Ebola Virus Disease (EVD) - Regional Emergency Health Response Plan 2020-2022 (under revision)

2020

Funding Required	Target Beneficiaries
$0	4,500,000

IOM Vision

The current Ebola outbreak in the Democratic Republic of the Congo (DRC) has been declared a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR, 2005), whereby a PHEIC 'represents an extraordinary event that poses a public health risk to other countries through international spread'. In the context of the IHR 2005 and Global Health Security Agenda (GHSA), IOM – the United Nations Migration Agency – is working to prevent, detect and respond to the ongoing 2018 Ebola Virus Disease (EVD) outbreak from a human mobility-centred perspective.

IOM's Health, Border and Mobility Management (HBMM) framework aims to empower governments and communities to prevent, detect and respond to potential health threats along the mobility continuum (at points of origin, transit, destination and return). Therefore, in line with priorities outlined in the regional Strategic Response Plan 4 (SRP4), the HBMM, GHSA, IHR 2005 and national roadmaps and preparedness plans, IOM seeks to contribute to containing the epidemic by prioritising disease surveillance and prevention, by responding to current regional needs to enhance screening and active surveillance efforts and capacity, whilst also providing direct service provision, health screening and risk communication at points of entry and points of control (POE/POC) to save lives and halt the spread of the virus. IOM aligns its priorities with Sustainable Development Goal (SDG) 3d, namely strengthening the capacity of all countries, for early warning, risk reduction and management of national and

global health risks. IOM facilitates this through enhancing the overall capacity of countries to prevent, coordinate, and manage infectious disease outbreaks, continually assessing and accounting for priorities within the humanitarian-development-peace nexus, fostering overall health system strengthening and contributing to achieving universal health care (UHC) through enhancing capacity at POCs/POEs in the DRC and Priority 1 border countries, whilst also planning for transition and recovery activities.

Context Analysis

The situation within the Democratic Republic of the Congo is one of the most complex and protracted crises and humanitarian situations in the world and has been further impacted by the most recent EVD outbreak that began in August 2018. This outbreak is the second-largest and deadliest in history, adding to an already enormous humanitarian situation. As of 7 January 2020, a total of 3,392 EVD cases have been reported, including 3,274 confirmed and 118 probable cases (case fatality ratio 66%). According to the Ministry of Health (MoH)/World Health Organization (WHO), the number of deaths rose to 2,235 since 1 August 2018, when the outbreak was officially declared. Due to the security situation in the country, cases have recently spiked, where week 50 in 2019 saw 22 new cases, a sharp increase from the preceding week 7. The uptick in new cases was predicted by the WHO following the attacks on Ebola treatment centres at the end of 2019 and consequent interruptions of treatment, serving to further emphasise the ongoing fragility of the situation.

More than half of all cases have been female (56%) and children under 18 years of age constitute close to a third of all cases. The WHO has assessed the risk of the current DRC EVD outbreak at national and regional levels as very high as a result of the transportation and trade links between the affected areas, the rest of the country and neighbouring countries, internal displacement and the movement of refugees from DRC to neighbouring countries. Uganda declared an outbreak from June-August 2019 due to cases coming across the border from the DRC. While there are signs the number of cases is slowly reducing, the outbreak remains a critical global, regional and national public health concern, and entering into 2020, it still remains unclear when it will end. The DRC EVD outbreak has been characterised by continuous shifts in disease hot-spots and their locations, challenges in contact identification, and recurring security incidents that impact response activities - which are further compounded by a lack of resources.

Looking at 2020 and beyond, population movement, both within the DRC and across borders to the neighbouring countries, continue to increase the risk of disease spread. Significant additional resources are required in the years ahead to facilitate both the ongoing response and preparedness efforts, namely through strengthening the International Health Regulations' (IHR 2005) core capacities, specifically the reinforcing of public health surveillance at points of entry and control (POE/POC). Focusing on improving the quality of health screenings, the responsiveness to epidemiological trends, on improving cross border surveillance, and in supporting contact tracing to implement surveillance activities that aim at reducing disease transmission within the country and across the borders, will assist in the fight to end the latest EVD epidemic. This will also aid in preparing for and mitigating the threat of future epidemics due to enhanced capacity and health system strengthening at the national level, and in the neighbouring border countries, whilst working in synergy with key partners. Target beneficiary figures are an estimate of total direct beneficiaries, that is, an aggregate of the two DRC Ebola-

affected province populations, in addition to the populations of South Sudan, Burundi, Uganda, Rwanda and Tanzania.

Coordination

At the headquarters level, IOM participates in the Global Point of Entry Taskforce led by WHO, together with the US Centers for Disease Control (CDC), as well as other platforms such as the Global Outbreak Alert and Response Network (GOARN). As a Strategic Advisory member of the Global Health Cluster, and an active participant in the Inter-Agency Standing Committee (IASC), IOM coordinates closely with other cluster and committee actors to ensure a holistic response in its health programming. Furthermore, IOM has assumed a leading role in coordination for POEs in DRC, South Sudan, Burundi and Uganda.

