

HIGHLIGHTS

- Since October, WHO and partners have provided dedicated preparedness support to 15 priority African countries
- Sierra Leone declared the end of the outbreak on 7 November
- In November, UN Special Envoy on Ebola released the Overview of needs and requirements III for the Ebola Response Phase 3 Framework

KEY FIGURES

Population in Guinea, Liberia, Sierra Leone	20.8 million
Confirmed cases	28,637
Deaths	11,315

FUNDING (ONR III)

US\$244.5 million
Required for Phase 3
(1 November 2015 – 31 March 2016)

US\$ 123.2 million
Received (Sep 2014 – May 2015)

US\$ 123.4 million
Funding gap
(1 November 2015 – 31 March 2016)



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Bolstering Ebola preparedness in Africa

Since October 2014, the World Health Organization (WHO) and its partners have provided dedicated preparedness support to 15 priority African countries¹ to implement the necessary actions to ensure that response to the emergence of Ebola is rapid, coordinated and effective.

Based on the Comprehensive Ebola Preparedness Checklist² - an 11-point guideline of key Ebola preparedness actions - initial baseline assessments in 2014 identified the necessary immediate steps, with preparedness activities prioritized according to each country's context and needs.

The average implementation score across priority countries is now 55 per cent, from an initial 19 per cent in December 2014. Eighty per cent of the priority countries have implemented over half the checklist requirements.

WHO is now testing the speed and efficacy of response systems through evidence-based mechanisms using a range of simulation exercises, and strengthening preparedness for a broader range of risks and extending activities to other countries, including Guinea, Liberia and Sierra Leone. Activities undertaken by WHO between October and December 2015 have targeted six interlinked areas: national mechanisms for coordinating health emergencies, surveillance for early detection, rapid response, outbreak operations and logistics, system testing and infection prevention and Control and occupational health and safety.



Credit: WHO/ Fortin
Partners and villagers watching an Ebola simulation exercise in Mayoubly, Côte d'Ivoire.

¹ Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Ethiopia, The Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Niger, Senegal, South Sudan and Togo.

² The checklist covers 11 key components of EVD preparedness and is available at <http://apps.who.int/ebola/publications-and-technical-guidelines/consolidated-ebola-virus-disease-preparedness-checklist>

National mechanisms for coordinating health emergencies

Under national mechanisms for coordinating health emergencies, strategic risk assessment and risk mapping has been used to identify and characterize priority health risks at the country level and inform national response plans. Risk assessments have been conducted in Niger and Mauritania. In Gambia, a country capacity assessment for the management of emergencies will produce a risk profile and a roadmap for the development of capacities for emergency management.

In collaboration with the Public Health Emergency Operations Centers Network in the African Region, an Emergency Operations Centre Workshop involving six priority countries took place from 11-13 November 2014 to develop country-specific plans for coordinated incident management.

Surveillance for early detection

In collaboration with the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), WHO is to strengthen surveillance for early detection capacity in priority countries. Initial assessments of training needs, in alignment with the framework for Integrated Disease Surveillance and Response will be used to develop surveillance action plans.

Rapid Response, outbreak operations and logistics

In Sierra Leone, WHO is strengthening readiness through a series of simulation exercises to test and improve the Ebola Emergency Response Plan. On 25 November, WHO ran a simulation exercise to improve its readiness by taking the incident management team through the current response plan, reviewing functional areas and checklists, validating the activation protocols, identifying gaps and making recommendations. WHO with support from OCHA also held an inter-agency simulation on 30 November to validate key aspects of the Inter-Agency Rapid Response Plan and sensitise senior management with roles and responsibilities.

In collaboration with local and international partners, WHO conducted three 6-day courses for national Rapid Response Teams to reinforce the capacity and skills of multidisciplinary national and/or subnational teams (and their individual members) in investigating and responding to unknown or unusual public health events. The three courses took place in November in Niger, Mauritania and Togo.

