1 March to 31 May 2021

EBOLA VIRUS DISEASE GUINEA OUTBREAK 2021

MULTI-COUNTRY STRATEGIC READINESS AND RESPONSE PLAN

OPERATIONAL PLANNING GUIDELINES

World Health Organization

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INTRODUCTION

The EVD Multi-country strategic readiness and response plan (SRRP) invites national authorities to develop their own context-specific EVD national operational readiness and response plans in line with guiding principles of the SRRP to prepare for and respond to EVD. The SRRP sets out twelve core pillars of the public health response to the EVD outbreak.

Pillar 1: Coordination, planning, financing, and monitoring

Pillar 2: Risk communication and community engagement

Pillar 3: Surveillance, epidemiological investigation, and contact tracing

Pillar 4: Points of entry, international travel and transport, population movements, and mass gatherings

Pillar 5: Laboratories and diagnostics

Pillar 6: Infection prevention and control, and water, sanitation and hygiene

Pillar 7: Case management, and care for EVD survivors

Pillar 8: Operational support and logistics

Pillar 9: Maintaining essential health services and systems

Pillar 10: Vaccination

Pillar 11: Mental health and psychosocial support

Pillar 12: Safe and dignified funeral rites

These *Operational planning guidelines* were developed by WHO with partners to provide a practical guide that may be used by national authorities to develop their comprehensive national EVD operational readiness and response plans across the major pillars of EVD readiness and response set out in the SRRP. These guidelines include actions to ensure the equitable and effective implementation of vaccines and therapeutics, including in the most challenging and under-resourced contexts. Key measures for the protection of affected communities and vulnerable groups across the different pillars of the response are also included. The checklist of proposed actions can be translated into pillar workplans and used for monitoring the status of readiness ✸ and response indicators.

In addition to national authorities, this document is intended for use by United Nations Country Teams and agencies and key implementing partners supporting the response, to develop or update EVD multi-agency plans with and in support of national authorities to ensure whole-of-society engagement in the response.

EVD operational readiness and response plans should cover a three-month period from 1 March to 31 May 2021, in alignment with the EVD SRRP 2021. The EVD multi-agency plan should include resource requirements with and in support of national authorities' EVD national operational readiness and response plan. The United Nations and its partners will implement the adapted, risk-informed readiness and response actions outlined in the EVD multiagency plan to ensure that the best support possible is provided to national authorities and communities affected by EVD for a comprehensive response.

Concept of operations

Depending on their risk, vulnerability, and response capacity, subnational areas in Guinea and the surrounding countries of Côte d'Ivoire d'Ivoire, Guinea, Guinea-Bissau, Liberia, Mali, Senegal, and Sierra Leone will be recommended to immediately adopt one of three tiers of operation.

1. **Full response:** a dedicated and fully-resourced operational response capacity in districts affected by EVD transmission;
2. **Active response:** in districts with a high risk of and/or vulnerability to transmission, including those districts in close geographical proximity to a district affected by transmission, those with strong socio-economic links and/or with substantial population movement to and from a district affected by transmission, and those districts with high population densities and/or fragile health systems and/or security concerns;
3. **Active readiness:** in all other health districts and regions of potential risk in Côte d'Ivoire d'Ivoire, Guinea, Guinea-Bissau, Liberia, Mali, Senegal, and Sierra Leone. Active readiness will be supported by a remote technical support team(s).

A monitoring and review mechanism will regularly reassess whether subnational areas are assigned an appropriate tier of operation. A detailed set of key actions to be taken and capacities to be put in place under each tier of operation is given for each response and readiness pillar in the following guidelines.

PILLARS

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Pillar 1: Coordination, planning, financing, and monitoring

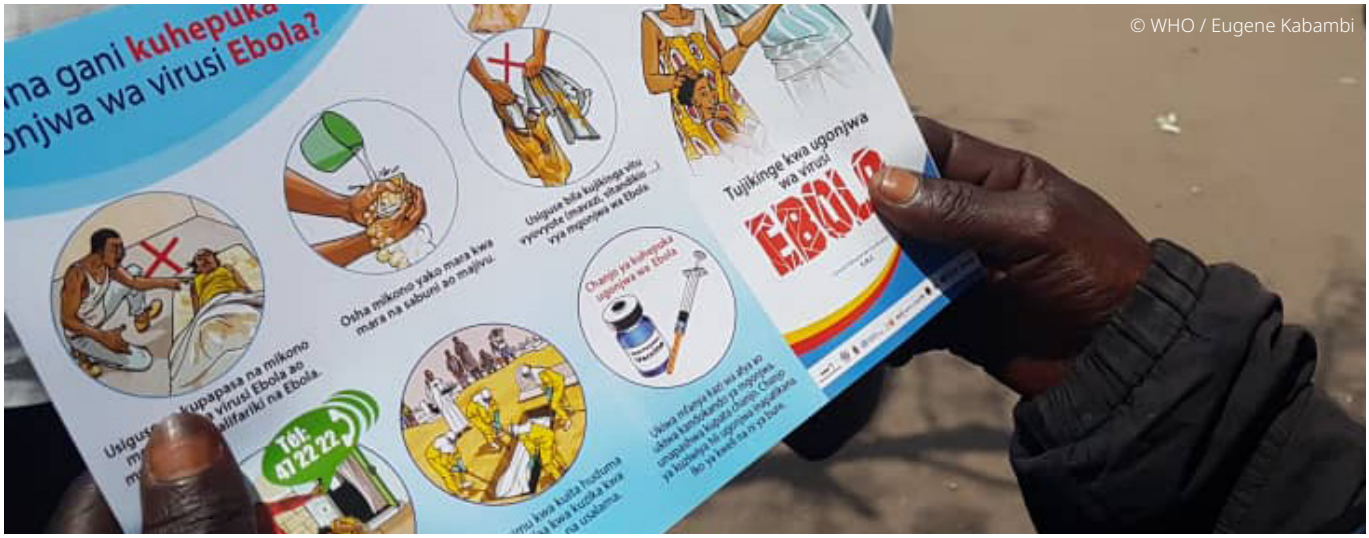
✸ Actions for use as readiness indicators

In **all national and subnational areas in all countries,** national authorities and partners will:
☐ Review national policy and legislative frameworks to ensure that they will provide the necessary authorization and regulation for proposed readiness and response measures, including vaccination and the use and importation of specific Ebola therapeutics. ✸
☐ Expedite visa clearance for emergency deployments. ✸
☐ Establish and maintain national Emergency Operations Centres (EOCs) for coordinating the emergency response, including physical locations, infrastructure, plans and procedures with identified/trained staff, and ensure:
○ Multi-sectoral taskforce/incident-management structure are activated at the national level. ✸
○ Clear term of reference and organogram for the taskforce/incident-management structure for strategic, operational, and tactical levels are developed. ✸
○ Guidelines/standard operating procedures (SOPs) for operations of the strategic, operational, tactical levels are developed. ✸
○ Physical space for the EOC is identified. ✸
○ EOC is linked to national disaster management structures. ✸
○ Flow charts outlining coordination, communication lines within incident-management structure are developed and disseminated. ✸
○ An incident manager is assigned and empowered to make operational decisions. ✸
☐ Undertake rapid risk assessment and prioritization of districts and vulnerable populations. ✸
☐ Establish subnational level coordination hubs with multi-sectoral taskforce/incident-management structure in each high-risk district to be activated if required. ✸
☐ Develop/update, approve and implement an national readiness and response plan for EVD (also referred to as national contingency plan in unaffected countries) with a monitoring framework and budget, providing training where necessary for its implementation. ✸
☐ Update list of 4W mapping for donors and partners. ✸