The IOM Mission in the DRC and IOM Missions in neighbouring countries have long-standing relationships with various actors including the Ministries of Health, UN agencies, NGOs, and local communities. In each country, IOM's main partner is the IHR designated Port Health Authority, such as the National Program of Hygiene at Borders (PNHF) in the DRC. Under IHR, IOM aims to support national governments to meet their commitments to IHR by supporting national, provincial and local efforts on disease prevention and control, as well as cross border coordination, including understanding population movement across borders. Thus, IOM Missions also coordinate closely with the national structures in each of the Priority 1 countries, with one another, and with national-level coordination structures for EVD preparedness and response.

IOM will continue to implement programming in partnership with all government stakeholders, and in collaboration with UN agencies, specifically WHO (including weekly contributions to WHO's Regional Office for Africa situation reports), CDC, national and sub-national taskforces and committees, intersectoral and interagency mechanisms and partners in each country, and at the regional and headquarters level to ensure a synergy of efforts. IOM also partners with UNICEF for the development of risk communication messages and information, education and communication material, and continues to work with UNICEF to better community engagement activities (RCCE).

IOM Capacity

IOM has substantial experience in responding to public health emergencies including EVD at the national and regional level, particularly with regards to understanding human mobility and border surveillance and management. This is in part due to IOM's health and cross-sectoral expertise in population mobility mapping (PMM), health screening and active surveillance, risk communication/community engagement and the establishment of infection prevention and control systems. IOM's comparative advantage includes its multi-sectoral nature and the ability of health teams to work alongside IOM’s Water, Sanitation, and Hygiene (WASH) and the Displacement Tracking Matrix (DTM) teams, providing a timely, evidence-based and informed response to the epidemic. Nonetheless, IOM fully comprehends that this outbreak and others will not be stopped, nor prevented, without the engagement of other relevant national and international actors, and always ensuring synergies in its approaches and efforts. IOM

understands the complexities that are associated with such protracted crises, particularly in the light of the humanitarian-development-peace nexus, and strives to implement programming that is evidence-based, complementary and sustainable, that considers peace-building and development, as well as humanitarian interventions.

IOM's experience during the 2014 EVD outbreak in West Africa has helped hone the necessary response in the ongoing outbreak, whereby IOM works with partners and key stakeholders to continually map cross-border and in-country population movement with epidemiological data, to better understand and target public health interventions throughout the life-cycle of the outbreak. IOM is thus fully equipped with the technical and operational capacity, expertise and experience in EVD preparedness and response based on ongoing interventions and lessons learned.

Currently, IOM supports 108 points of entry (POEs) and points of control (POCs) in DRC and about 35 POEs in South Sudan and Uganda, for a total of 143 POCs/POEs. In DRC, IOM has supported the screening of about 2.1 million instances of travel each week. As of 15 December 2019, 32 confirmed cases of EVD were intercepted at a POE/POC, out of which 9 were intercepted at a POE when attempting to cross from DRC to Uganda.

Objective

Save lives and respond to needs through humanitarian assistance and protection

$0	0
Funding Required	**Target Beneficiaries**

Direct beneficiaries will include Ministry of Health staff supported by IOM, travellers, migrants, IDPs and refugees provided with health screening, risk communication messages and hand washing services along the mobility continuum. Indirect beneficiaries will include the local communities surrounding the points of entry and control in the two affected provinces where IOM activities are implemented.

Health Support

Funding Required

$0

In the DRC in 2020, IOM will ensure the targeted support of a variety of critical health interventions, in order to save lives and help contribute to halting the spread of the Ebola outbreak.

DRC:

1. Provide direct support at POE through surveillance with health screenings, hand washing and hygiene promotion, risk communication and community engagement (RCCE), and staffing/supervision support.
2. Refer/isolate suspected cases, conduct secondary screening and refer suspected cases to Ebola Transit Centers or health facilities.

3. Conduct contact tracing leading to minimising the potential spread of EVD.
4. In partnership with other agencies, conduct informed and targeted RCCE, in order to inform communities in a culturally sensitive manner about EVD.
5. Deploy surge teams in order to respond rapidly to cases in new locations/changes in epidemic trends.
6. Implement community events-based surveillance (CEBS) in key identified locations and with high-risk groups, so that cases are more easily found by trained community health workers.
7. Conduct population mobility mapping (PMM) and flow monitoring in key mobility locations to better understand mobility risk factors associated with EVD at the community, national and regional levels (especially at priority locations).
8. Analyse mobility data and EVD epidemiological reports to produce situation reports and maps, including regional-level analysis. This will lead to the identification of key intervention areas, alongside informed and targeted public health interventions at community, national and regional levels.
9. Share critical epidemiological and mobility information widely to support inter-agency coordination, including the mapping, updating and sharing of information at local, national and regional levels, leading to a more informed response to limit, and eventually halt, the spread of EVD.

It is estimated that in 2020, USD 24.6m is required by the DRC for Health Support in order to respond to the ongoing epidemic. Ensuring sufficient resources are available for neighbouring countries to help mitigate the risks the virus crossing borders is also critical, and discussed in the Activity Area - Strengthen Preparedness and Reduce Disaster Risk.