WHO and Bioforce organised two 10-day trainings to provide Ministry of Health staff with the skills required for managing outbreak logistics in emergency response. Logisticians from Benin, Burkina Faso, Congo, Cote d'Ivoire, Guinea Bissau, Madagascar, Mali, Mauritania, Niger, Senegal and Togo were trained in Senegal from 16 – 24 November. Participants from Gambia, Ghana, Kenya, Sudan, South Sudan, Tanzania, Zimbabwe and Ethiopia will receive the training from 7 – 16 December in Uganda.

System testing

Countries that have achieved a minimum of 50 per cent implementation of the EVD checklist activities are encouraged to conduct an exercise simulating an EVD response and a functional exercise to test the coordination. Field and functional simulation exercises have been conducted to test response systems in Benin, Côte d'Ivoire, Ghana, Mali, Mauritania and Senegal. An exercise in Niger is planned on 8 - 9 December.

Infection Prevention and Control & Occupational health and safety

Technical assistance for the development of national Infection Prevention and Control programmes has been provided to in Benin and Niger. The development and application of an Occupational Health and Safety programme for emergency workers across the

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African Region is underway to organize the protection of health care workers and emergency responders. An expert meeting will take place in Geneva from 15 - 17 December.

At a district level, the country will keep an emergency structure in place to coordinate the response.

Sierra Leone: Transition beyond zero

On 7 November 2015, WHO declared the end of the Ebola virus disease outbreak in Sierra Leone after 42 days without new cases.

As the country achieved this milestone, President Ernest Bai Koroma announced that the Government's National Ebola Response Centre (NERC) will be maintained until the end of the year. This will enable a gradual handover of its operations to the Ministry of Health and Sanitation, the Office of National Security (ONS) and the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA).



Credit: WHO
WHO training exercise in Sierra Leone.

The ONS will retain the overall responsibility for the coordination of all aspects of emergency management, including preparedness, risk reduction, response and recovery. The Ministry of Health will assume a responsibility at a technical level as in any public health crisis. In order to support a timely, effective, and predictable response, the Ministry is establishing new mechanisms such as integrated disease surveillance and response³.

Public health emergency structures, systems, and processes are also being reinforced. The Ministry of Social Welfare will continue to support the government in its fight against Ebola. It will also play a significant role in supporting survivors, as well as ensuring social development and the protection of rights, especially those of women and children. At a district level, the country will keep an emergency structure in place to coordinate the response.

While transitioning to different institutional structures, a 90-day period of enhanced surveillance is now in place during which dedicated efforts will be implemented to identify and respond to any potential Ebola outbreak. This will be done through a variety of activities such as swabbing all dead bodies, adhering to the tightened Ebola case definition⁴, and ongoing training and monitoring of frontline health workers.

Critical to the transition process are the communities and their sustained engagement. The period of enhanced surveillance requires them to remain engaged, informed, and at the forefront of vigilance.

New key elements of the response

In addition to the tightened Ebola case definition, the enhanced surveillance period includes new key elements, such as rapid Ebola screening tests for further testing following death, the establishment of rapid response teams and the roll-out of a comprehensive programme for Survivors. Furthermore, the national hotline will remain operational and strong cross-border collaboration will continue. All dead bodies will be swabbed, and the close family will be issued with a "swab card" to allow the family to

³ For more information, <http://www.who.int/csr/resources/publications/ebola/disease-surveillance-afro/en/>

⁴ Illness with fever and no response to treatment for usual causes of fever in the area and any hemorrhagic sign or clinical suspicion of EVD.

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organize funerals, which may now include travel within the country. A National Emergency Medical Service with laboratory capacity, Ebola treatment facilities and isolation beds, ambulance service and a logistics supply chain will be set up.

UN transition in Sierra Leone

As the country transitions from the emergency phase, the Ebola Crisis Managers will transfer responsibilities to the UN Country Team under the leadership of the Resident Coordinator. OCHA will maintain its presence in the country until March 2016.

Other efforts are focused on ensuring deployments of international teams to support rapid response teams, establish a consistent definition of survivors, support the Government in setting up clinics for semen testing, vaccination of couples and disaster management capacities.