- [ ] Share national response and readiness plan/contingency plan and budget with in-country and external donors. ✸
- [ ] Develop Operational Plan (72 hour - 10 days, in COVID-19 context). ✸
- [ ] Prepare templates for situation reports and press releases. ✸
- [ ] Establish bilateral cross border mechanism for sharing surveillance data between affected and at-risk countries. ✸
- [ ] Conduct tabletop drills or simulation exercise to assess functionality of EVD readiness and response within the last 6 months. ✸
- [ ] Ensure a legal framework to enable streamlined emergency fund transfer from central to subnational level in in place. ✸
- [ ] Finalize and approve operational budget for pre-epidemic detection and a preliminary response. ✸
- [ ] Identify and mobilize accessible funds for immediate response to the EVD emergency. ✸
- [ ] Establish a compensation and benefits package for all high-risk workers, covering remuneration and ensuring adequate incentives for high-risk assignments and compensation in case of infection or death. ✸
- [ ] Develop a resource-mobilization plan. ✸
- [ ] Map of domestic and donor funding sources. ✸
- [ ] Develop a mechanism to track funding, resource utilization, and financial reporting.
- [ ] Inform health, local and administrative authorities about EVD. ✸
- [ ] Support planning functions, including response planning and development/adaptation and activation of standard operating procedures (SOPs), with all relevant national stakeholders and partners at all levels.
- [ ] Incorporate EVD into the COVID-19 emergency coordination mechanism at all levels.
- [ ] The interagency PSEA Network, responding to the Humanitarian Coordinator/Resident Coordinator, is a forum to coordinate ongoing PSEA actions. The PSEA Network will be in close communication with the Ebola emergency coordination structure in all countries.
- [ ] All governments in at-risk and affected countries should appoint a PSEA focal point to receive and respond to allegations of sexual exploitation and abuse. This role should be embedded within the overall coordination structure at its highest level.
- [ ] Train all personnel engaged in the emergency response on PSEA, with a focus on reporting sexual exploitation and abuse.
- [ ] Set up an interagency PSEA complaint mechanism.
- [ ] Integrate key PSEA actions into the EVD response:
  - ○ SEA risk assessment;
  - ○ Community sensitization on sexual exploitation and abuse;
  - ○ Establishment/strengthening of community reporting channels.
- [ ] Map available gender-based violence (GBV) services and referral pathways, and make available to all actors intervening in the Ebola response.

In addition, in subnational areas placed in **Full Response** and **Active Response** operational tiers, national authorities and partners will:

- [ ] Activate subnational level coordination hubs with multi-sectoral taskforce/incident-management structure in each affected and high-risk district.
- [ ] Actively participate in cross-border coordination platforms and implement the developed and adopted policies and SOPs.



Pillar 2: Risk communication and community engagement (RCCE)

✸ Actions for use as readiness indicators

In **all national and subnational areas in all countries,** national authorities and partners will:
☐ Update/develop a RCCE strategy, work plan, monitoring mechanism, and budget and map out key partners, stakeholders, capacities and gaps, as well as key activities, priority population groups and geographical areas. ✸
☐ Reactivate/establish national RCCE coordination mechanism (PH experts, NGOs, community, CSOs). ✸
☐ Reactivate/establish national RCCE coordination mechanisms in high-risk prefectures/districts. ✸
☐ Conduct a rapid qualitative analysis of community contexts in high-risk areas, including:
○ Map critical communication networks and key influencers at national and subnational level. ✸
○ Develop feedback mechanisms for capturing and analysing sources of community perspectives (e.g., knowledge, attitudes and practice (KAP) surveys, socio-anthropological studies, rumour tracking, hotline, local media opinion pieces, social media monitoring). ✸
☐ Disseminate key scientifically informed, translated messages to media, health workers, local government, community leaders, churches, schools, traditional healers and other key community stakeholders. ✸
☐ Engage/orient key influencers (local government, politicians, journalists, community/religious leaders, security forces etc.) at community level. ✸
☐ Deliver community sensitization to safe and dignified burials and decontamination concept and protocol. ✸
☐ Conduct social scientific analysis to understand and address early concerns and issues related to the adoption of desired behaviours, and suggest actions to foster acceptance and empowerment by communities.
☐ Develop/update/adapt key messages based on identified behaviors, perceptions, and capacities;
☐ Initiate public awareness and community sensitization to EVD (spread, signs, symptoms, treatment, risk factors, protection and prevention measures, hygiene promotion, safe burials, vaccines, positive impacts of psychosocial support to individuals and communities), using trusted channels;
☐ Re-activate the community task force and allocate funding; establish/strengthen social listening systems and response systems, and use data to address vaccine hesitancy, other misinformation/rumours and any needs that communities raise.

- [ ] Develop effective collaboration between psychosocial actors, community members, and stakeholders to maximize the positive impact of activities among the population.
- [ ] Train front-line workers such as decontamination and burial teams on key intervention strategies, key messaging to share with communities, and conflict management techniques.
- [ ] Train stakeholders, including health care workers, on interpersonal communication skills and culturally acceptable interactions with all members of communities to ensure that response interventions will be accepted.

In addition, in subnational areas placed in **Full Response** and **Active Response** operational tiers, national authorities and partners will:

- [ ] Engage with local networks and train dedicated risk communication teams for affected and high-risk subnational areas.
- [ ] Identify and map out priority populations, including migrant populations, refugees, people in hard-to-reach areas, and address their respective communication needs through adequate channels.
- [ ] Adjust community engagement approaches and key messages of each pillar according to the results of socio-anthropological surveys, social science analysis, and community feedback.
- [ ] In support of surveillance, strengthen active research in the community-based early warning alert system for suspected cases and community deaths.
- [ ] Develop/update a comprehensive strategy, plan and budget for engaging with the media and the public (including a scaled-up approach), and for the community task force.
- [ ] Create a framework for consultation of the partners involved in the media sector in order to harmonize actions (broadcasting rates, formats distribution, review of journalistic ethics, etc.)
- [ ] Expand media activities through non-traditional channels, including through social networks.
- [ ] Address and manage the possible stigmatization of survivors and their families. i.e., integrate EVD survivors in awareness-raising activities.

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Pillar 3: Surveillance, epidemiological investigation, and contact tracing

✸ Actions for use as readiness indicators

In **all national and subnational areas in all countries,** national authorities and partners will:
Reinforce Integrated Disease Surveillance and Response (IDSR) systems
☐ Update EVD risk profiles on a systematic basis, considering the dynamics and evolution of the outbreak to prioritize readiness and response actions.
☐ Accelerate surveillance and early warning activities at national level and in high-risk districts through the strengthening of IDSR-based surveillance systems; verify and investigate all alerts within 48 hours.
☐ Integrate VHF alert system with IDSR. ✸
☐ Ensure adoption and roll-out of IDSR (third Edition) at all levels. ✸
☐ Establish/strengthen 24/7 emergency hotlines to report alerts. ✸
☐ Allocate 24/7 emergency staff to the hotline services and train on alert processes, reporting protocols, requests for key information and EVD enquiries. ✸
☐ Train health workers (health facility and community levels) on case detection (use of EVD case definition), reporting protocol, suspect patient isolation/management/referral. ✸
☐ Develop/revise, approve and disseminate epi/surveillance SOPs and tools at national level and in all high-risk districts, including WHO case definitions (simplified where necessary) for EVD to all reporting sites (facility and community). ✸
☐ Train healthcare workers (SOPs, conducting investigations with standardized documentation and reporting) at all levels (POEs, health facility, community, refugee settlements). ✸
☐ Establish a formal event-based community surveillance system, and enable timely follow-up of information/rumors from all sources, including the community and media. ✸
☐ Establish clear lines of reporting for potential EVD cases (deceased or alive) between communities, local, subnational and national authorities, with clear responsibilities on action and reporting. ✸

- [ ] Identify human resources for community surveillance, including community health workers, volunteers, non-governmental organizations, traditional healers, and community leaders.
- [ ] Disseminate simplified community case definitions at community level. ✸
- [ ] Assess functionality of the surveillance systems for EVD through simulation exercises (drills or field exercises) within the last 6 months. ✸
- [ ] Ensure that surveillance activities are complemented with specific analysis of relevant subgroups such as children, pregnant women, and vulnerable minorities.
- [ ] Ensure surveillance and risk communication and community engagement pillars work in close collaboration towards the identification, tracing, and follow-up of contacts.