Objective
Strengthen preparedness and reduce disaster risk

$0	0
Funding Required	**Target Beneficiaries**

Complementing IOM's proposed critical actions to save lives and respond to needs through humanitarian assistance and protection, IOM realises the acute need to simultaneously strengthen preparedness and reduce disaster risk so target beneficiaries will be at reduced risk of contracting EVD, along with other infectious diseases, due to enhanced prevention, detection and response efforts and to simultaneously end this - and prevent future - epidemics. Direct beneficiaries will include Ministry of Health staff supported by IOM, travellers, migrants, IDPs and refugees provided with health screening, risk communication messages and hand washing services along the mobility continuum. Indirect beneficiaries will include the local communities surrounding the points of entry and control in the prioritized territories where IOM activities are implemented.

Health Components of Preparedness and Risk Reduction

Funding Required

$0

In light of the critical need for comprehensive preparedness and risk reduction from a health-

mobility centred lens, IOM will implement the following activities in the years 2020-2023 to help contribute to saving lives, halting the spread, being better prepared and reducing the risk of future epidemics in the DRC and neighbouring Priority 1 countries.

Activities conducted will be adapted to cultural and epidemiological contexts on a needs-assessed and iterative basis.

DRC:

1. Establish, and/or rehabilitate POEs and POCs based on epidemiological trends and population mobility patterns to improve the ability to detect and find EVD cases.
2. Provide necessary equipment to POEs to support border health surveillance, including essential supplies such as infrared thermometers, personal protective equipment (such as gloves, masks, aprons and gumboots), infection prevention and control supplies (such as chlorine, soap, alcohol-based rub, sprayers), visibility items, data collection tools, and stationery. This also includes ICT equipment, alongside water, sanitation and hygiene (WASH) and other infrastructure.
3. Refer/isolate suspected cases, conduct secondary screening and refer suspected cases to Ebola transit centres or health facilities.
4. Supervise POEs, and train border, security and health personnel in the DRC on screening, health border and mobility management, surveillance, risk communication and community engagement (RCCE), record keeping, referrals and cross-border notification.
5. Bolster staff capacity to detect and trace EVD cases due to the development of EVD-related tools and guidelines (including screening, surveillance, notification, infection prevention and control (IPC), case management, contract tracing, risk communication) to improve alert and case detection at POEs/POCs.
6. Analyse mobility data and EVD epidemiological reports to produce situation reports and maps, including regional-level analysis leading to the identification of key intervention areas, alongside informed and targeted public health interventions at local, national and regional levels that can help halt the spread of EVD.
7. Conduct population mobility mapping (PMM) exercises and flow monitoring to better understand population mobility in the context of public health preparedness.
8. Share critical epidemiological and mobility information widely to support inter-agency coordination, including the mapping, updating and sharing of information at local, national and regional levels, leading to a more informed response to limit the spread of EVD.
9. Map and update information related to preparedness (including staffing, infrastructures, referrals) at border locations through POE assessments.
10. Provide psychosocial support training (and other relevant training) to frontline health workers and those working in Ebola preparedness.
11. Support cross border coordination mechanisms between DRC and neighbouring countries to strengthen information management, surveillance and response capacity to EVD and emerging health threats, such as through the coordination of district level and national level cross border meetings.
12. Undertake preparedness capacity assessments and conduct simulation exercises.

Burundi:

1. Establish, and/or rehabilitate POEs and POCs based on epidemiological trends and population mobility patterns to improve their ability to detect and find EVD cases.
2. Provide necessary equipment to POEs to support border health surveillance, including essential supplies such as infrared thermometers, personal protective equipment (such

as gloves, masks, aprons and gumboots), infection prevention and control supplies (such as chlorine, soap, alcohol-based rub, and sprayers), visibility items, data collection tools, and stationery. This also includes ICT equipment, alongside water, sanitation and hygiene (WASH) and other infrastructure.

3. Refer/isolate suspected cases, conduct secondary screening and refer suspected cases to Ebola transit centres or health facilities
4. Supervise POEs, and train border, security and health personnel in the DRC on screening, health border and mobility management, surveillance, risk communication and community engagement (RCCE), record keeping, referrals and cross-border notification.
5. Bolster staff capacity to detect and trace EVD cases due to the development of EVD-related tools and guidelines (including screening, surveillance, notification, infection prevention and control (IPC)), case management, contract tracing, risk communication to improve alertness and case detection at POEs/POCs.
6. Analyse mobility data and EVD epidemiological reports to produce situation reports and maps, including regional-level analysis leading to the identification of key intervention areas, alongside informed and targeted public health interventions at local, national and regional levels that can help halt the spread of EVD.
7. Conduct population mobility mapping (PMM) exercises and flow monitoring at the local level through participatory meetings in key border locations of the high priority districts that border the DRC and Rwanda to understand mobility pathways and volume in order to target and inform public health interventions at the national and regional levels.
8. Share critical epidemiological and mobility information widely to support inter-agency coordination, including the mapping, updating and sharing of information at local, national and regional levels, leading to a more informed response to limit the spread of EVD.
9. Map and update information related to preparedness (including staffing, infrastructures and referrals) at border locations through POE assessments.
10. Provide psychosocial support training (and other relevant training) to frontline health workers and those working in Ebola preparedness.
11. Support cross border coordination mechanisms between Burundi and neighbouring countries to strengthen information management, surveillance and response capacity to EVD and emerging health threats, such as through the coordination of district level and national level cross border meetings.
12. Undertake preparedness capacity assessments and conduct simulation exercises.

