1976. Another isolated case occurred in June 1977 in a 9-year-old girl living in Tandala, a locality in the Democratic Republic of the Congo, 325 km from Yambuku. In 1995, the epidemic reappeared in the city of Kikwit and surrounding areas in Bandundu province. It was of a greater magnitude, characterized by high incidence and lethality, in a densely populated city where environmental conditions were conducive for sustained transmission. Since then, several other epidemics have occurred in the health zone of Mweka, in Kasai Oriental Province, the health zone of Isiro, in Orientale Province, and the health zone of Boende in the new province of Tshuapa (Ex- Equateur Province) as shown in the table below.

Table 1: Case Distribution and deaths of Ebola Virus Disease in the Democratic Republic of the Congo from 1976 to 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>Case</th>
<th>death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1976</td>
<td>Locality of Yambuku</td>
<td>318</td>
<td>224</td>
</tr>
<tr>
<td>1977</td>
<td>Locality of Tandala</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1995</td>
<td>City of Kikwit</td>
<td>315</td>
<td>256</td>
</tr>
<tr>
<td>2007</td>
<td>Locality of Mweka</td>
<td>264</td>
<td>187</td>
</tr>
<tr>
<td>2008</td>
<td>Locality of Mweka</td>
<td>32</td>
<td>15</td>
</tr>
<tr>
<td>2009</td>
<td>City of Isiro</td>
<td>62</td>
<td>34</td>
</tr>
<tr>
<td>2014</td>
<td>Health zone of Boende</td>
<td>66</td>
<td>49</td>
</tr>
<tr>
<td>2017</td>
<td>Health zone of Likati</td>
<td>8</td>
<td>4</td>
</tr>
</tbody>
</table>

Following these eight episodes of EVD outbreak in the Democratic Republic of the Congo, the country is currently facing a new epidemic in the Equateur Province.
RESPONSE PLAN

GOAL

The overall goal of the response is to contribute to the reduction of mortality and morbidity related to the EVD outbreak in the Equateur province, and to prevent the spread of the outbreak to other provinces of the country, as well as to neighbouring countries.

RESPONSE OBJECTIVES

1. Detect all cases of EVD in the Equateur Province and identify contacts.
2. Trace and follow all contacts.
3. Strengthen rapid response capacity for the EVD outbreak in the Equateur Province.
4. Reduce the risk of EVD transmission in the community and nosocomial transmission in health facilities.
5. Promote good individual and collective practices through risk communication, social mobilization and community engagement to prevent the spread of EVD in the Equateur Province, and into other provinces and neighbouring countries.
6. Strengthen the capacity of the national and sub-national laboratories to diagnose EVD.
7. Ensure the clinical and psychosocial care of patients, convalescents and staff involved in the management of the outbreak.
8. Strengthen the capacity of neighbouring countries at risk for early detection and response to imported cases of EVD, including exit screening.

RESPONSE STRATEGY

This EVD response plan is based on 11 major interventions outlined below. The implementation of this plan will be carried out in support of the Ministry of Health, in close collaboration and coordination with partners, using their expertise and specific experience (local NGOs, WHO, MSF, UNICEF, Red Cross PAM, IOM, GOARN, EDPLN, EDCARN, etc.).

Strengthening the multi-sectoral coordination.

An EVD outbreak response is extremely complex and requires an effective coordination of partners at all levels, that is able to capitalize on both the individual and collective strengths of each partner. While coordination structures are well-established in Kinshasa, they are not present at the provincial or health zone levels. In order to strengthen coordination of partners, the following activities will be carried out:
• Establish an effective platform for partner engagement through the activation of national, provincial, and health zone outbreak response committees.
• Revitalize the technical commissions within the committees.
• Organize a multi-sectoral exploratory mission with the rapid intervention teams.
• Organize joint monitoring and supervision activities.
• Produce and publish daily situational reports.
• Evaluate and document the response to the outbreak.
• Provide dedicated staff support for the coordination of the response.

Surveillance, active case finding, contact tracing and investigation of cases
Rapid detection and isolation of new cases is the key to preventing onward transmission of the virus. This requires teams of epidemiologists and contact tracers in the field, supported by a laboratory service able to provide rapid, safe and accurate testing of samples.