Establish, train, and equip rapid response teams (RRTs)

- [ ] Establish at least one fully equipped RRT trained for EVD response and position it in the capital or in proximity to high-risk areas to deploy within 24 hours of an alert. ✸
- [ ] Roster RRT members and generate and disseminate contact details. ✸
- [ ] Assemble and supply standardized kits including SOPs, case definition, case investigation forms, contact tracing tools and guidelines , sample collection, labeling and packaging, and personal protective equipment (PPE). ✸
- [ ] Supply with outbreak template (IDSR) for initial index case investigation report. ✸
- [ ] Ensure functional transport mechanism and a designated driver is readily available for deployment of RRTs. ✸
- [ ] Develop clear terms of reference, operational guidelines, and standard operating procedures for the RRTs. ✸
- [ ] Establish functional communication linkage between alert system and the RRTs. ✸
- [ ] Conduct bimonthly field-based simulation exercises or refresher drills for RRTs in the event of no alerts to ensure functionality. ✸

Establish contact tracing and data management

- [ ] Revise and disseminate contract tracing guidelines and SOPs at the national level. ✸
- [ ] Establish/strengthen/rollout the data management system for EVD data collection and contact tracing at the national level. ✸
- [ ] Train at least one team at the national level on a Ministry of Health-approved data management tool, (e.g. GoDATA, SORMAS, ODK). ✸
- [ ] Revise and disseminate contact tracing guidelines and SOPs at the subnational level. ✸
- [ ] Ensure data management system for EVD contact tracing at the subnational level is available. ✸
- [ ] Compile list of personnel in-country trained in contact tracing guidelines, SOPs and tools. ✸
- [ ] Ensure Ministry of Health secure and encrypted data management system for aligning contacts and vaccinated persons is in place. ✸
- [ ] Ensure adequate human resources at national level with at least one team comprising epidemiologists, investigation teams, data managers, field supervisors, contact tracers with equipment/materials and transportation.
- [ ] Identify and train contact tracers in all high-risk districts, including community health workers.
- [ ] Equip contact tracing teams with adequate tools for contact follow-up data collection and daily data collation at the district and national level.
- [ ] Provide targeted training for EVD (detection, reporting and suspected case isolation, management, and referral) to health workers, including facility and community health workers, including at PoEs and in refugee settlements in high-risk districts.
- [ ] Establish standardized data flows from peripheral to central level.

- [ ] Establish or strengthen existing multidisciplinary and multi-partner outbreak data management and analytics teams covering all pillars of the response (surveillance, vaccination, case management, infection prevention and control, safe and dignified burials, laboratory, risk communication and community engagement, social sciences) at national level and in all high-risk districts.
- [ ] Establish an analytics cell, identify data sources available and required, and key analyses required to provide systematic, real-time evidence to explain outbreak dynamics and inform pillar decision-making and response operations.

In addition, in subnational areas placed in **Full Response** and **Active Response** operational tiers, national authorities and partners will:

- [ ] Develop/update and disseminate surveillance tools and resources in all high-risk districts.
- [ ] Ensure training of staff on IDSR, including the promotion of IDSR eLearning.
- [ ] Strengthen surveillance and early warning activities in high-risk districts through the reinforcement of IDSR-based surveillance systems, and set-up a coordinating alert system;
- [ ] verify and investigate all alerts within 48 hours.
- [ ] Support regular supervision/mentoring of surveillance officers and community-based surveillance focal points.
- [ ] Establish/use a health data management tool accepted by the Ministry of Health, set up mechanisms to rapidly conduct social-scientific analyses to understand changes in health service uptake.

Rapid response teams

- [ ] Establish at least two trained RRTs of five multidisciplinary experts in each affected and high-risk district with team leads. ✸
- [ ] Train subnational RRTs in case verification & reporting, use of case investigation forms, infection prevention and control (IPC), safe sample collection, triple packaging, labeling and transport, initiation of contact tracing and RCCE. ✸
- [ ] Equip RRTs with necessary PPE and supplies and support with reliable means of transportation for field investigations and other field operations.


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Pillar 4: Points of entry, international travel and transport, mass gatherings and population movements

✸ Actions for use as readiness indicators

In **all national and subnational areas in all countries,** national authorities and partners will:
☐ Ensure that a contingency plan is in place at designated PoE (airports, ports and ground crossings).
☐ Identify referral health-care facilities for each PoE with contact details and develop SOPs to safely identify, manage and refer potential EVD cases to a designated hospital or isolation facility. ✸
☐ Identify functional transport mechanism to refer suspect cases from all POEs to an identified health facility. ✸
☐ Train port health staff at all designated POEs to screen, identify, assess, report, isolate, apply IPC protocol and refer suspect cases. ✸
☐ Develop and disseminate SOPs for implementing screening in the event of a confirmed EVD case at all designated PoEs. ✸
☐ Equip PoEs with PPE, infra-red thermometers, cleaning and disinfecting products, observation/isolation facilities, and alcohol-based hand rub solution and hand washing stations with soap or chlorinated water to promote hand hygiene. ✸
☐ Ensure data on cross-border population mobility and mapping of POEs, convergence points, and key routes with the affected areas is available. ✸
☐ Conduct simulation exercises or drills to test the roles, responsibilities and communication systems between PoE health authorities and conveyance operators, and national health surveillance systems within the last 6 months. ✸
☐ Assess the capacity of PoE authorities on roles and processes for handling potential EVD cases. ✸
☐ Ensure all PoE authorities are sensitized and can immediately notify PoE port health staff of suspect EVD cases. ✸
☐ Ensure Information, Education and Communication (IEC) tools and materials are available and posted in weatherproof material in target areas at all designated PoEs. ✸
☐ Identify health promotion needs at PoEs to sensitize travelers on EVD risks and symptoms through the diffusion of appropriate messages on how to minimize risk of infection, and where to seek care should they develop symptoms.
☐ Apply recommended measures to disinfect, decontaminate or otherwise treat cargo, containers, conveyances, including, when appropriate, at locations specially designated and equipped for this purpose.

- [ ] Strengthen cross-border collaboration for coordinated preparedness and response through the organization of national and subnational cross border collaboration meetings, the setting information exchange mechanism and support the development or the update or the implementation of the Cross-border Collaboration Memorandum of Understanding between countries at national and subnational level.
- [ ] Ensure that communities involved in actual and future identified mass gatherings are sensitized on the assessed diseases transmission risk and all measures are implemented in collaboration with competent national and subnational authorities to minimize these risks
- [ ] Ensure a clear risk communication for helping people accept changes and modifications to how an event is carried out. This should be built on two foundational understandings: (i) the rationale behind the mass gathering modifications/changes; (ii) the communication needs of those at the gathering.
- [ ] Ensure accurate and titmely activities monitoring system are implemented to capture any progress or gaps to enhance de readiness statute.