Rwanda:

1. Conduct population mobility mapping (PMM) exercises and flow monitoring to better understand population mobility in key border locations of the Rusizi district with the DRC and Burundi in the context of public health preparedness.
2. Ensure the daily supervision of PMM activities at border points. Four POE sites (two with the DRC and two with Burundi) reporting regularly on population mobility trends at the borders.
3. Provide necessary equipment to POEs to support border health surveillance, including essential supplies such as infrared thermometers, personal protective equipment (such as gloves, masks, aprons and gumboots), infection prevention and control supplies (such as chlorine, soap, alcohol-based rub and sprayers), visibility items, data collection tools, and stationery. This also includes ICT equipment, alongside water, sanitation and hygiene (WASH) and other infrastructure.
4. Maps and updated information related to preparedness (including staffing, infrastructures, referrals) at border locations through POE assessments

5. Draft and share monthly reports on the population mobility of the Rusizi District at the border with the DRC and Burundi.
6. Bolster capacity and train frontline staff on EVD screening activities at POEs and provide incentives where necessary.
7. Conduct monitoring support missions with the Ministry of Health to assess the effectiveness of the screenings at the border in terms of procedures applied and human resources capacities.
8. Support cross border coordination mechanisms between Rwanda and neighbouring countries to strengthen information management, surveillance and response capacity to EVD and emerging health threats, such as through the coordination of district level and national level cross border meetings.
9. Undertake preparedness capacity assessments and conduct simulation exercises.

Uganda:

1. Provide direct support at POEs by supporting POE surveillance with health screenings, hand washing and hygiene promotion, and supervision support to enhance awareness of EVD.
2. Provide necessary equipment to POEs to support border health surveillance, including essential supplies such as infrared thermometers, personal protective equipment (such as gloves, masks, aprons and gumboots), infection prevention and control supplies (such as chlorine, soap, alcohol-based rub and sprayers), visibility items, data collection tools, and stationery. This also includes ICT equipment, alongside water, sanitation and hygiene (WASH) and other infrastructure.
3. Refer/isolate suspected cases, conduct secondary screening and refer suspected cases to Ebola transit centres or health facilities.
4. Conduct population mobility mapping (PMM) and flow monitoring in priority locations to better understand mobility pathways and volume in order to target and inform public health interventions at the national and regional levels.
5. Capacity building of health and non-health workers on conducting screening including border agencies on integrated border management.
6. Training of health workers and screeners on EVD screening and POE toolkit content.
7. Analyse mobility data and EVD epidemiological reports to produce situation reports and maps, including regional-level analysis leading to the identification of key intervention areas, alongside informed and targeted public health interventions at local, national and regional levels that can help halt the spread of EVD.
8. Share critical epidemiological and mobility information widely to support inter-agency coordination, including the mapping, updating and sharing of information at local, national and regional levels, leading to a more informed response to limit the spread of EVD.
9. Draft and share monthly reports on the population mobility in the high-risk districts bordering Uganda and the DRC.
10. Support cross border coordination mechanisms between Uganda and neighbouring countries to strengthen information management, surveillance and response capacity to EVD and emerging health threats, such as through the coordination of district level and national level cross border meetings.
11. Undertake preparedness capacity assessments and conduct simulation exercises.

South Sudan:

1. Establish and rehabilitate POEs and POCs based on epidemiological trends and population mobility patterns to improve the ability to detect suspected EVD cases.

2. Provide necessary equipment to POEs to support border health surveillance, including essential supplies such as infrared thermometers, personal protective equipment (such as gloves, masks, aprons, and gumboots), infection prevention and control supplies (such as chlorine, soap, alcohol-based rub and sprayers), visibility items, data collection tools, and stationery. This also includes ICT equipment, alongside water, sanitation and hygiene (WASH) and other infrastructure.
3. Supervise POEs, and train border, security and health personnel on health screening, health border and mobility management, surveillance, risk communication and community engagement, record keeping, referrals and cross-border notification.
4. Bolster staff capacity to detect and trace EVD cases due to the development and validation of EVD-related standard operating procedures, tools and guidelines (such as screening, surveillance, infection prevention and control (IPC), case management, contract tracing, risk communication) to improve alertness and suspected case detection at POEs/POCs.
5. Analyse mobility data and EVD epidemiological reports to produce situation reports and maps, including regional-level analysis leading to the identification of key intervention areas, alongside informed and targeted public health interventions at local, national and regional levels that can help halt the spread of EVD.
6. Conduct population mobility mapping exercises (PMM) and flow monitoring to better understand population mobility in the context of public health preparedness.
7. Share critical epidemiological and mobility information widely to support inter-agency coordination, including the mapping, updating and sharing of information at local, national and regional levels, leading to a more informed response to limit the spread of EVD.
8. Support cross border coordination mechanisms between South Sudan and neighbouring countries to strengthen information management, surveillance and response capacity to EVD and emerging health threats, such as through the coordination of district level and national level cross border meetings.
9. Undertake preparedness capacity assessments and conduct simulation exercises.

