



**UN EBOLA RESPONSE MPTF
FINAL PROGRAMME¹ NARRATIVE REPORT
DATE: 2018**

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| <p align="center">Project Number(s) and Title(s)</p> <p>00106851 (Gateway ID) <i>#68 DRC 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.</i></p> | <p align="center">Recipient Organization(s)</p> <p>RUNO(s) World Health Organization Project Focal Point: Name: Marcia POOLE E-mail: poolem@who.int</p> |
| <p align="center">Strategic Objective & Mission Critical Action(s)</p> <p>SO (STEPP) No – Description <i>SO5 PREVENT</i></p> <p>MCA No – Description <i>MCA13 #68 DRC STRENGTHENING EB</i></p> | <p align="center">Implementing Partner(s)</p> <p><i>Ministry of Health, including Institut National de Recherche Biomédicale.</i></p> <p><i>Global Outbreak Alert and Response Network (GOARN) partners, including UNICEF, IFRC, Alima, US-CDC, Université de Québec.</i></p> <p><i>Other partners; major stakeholders including USAID, ECHO, DFID</i></p> |
| <p>Location:</p> <p><i>Democratic Republic of the Congo, and other countries at risk of EVD in Africa such as neighboring Central Africa Republic; Regional and Global</i></p> | <p>Sub-National Coverage Area:</p> <p><i>Likati Health Zone, Bas Uele province</i></p> |
| <p align="center">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project proposal document: USD 1,070,000 MPTF²:</p> <ul style="list-style-type: none"> • by Agency (if applicable) <p>Agency Contribution</p> <p>TOTAL:</p> | <p align="center">Programme Duration</p> <p>Overall Duration <i>7 months</i> Project Start Date³ <i>(30.08.2017)</i></p> <p>Originally Projected End Date⁴ <i>(31.03.2018)</i></p> |
| <p align="center">Programme Assessment/Review/Mid-Term Eval.</p> <p>Evaluation Completed <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p> <p>Evaluation Report - Attached (After Action Review) <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>5 July 2017</i></p> | <p align="center">Report Submitted By</p> <ul style="list-style-type: none"> o Name: Marcia Poole o Title: Director External Relations, WHE o Date of Submission: 21 January 2019 o Participating Organization (Lead): WHO o Email address: poolem@who.int |

¹ Refers to programmes, joint programmes and projects.

² The amount transferred to the Participating UN Organizations see MPTF Office

³ The date of the first transfer of funds from the MPTF Office as Administrative A

⁴ As per approval of the original project document by the Advisory Committee.

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| | Report Cleared By |
| | <input type="checkbox"/> Name: (Head of Agency) |
| | <input type="checkbox"/> Date of Submission |
| | <input type="checkbox"/> Participating Organization (Lead): |
| | <input type="checkbox"/> Email address |
| | <i>Signature:</i> |

PROJECT/PROPOSAL RESULT MATRIX

| Project Proposal Title: #68 DRC 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. | | | | | | |
|--|--|---|--------|--|-----------------------|--|
| Strategic Objective to which the project contributed | | SO5 PREVENT | | | | |
| Output Indicators | Geographical Area | Target | Budget | Final Achievements | Means of verification | Responsible Organization(s). |
| <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 • # Operational and technical review of deployment of INRB field laboratory, and support of EDPLN partners | Likati, Bas Uele, DRC, Regional, Global | 100% 90% 100% One review complete | | 100% 100% 100% 100% | | WHO, Ministry of Health, Institut National de Recherche Biomédicale. |
| <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, Regional, Global | 100% Lower than 50% 0 At least one planning work-shop held | | 100% 100% 100% 100% | | WHO, Ministry of Health, Institut National de Recherche Biomédicale. |
| <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% | | WHO, Ministry of Health, Institut National de Recherche Biomédicale. |

| Output Indicators | Geographical Area | Target | Budget | Final Achievements | Means of verification | Responsible Organization(s). |
|---|--|--|---------------|---------------------------|------------------------------|--|
| <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. • # of risk communication campaigns undertaken • % of incidence of community resistance resolved | DRC | 0 1 | | 100% 100% | | WHO, Ministry of Health, Institut National de Recherche Biomédicale. |
| | Likati, Bas Uele, DRC, | 2 100% | | 100% 100% | | WHO, Ministry of Health |
| | | Weekly | | 100% | Attached reports | WHO, Ministry of Health, Institut National de Recherche Biomédicale. |
| | Likati, Bas Uele, DRC, Regional, Global | 1 | | 100% | | |
| <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 | | 1 | | 100% | | |
| Effect Indicators | Geographical Area (where the project directly operated) | Baseline In the exact area of operation | Target | Final Achievements | Means of verification | Responsible Organization(s) |
| EVD preparedness and response plan available in DRC | Likati, Bas Uele, DRC, | 1 | | 100% | | |

FINAL PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

- In ½ to 1 page, summarise the key achievements of programme.