Key activities are as follows:

• Deployment of epidemiologists at the national, provincial and health zone levels.
• Conduct a retrospective and prospective evaluation at the health structures and in the community to better describe the ongoing outbreak.
• Reproduce and disseminate guidelines and tools.
• Set up records of EVD cases and deaths in all health facilities in the province.
• Organize active case finding.
• Identify all contacts and place them under daily surveillance for 21 days for symptoms.
• Alert all health zones in the province and prepare hospitals and health centers in large cities.
• Analyze epidemiological data and provide feedback.
• Support the supervision and monitoring of contact tracers.
Strengthening diagnostic capabilities
A definitive diagnosis of EVD can only be made by the laboratory testing of samples for the presence of EVD. Deploying a mobile lab in the affected province will speed up diagnosis and boost the effectiveness of epidemiological investigations.

Key activities are as follows:
- Deploy at least one mobile laboratory unit for confirmation of suspected cases.
- Train health personnel in laboratory techniques.
- Acquire protective equipment, sampling, triple packaging boxes.
- Acquire reagents, and supplies.
- Transport samples from the field to reference laboratories.

Case management
All patients should have access to high quality medical care not only to improve survival, but also to provide symptom relief and palliative care when required. In the context of patients with Ebola and other viral haemorrhagic fever diseases, care must be provided whilst taking stringent precautions to minimize the risk of onwards transmission to others, including health workers. Effective triage and infection prevention and control will ensure access to other health services will continue despite the outbreak.

Key activities are as follows:
- Evaluate and map the current capacities of health facilities in terms of protocols, human resources, infrastructure, supplies and equipment.
- Recruit and / or deploy additional clinical staff in affected areas.
- Set up isolation units in each of the health areas affected by the outbreak in the health zones of Mbandaka, Bikoro, Ingende, Iboko and others according to the progression of the outbreak.
- Support isolation units with essential drugs and the necessary equipment.
- Support all hospitals and health centers in the Mbandaka, Bikoro, Ingende, Iboko health zones, and others according to the progression of the outbreak.
- Provide maximum protection for staff assigned triage and care for patients.
- Ensure effective transportation of patients and safety of all involved in the referral pathway.
Infection prevention and control in health facilities and communities.

Infection prevention and control (IPC) is crucial in containing the spread of EVD. Robust IPC measures and practices need to be in place at all health facilities, as well as in the communities.

Key activities are as follows:

- Strengthen IPC in all health facilities in Equateur Province, particularly the affected health zones, and neighbouring ones.
- Train staff on IPC measures and techniques (install at least one autoclave per health facility for sterilization of equipment).
- Equip the personnel of health facilities with IPC materials and equipment (chlorine for disinfection of people, clothing and equipment, etc).
- Train communities in hand washing and other hygiene methods.
- Equip communities with materials and equipment for hand washing.
- Ensure supply of health facilities and communities with water.
- Ensure the safe and dignified burials of EVD patients through the establishment of safe and dignified burial teams and household decontamination teams.
- Ensure proper waste management.
- Ensure IPC compliance during transportation of patients.

Risk communication, social mobilization and community engagement

Past experience has shown that affected communities hold the key to preventing the transmission of EVD. Listening to the concerns of communities and providing appropriate and well-targeted information to them maximizes the effectiveness of all aspects of the response.

Key activities are as follows:

- Mapping of villages and communities in affected health areas.
- Produce the National Communication Plan on EVD.
- Identify community and religious leaders.
- Organize and train communication and social mobilization teams.
• Establish / equip teams with communication tools and materials.
• Produce communication messages for different media, and apply social mobilization tools.
• Conduct interpersonal and mass communication sessions (local radios and others).
• Conduct a knowledge, attitude and practice (KAP) survey.

Psychosocial care
An essential component of case management is psychosocial assistance. EVD survivors and family members of EVD cases are often stigmatized, and unable to resume their lives following their recovery. It is therefore important that psychosocial care is integrated in the response at the earliest stage.

Key activities are as follows:

• Train providers and community leaders on essential psychosocial care.
• Equip teams with appropriate trainings, tools and support.
• Provide food / nutrition and non-food support to affected individuals and families.
• Establish a psychosocial action plan to combat stigma and other consequences.
• Assist in the care and social reintegration of survivors and orphans.

