



EBOLA RESPONSE MULTI-PARTNER TRUST FUND PROPOSAL

Proposal Title: Strengthening preparedness and international rapid response mechanisms of WHO and partners to support the MoH for Ebola Virus Disease in the Democratic Republic of the Congo, including specifically Likati Health District.	Recipient UN Organization(s): World Health Organization (WHO)
Proposal Contact: Name and Title: Mr. Chris Maddock Resource Mobilization Lead WHO Health Emergencies Programme Address: WHO, Avenue Appia, Geneva Telephone: +41 22 791 2473 E-mail: maddockc@who.int	Implementing Partner(s) – name & type (Government, CSO, etc.): Ministry of Health, including Institut National de Recherche Biomédicale. Global Outbreak Alert and Response Network (GOARN) partners, including Unicef, IFRC, Alima, US-CDC, Université de Québec. Other partners; major stakeholders including USAID, ECHO, DFID
Proposal Location (country): Please select one from the following <input type="checkbox"/> Guinea <input type="checkbox"/> Liberia <input type="checkbox"/> Sierra Leone <input checked="" type="checkbox"/> Democratic Republic of Congo	Proposal Location (provinces): Democratic Republic of the Congo, and other countries at risk of EVD in Africa, such as neighboring countries as CAR. Likati Health Zone, Bas-Uele province
Project Description: The project will support ongoing field activities in Likati health zone, and surrounding areas to strengthen surveillance and response capacity at local health facilities, and to develop support for survivors of the current EVD outbreak in DRC. The project will strengthen national and sub-national rapid response readiness for Ebola in DRC, and ensure coordination of international rapid response support by WHO and international partners, including GOARN. The project will build on EVD experiences in	Requested amount: USD 1 070 000 Other sources of funding of this proposal: WHO's initial response to the outbreak has been enabled by a rapid release of USD 2 million from the WHO Contingency Fund for Emergencies in May 2017. This funding sought from MPTF will build on the achievements of the early Ebola outbreak response.

DRC and West Africa to strengthen leadership and coordination, surveillance, laboratory capacity, community engagement, safe and dignified burials, field operations, logistics and security.	No. of Beneficiaries (bas Ule province)	
	Adults	651 378
	5-14 year old	364 521
	Under 5s	236 751
	TOTAL	1 252 649
Start Date: 1 August 2017 (or date of agreement signature, if earlier) End Date: 31 March 2018 Total duration (in months): 7 months		
STRATEGIC OBJECTIVES AND MISSION CRITICAL ACTIONS to which the proposal contributes. The SO and MCAs to which each project contributes should be identified. For proposals responding to multiple Mission Critical Actions (MCAs) within one or more Strategic Objectives (SOs), [usually one only] please select the primary MCA to which the proposal contributes.		
<input type="checkbox"/> SO 1 Stop Outbreak MCA1: Identifying and tracing of people with Ebola <input type="checkbox"/> SO 1 Stop Outbreak MCA2: Safe and dignified burials <input type="checkbox"/> SO 2 Treat Infected People MCA3: Care for persons with Ebola and infection control <input type="checkbox"/> SO 2 Treat Infected People MCA4: Medical care for responders <input type="checkbox"/> SO 3 Ensure Essential Services MCA5: Provision of food security and nutrition <input type="checkbox"/> SO 3 Ensure Essential Services MCA6: Access to basic services <input type="checkbox"/> SO 3 Ensure Essential Services MCA7: Cash incentives for workers <input type="checkbox"/> SO 3 Ensure Essential Services MCA8: Recovery and economy <input type="checkbox"/> SO 4 Preserve Stability MCA9: Reliable supplies of materials and equipment <input type="checkbox"/> SO 4 Preserve Stability MCA10: Transport and Fuel <input type="checkbox"/> SO 4 Preserve Stability MCA11: Social mobilization and community engagement <input type="checkbox"/> SO 4 Preserve Stability MCA12: Messaging <input checked="" type="checkbox"/> SO 5 Prevent Further Spread MCA13: Multi-faceted preparedness		