Background and Situational Evolution (please provide a brief introduction to the project and the related outcomes in relation to implementation of the project (1-2 paragraphs))

On 11 May, 2017 the Ministry of Health (MoH) of Democratic Republic of the Congo (DRC) informed the 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 kilometers north of Kisangani and more than 1300 kilometers away from the capital Kinshasa.

By the end of the outbreak, there were a total of five confirmed and three probable cases. Of these, four survived and four died, resulting in a case fatality rate of 50%. A total of 583 contacts were registered and monitored closely; no known contacts developed signs or symptoms of EVD. The last confirmed case was isolated on 17 May, 2017 and tested negative for EVD by PCR for the second time on 21 May, 2017. MoH and WHO declared the outbreak response to be over on 2 July, 2017.

EVD outbreaks constitute major public health threats in DRC, and other sub-Saharan African countries. EVD outbreaks have been regularly documented since the 1970's, and create major disruptions in the communities and need to be timely detected and quickly controlled. This is the eighth outbreak of EVD in DRC since it was discovered in the country in 1976. The most recent 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 almost certain, and robust national and international capacity and systems are essential to ensure efficient and effective rapid response. Narrative section:

The Ebola Virus Disease (EVD) outbreak response in the DRC between May and July 2017 demonstrated the ability of WHO to respond rapidly and effectively to a limited outbreak in a remote location.

The Likati EVD outbreak response has highlighted that Ministry of Health (MoH), WHO and partners need to urgently update EVD preparedness, alert, coordination, response and evaluation activities, integrate experience from West Africa, and add new technologies and control measures into the EVD response pillars.

- **Key Achievements:**

o Workshop on Expanded Access to experimental Ebola vaccines during outbreaks, 18-19 September 2017, Geneva, Switzerland

WHO convened a workshop with 54 participants from the Ministries of Health of DRC, Guinea and Sierra Leone, representatives from major partners in the DRC EVD response and stakeholders likely to provide support in future EVD outbreaks.

Key outcomes include:

- Identification of gaps and lessons learned; and
- Draft workplan on key actions to guide the future use of experimental EVD vaccine under an Expanded Access framework.

o Advancing partners' consultations on updated the Ebola/ Marburg virus diseases Preparedness, Alert, Control and Evaluation (PACE) strategy.

Initiation of several international discussions with partners and priority countries to engage in several aspects of the PACE update (surveillance, clinical management, safe and dignified burials, etc.)

Main outcomes include:

- Clear engagement of partners on suggested way forward.
- Advancing the set-up of topic-related working groups to collaboratively strengthen preparedness and international rapid response mechanisms to support ministries of health to respond to EVD or MVD outbreaks.

o Procurement of kits, medical supplies and items required for tracing of cases and contacts, including clinical trials and procurement of supplies for the ring vaccination.

With this project, several methods, protocols and data models were developed:

- Methods and protocols for the rapid analysis of vaccine and intervention effectiveness for future infectious Ebola

virus disease outbreaks.

- Mathematical modeling of the effectiveness and optimal implementation of appropriate trial designs to Ebola virus disease outbreaks in possible setting outbreaks using different scenarios.
- Trial designs for experimental therapeutics against Ebola virus disease.
- Statistical analysis plan of selected trial designs for candidates vaccine to control Ebola virus disease epidemics.

Protocols and tools were published to guide vaccine trials for Ebola.

o Tools for Ebola outbreak investigation, including contact tracing and visualization of chains of transmission (Go.Data project).

WHO initiated Go.Data Project to create a tool to support Ebola outbreak investigations, particularly case and contact data collection, contact tracing and visualisation of chains of transmission to ensure rapid containment of an outbreak. WHO Project team (HQ, Regional offices, and WHO Technical units), and Global Outbreak Alert and Response Network (GOARN) partners to document requirements for the design and development of the Go.Data tool. This lead into development of the comprehensive business requirements which subsequently created the basis to issue request for proposal (RFP) for prospective bidders to design and develop Go.Data tool. The RFP process was initiated at the end of August 2017 and selection process completed in November 2017. Design and development phase has been initiated in early 2018 and will complete in December 2018. Additional funding to complete Go.Data has been provided from WHE core budget, and additional donor proposals.

o GOARN Outbreak Response Training for partners in Africa.