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.

Key activities are as follows:

• Implement a ring vaccination strategy, including the evaluation of vaccine safety.
• Appoint a national research coordinator and establish a research coordination platform within the outbreak response committee.
• Update diagnostics guidelines, and conduct testing of key candidate diagnostics.
• Evaluate and update the WHO guidelines and tools for clinical management.
• Carry out operational research on risk factors.
• Conduct testing of key candidate therapeutics.

Operational and programme support
Key infrastructure, procedures, and operational support mechanisms must be put in place to enable all aspects of the response.

Key activities are as follows:

• Mobilize experienced human resources to strengthen the response.
• Ensure the mapping of interventions and the coordination of logistical capacities.
• Ensure the transportation of teams and equipment at all levels.
• Provide logistical and communication support to epidemiological surveillance teams (equip teams with supplies, communication tools, including phone credits).
• Organize workspaces and living arrangements.

Strengthening the capacity of health staff to respond to EVD outbreaks
With the recurrence of EVD outbreaks in the Democratic Republic of the Congo, it is important that the response to the ongoing outbreak also build the capacity of health personnel in epidemiological surveillance, IPC and case management.

Key activities are as follows:

• Reproduce the technical sheets on EVD and provide refresher trainings to health providers on case management.
• Train and coach management teams from health zones in the Equateur Province and other surrounding provinces in epidemiological surveillance of EVDs and IPC.
• Train and coach nurses from health centers in the affected health zones of the Equateur Province, in epidemiological surveillance and early warning.
• Train community relays in active case finding and community-based surveillance for early detection of the disease.
• Follow up with trained health staff in Integrated Disease Surveillance and Response (IDSR).
Operational readiness in neighbouring countries

The Equatorial region shares borders with the Republic of Congo and the Central African Republic with continuous movement of population by land and through the Congo River and are therefore at high risk of importation of EVD. The Bikoro Lake is directly connected to the Congo River, which is also bordering the North West of Angola. Considering the risk of cross-border transmission of EVD, it is imperative that neighbouring countries enhance surveillance and increase readiness to early detect, investigate and respond to potential cases of imported EVD.

Key activities are as follows:

• Facilitate coordination and information sharing with neighbouring/at-risk countries.
• Establish cross-border surveillance at points of entry with neighbouring/at-risk countries and important travellers’ congregation points.
• Establish emergency isolation capacities at international ports and border areas, and strengthen cross-border referral and management of ill travellers.
• Implement risk communication, social mobilization and community engagement in border communities, emphasizing on the risk of cross-border transmission of EVD.
• Provide technical and operational support to countries for contingency planning and mobilization of logistic resources.

MONITORING, REPORTING AND EVALUATION

It is crucially important that all partners involved in the response are kept up to date with accurate information in order to direct response efforts where they will be most effective. Thus, the objective of the health information management and reporting will be to ensure that all partners responding to the outbreak are updated on the latest information regarding the health status of the population (i.e. epidemiology) and threats, health service availability, and healthcare utilization and outcomes, in order to inform further response operations and planning. WHO, working with partners, will provide daily epidemiological updates, complemented by weekly comprehensive situation reports and periodic reporting of response indicators. It will also support the production of ad hoc information products as needed by response partners, donors and others.
## Key Performance Indicators

<table>
<thead>
<tr>
<th>TYPE OF INDICATOR</th>
<th>INDICATOR</th>
<th>TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>Number of suspect, probable and confirmed cases</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Number of independent geographic clusters/ chains of transmission</td>
<td>0</td>
</tr>
<tr>
<td>Surveillance</td>
<td>Case investigation of all verified alerts completed within 24 hours of alert</td>
<td>100%</td>
</tr>
<tr>
<td>Contact tracing</td>
<td>Number and percentage of contacts (of confirmed + probable cases) for whom contact tracing has been completed (21 days)</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% Contacts on a line list successfully followed up during previous 24 hrs</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Percentage of probable/confirmed cases coming from previously listed on contact lists</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Percentage of contacts lost to follow up</td>
<td>0%</td>
</tr>
<tr>
<td>Laboratory</td>
<td>Number and percentage of suspected cases for whom a sample is collected/tested</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Laboratory results available for all suspected cases within 48 hours</td>
<td>100%</td>
</tr>
<tr>
<td>Case management</td>
<td>Case fatality rate ratio for all confirmed cases admitted into Ebola Treatment Centres</td>
<td>&lt; 50%</td>
</tr>
<tr>
<td>Infection prevention</td>
<td>Number and percentage of cases who are health care workers / people associated with care for patient</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Proportion of deceased suspected and probable cases for which safe burials were conducted</td>
<td>Target 100%</td>
</tr>
<tr>
<td>Vaccination</td>
<td>Proportion of eligible people vaccinated</td>
<td>100%</td>
</tr>
</tbody>
</table>
PLANNING ASSUMPTIONS