In addition, in subnational areas placed in **Full Response** and **Active Response** operational tiers, national authorities and partners will:

- [ ] Map high-risk PoEs and geographical strategic site for potential point of control (PoC), through population mobility mapping, assess the need of those PoEs and ensure all affected and high-risk PoEs have the capacity to screen travelers, collect relevant information to enable contact tracking and tracing, and to provide appropriate messages on minimizing risks and to manage suspect EVD case by waiting the referral to the appropriate care center.
- [ ] Establish adequate isolation capacity at the PoEs where suspect cases can undergo secondary screening.
- [ ] Develop SOPs for implementing exit and entry screening in the event of a confirmed case of EVD based on proper risk assessment.
- [ ] Implement appropriate data management systems and protocols for storing, recording, sharing, and disposing of data captured during screening.
- [ ] At priority PoEs and PoCs establish infrastructure to ensure passenger movement, reducing contact between passengers and workers.
- [ ] Ensure low-priority entry points are covered by prevention measures and risk communication campaigns, including communication on the appropriate use of PPE and waste management to reduce cross-infection risk among travelers and workers.
- [ ] Enhance communication channels between International Health Regulations (2005) focal points.
- [ ] Work with the transportation industry so that they are sensitized to EVD risks, based on a proper risk assessment.
- [ ] Work closely and engage with communities living near to PoEs and PoCs.
- [ ] Mapping of all actual and future mass gatherings in collaboration with competent national and subnational authorities to apply a rigorous risk-based approach. Such an approach consists of three steps: risk evaluation, risk mitigation and risk communication – leading to an informed decision on whether the event under consideration should proceed, and on the best arrangements to decrease any associated risk of spread of EVD, should it go ahead.
- [ ] Conduct close monitoring of the activities and regular formative supervision to ensure that the achievements are on tract and the quality is kept to standard.


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Pillar 5: Laboratories and diagnostics

✸ Actions for use as readiness indicators

In **all national and subnational areas in all countries,** national authorities and partners will:
☐ Ensure a national system for sample collection, testing and tracking is in place, with a clearly defined and implemented national laboratory strategy including information management.
☐ Establish/strengthen functional national laboratory capability for EVD confirmatory testing, with molecular biology capacity for EVD diagnosis using reverse transcription polymerase chain reaction (RT-PCR). ✸
☐ If dedicated resources for EVD testing are not available, ensure stand-by arrangements and agreements with WHO Collaborating Centres for confirmatory testing are in place and initiate/test shipment capacities. ✸
☐ Train personnel with IATA certification for packaging and shipping suspect samples across international borders. ✸
☐ Train laboratory personnel in safety procedures and IPC for specimen collection, triple packaging, labeling and transfer referral and shipment. Staff should be certified for the handling of infectious substances. ✸
☐ Equip facilities with supplies/reagents to safely perform diagnostic testing using RT-PCR methods including GeneXpert cartridges (80–100), probes, primers and reagents for EVD and VHF profile kits within expiry date as well as with adequate water, sanitation and hygiene (WASH) services and IPC supplies. ✸
☐ Establish an efficient and functional stock management system to ensure sufficient stock of consumables for specimen collection, packaging and transport. ✸
☐ Strengthen laboratory services for patient management, including biochemistry analysis, blood gas analyses, organ functions, CT value, at point of care, in coordination with the case management pillar and designated ETCs.
☐ Establish efficient and safe systems for specimen shipments to national reference laboratories within and outside the country,

In addition, in subnational areas placed in **Full Response** and **Active Response** operational tiers, national authorities and partners will:
☐ Establish/strengthen a network to decentralize testing capacity to affected and high risk prefectures/districts using appropriate technologies (e.g., subnational molecular diagnosis capacity using GeneXpert). ✸
☐ Provide training for selected health workers in high-risk areas on specimen collection, processing, packaging, storage, transport and manipulation as well as infection prevention and control strategies.
☐ Ensure laboratory services are in place for patient management, including biochemistry analysis, blood gas analyses, organ functions, CT value, linked to EVD treatment centers.
☐ Ensure laboratory results for EVD confirmation are shared as soon as they become available with patients and relevant response pillars.
☐ Maintain a database to track all samples being tested for EVD, including data on date of sample collection, date of test performed, laboratory at which testing was performed, sample type (blood or swab), testing method, test result, CT values, and basic patient information to be shared with relevant pillars, coordination and partners.
☐ Establish internal and external quality control systems.
☐ Establish supply and coordination of post-mortem sampling for deaths that occur in the community, and establish protocols for the use of rapid diagnostic tests during the collection, transportation, or safe and dignified funeral rites of deceased individuals, where appropriate.
☐ Support laboratories in safe management of laboratory waste including through dedicated human resources and infrastructure.

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Pillar 6: Infection prevention and control, and water, sanitation and hygiene

✸ Actions for use as readiness indicators

In **all national and subnational areas in all countries,** national authorities and partners will:
☐ Activate the national IPC taskforce for EVD outbreak preparedness and response to coordinate and lead IPC activities.
☐ Identify IPC focal points at national, subnational and facility levels, including IPC focal points from supporting partners.
☐ Revise/approve and disseminate standardized, evidence-based IPC guidance, SOPs and tools (inclusive of job aids, flowcharts) at national and facility level, and ensure use by all IPC implementing partners. ✸
☐ Develop and disseminate IPC tools for assessments at health facilities and PoEs, such as the IPC assessment framework, IPC scorecard or WASH facility improvement tool for facility assessment to identify and address gaps. ✸
☐ Train all frontline health workers, health workers, community health workers at ETCs/IUs in IPC precautions (IPC package) and protocols, including how to put on/remove PPE, as well as on how/where to transfer patients to designated ETCs or hospitals.
☐ Identify and train an IPC surge workforce. ✸
☐ Through the national IPC taskforce, identify and assess the priority health facilities for WASH and IPC support. Designate priority health care facilities and ensure they have the capacity to triage and isolate patients with suspected EVD, and safely transfer patients to an ETC if appropriate.
☐ Ensure sufficient high-quality PPE is available for health workers, and support the safe management and destruction of PPE and other clinical waste.
☐ Ensure implementation of safe injection practices.
☐ Carry out assessment of WASH services at community levels in priority districts.
☐ Provide health facilities with capacities including running water and electricity for basic hygiene, sanitation, cleaning and disinfection, PPE, and safe waste management services. Priority should be given to hospitals and then health centers in priority districts.
☐ Train IPC and WASH response teams on intervention strategies informed by feedback mechanisms and social scientific evidence. IPC and WASH teams should be able to intervene and share key information with the community during interventions at community levels.
☐ Perform simulation exercises with the purpose of testing the system in place.

In addition, in subnational areas placed in **Full Response** and **Active Response** operational tiers, national authorities and partners will:

- [ ] Ensure IPC governance structures are adopted in affected and high-risk prefectures/districts. ✸
- [ ] Provide IPC infrastructure (safe water supply, running water and power/electricity for basic hygiene, sanitation facilities, cleaning and disinfection, PPE, and safe waste management services/incinerator) at main health facility in affected and high risk prefectures/districts. ✸
- [ ] Position basic IPC materials (PPE kits, soap/disinfectant, waste management bins and bags) at main health facilities in affected and high-risk prefectures/districts. ✸
- [ ] Establish isolation units at main health facilities in affected and high-risk prefectures/districts. ✸
- [ ] Activate the IPC ring approach in facilities and communities with or in close proximity to confirmed cases of EVD. The ring approach includes briefing health workers, IPC kit donation, conducting rapid assessment of IPC in all health facilities using the IPC EVD Scorecard, reporting of findings as required, and the development and implementation of action plans to address gaps.
- [ ] Ensure health workers in high-risk health facilities are trained in EVD-specific precautions.
- [ ] Equip and adequately train health workers, including environmental health personnel and hygienists and cleaners, on additional IPC measures and waste-management processes, with priority for those in first contact with patients and at all isolation units and treatment centres.
- [ ] Dedicate additional resources to managing health care waste and more generally to improving and sustaining WASH services in line with existing national plans and strategies.
- [ ] Priority should be given to hospitals and then health centers in priority districts.
- [ ] Reinforce WASH services at community levels in priority districts, including reinforcing WASH infrastructures in public spaces and households; hygiene promotion and installation of handwashing stations; ensure facilities and capacities for the respectful and protective care of menstruating and pregnant women are provided.