In order to increase readiness capacity for rapid response to Ebola outbreaks, and public health emergencies in Africa, GOARN and WHO Regional office for Africa will organized first GOARN Outbreak Response Training in Africa in April 2018. The training took place in Brazzaville, Congo. 24 participants, primarily from African institutions participated in the training.

This is an intensive 5-day outbreak scenario-driven course which aims to simulate the technical and operational challenges of outbreak response. The GOARN Outbreak Response Training is an adaptation training designed to orient GOARN deployees to the processes, realities and challenges of working as part of an international outbreak response team for an unknown pathogen. This training provides a safe space for public health experts of various specialities to build and test their skills, behaviours and attitudes as they work in an international multidisciplinary team in which they must apply their existing technical skills in a new, challenging and dynamic environment in order to effectively solve an evolving outbreak of unknown origin.

- **Delays or Deviations** *(Please provide short justification for any delays or deviations)*

Since 2 July 2017 no new cases of Ebola Virus disease (EVD) were reported. The outbreak in Likati was effectively controlled resulting in refocusing of the project to strengthening national, regional and international rapid response capacity, and preparedness of WHO and GOARN partners, to support at-risk countries against EVD and similar diseases such as Marburg Virus disease (MVD). With this, most of the activities have been conducted at international, regional and national levels.

- **Gender and Environmental Markers** *(Please provide disaggregated data, if applicable)*

| No. of Beneficiaries | |
|----------------------|-----|
| Women | |
| Girls | |
| Men | |
| Boys | |
| Total | n/a |

| Environmental Markers |
|-----------------------------------|
| e.g. Medical and Bio Hazard Waste |
| e.g. Chemical Pollution |
| |
| |
| |

- **Best Practice and Summary Evaluation** *(one paragraph)*

- **Lessons learned**

WHO conducted After Action Review (AAR) for the Likati Ebola virus disease response. This AAR focused on the functioning of the WHO HQ IMST for coordination of support to the outbreak response in Likati. The AAR was conducted in July 2017 with staff involved in the Incident Management Support Team (IMST).

The recommendations were highlighted by the IMST in the following main categories:

- Leadership
- Partner coordination
- Information and Planning
- Health Operations and Technical Expertise
- Health operations and logistics
- Human Resources, finance and administration

The overall objective of this after-action review is to identify and document best practices and challenges encountered, and to identify practical actions in order to make improvements in HQ's Incident Management Support Team (IMST).

- **Story on the Ground**

<https://www.who.int/emergencies/ebola-DRC-2017/articles/partner-coordination/en/>

Multidisciplinary teams in the Democratic Republic of the Congo are faced with numerous challenges as they respond to an outbreak of Ebola virus disease in the remote, forested regions in the northern part of the country. WHO and other partner agencies led by the Ministry of Health have secured and set up a base to coordinate their work and end the outbreak as quickly and as safely as possible.

One of the first challenges for the Ebola response multidisciplinary team arriving in the remote north of the Democratic Republic of the Congo was to find a base from which response activities could be coordinated. With impassable roads, extremely limited telecommunications coverage and an acute lack of infrastructure and basic commodities in the affected Bas-Uele province, creating an equipped and secure base camp was essential to ensure an effective and coordinated response.

The grounds at a former convent in the health zone of Likati were quickly adapted to accommodate the Ministry of Health-led interagency team, as well as to store the medical and logistics supplies necessary to bring the outbreak to an end as quickly as possible.



Tents have been rapidly erected, and a camp kitchen, latrines and other basic facilities put in place. Mobile generators power laptops, phones and lights, and essential supplies such as drinking water and fuel are flown in by helicopter with the support of the World Food Programme/UNHAS and the United Nations Organization Mission for the Stabilisation of the DRC (MONUSCO).