Tanzania:

1. Establish and enhance disease surveillance and prevention activities at POE:
    - Conduct health screening based on the case definition for event/community alerts as per standard operating procedures;
    - Deployment of 10 mobile teams to six high risks districts (Kigoma Ujiji MC, Kasulu DC, Buhigwe, Misenyi, Kyerwa and Tunduma districts) to assess population movement and mobility trends in areas that might be at high risk of transmission, initiate POE surveillance and prevention measures that assist in the recruitment and capacity building and training of local staff, establish and equip the POE, and supervise initiation of activities;
    - Establishment of 10 flow monitoring points to identify mobility-affected priority locations for priority public health interventions. The locations for points may include Kigoma Ujiji, Kagunga, Manyovu, Mabamba, Mwangongo, Rusumo, Kabanga, Murusagamba, Mtukula and Murongo.
2. Strengthening the capacity of POE on EVD surveillance activities:
    - Train front line workers including port and border health official on surveillance, infection prevention and control (IPC) and risk communication and community engagement (RCCE) to strengthen the screening of travellers and response capacities at the points of entry;
    - Provide necessary equipment to POEs to support border health surveillance,

including essential supplies such as infrared thermometers, personal protective equipment (such as gloves, masks, aprons and gumboots), infection prevention and control supplies (such as chlorine, soap, alcohol-based rub and sprayers), visibility items, data collection tools, and stationery. This also includes ICT equipment, alongside water, sanitation and hygiene (WASH) and other infrastructure;
    - Undertake preparedness capacity assessments focusing on POEs, health facilities in border health zones, and referral pathways;
    - Deploy mobile teams to 6 high risks districts (Kigoma Ujiji MC, Kasulu DC, Buhigwe, Misenyi, Kyerwa and Tunduma).
3. Enhance preparedness and prevention activities in moderate and high-risk districts:
    - Orient community health workers, volunteers, community leaders, traditional healers and NGOs volunteers on surveillance, IPC and RCCE;
    - Train multi-sectoral local government authorities from high risks districts on disease preparedness and prevention;
    - Conduct risk communication, community engagement and social mobilisation activities on EVD preparedness and prevention;
    - Provision of EVD awareness-raising and WASH activities in Bukoba MC, Kigoma DC, Kasulu TC, Kibondo, Bukoba DC, Karagwe, Ngara and Uvinza districts;
    - Distribute relevant information, education and communication (IEC) materials.

In 2020, it is estimated that USD 15.5m is needed for health components of preparedness and risk reduction, and is composed of Burundi requiring USD 3.1m; Uganda USD 2.8m; Rwanda USD 2m; South Sudan USD 6m; and Tanzania USD 2m, alongside the required USD 24.6m required for health support for the DRC.

OPERATIONAL PRESENCE

40	1124	37
International staff and affiliated work force	**National staff and affiliated work force**	**IOM Field Offices**

2021

Funding Required	Target Beneficiaries
$10,000,000	1,125,000

IOM Vision

The current Ebola outbreak in the Democratic Republic of the Congo (DRC) has been declared a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR, 2005), whereby a PHEIC 'represents an extraordinary event that poses a public health risk to other countries through international spread'. In the context of the IHR 2005 and Global Health Security Agenda (GHSA), IOM – the United Nations Migration Agency

– is working to prevent, detect and respond to the ongoing 2018 Ebola Virus Disease (EVD) outbreak from a human mobility-centred perspective.

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Context Analysis

The situation within the Democratic Republic of the Congo is one of the most complex and protracted crises and humanitarian situations in the world and has been further impacted by the most recent EVD outbreak that began in August 2018. This outbreak is the second-largest and deadliest in history, adding to an already enormous humanitarian situation. As of 7 January 2020, a total of 3,392 EVD cases have been reported, including 3,274 confirmed and 118 probable cases (case fatality ratio 66%). According to the Ministry of Health (MoH)/World Health Organization (WHO), the number of deaths rose to 2,235 since 1 August 2018, when the outbreak was officially declared. Due to the security situation in the country, cases have recently spiked, where week 50 in 2019 saw 22 new cases, a sharp increase from the preceding week 7. The uptick in new cases was predicted by the WHO following the attacks on Ebola treatment centres at the end of 2019 and consequent interruptions of treatment, serving to further emphasise the ongoing fragility of the situation.

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Looking at 2020 and beyond, population movement, both within the DRC and across borders to the neighbouring countries, continue to increase the risk of disease spread. Significant additional resources are required in the years ahead to facilitate both the ongoing response and preparedness efforts, namely through strengthening the International Health Regulations' (IHR 2005) core capacities, specifically the reinforcing of public health surveillance at points of entry and control (POE/POC). Focusing on improving the quality of health screenings, the responsiveness to epidemiological trends, on improving cross border surveillance, and in supporting contact tracing to implement surveillance activities that aim at reducing disease transmission within the country and across the borders, will assist in the fight to end the latest EVD epidemic. This will also aid in preparing for and mitigating the threat of future epidemics due to enhanced capacity and health system strengthening at the national level, and in the neighbouring border countries, whilst working in synergy with key partners.