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Pillar 7: Case management and care for EVD survivors

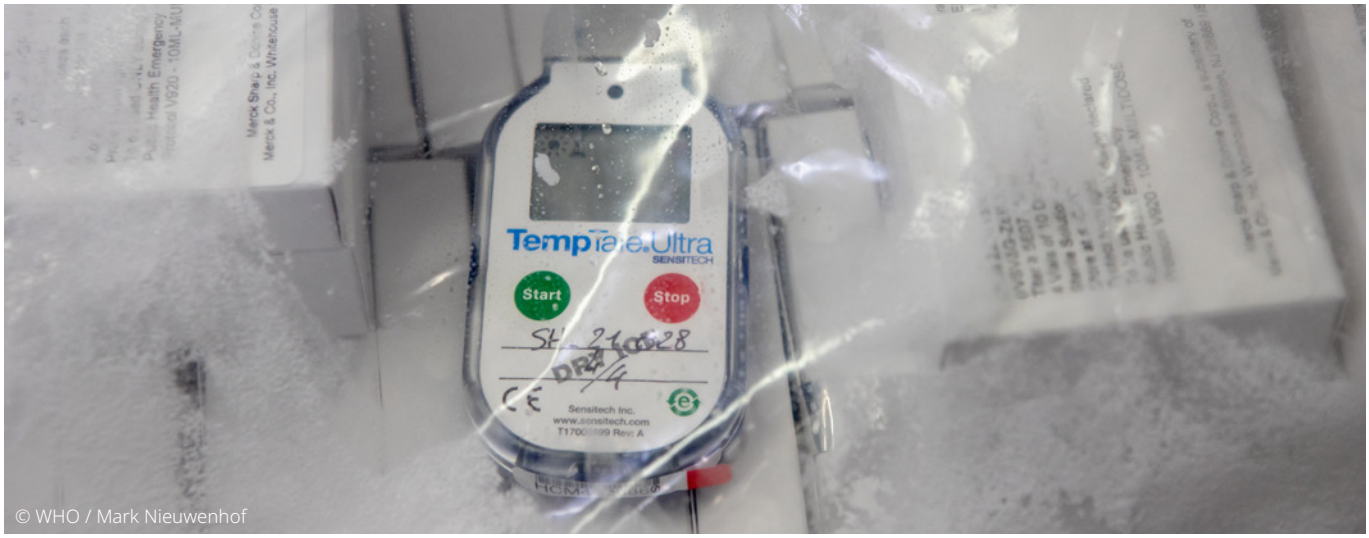
✸ Actions for use as readiness indicators

In **all national and subnational areas in all countries,** national authorities and partners will:

- ☐ Establish/upgrade at least one fully functional Ebola treatment centre (ETC) at the national level and identify one possible Ebola treatment unit (ETU) in each high-risk prefectures/district. ETC and ETUs should be designed and commissioned in line with WHO specifications for management of EVD patients, and incorporate best practices from previous outbreaks to ensure maximum dignity and quality of life for patients with EVD, their families, and health workers. ✸
- ☐ Ensure one rapidly deployable ETU in countries with large land mass and/or long shared border with an affected country and/or remote and hard-to-reach subnational areas. ✸
- ☐ Revise, approve, and disseminate SOPs for managing ETCs. ✸
- ☐ Establish a case management team, trained and mentored by clinicians experienced in EVD patient management and ETC IPC protocol. ✸
- ☐ Train case management team in the use of any experimental therapies. ✸
- ☐ Preposition curative and supportive treatment means, including essential medicines and consumables for critical care management (fluids, IV cannulas, giving sets, nutrition supplements, ORT sachets), and monoclonal antibody treatment, etc. at designated health facilities. ✸
- ☐ In countries with limited national case management capacity, identify and enable partners to support case management in the event of an outbreak. ✸
- ☐ Make preparations for the storage and use of the safe and effective EVD monoclonal antibody therapeutics inmazeb (atoltivimab, maftivimab and odesivimab-ebgn) and Ebanga (ansuvimab-zykl). Preparations should include the selection of a national Principle Investigator, study co-sponsor, submission of expanded access protocols for each drug to ethical committees, and granting of permits of importation. For clinical use, designated treatment delivery teams should include a clinician, pharmacist and nurse to trained in the end-to-end use of therapeutics, from storage (cold chain), preparation, delivery, monitoring and data collection. Training should be linked with optimized supportive care training of the entire team. ✸
- ☐ Identify appropriate functional, transportation capacity for suspected/confirmed cases, and ensure the safety of all involved in the referral pathways. This includes selected ambulances that will retrieve suspect EVD patients from the community, as well as transfer confirmed patients between sites. ✸
- ☐ Ensure ambulance team is assigned and trained to transport patients with suspected EVD. ✸

- [ ] Designate health facilities in high-risk areas for the management of any EVD cases based on an assessment of health facility preparedness; these can be considered decentralized Ebola centres that are able to provide safe, biosecure care, make laboratory diagnoses, and then refer patients to an appropriate care facility after a confirmatory diagnosis is received.
- [ ] Establish safe screening, triage and isolation capacities in regional hospital(s), as well as in priority health care facilities in high-risk districts. Screening and triage units and isolation facilities should be stocked with essential equipment, and staff should be trained on referral pathways.
- [ ] Identify, assess and establish laboratory capacities for patient management that ensure rapid EVD diagnosis (place PCR testing facilities close to the ETUs), and then report the full results to clinicians to guide practice. In treatment units, availability of point of care testing for the following must be included: electrolytes (i.e. Picollo, I-stat), hemoglobin, rapid malaria testing, coagulation tests and blood gas (i.e. I-stat).
- [ ] Provide and monitor pharmacy and supply services including monitoring the usage of key essential medicines and consumables for critical care management in all centres caring for EVD patients.
- [ ] Identify safe spaces for the children of individuals admitted for treatment or isolated, to facilitate treatment of those patients and prevent family separation.
- [ ] Ensure specific provisions are made for case management of pregnant women and children (with safe areas for their parents or carers) this includes having an obstetrician on staff, a designated treatment room for pregnant women with all necessary kits for delivery, as well as for care of the newborns including kits for neonatal resuscitation and a paediatrician on staff.
- [ ] Identify, assess and establish specific psychosocial and nutritional care services and family-liaison staff to allow regular visits and provide updates to the families of those hospitalized in treatment centres.
- [ ] Establish and monitor a mechanism for blood transfusions in the region to ensure safe blood transfusion capacities for both EVD and non-EVD care.
- [ ] Distribute the WHO optimized supportive care protocol to all treatment centres, and monitor adherence to the protocol at all centres caring for EVD patients.
- [ ] Conduct a comprehensive WHO training package for case management in all countries, with re-training on regular basis.
- [ ] Review the design of all treatment units and decentralized screening and triage facilities to ensure compliance with biosecurity and the patient-centered care model. Monitor adherence to measures to ensure safe patient flow, distinction between green and red zones, use of new designs to allow close patient monitoring and family interaction.
- [ ] Establish and monitor the performance of rapid response medical teams that can be deployed to rural areas to care for patients with suspected EVD and provide initial care and stabilization before ensuring safe transfer to a designated centre. These teams should be staffed by the most experienced Ebola centre staff, using a hub and spoke model.
- [ ] Establish and monitor a management structure for ETUs to ensure continuity of services in case a surge of EVD cases occurs. Develop a surge strategy with knowledge that it takes at least one week to set up a small treatment unit.