Recipient UN Organization(s)¹ World Health Organization	Chair of the Advisory Committee Ebola MPTF :
Name of Representative - Dr Peter Salama Executive Director WHO Health Emergencies Programme <i>Signature</i> Name of Agency - World Health Organization <i>Date & Seal</i>	Signature Date:

NARRATIVE (Max 2 Pages)

a) Rationale for this project

Background:

On 11 May 2017 the Ministry of Health of Democratic Republic of the Congo informed WHO of a laboratory confirmed case of Ebola Virus Disease (EVD). The case was detected in the Likati health zone in Bas-Uele province, located in the north of the country, approximately 350 km north of Kisangani and more than 1300 km away from the capital Kinshasa. The index case was a 39 year old male who presented to a local health facility with acute febrile illness on 27 March. On 4th April, he was referred to the main hospital in Likati health district but died in transit. Two people who helped the patient in transit subsequently developed acute febrile illness, and one subsequently died on 26 April.

The outbreak was confined to Likati Health Zone. Likati Health Zone shares borders with two provinces in the Democratic Republic of Congo and with the Central African Republic (Figure 1). The affected area is very remote and hard to reach, with limited communication and transport infrastructure. There were a total of five confirmed and three probable. Of these, four survived and four died, resulting in a case fatality rate of 50%.

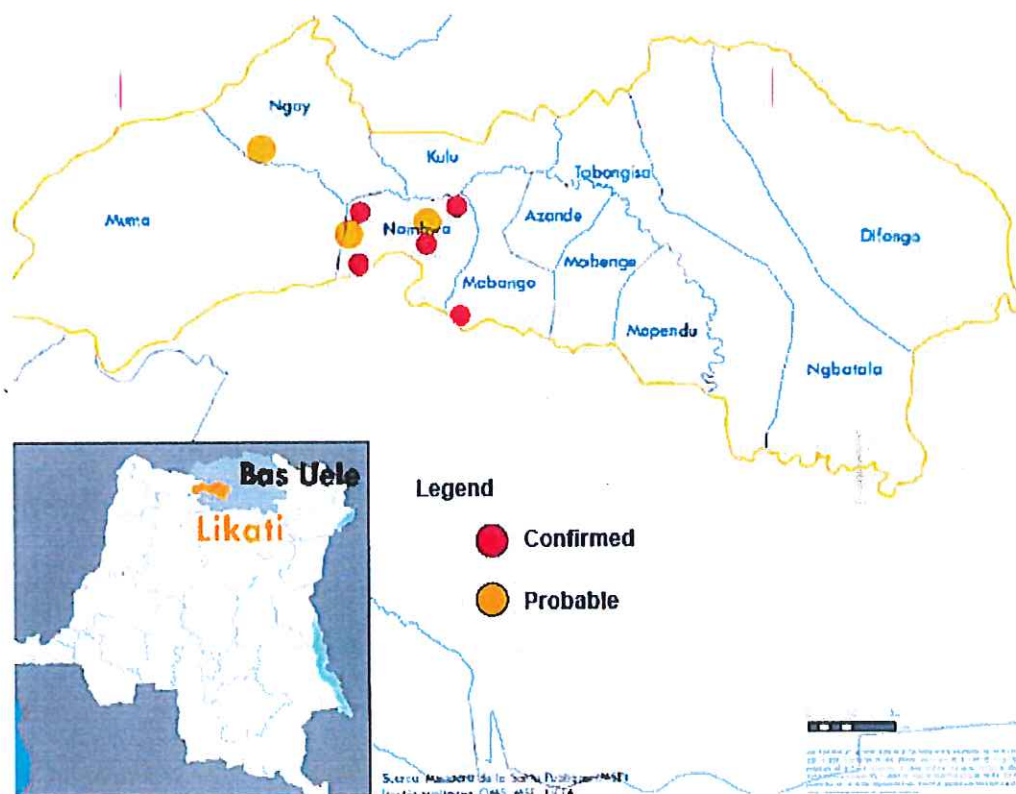


Figure 1. Geographical distribution of cases in the current EVD outbreak in DRC as of 05 June 2017

National and local authorities, WHO and partners moved quickly to respond to the outbreak. In support of the MoH and the other national authorities, an interagency rapid-response team arrived in Likati Health Zone on 13/14 May to support the immediate investigation of the outbreak and rapidly establish key pillars of the response at the epicentre.