Coordination

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IOM Capacity

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Currently, IOM supports 108 points of entry (POEs) and points of control (POCs) in DRC and about 35 POEs in South Sudan and Uganda, for a total of 143 POCs/POEs. In DRC, IOM has supported the screening of about 2.1 million instances of travel each week. As of 15 December 2019, 32 confirmed cases of EVD were intercepted at a POE/POC, out of which 9 were intercepted at a POE when attempting to cross from DRC to Uganda.

Objective

Strengthen preparedness and reduce disaster risk

$10,000,000	0
Funding Required	**Target Beneficiaries**

Upon the cessation of the current epidemic, continued funding support is crucial to be able to support preparedness and mitigation efforts, and increase the resilience of the health system to better respond to future health threats. Travellers, the local population, migrants, IDPs and refugees will be at reduced risk of contracting and being exposed to a variety of health threats due to enhanced prevention and response efforts by IOM and partners.

Health Components of Preparedness and Risk Reduction

Funding Required

$10,000,000

IOM's priority for 2020 and beyond in the DRC and Priority 1/2 neighbouring countries, after the successful cessation of the 2018 EVD epidemic, will be to strengthen preparedness efforts through contributing to building International Health Regulations (IHR) core capacities at the national and regional level.

In 2021, the DRC and neighbouring Priority 1/2 Countries including Burundi, Tanzania, Uganda, South Sudan will:

1. Develop appropriate SOPs and train staff appropriately to enhance frontline detection capability of various health threats.
2. Conduct simulation exercises (SIMEX) at POEs/POCs (including airports and ports) to build the capacity of border and health personnel to detect, and appropriately respond to, public health hazards.
3. Establish new and build upon pre-existing national and cross-border coordination mechanisms, in order to enhance regional information management and related mechanisms, whilst fostering enhanced regional collaboration and communication with governments, UN agencies, civil society, NGOs and community representatives.
4. Conduct flow monitoring and screening at POEs and POCs to better understand population mobility in the context of public health preparedness.
5. Conduct capacity building for staff at POEs and POCs to be able to detect and alert potential cases of infectious diseases (including EVD).
6. Supervise POEs, and train border, security and health personnel in the DRC and neighbouring countries on screening, health border and mobility management, surveillance, record keeping, referrals, cross-border notification leading, so that preparedness and cross-border surveillance is enhanced.
7. Establish and rehabilitate POEs and POCs based on epidemiological trends and population mobility patterns to support all-hazards border health detection capacity.
8. Bolster staff capacity to better and faster detect and trace future EVD cases due to the development and validation of EVD-related standard operating procedures, tools and guidelines (such as screening, surveillance, infection prevention and control (IPC), case management, contract tracing, risk communication) to improve alert and case detection at POEs/POCs.
9. Provide necessary equipment to POEs to support critical border health surveillance operations including essential supplies such as infrared thermometers and batteries, personal protective equipment (gloves, masks, aprons and gumboots), infection prevention and control supplies (IPC) (chlorine, soap, alcohol-based rub and sprayers), visibility items, data collection tools, and stationery. ICT equipment includes tablets,

internet routers, power banks, computers, and data packages that will be provided, alongside water, sanitation and hygiene (WASH) and other infrastructure to improve the ability to detect and respond to health threats.

It is estimated that USD 10m will be required in 2021 in order to execute the above activities, thereby contributing to regional disaster readiness, preparedness and risk reduction.

OPERATIONAL PRESENCE

40	1124	37
International staff and affiliated work force	**National staff and affiliated work force**	**IOM Field Offices**

2022

Funding Required	Target Beneficiaries
$8,000,000	900,000

IOM Vision

The current Ebola outbreak in the Democratic Republic of the Congo (DRC) has been declared a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR, 2005), whereby a PHEIC 'represents an extraordinary event that poses a public health risk to other countries through international spread'. In the context of the IHR 2005 and Global Health Security Agenda (GHSA), IOM – the United Nations Migration Agency – is working to prevent, detect and respond to the ongoing 2018 Ebola Virus Disease (EVD) outbreak from a human mobility-centred perspective.

IOM's Health, Border and Mobility Management (HBMM) framework aims to empower governments and communities to prevent, detect and respond to potential health threats along the mobility continuum (at points of origin, transit, destination and return). Therefore, in line with priorities outlined in the regional Strategic Response Plan 4 (SRP4), the HBMM, GHSA, IHR 2005 and national roadmaps and preparedness plans, IOM seeks to contribute to containing the epidemic by prioritising disease surveillance and prevention, by responding to current regional needs to enhance screening and active surveillance efforts and capacity, whilst also providing direct service provision, health screening and risk communication at points of entry and points of control (POE/POC) to save lives and halt the spread of the virus. IOM aligns its priorities with Sustainable Development Goal (SDG) 3d, namely strengthening the capacity of all countries, for early warning, risk reduction and management of national and global health risks. IOM facilitates this through enhancing the overall capacity of countries to prevent, coordinate, and manage infectious disease outbreaks, continually assessing and accounting for priorities within the humanitarian-development-peace nexus, fostering overall health system strengthening and contributing to achieving universal health care (UHC) through enhancing capacity at POCs/POEs in the DRC and Priority 1 border countries, whilst also

planning for transition and recovery activities.