In addition, in subnational areas placed in **Full Response** and **Active Response** operational tiers, national authorities and partners will:
☐ Establish at least one fully functional ETC at the national area and identify one possible ETU in each high-risk prefectures/districts. Both ETCs and ETUs should be designed and equipped to allow safe provision of optimized supportive care and therapeutics according to WHO specifications; community leaders should be involved in the establishment of ETUs to prevent reticence/resistance and rejection. ✸
☐ Identify and map health facilities in high-risk subnational areas with potential spaces for rapid conversion to ETCs. ✸
☐ Ensure adequate patient pathways and referral systems with transport mechanism for health facilities to ETCs and ETUs at prefecture/district level. ✸
☐ Consider construction of transit centers in subnational areas with active transmission according to the dynamics of the epidemic in order to bring therapeutic services closer to the community and reduce the time between the onset of symptoms and access to care, especially in communities reluctant to refer to the usual care structures.
☐ Establish and monitor WASH and IPC services, to ensure the safe functioning of units in regard to biosecurity of all facilities caring for EVD patients.
☐ Define and implement all SOPs related to logistical components (procurement, stockpile mobilization, sample transport, telecommunications use, structures support and maintenance, transport resources mobilization, and security management).
☐ Conduct regular safety audits of Isolation facilities/services to identify and address protection needs of women and girls.
☐ Implement an EVD survivor care programme, offering medical and psychological care as needed, and offering biological testing for male survivors and women who were lactating at time of EVD diagnosis and/or thereafter.



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Pillar 8: Operational support and logistics

✸ Actions for use as readiness indicators

In **all national and subnational areas in all countries,** national authorities and partners will:
☐ Develop and adopt an operational support and logistics (OSL) plan with the Ministry of Health, relevant partners and sectors, including 3W (who does what where) for best use of available resources.
☐ Under the leadership of the Ministry of Health, develop evidenced-based costed demand-generation plans, including a crisis communication plan guided by national vaccination deployment plans, with clear sets of interventions, in coordination with communities.
☐ Support consolidation of supply-need forecasts in order to calibrate supply chain strategies.
☐ Support medical facility mapping and evaluation.
☐ Ensure the logistics component of the IMS is operational at the national level. ✸
☐ Evaluate and ensure storage capacities and stock management systems, identify stockpile needs across all components of the response, and implement an efficient stockpile-management system if required, at national level. ✸
☐ Ensure at least one VHF500 Kit is stored at national level. ✸
☐ Ensure there is a minimum of one EVD-allocated ambulance in country for transferring a patient with suspected or confirmed EVD. ✸
☐ Ensure sample collection transport mechanism from point of origin to reference laboratory is reliable and operational at national and international levels. ✸
☐ Ensure one rapidly deployable (RD) ETU, furniture, fixtures and fittings is stored at national level. ✸
☐ Ensure functional transport mechanism and trained operators to deploy and assemble RD-ETUs are available. ✸
☐ Ensure a minimum of one logistician is in country to support the Ministry of Health. ✸
☐ Assess and map operational support capacities and resources and gaps in country (offices, accommodation, transport infrastructures, resources resources) to plan required resources. ✸
☐ Identify suppliers of standard essential items for emergency response, both locally and internationally. ✸

- [ ] Assess the delivery capacities/times of identified suppliers, explore possibilities for pre-supply agreements and evaluate gaps. ✸
- [ ] Identify local suppliers for standard essential items for emergency response (e.g. WASH items, gum boots). ✸
- [ ] Assess communication network capacity. ✸
- [ ] Conduct a feasibility study for establishing an emergency telecommunication system at subnational level (if necessary). ✸
- [ ] Conduct a country joint assessment with the Ministry of Health of ETC/ETU design, workflow and IPC measures against WHO recommended specifications. ✸
- [ ] Update and approve logistics SOPs covering supply, procurement, stockpile mobilization, sample transport, telecommunications uses, structures support and maintenance, transport resources mobilization, and security management. ✸
- [ ] Share and review vaccination protocols with logistician and case management and vaccination pillars. ✸

In addition, in subnational areas placed in **Full Response** and **Active Response** operational tiers, national authorities and partners will:

- [ ] Ensure the logistics component of the IMS is operational in affected and high-risk prefectures/districts. ✸
- [ ] Ensure an efficient stockpile management system is established in affected and high-risk prefectures/districts. ✸
- [ ] Maintain sufficient stockpiles of essential medicines, supplies, PPE, and other IPC items; ensure a minimum of 30 kits are positioned in each high-risk prefecture/district. ✸
- [ ] Maintain logistical expertise in country to provide operations support for preparedness and readiness.
- [ ] Establish warehouse and transportation capacities and implement decentralized approaches as appropriate.
- [ ] Coordinate among partners to implement demand-generation plans to inform and encourage people to be vaccinated and continue key preventive behaviours.

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Pillar 9: Maintaining essential health services and systems

✸ Actions for use as readiness indicators

In **all national and subnational areas in all countries,** national authorities and partners will:
☐ Establish (or adapt) simplified mechanisms and protocols to govern essential health service delivery in coordination with response protocols.
☐ Establish triggers/thresholds that activate a prioritization process and phased reallocation of comprehensive service capacity towards essential services.
☐ Evaluate whether country and subnational affected regions have a functioning health services monitoring system in place and if not, establish one.
☐ Assess and monitor ongoing availability, access, health facility readiness, and uptake of essential health services to identify gaps and potential need to dynamically remap referral pathways. Example: COVID-19 health service monitoring tool
☐ Generate country-specific lists of essential services.
☐ Establish outreach mechanisms and strengthen safe community-based health care as needed to ensure delivery of essential services.
☐ Disseminate information to prepare the public and guide safe care-seeking behaviour
☐ Identify and plan for the periodical evaluation of most effective service delivery platforms, especially during acute phases of crisis involving mass displacement of populations, including health care workers, access and services to women and girls and the risk of destruction/looting/forced closure of health facilities.
☐ Identify and plan for continuity of essential social services for women, children and marginalized communities such as services for prevention and management GBV, Education services and child protection services.
☐ Refer to the IPC and WASH facility actions proposed under Pillar 6.

- [ ] Conduct monitoring and evaluation for EHS actions:
  - [ ] Routinely report and analyse the overall impact of the pandemic on health service provision and utilization by using a small set of core indicators (including total attendance at outpatient departments or primary care visits and hospital discharges and deaths) and evaluate ongoing service provision based on a set of tracer services (see box 1 and the annex).
  - [ ] Disaggregate data by age, sex and population group where possible to ensure equitable delivery of services.
  - [ ] Conduct rapid health facility assessments to monitor the evolving capacity to provide essential health services; assess disruptions, mitigation approaches, capacity for screening and triage, workforce capacity and the availability of essential medicines and supplies (including PPE).
  - [ ] In situations in which site visits are not feasible or reporting is delayed, establish a remote digital system using a network of selected sentinel health facilities to determine capacities and priorities and to facilitate effective and targeted referrals and resource distribution.
  - [ ] Track and monitor funds to ensure that the system is working as expected towards the agreed objectives.
  - [ ] Where possible, integrate community-based reporting with facility-based health information systems to maintain a comprehensive approach to monitoring service delivery and utilization.
  - [ ] Strengthen and maintain existing surveillance systems to ensure effective ongoing monitoring of outbreak progression.