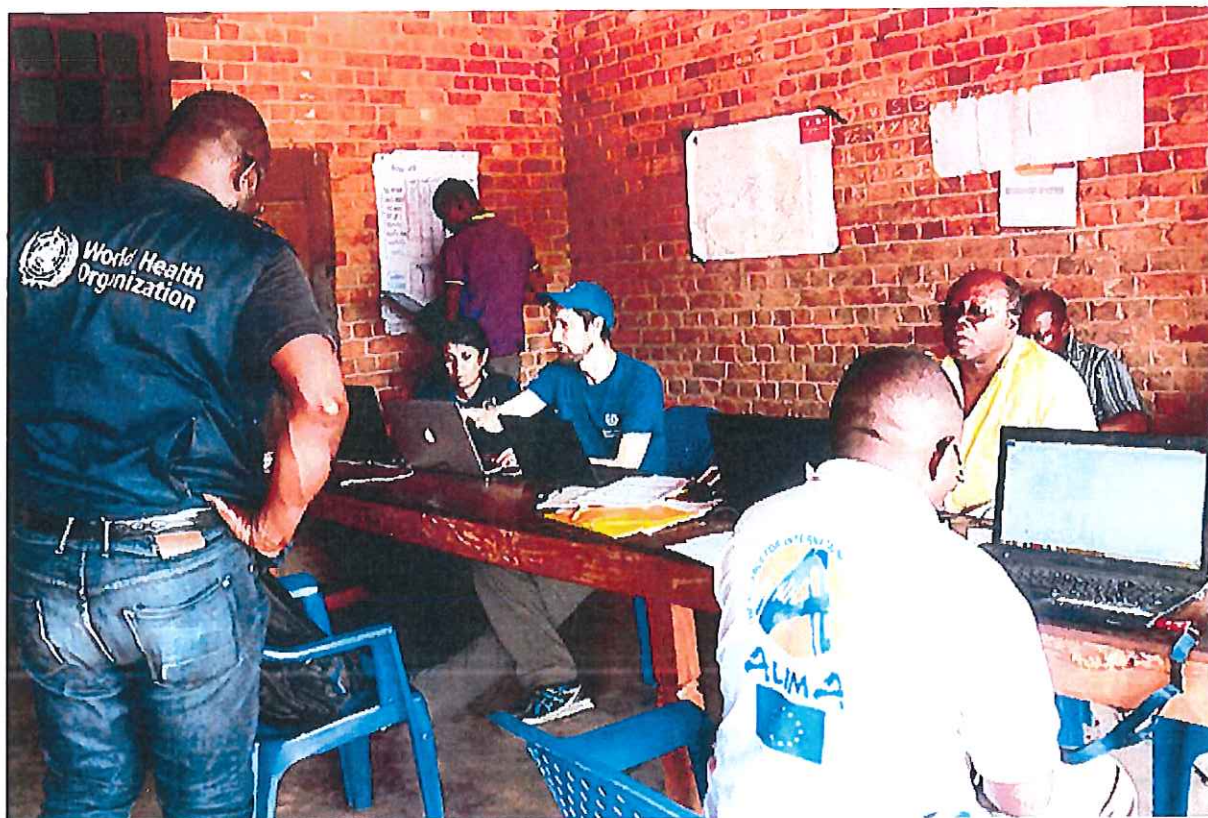
Experts from the Ministry of Health (MOH), the World Health Organization (WHO), Médecins Sans Frontières (MSF), UNICEF, the International Federation of the Red Cross / Red Crescent (IFRC), the Congolese Red Cross, and the Alliance for International Medical Action (ALIMA) work closely together at base camp.

Daily activities include: rapid deployment to respond to alerts and suspect cases, monitoring contacts, and visiting sick patients in hard-to-reach villages in the surrounding forests. The teams also spread out to other health zones in the affected area to carry out these essential tasks and to raise awareness about Ebola, assess and improve infection prevention and control, and work with teams of volunteers from surrounding villages to mend bridges and forest tracks to improve access to those at-risk.

To protect the health of all those supporting the response as well as to prevent spread of Ebola, everyone entering the coordination centre has their temperature taken to ensure they do not have a fever. Once their temperature has been taken, the people entering the compound must then wash their hands in chlorinated water.

Coordination meetings for the deployed team take place first thing every morning and at the end of the working day. As dusk falls, all those involved in the response gather for a group debrief on the information that has been gathered by surveillance and treatment teams and results obtained by the laboratory team. Updates on security, logistics, risk communications, infection prevention and control and psychosocial care are all shared, challenges are discussed and plans for the next day's activities are outlined. Situation reports are provided daily to the National Coordination Committee in Kinshasa.





Some of the health zones where cases of Ebola have been either confirmed or suspected are many hours away from the coordination centre. Inaccessible by 4-wheeled vehicles, affected sites such as Muma, situated around 100 kilometres away, require long and hazardous journeys down narrow forest paths and across dilapidated bridges on motorbikes donated by UNICEF and UNFPA. To allow for an effective response, smaller multidisciplinary teams have now been established in these hard-to-reach locations.

All photos: WHO/A. Clements-Hunt