The overall goal of the response was to rapidly stop the spread of EVD in affected communities, and prevent spread to surrounding provinces and countries by identifying and ending all

transmission chains and ensuring all patients with EVD have rapid access to safe, high quality care. The EVD outbreak has been contained in Likati Health Zone, and was declared over on 2 July 2017. It has highlighted critical needs for funding to ensure additional surveillance and support to guard against any resurgence in transmission, for potential new introduction to human populations, and/or potentially from survivors.

Remoteness

The affected area of this recent outbreak is remote, with limited communication and poor transport infrastructure. The Likati health zone has a population of approximately 75 000 people spread over an area of approximately 13 000 km². The vast majority of the health zone is densely forested. Dirt roads are usually only passable by motorbike. The main settlement, also called Likati, is approximately 50 km by dirt road to the epicenter of the outbreak, and about 140 km by dirt road to the nearest town, Buta, which serves as a forward operating base. Security considerations include the presence of the Lord's Resistance Army in the north and east of the province, risks from communicable disease, and risks arising from transport over very rough terrain.

Risk and endemicity of EVD in Democratic Republic of Congo

This is the eighth outbreak of EVD in Democratic Republic of the Congo since it was discovered in the country in 1976. The most recent past outbreak was reported on 24 August, 2014, in Equateur province, and resulted in a total of 38 laboratory confirmed cases. Further EVD outbreaks in DRC are highly likely, and there is an urgent need to ensure rapid response capacity in DRC, and effective and efficient coordination of international support, particularly among recognized pillar leads for EVD response.

Project objectives and targets

The primary goal of the project is to improve sub-national, national and international preparedness and to capacitate local health authorities in at-risk areas for timely detection and outbreak response, and strengthen rapid response capacity for future EVD outbreaks in Democratic Republic of Congo, and other countries at-risk of EVD.

Whilst the end of this current outbreak has been confirmed in early July, efforts now need to be strengthened to ensure thorough implementation of post-response activities, including surveillance, re-enforcement of laboratory capacity and assessment and preparation of emergency stock piles.

Given DRC also faces considerable risks from other infectious diseases (e.g. cholera, measles, polio) the activities supported by this funding will also increase overall national infectious disease preparedness and readiness efforts.

To achieve this goal WHO and key partners are supporting the Government of Democratic Republic of the Congo to implement a comprehensive strategy based on six pillars of activity:

1. Surveillance, case investigation and contact tracing

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.

WHO will work with key GOARN partners to:

- Reinforce surveillance measures and contact tracing capacity in affected and surrounding areas for the Bas Uele province
- Provide continued support to community-based active case-finding teams in affected and surrounding villages;

- Support, reinforce and continuously train case investigation teams in affected and surrounding provinces;
- Support mobile field laboratory capacity in DRC, with the aim to ensure rapid and safe specimen collection and transport from peripheral areas to reference laboratories for future outbreaks.

2. Case management and infection prevention and control

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.

WHO will work with and support key partners to:

- Ensure plans for establishment of Ebola Treatment Centres are in place, plan and prepare for provision of access to lifesaving therapeutics/treatments in affected zone de santé;
- Plan for establishment of triage and isolation capacity in affected and surrounding primary health facilities;
- Prepare a plan for safe transportation services for all suspected and confirmed case to Ebola treatment centres;
- Promote the implementation of standard precautions in health care for the management and care of all other patients at all healthcare facilities, both by health-care workers and by traditional healers.

3. Safe and dignified burial and decontamination

The bodies of patients who have died from EVD remain infectious, and must be handled by teams trained to provide a safe and dignified burial and minimize the risk of onward transmission in the community.

WHO and key partners, including IFRC will:

- Ensure safe and dignified burial teams are trained, available and coordinated in Likati zone de santé;
- Establish and maintain household decontamination teams in affected Health Areas.

4. Community engagement and social mobilization

Past experiences have 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.