In addition, in subnational areas placed in **Full Response** and **Active Response** operational tiers, national authorities and partners will:

- [ ] Establish a team focused on ensuring maintenance of health systems strengthening and health service continuity and integrate into the coordination mechanism for the response. Develop/update and implement a contingency plan for the maintenance of Health service continuity, including anticipatory procurement of essential medicines and consumables as well as adjusting the in-country supply chain mechanism to meet the demands with changing epi situation.
- [ ] Assess and monitor all barriers for utilization of essential health services, including cost barriers, and identify possible solutions in close collaboration with communities;
- [ ] Set up coordination mechanism between finance and health authorities for financing essential health services.
- [ ] Suspend co-payments/user fees for essential health services at the point of care for all patients, regardless of insurance or citizenship status.
- [ ] Generate country-specific lists of essential services.
- [ ] Disseminate information to prepare the public for changes in service delivery platforms (including outreach and community-based health care), and to guide safe care seeking behavior.
- [ ] Establish screening of all patients on arrival and mechanisms for isolation at all sites;
- [ ] Provide clear guidance on PPE needs for providers and patients following screening, for the safe delivery of essential health services.
- [ ] Ensure acuity-based triage at all sites providing acute care.
- [ ] Establish clear criteria and protocols for targeted referral (and counter-referral) pathways;
- [ ] Establish a system through front-loading budgets and pre-funding public and private providers, contracting and reimbursement mechanisms, equity funds or voucher systems.
- [ ] Consider cash and voucher assistance targeted to health needs and indirect expenditures.
- [ ] Negotiate with agencies implementing social cash transfers to include a proportion for health.
- [ ] Make access to health care independent of migration status.
- [ ] Continuously adjust service delivery platform to the evolution of humanitarian context, taking into consideration population displacement and the forced closure of health facilities.
- [ ] Monitor unexpected death excess and morbidity due to other diseases to treat any concurrent circulation of other diseases.


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Pillar 10: Vaccination

✸ Actions for use as readiness indicators

In **subnational areas in all countries,** national authorities and partners will:
☐ Identify a focal point to share vaccination protocols and SOPs for rVSV ZEBOV-GP vaccination, and adapt to country context. ✸
☐ Identify, nominate and designate a principal investigator with research background and trained on Global Clinical Practice (GCP) as focal point for the use of the rVSV ZEBOV vaccine under Monitored Emergency Use of Unregistered and Investigational Interventions (MEURI) protocol. ✸
☐ Develop and submit protocol to national regulatory authorities and ethics review committee (and national research committee if needed) for approval, including importation license, Introduce any modifications/adjustments to the protocol as requested national regulatory authorities and ensure approvals are met. ✸
☐ Organize logistics and ensure all vaccine supplies, cold chain capacity, and other essential items are available. Ensure cold chain equipment (-80°C Freezers , adequate stock of Arteks coolers) is stored at national level for rapid deployment. ✸
☐ Develop and disseminate guidelines and SOPs for preventive and ring vaccination strategy using the rVSV ZEBOV vaccine. ✸
☐ Establish and train vaccination teams from the local area for implementation of the protocol, including GCP training and SOP training at the national level. ✸
☐ Ensure that functional transportation/logistical operations is available to deploy vaccination teams. ✸
☐ Ensure kits for managing adverse events following immunization are available and not within 6 months of their expiry date. ✸
☐ Identify partners who will be involve in the implementation of vaccination or who will act as sponsor.
☐ Plan the implementation with a view of sites for implementations, roles of partners, and timings of key activities.
☐ Ensure RCCE activities are integrated within the vaccination plan, and that RCCE workers are part of vaccination teams.
☐ Prepare a realistic budget and clearly identify needs for implementation of each SOP.
☐ Dedicate resources within vaccine efforts to ensure logistics and safe management and disposal of vaccine waste.

In addition, in subnational areas placed in **Full Response** and **Active Response** operational tiers, national authorities and partners will:
☐ Establish and train vaccination teams in each high-risk prefecture/district. ✸
☐ Vaccinate health workers in health facilities in all high-risk prefectures/districts including front-line workers recruited and/or operating as part of EVD readiness and those required to conduct field activities. ✸
☐ Identify and map health facilities and targeted prefectures/districts at risk in consultation with district health officers. Criteria to select areas and health facilities for vaccination may include:
○ All health facilities in areas bordering areas with transmission;
○ An Ebola treatment unit or isolation unit in areas bordering the affected areas;
○ A health facility receiving patients referrals from the affected areas;
○ A health facility that is a regional referral health facility;
○ An area with high population movements to and from an affected area in the neighbouring country or subnational area.
☐ Complete the microplanning for the vaccination of health workers and front-line workers in high-risk districts bordering the epidemic, with members of the vaccination and EPI teams from the Ministry of Health.
☐ Determine the resources (human and supplies) needed for the vaccination and prepare a timeline with dates and vaccination teams assigned to vaccinate in each area and health facility.
☐ In areas of transmission initiate rapid vaccination around cases: ensure prompt vaccination of all contacts, high-risk contacts and contacts of contacts including frontline providers. In the context of insecurity and tensions with community, vaccination within 24 hours should be done on an agreed site, with protection if needed.
☐ Vaccinate individuals in close personal contact with survivors of EVD.


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Pillar 11: Mental health and psychosocial support

✸ Actions for use as readiness indicators

In **all national and subnational areas in all countries,** national authorities and partners will:
☐ Ensure that the multisectoral mental health and psychosocial support coordination platforms are strengthened and that it involves all partners active in this area of work. Coordinating mental health and psychosocial support (MHPSS) should be a cross-sectoral initiative, including health, protection and other relevant actors.
☐ Establish monitoring, evaluation, accountability and learning mechanisms to measure effective MHPSS activities.
☐ Integrate mental health and psychosocial considerations adequately into public health assessment, preparation, response and recovery plans. Each pillar should have clear guidance as to how MHPSS is included.
☐ Systematically Integrate mental health and psychosocial considerations as part of resource mobilization.
☐ Strengthen all frontline workers (including but not limited to volunteers, health workers, burial team members, MHPSS providers, community leaders, teachers, pastors and other religious personnel) on basic psychosocial skills such as psychological first aid for Ebola outbreaks (PFA for Ebola Virus Disease guidance) as well as supportive communication.
☐ Map all existing services for mental health and psychosocial support and ensure that multisectoral mental health and psychosocial coordination mechanisms are in place and are engaging MHPSS actors in all sectors.
☐ Provide trained personnel with access to sources of mental health and psychosocial support. This must be of equal priority with ensuring their physical safety through adequate knowledge and equipment.
☐ Ensure that each health facility especially ETC, has at least one person trained and a system in place to provide care people with mental health conditions (confirmed, suspected, discharged, cured cases), through evidence-based resources (such as mhGAP Humanitarian Intervention Guide).
☐ Conduct participatory assessment of the context and of culturally-specific MHPSS issues, needs and available resources, including training needs and capacity gaps across the spectrum of care.

In addition, in subnational areas placed in **Full Response** and **Active Response** operational tiers, national authorities and partners will:
☐ Provide psychological first aid to affected families, discharged patients, and other affected community members.
☐ Facilitate communication between patients and family members while in the ETC through safely organized visits or telephone contact.
☐ Set up activities for affected families (including bereaved families and families of survivors) to support their return to normal daily life, such as play and recreational activities for children, support groups for adults, burial rituals, rituals and memorial ceremonies while ensuring infection control.
☐ Provide psychosocial support for people who have received their certificate of EVD cure, to support their reintegration into families and communities.
☐ Provide support to unaccompanied and separated minors and other vulnerable children in child-friendly spaces (maintaining infection control).
☐ Ensure (through effective referral to appropriate services) that people who are undergoing treatment in ETCs and their family members receive support including food, psychological first aid, and that their other needs are met.
☐ Ensure that unaccompanied and separated children have access to temporary care services ideally using foster families and contact relatives/extended family members in collaboration with child-protection partners.
☐ Provide support and follow -up to affected families to ensure that orphans children, healed children and any other children living in EVD affected area are not at risk of violence, (including GBV, exploitation and child marriage).
☐ Facilitate community dialogue with stakeholders to promote community reintegration and avoid stigmatization.
☐ Develop effective collaboration between psychosocial service providers, community members, and other stakeholders to maximize the positive impact of activities among the population.
☐ Support the documentation of the acceptance of EVD survivors in order to positively transform beliefs and conceptions and counter the stigmatization of survivors.
☐ Establish a mental health and psychosocial support strategy for Ebola cases, survivors, contacts (particularly those in isolation), family members, and the broader community. Ensure that the strategy addresses fear, stigma, negative coping strategies (e.g. substance misuse), and other needs identified through assessment and is building on positive, community proposed coping strategies. To assist in the care and social reintegration of survivors and their families, close collaboration is needed between communities and health and social welfare services.
☐ Develop and implement a community-based package of MHPSS services for all affected children and adolescents, including orphans and vulnerable children, to address their unique needs.
☐ In the early recovery phase, support health authorities to establish sustainable and community-based mental health and psychosocial services. These services should be built for the longer term to ensure they address the wider need.
☐ Use information from assessments, including identified needs, gaps and existing resources, to set up/contribute to a system for the identification and provision of care to people with common and severe mental health conditions. As part of ongoing health system strengthening, every health facility should have at least one person trained and a system in place to identify and provide care for people with common and severe mental health conditions (using the mhGAP Humanitarian Intervention Guide package and other tools). This requires the allocation of longer-term resources and the development of an MHPSS advocacy strategy.