Context Analysis

The situation within the Democratic Republic of the Congo is one of the most complex and protracted crises and humanitarian situations in the world and has been further impacted by the most recent EVD outbreak that began in August 2018. This outbreak is the second-largest and deadliest in history, adding to an already enormous humanitarian situation. As of 7 January 2020, a total of 3,392 EVD cases have been reported, including 3,274 confirmed and 118 probable cases (case fatality ratio 66%). According to the Ministry of Health (MoH)/World Health Organization (WHO), the number of deaths rose to 2,235 since 1 August 2018, when the outbreak was officially declared. Due to the security situation in the country, cases have recently spiked, where week 50 in 2019 saw 22 new cases, a sharp increase from the preceding week 7. The uptick in new cases was predicted by the WHO following the attacks on Ebola treatment centres at the end of 2019 and consequent interruptions of treatment, serving to further emphasise the ongoing fragility of the situation.
More than half of all cases have been female (56%) and children under 18 years of age constitute close to a third of all cases. The WHO has assessed the risk of the current DRC EVD outbreak at national and regional levels as very high as a result of the transportation and trade links between the affected areas, the rest of the country and neighbouring countries, internal displacement and the movement of refugees from DRC to neighbouring countries. Uganda declared an outbreak from June-August 2019 due to cases coming across the border from the DRC. While there are signs the number of cases is slowly reducing, the outbreak remains a critical global, regional and national public health concern, and entering into 2020, it still remains unclear when it will end. The DRC EVD outbreak has been characterised by continuous shifts in disease hot-spots and their locations, challenges in contact identification, and recurring security incidents that impact response activities - which are further compounded by a lack of resources.

Looking at 2020 and beyond, population movement, both within the DRC and across borders to the neighbouring countries, continue to increase the risk of disease spread. Significant additional resources are required in the years ahead to facilitate both the ongoing response and preparedness efforts, namely through strengthening the International Health Regulations' (IHR 2005) core capacities, specifically the reinforcing of public health surveillance at points of entry and control (POE/POC). Focusing on improving the quality of health screenings, the responsiveness to epidemiological trends, on improving cross border surveillance, and in supporting contact tracing to implement surveillance activities that aim at reducing disease transmission within the country and across the borders, will assist in the fight to end the latest EVD epidemic. This will also aid in preparing for and mitigating the threat of future epidemics due to enhanced capacity and health system strengthening at the national level, and in the neighbouring border countries, whilst working in synergy with key partners. Target beneficiary figures are an estimate of total direct beneficiaries, that is, an aggregate of the two DRC Ebola-affected province populations, in addition to the populations of South Sudan, Burundi, Uganda, Rwanda and Tanzania.

Coordination

At the headquarters level, IOM participates in the Global Point of Entry Taskforce led by WHO, together with the US Centers for Disease Control (CDC), as well as other platforms such as the Global Outbreak Alert and Response Network (GOARN). As a Strategic Advisory member of the Global Health Cluster, and an active participant in the Inter-Agency Standing Committee (IASC), IOM coordinates closely with other cluster and committee actors to ensure a holistic response in its health programming. Furthermore, IOM has assumed a leading role in coordination for POEs in DRC, South Sudan, Burundi and Uganda.

The IOM Mission in the DRC and IOM Missions in neighbouring countries have long-standing relationships with various actors including the Ministries of Health, UN agencies, NGOs, and local communities. In each country, IOM's main partner is the IHR designated Port Health Authority, such as the National Program of Hygiene at Borders (PNHF) in the DRC. Under IHR, IOM aims to support national governments to meet their commitments to IHR by supporting national, provincial and local efforts on disease prevention and control, as well as cross border coordination, including understanding population movement across borders. Thus, IOM Missions also coordinate closely with the national structures in each of the Priority 1 countries, with one another, and with national-level coordination structures for EVD preparedness and response.

IOM will continue to implement programming in partnership with all government stakeholders, and in collaboration with UN agencies, specifically WHO (including weekly contributions to WHO's Regional Office for Africa situation reports), CDC, national and sub-national taskforces and committees, intersectoral and interagency mechanisms and partners in each country, and at the regional and headquarters level to ensure a synergy of efforts. IOM also partners with UNICEF for the development of risk communication messages and information, education and communication material, and continues to work with UNICEF to better community engagement activities (RCCE).