WHO will work with key partners, including UNICEF and IFRC to:

- Broadcast public risk communications in affected and surrounding provinces in local languages;
- Work with community engagement and social mobilization teams in affected and surrounding villages;
- Provide psychological and social support to affected families and communities in affected Health Areas ;
- Support communication initiatives related to any vaccine activity (see below).

5. Emergency Ebola Ring Vaccination

The rVSV-ZEBOV vaccine is not yet licensed but was found to be safe and effective in a large phase 3 ring vaccination trial in Guinea (2015-2016). WHO's Strategic Advisory Group of Experts on Immunization recommend that the vaccine be used under the Expanded Access framework, with informed consent and in compliance with Good Clinical Practice.

The Government of Democratic Republic of the Congo, together with MSF, WHO, Unicef and IFRC are currently assessing whether ring vaccination is feasible and appropriate, partners stand ready to support the government to roll out potential ring vaccination if and when indicated. WHO and partners will support the MoH to:

- Fast-track access to protocols for ring vaccination with rVSV-ZEBOV;
- Ensure planning and capacity to conduct an emergency ring-vaccination campaign (estimate 5,000 vaccines), when indicated as part of an EVD rapid response.

6. Coordination and operations support

Key infrastructure, procedures, and operational support mechanisms must be put in place and supported the post-response activities and preparedness for future outbreaks.

WHO Health Emergency Programme's (WHE) after action review (AAR), and evaluation activities are identifying major strategic and operational lessons from the outbreak response. This will provide an objective examination of what did and did not go well in this response, and guide preparedness activities for the next outbreak.

WHO and partners will support the MoH to:

- ensure continued surveillance and support are in place to guard against any resurgence in transmission;
- implement lesson learned for response to strengthen capacities and capability that worked well, and ensured the effective response;
- identify gaps and challenges that must be urgently addressed to improve alert and response capacity;
- develop detailed operational plan ready for the next outbreak based upon various defined scenarios of what that next outbreak might look like;
- identify concrete measures to rapidly implement that plan when the next outbreak occurs (including mobile labs and reagents ready for deployment, pre-positioned equipment and supplies including PPEs, pre-determined case definitions, case-management guidelines and response management indicators, pre-identified response leads)

Key achievements and activities to date

The most critical response activities to date include daily contact tracing and active case searching to ensure all suspected cases are detected; maintenance of laboratory capacity in the field to enable rapid confirmation of results, conducting differential diagnosis of those who remain sick but have tested negative for EVD; enhancement of IPC measures and planning for strengthening of the surveillance system post-response activities, and support to survivors.

WHO has deployed a field response team to Likati, including staff from AFRO, and other African WCOs, HQ, and GOARN partners, including CDC, Canada, Imperial College, and the African Union/CDC; and is ensuring weekly coordination with major partners through GOARN, including Unicef, MSF, IOM, UNHCR, WFP, and IFRC. IFRC local volunteers have been trained and supported on community engagement and safe and dignified burials.

To support the MoH, and the field team, WHO Logistic have deployed 12 tonnes of response materiel, including PPE, 3 x isolation facilities, 2 x field laboratories, 1 x EOC coordination office

and equipment; communications equipment, and field support for 30 staff including transport. WCO is working with UNHAS, and MONUSCO to ensure travel between Kinshasa and Likati, and helicopter support within the Likati health zone.

Planning for ring vaccination has continued at accelerated pace, including purchase of ultra-coldchain equipment, and detailed contingency planning by WHO, and coordination and planning between WHO and MSF.

WHO has updated Ebola technical guidance as necessary, factsheet, feature stories, media communications, and talking points and virtual press conferences, and is in close contact with agencies and pillar leads on key messages, including ring vaccination.

Identified gaps and planned activities July 2017 - March 2018

Local level

- Ongoing technical and operational support , with focus on surveillance, laboratory capacity and stockpile management
- Support to local communities, volunteers, and health facilities.
- Support for Ebola survivors

National level

- National response plans to be put in place, and capacity for key pillars of EVD response, including community engagement
- National alert and response capacity, including EOC
- National rapid laboratory capacity
- National planning and capacity for use of innovations in EVD response, including vaccines and therapeutics, new diagnostics, data management, and logistics.