Overview of needs and requirements III

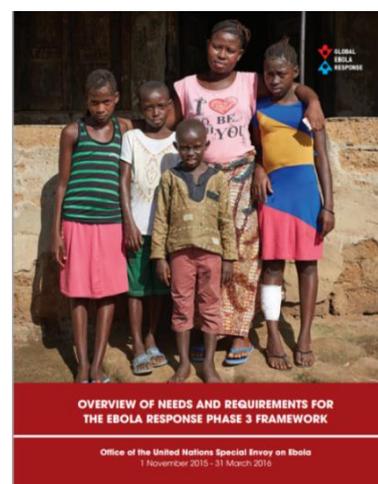
On 1 November, the UN Special Envoy on Ebola released the [Overview of Needs and Requirements III](#) for the Ebola Response Phase 3 Framework (ONR III).

The [Strategic Framework for Phase 3 of the Ebola Outbreak Response](#) was developed in September 2015 by the members of the Interagency Collaboration on Ebola⁵, a coordination body led by the World Health Organization. The objectives of the Ebola Response Phase 3 Strategic Framework are (1) to accurately define and rapidly interrupt all remaining chains of Ebola transmission and (2) identify, manage and respond to the consequences of residual Ebola risks. To achieve these objectives, activities will include: case finding and contact tracing, case management, community support, leadership and coordination and survivor support.

The ONR III, which follows the first appeal released in September 2014 (ONR I) and the second launched in January 2015 (ONR II), offers an overview of the funding requirements of both UN agencies and non-governmental organizations working in support of the Strategic Framework for Phase 3 of the Ebola Outbreak Response in Guinea, Liberia and Sierra Leone.

The total amount of funding required for implementing the Phase 3 Framework by the participating organizations over the period from 1 November 2015 to 31 March 2016 is US\$244.5 million. As of 1 November, the total funding already available to the organisations was \$123.2 million, leaving a total funding gap of \$123.4 million (50.5 per cent of the total funding needed) for the five-month period.

The area of work in which the shortfall is proportionally largest, at 7.9 per cent (or US \$13.8 million) of the required funding is that of survivor support, followed by community support at 40.6 per cent. As noted by the report published by ACAPS in November 2015⁶, the Ebola survivors and their households in Guinea Liberia and Sierra Leone are among the most affected groups by the outbreak. According to WHO, only about 40 per cent of those infected have survived Ebola, and many of them face serious challenges: some have vision and hearing problems; others experience physical and emotional pains, fatigue and other psycho-social complications. Also as highlighted by the objective 2 of



The funding gap required to cover the Phase 3 Strategic Framework is US\$123.4 million over the period 1 November 2015 to 31 March 2016.

⁵ The Inter-Agency Collaboration on Ebola consists of representatives of IFCR, OCHA, UNDP, UNICEF, WFP and WHO, as well as the Resident Coordinators of the three affected countries.

⁶ ACAPS, *Ebola outbreak in West Africa, Challenges to reintegration of affected groups into communities*, November 2015

Current funding available will only be sufficient for the participating organizations to carry out the work over the next couple of months.

the Ebola Response Phase 3 Framework, comprehensive care for Ebola survivors and their reintegration into their communities is central to the countries' post-Ebola recovery.

In absolute terms, WHO and UNICEF, at \$37.9 million and \$27.1 million respectively have the largest funding shortfalls. Regarding the funding needs as they relate to country of implementation, the gaps are largest for Sierra Leone and Guinea at \$56.1 and \$54.8 respectively.

Overall leadership and coordination of the phase 3 response will be carried out by WHO with the support of OCHA, IOM and UNICEF.

The Regional Inter-Agency Crisis Lead and two Ebola Crises Managers (Sierra Leone and Guinea) will supervise coordination at the regional level until the end of 2015, when the coordination in each country will be taken by the UN Country Teams, under the lead of the Resident Coordinators.

Thanks to the joint work of many national and international actors, the active transmission of the disease has recently ended: as of 14 December no new cases were reported in Guinea or Sierra Leone, and Liberia has reported no new case since 20 November.

However, current funding available will only be sufficient for the participating organizations to carry out the work over the next couple of months. Thus financial support and that partnership that has been the key factor in the progress made so far in fighting the outbreak are still needed to reach a 'resilient' zero and end the outbreak in the coming months.

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