The overall planning assumption based on the current situation as of 14 May 2018 is as follows:

• 80-100 cases
• EOC setup in Mbandaka plus four additional field offices
• National multisector coordination cell
• 10 contacts per case rural areas, 30 contacts per case urban areas
• Three month operation (May-July 2018)
• Five separate geographic response zones
• Ring vaccination and access to experimental antivirals
<table>
<thead>
<tr>
<th>Resource Requirements</th>
<th>Budget (US$)</th>
<th>Key Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening the coordination of multisectoral response across different epidemic committees at different levels</td>
<td>2,960,000</td>
<td>All</td>
</tr>
<tr>
<td>- 1 x provincial EOC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 4 x field offices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 1 x national multisector coordination cell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surveillance, active case finding and follow-up contacts</td>
<td>2,170,000</td>
<td>WHO, GOARN, MSF</td>
</tr>
<tr>
<td>- 5 x rapid response / case investigation teams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 15 x contact tracing teams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 300 x community level active case finding volunteers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthening infection prevention and control measures in health facilities and communities</td>
<td>823,000</td>
<td>WHO, IFRC, UNICEF</td>
</tr>
<tr>
<td>- 200 x health facilities in affected area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 5 x safe and dignified burial teams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical management of patients and suspected cases</td>
<td>2,520,000</td>
<td>WHO, MSF, EDCARN, EMTs</td>
</tr>
<tr>
<td>- 5 x Ebola treatment centers (15-20 beds)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 5 x Ambulance referral services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthening the diagnostic capabilities of mobile laboratories</td>
<td>1,180,000</td>
<td>WHO, EDPLN</td>
</tr>
<tr>
<td>- 1 x national reference lab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 1 x fixed laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 5 x mobile laboratories</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Logistics for specimen transport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial care</td>
<td>1,073,000</td>
<td>WHO, UNICEF</td>
</tr>
<tr>
<td>- 5 x psychosocial care</td>
<td></td>
<td></td>
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<tr>
<td>Reinforced communication and social mobilization</td>
<td>2,865,000</td>
<td>WHO, UNICEF, IFRC/DRCRC, SCF, MSF</td>
</tr>
<tr>
<td>- Public risk communications campaigns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 200 x community engagement teams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization of risk groups and research response</td>
<td>3,624,150</td>
<td>WHO, MSF, GOARN</td>
</tr>
<tr>
<td>- 7,500 ring vaccinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 4 x vaccination teams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Access to experimental antivirals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Operational research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logistics</td>
<td>3,280,000</td>
<td>WHO, WFP/IHP, UNICEF, UNHAS</td>
</tr>
<tr>
<td>- 1 x regional operations/logistics base</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 4 x field office operations/logistics base</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 1 x national logistics base</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Airbridge Kinshasa-Mbandaka</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Helicopter service Mbandaka to field sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Transportation by boat and road from Mbandaka to field sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support to health system resilience</td>
<td>2,500,000</td>
<td>WHO</td>
</tr>
<tr>
<td>Operational readiness in neighbouring areas</td>
<td>1,678,000</td>
<td>WHO, IOM</td>
</tr>
<tr>
<td>- Points of entry surveillance</td>
<td></td>
<td></td>
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<tr>
<td>- Rapid case investigation teams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Emergency isolation/treatment centres</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme management support</td>
<td>1,254,000</td>
<td>All</td>
</tr>
</tbody>
</table>

**Total** 25,927,150
For more information:

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