International level

- International coordination lead agencies of key pillars of EVD response
- Support from international laboratory partners
- International consultation with partners for improved preparedness and control of EVD outbreaks, including but not limited to, coordination, planning and capacity for EVD vaccines and therapeutics, new diagnostics, data management, and logistics.

b) Coherence with existing projects:

The Government of the Democratic Republic of the Congo has developed a comprehensive national response plan to the EVD outbreak based on the recognized effective activities to rapidly control an outbreak. This project is designed to complement these national priorities to ensure no significant gaps or overlaps in the response.

c) Capacity of RUNO(s) and implementing partners:

WHO responsibilities and mandate for outbreak alert and response are covered under the IHR (2005), as lead of UN Health Cluster, and as part of the post-Ebola reform and establishment of the WHO Health Emergencies Programme (WHE). WHO works closely with major partners in areas of case management, infection prevention and control, epidemiological surveillance, contact-tracing and monitoring, logistics and staff safety. In DRC, WHO Representative and Country Office supports the Ministry of Health, and works closely with emergency, health and development partners; and with all UN and NGO partners supporting the Ebola response.

WHO is and will continue to work closely with all partners, including UNICEF to ensure that efforts are coordinated and that there won't be any duplication or fragmentation of activities.

d) Proposal management

The impact of the work will be monitored through regular reports, including monitoring of the response indicators. Financial accountability and reporting will be achieved through existing WHO mechanisms. The WHO Country Office, Regional Office for Africa (AFRO) and Headquarters (HQ) in Geneva will be responsible for the overall oversight and management of the proposal.

e) Risk management

The EVD outbreak in Likati is a small outbreak in a remote area of DRC. However, a failure to contain the outbreak, and end chains of transmission quickly, would have major impact and knock-on effects on all humanitarian operations across DRC. Similar outbreaks are likely in DRC, and robust national and international capacity and system are essential to ensure efficient and effective rapid response. The need for strengthened national and international capacity is further highlighted by the concurrent threats frequently confronted by DRC at any one time, including VDPV, HPAI, cholera.

The project team will, in collaboration with appropriate stakeholders, and project sponsors, work to ensure that risks are actively identified throughout the life of the project.

Risks – including new infectious disease outbreaks, and the ongoing humanitarian situation, and those related to project implementation – will be identified as early as possible in the project so as to minimize their impact. A number of contextual and operational risk factors could impact the successful implementation of this project:

Risks to the Achievement of Strategic Aims	Likelihood of Occurrence (high, medium, low)	Severity of Risk Impact (high, medium, low)	Risk Management and Mitigating Strategy
New clusters of EVD cases in Likati	Medium	High	Enhanced surveillance, support to local health authorities
Resurgences outside the project coverage area	Medium	High	Improve and expedite operationalization of the Rapid Response Plans
Insufficient supplies available	Medium	High	Early ordering and purchase if necessary equipment. - Regular reviewing of equipment required and updating if necessary.

f) Monitoring & Evaluation

Following the completion of the outbreak response operations, WHO will conduct lessons learned exercise in order to ensure that challenges are identified, and best practices highlighted during the project are compiled and made available. This will ultimately contribute for a faster, more tailored and cost effective response mechanisms for future outbreaks.

PROPOSAL RESULT MATRIX

Proposal Title: Strengthening international rapid response mechanisms and preparedness of WHO and partners to support the MoH for Ebola Virus Disease in the Democratic Republic of the Congo, including specifically Likati Health District.						
Strategic Objective to which the Proposal is contributing² MCA13: Multi-faceted preparedness						
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline ³ In the exact area of operation	Target	Means of verification	Responsible Org.	
EVD preparedness and response plan available in DRC	Likati; Bas Uele DRC; Regional Global	0	1	Availability of the plan	WHO; MOH	
Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.	
<ul style="list-style-type: none"> % Full case investigation of all verified alerts within 24 hours % contacts of confirmed and suspected cases followed-up at least once every 24 hours for 21 days % Laboratory results available for all suspected cases within 72 hours # of operational and technical review of deployment of Institut National de Recherche Biomédicale (INRB) field laboratory 	Likati Bas Uele DRC Regional Global	100% 90% 100% One review complete	100,000	Daily Updates, and database reports. Weekly updates and reports. Situation Reports. Revised SOPs, and workshop report. Go-Data and other tools available to support data analysis, and visualization of chains of transmission	WHO GOARN EDPLN	

² Proposal can only contribute to one Strategic Objective

³ If data are not available please explain how they will be collected.

Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.
<ul style="list-style-type: none"> % suspected and confirmed cases following infection prevention and control protocols % Case fatality ratio lower than 50% for all confirmed cases admitted to ETCs # of EVD cases among health care workers. # of workshops on planning and SOPs for access to Ebola ring vaccination, and innovations in therapeutics 	Likati Bas Uele DRC DRC Regional Global	100% Lower than 50% 0— at least one planning workshop held	100,000	National IPC protocols and operational plans for EVD response, including planning and scenario development and testing for potential ring vaccinations.	WHO
Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.
<ul style="list-style-type: none"> # of SOPs and planning for staff protection, health and safety during EVD response, and emergency medical evacuation 	DRC Regional Global	1	100,000	SOPs	WHO
Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.
<ul style="list-style-type: none"> # of stock-outs of essential supplies or personal protective equipment (PPE) # of integrated logistics assessment of the outbreak response to inform preparedness for future outbreaks. 	DRC	0 — 1	100,000	Sitreps, Logistics planning and reports	WHO
Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.

<ul style="list-style-type: none"> • # of risk communication campaigns undertaken • % of incidence of community resistance resolved 	Likati Bas Uele DRC Regional Global	2 100%	100,000	Communications materials, Community plans, Capacity building for of local volunteers, including specifically IFC	WHO IFRC Unicef Other partners
Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.
<ul style="list-style-type: none"> • # of Coordination meetings of Ebola response pillars at provincial Emergency Operations Centre. • # of EVD Response evaluation and lessons learned – including after-action review, technical consultations to review of information management and situation reports, comprehensive health technical operations for EVD, particularly laboratory support, vaccines and therapeutics, field logistics, security and safety, medical evacuation, and administration support. • # of international consultation(s) with partners for improved preparedness and control of EVD outbreaks. 	Likati Bas Uele DRC Likati Bas Uele DRC Regional Global	Weekly 1 1	400,000	Situation Reports Meeting and Workshop reports Revised SOPs, and procedures Exercises and training	WHO GOARN EDPLN

Project budget by UN categories

CATEGORIES	Activity	Recipient Agency	Total 7 months (USD)
1. Field staff and other personnel	Support for staff directly involved in the field surveillance, logistics and laboratory work, and implementing lesson learned for EVD Response capacity <ul style="list-style-type: none"> • Surveillance officers x 7 months USD150,000 • Logistics officers x 7 months, USD 100,000 • Lab support x 7 months, USD 50,000 	WHO	350,000
2. Supplies, Commodities, Materials	Procurement of essential supplies and commodities for EVD response. <ul style="list-style-type: none"> • Supplies for pre-positioning in affected provinces, USD 15,000 	WHO	75,000
3. Equipment, Vehicles, and Furniture, incl. depreciation (include details)	Procure essential field equipment for data management, communications, and field operations, and staff safety. <ul style="list-style-type: none"> • Equipment, USD 30,000 • Running costs USD 10,000 x 7 months 	WHO	100,000
4. Contractual services (include details)	Development and adaptation of guidelines, including coordination, data management, logistics planning, and SOPs for EVD pillar. <ul style="list-style-type: none"> • Consultant, P4 level, Geneva based 	WHO	200,000
5. Travel (include details)	Participation by WHO, GOARN partners, MoH, and key stakeholders in ongoing field response, evaluation activities, workshops and lessons learned <ul style="list-style-type: none"> • At least 3 meetings in Geneva/Brazzaville, 20 participants 	WHO	225,000
6. Transfers and Grants to Counterparts	N/A		
7. General Operating and other Direct Costs			50,000
Sub-Total Project Costs			1,000,000
8. Indirect Support Costs*	PSC@7%		70,000
TOTAL			1 070 000

* The rate shall not exceed 7% of the total of categories 1-7, as specified in the Ebola Response MOU and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, according to the Agency's regulations, rules and procedures.