IOM Capacity

IOM has substantial experience in responding to public health emergencies including EVD at the national and regional level, particularly with regards to understanding human mobility and border surveillance and management. This is in part due to IOM's health and cross-sectoral expertise in population mobility mapping (PMM), health screening and active surveillance, risk communication/community engagement and the establishment of infection prevention and control systems. IOM's comparative advantage includes its multi-sectoral nature and the ability of health teams to work alongside IOM’s Water, Sanitation, and Hygiene (WASH) and the Displacement Tracking Matrix (DTM) teams, providing a timely, evidence-based and informed response to the epidemic. Nonetheless, IOM fully comprehends that this outbreak and others will not be stopped, nor prevented, without the engagement of other relevant national and international actors, and always ensuring synergies in its approaches and efforts. IOM understands the complexities that are associated with such protracted crises, particularly in the light of the humanitarian-development-peace nexus, and strives to implement programming that is evidence-based, complementary and sustainable, that considers peace-building and development, as well as humanitarian interventions.

IOM’s experience during the 2014 EVD outbreak in West Africa has helped hone the necessary response in the ongoing outbreak, whereby IOM works with partners and key stakeholders to continually map cross-border and in-country population movement with epidemiological data, to better understand and target public health interventions throughout the life-cycle of the outbreak. IOM is thus fully equipped with the technical and operational capacity, expertise and experience in EVD preparedness and response based on ongoing interventions and lessons learned.

Currently, IOM supports 108 points of entry (POEs) and points of control (POCs) in DRC and about 35 POEs in South Sudan and Uganda, for a total of 143 POCs/POEs. In DRC, IOM has supported the screening of about 2.1 million instances of travel each week. As of 15 December 2019, 32 confirmed cases of EVD were intercepted at a POE/POC, out of which 9 were intercepted at a POE when attempting to cross from DRC to Uganda.

Objective
Strengthen preparedness and reduce disaster risk

$8,000,000	0
Funding Required	**Target Beneficiaries**

Upon the cessation of the current epidemic, continued funding support is crucial to be able to support preparedness and mitigation efforts, and increase the resilience of the health system to better respond to future health threats. Travellers, the local population, migrants, IDPs and refugees will be at reduced risk of contracting and being exposed to a variety of health threats due to enhanced prevention and response efforts by IOM and partners.

Health Components of Preparedness and Risk Reduction

Funding Required

$8,000,000

IOM's priority for 2020 and beyond in the DRC and Priority 1 neighbouring countries, after the successful eradication of the 2018 EVD epidemic, will be to support governments to meet International Health Regulation (IHR) commitments and strengthen IHR core capacities at the national and regional level in order to better prepare and respond to future health threats and public health hazards.

This will occur through focusing on prioritising health components of preparedness and risk reduction through population mobility mapping, strengthening capacity at POEs and POCs, health systems strengthening and strengthening coordination mechanisms and partnerships with appropriate actors to ensure appropriate, timely, targeted and sustainable interventions whilst striving to build national capacity - in line with the targets outlined within the humanitarian-development peace nexus.

In 2022, the DRC and neighbouring Priority 1/2 Countries including Burundi, Tanzania, Uganda, South Sudan will:

1. Develop appropriate SOPs and train staff appropriately to enhance frontline detection capabilities of various health threats.
2. Conduct simulation exercises (SIMEX) at POEs/POCs (including airports and ports) to build the capacity of border and health personnel to detect, and appropriately respond to public health hazards.
3. Establish and build upon pre-existing national and cross-border coordination mechanisms, in order to enhance regional information management and related mechanisms, whilst fostering enhanced regional collaboration and communication with governments, UN agencies, civil society, NGOs and community representatives.
4. Conduct flow monitoring and screening at POEs and POCs to better understand population mobility in the context of public health preparedness.
5. Conduct capacity building for staff at POEs and POCs to be able to detect and alert potential cases of infectious diseases (including EVD).
6. Supervise POEs and train border, security and health personnel in the DRC and neighbouring countries on screening, health border and mobility management, surveillance, record keeping, referrals, cross-border notification leading so that preparedness and cross-border surveillance is enhanced.
7. Establish and rehabilitate POEs and POCs based on epidemiological trends and population mobility patterns to support all-hazards border health detection capacity.
8. Bolster staff capacity to better and faster detect and trace future EVD cases due to the development and validation of EVD-related standard operating procedures, tools and guidelines (such as screening, surveillance, infection prevention and control (IPC), case management, contract tracing, risk communication) to improve alert and case detection at POEs/POCs.
9. Provide necessary equipment to POEs to support critical border health surveillance operations including essential supplies such as infrared thermometers and batteries, personal protective equipment (gloves, masks, aprons and gumboots), infection prevention and control supplies (IPC) (chlorine, soap, alcohol-based rub and sprayers), visibility items, data collection tools, and stationery. ICT equipment including tablets, internet routers, power banks, computers, and data packages will be provided, alongside water, sanitation and hygiene (WASH) and other infrastructure to improve the ability to detect and respond to health threats.

It is estimated that USD 8m will be required in 2022 to execute the above activities, thereby contributing to necessary regional components of preparedness, readiness and risk reduction.

OPERATIONAL PRESENCE

40	1124	37
International staff and affiliated work force	**National staff and affiliated work force**	**IOM Field Offices**