Pillar 12: Safe and dignified funeral rites

✸ Actions for use as readiness indicators

In **all national and subnational areas in all countries,** national authorities and partners will:
☐ Revise/establish SOPs for safe and dignified funeral rites and decontamination, based on best practice and global guidelines. ✸
☐ Establish one or two trained teams for the handling and transport of dead bodies, and decontamination, at national level. ✸
☐ Ensure teams are vaccinated and equipped with tools including body bags, sprayers, chlorine, appropriate PPE. ✸
☐ Ensure dedicated and functional transport means to safely transfer dead bodies for safe and dignified funeral rites. ✸
☐ Ensure teams have access to and contacts of grave diggers and local security support (if required) before and during the funeral rites process. ✸
☐ Ensure government/community have a designated burial ground (where culturally accepted). ✸
☐ Designate response agencies/organizations responsible for safe and dignified funeral rites.
☐ Establish coordination and information management mechanisms for SDBs, including with the Laboratory pillar for supply and coordination of post-mortem sampling in community deaths; RCCE pillar for SDB-related risk communication, community engagement, and community feedback; Surveillance pillar for establishment of alert system and closing the loop for contact tracing and other activities in the event of SDB failures; Case management pillar for SDBs for deaths that occur in ETCs; and IPC pillar for coordination of decontamination.
☐ Work with RCCE pillar to educate communities about SDB, and ensure community feedback about SDB practices and approaches is used to define changes to SOPs and approaches.

In addition, in subnational areas placed in **Full Response** and **Active Response** operational tiers, national authorities and partners will:
☐ Establish two trained and equipped teams at the national level and at least one team in each affected and high-risk prefecture/district to carry out safe and dignified funeral rites and decontamination.
☐ Conduct supervision and ongoing training for teams involved in safe and dignified funeral rites and decontamination.
☐ Carry out assessment of knowledge, attitudes and practices related to burials or other funeral rites in affected and at-risk prefectures/districts.
☐ Carry out assessments of capacities to rapidly carry out safe and dignified funeral rites and decontamination in affected and at-risk areas.
☐ Ensure adequate information/data management for safe and dignified funeral rites conducted/attempted, disaggregated by age, sex, religion and/or ethnic group, and pregnancy status of the deceased, to inform adaptation of the safe and dignified funeral rites and decontamination protocol for specific populations and ensure equity in access to and appropriateness of the safe and dignified funeral rites and decontamination pillar of the response.
☐ Ensure strong coordination between the safe and dignified funeral rites pillar and the infection prevention and control pillar, risk communication and community engagement pillar, surveillance pillar and case management pillar. Response plans inclusive of other pillars should be in place in the event of a failure to conduct a safe and dignified funeral rite.
☐ Ensure alert systems for suspected community, health facility, and ETC deaths are established for timely activation of safe and dignified funeral rites and decontamination teams. Systems should include dissemination of community case definitions for suspected EVD deaths.
☐ Establish protocols for use of rapid diagnostic tests for EVD during safe and dignified funeral rites and decontamination, where appropriate.

MONITORING AND EVALUATION

The WHO Regional Office for Africa in collaboration with WHO headquarters will oversee the implementation, monitoring and evaluation of the EVD multi-country readiness and response plan. At the country level, a national multisectoral EVD task force, of which the Ministry of Health is the lead, will oversee the implementation and monitoring of the national contingency plan with the support of the respective WHO Country Office and partners.

The EVD checklist and EVD preparedness dashboard have been utilized in previous outbreaks. WHO will continue to regularly review progress on the implementation of country plans using the EVD key performance indicators (KPIs) and the monitoring framework, which will be available online as a KPI dashboard. The tool consists of 18 quantifiable indicators for requirements at both national and sub-regional levels. A progress report will be generated and shared every month, clearly indicating the progress and level of operational readiness, strengths, weaknesses, gaps and recommendations on how to address challenges at national and sub-regional levels. Sub-regional analyses will be done using consolidated results of national KPI reports for a subset of KPIs.

As needed, partner meetings will be conducted to further discuss strategic approaches for jointly strengthening EVD readiness in line with an updated EVD regional plan. Meetings will also offer an opportunity for advocacy, resource mobilization, and documentation of best practices for decision making.

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Key performance indicators

Pillar	Indicator	Target
Coordination	A complete coordination system is established and functional	Each component (IMS, 4W, EOC, M&E) in place and functioning
Risk communication and community engagement	Percentage of community incidents linked to the response that were resolved within 72 hours	75%
Surveillance	Number of new confirmed and probable cases (weekly) and cumulative number since beginning of outbreak	No target. All cases should be detected and the trend followed to orient action
Surveillance	Weekly proportion of alerts reported compared to the expected number of alerts[1]	>85%
Surveillance	Proportion of new probable/confirmed cases listed and followed at time of detection	>80%
Surveillance	Proportion of listed contacts followed	>95%
Points of entry	Percentage of points of entry and control that have notified at least one alert in the last 7 days	75%
Laboratory and diagnostics	Percentage of laboratory results available for all suspected and probable cases within 48 hours	100%
Infection prevention and control	Number of health workers infected with EVD	0
Infection prevention and control	Percentage of health centres with an IPC score above 80%	To be established according to tool used in the country
Case management	Case fatality ratio for all confirmed cases admitted into Ebola Treatment Centres	< 50%
Survivors	Percentage of survivors of EVD who are enrolled and followed-up in the survivor's programme	90%
Operational support and logistics	Number of days elapsed with no stock of one of the items: PPE, vaccine, GeneXpert cartridge, chlorine, therapeutics) during the last 7 days	0 days
Maintaining essential health services and systems	Percentage of facilities with 80% or more of tracer services[2] maintained or increased.	80%
Vaccination	Time between identification of a confirmed or probable new case and the initiation of a vaccination ring	3 days
Psychosocial support	Percentage of families of confirmed/suspected cases admitted to the TC/ETC who have received from psychosocial support	100%
Safe and dignified funeral rites	Proportion of validated death alerts[3] that resulted in safe and dignified funeral rites	100%
Country readiness (for areas and neighbouring countries with no cases)	All actions denoted by the yellow star in the operational guidelines above are readiness indicators for unaffected national and subnational areas; a total readiness score is calculated for each country	80%

1 The number of expected alerts is calculated based on the number of febrile illnesses expected.

2 Example of tracer service tool https://apps.who.int/iris/rest/bitstreams/1316587/retrieve

3 Meets the EVD case definition and should be tested and receive a safe and dignified funeral.

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1211 Geneva 27
Switzerland
WHO in Emergencies:
www.who.int/emergencies/en