

Ebola Virus Disease (EVD) Contingency Plan

THE REPUBLIC OF RWANDA

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Signed by: [name]

Acknowledgement

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- The government, national experts (Epidemic Surveillance and Response Division, National Referral Laboratory, Rwanda Health Communication Centre (Risk communication and Community Engagement), University Teaching Hospitals (Clinicians and IPC), Gisenyi District Hospital, Directorate General of Immigration and Emigration) and Partners (CDC Country Office, Rwanda Red Cross) of the Republic of Rwanda, for their support and hard work in preparing for and conducting this Ebola Virus Disease (EVD) preparedness strengthening mission.
- The WHO Regional Office for Africa-the departments of Country Health Emergency Preparedness (CPI) and Emergency Management (EMO).
- The WHO Country office for Rwanda.

Executive summary

The current epidemic of the Ebola Virus Disease (EVD) in the Democratic Republic of the Congo (DRC) poses a moderate risk of introduction of the virus into neighbouring unaffected countries in the region. The EVD outbreak has been graded an internal WHO grade 3 acute public health emergency. However, the IHR (2005) emergency committee has advised the DG that at present the EVD outbreak does not constitute a public health emergency of international concern (PHEIC) under the International Health Regulations (2005) (IHR). Unaffected countries with land borders adjoining the DRC have been advised by the World Health Organisation (WHO) to establish surveillance and alert systems for any clusters of unexplained fever or deaths due to febrile illness, establish access to a qualified diagnostic laboratory for EVD, ensure that basic infection prevention and control measures are in place in health care facilities, ensure that health care workers are trained in appropriate infection prevention and control and establish rapid response teams to investigate and manage any EVD cases and their contacts should the outbreak spread beyond the DRC.

To support the republic of Rwanda in strengthening its preparedness should there be introduction of EVD, WHO and partners are accelerating activities to ensure immediate Ebola outbreak response capacity in the country. The activities include: Field visits to border districts with the DRC and the International Airport, conducting a table top simulation exercise of the status preparedness; filling out the EVD preparedness checklist of the components and tasks involved in an Ebola response and developing an EVD contingency plan.

A WHO team worked in partnership both national and international organizations in Rwanda from May 22 to 27, 2018. The preparedness strengthening team deployed to Rwanda focused on specific objectives in order to assist the country in becoming as operationally prepared as possible to detect, investigate and report potential EVD cases effectively and safely and to mount an effective response to prevent a larger outbreak. To accomplish this goal, the team conducted “scoping” activities, stakeholder meetings, site visits and a “table-top” simulation exercise to determine what systems were in place and what aspects of preparedness could be strengthened.

The Republic of Rwanda has an established mechanism for managing disasters and public health emergencies through the Ministry of Disaster Management and Refugees (MIDIMAR) with a directorate of disaster preparedness and Disaster Risk Reduction. Preparedness and response for EVD is the responsibility of the Ministry of Health, through the Rwanda Biomedical Centre (RBC) which oversees epidemic preparedness and response. A national preparedness and response plan for the prevention and control of EVD was prepared and last updated in 2014. The plan includes objectives, activities and a budget, structured into five thematic areas: planning and coordination; surveillance, situation monitoring and assessment; case management; social mobilization and risk communication; and logistics, security and

financial resources. Rwanda has just completed the IHR joint external evaluation (JEE) and over two thirds of the 48 JEE indicators had a capacity score of three (3) or above.

The country visit to Rwanda resulted in identification of both strengths and opportunities for improvement in all 10 components of the Ebola response outlined by WHO readiness checklist.

The key strengths identified were:

- the existence of a multi-hazard public health preparedness and response plan and a budgeted national EVD preparedness and response plan, developed in August 2014;
- the existence of EVD case definitions, case reporting forms, contact-tracing forms and corresponding protocols;
- previous training of national and district health staff in case management and surveillance;
- robust social mobilization activities have been initiated

Of the opportunities for improvement, five were identified as critical and must be fully operational for an immediate response in the case of an EVD event:

- Update case definitions and have them distributed to all district health service offices and local health care facilities and that staff in high-risk areas have received appropriate training in using the case definitions to detect EVD cases.
- Establish a fully functional emergency operations centre, including complete coordination mechanisms.
- Conduct refresher training of rapid response team(s), and ensure that they are coordinated and resourced.
- Establish at least two EVD treatment centres (ETCs)-one in a border district with DRC and another in Kigali, and ensure that ETCs staffs are fully prepared to receive EVD patients should they occur.
- Identify and implement a data management system for contact tracing, and train staff in its use.

An EVD contingency plan with an estimated total cost of **Rwandan Francs 536,998,463 (USD 635,501)** has been developed. It will be important to mobilise the required resources to implement the tasks identified as immediate in the next couple of weeks. Importantly, it will be critical to conduct a full-scale functional simulation exercise to test the systems put in place.

Introduction

Results of risk assessment related to hazard

Ebola Virus Disease (EVD) is a severe viral disease, often fatal illness affecting humans and bush animals with a death rate up to 90% without medical treatment. With early treatment the death rate can be significantly reduced. There are five distinct species of the genus Ebola virus: Bundibugyo virus, Zaire virus, Reston virus, Sudan virus and Tai Forest virus. Fatality rates range from 25-90% of all clinically ill cases. The Ebola virus is transmitted by direct contact with the blood, body fluids, tissues and corpses of infected persons. Transmission of the Ebola virus has also occurred by handling sick or dead infected wild animals (chimpanzees, gorillas, monkeys, forest antelope, fruit bats). In medical facilities the disease is transmitted to Health Care Workers due to inadequate infection prevention and control (IPC) measures.

The outbreak of the Ebola Virus Disease (EVD) in the Democratic Republic of the Congo (DRC) Equateur Province (May 2018) is linked to Zaire specie and poses a risk of introduction of the virus into neighbouring unaffected countries in the region. Unaffected countries with land borders adjoining the DRC (Angola, Burundi, Central African Republic, Congo, Rwanda, South Sudan, Tanzania, Uganda and Zambia) have been classified in three levels of priority with 1 being the highest. They have been advised by the World Health Organisation (WHO) to:

1. establish surveillance and alert systems for any clusters of unexplained fever or deaths due to febrile illness, establish access to a qualified diagnostic laboratory for EVD;
2. ensure that basic infection prevention and control measures are in place in health care facilities;
3. ensure that health care workers are trained in appropriate infection prevention and control;
4. establish rapid response teams to investigate and manage any possible EVD cases and their contacts should the outbreak spread beyond the DRC.

In the Republic of Rwanda, which has been identified as a priority 2 country for preparedness, the likelihood of the Ebola virus being introduced is unlikely but possible, while the impact of such an event would range from significant to severe. The qualitative assessment of the risk based on this probability/impact analysis reveals risk ranging from moderate to extreme.

Impact	Critical					
	Severe		1-			
	Moderate					
	Minor					
	Negligible					
		Very unlikely	Unlikely	Likely	Very likely	Almost certain
		Likelihood				

	Minimum Preparedness	Additional Preparedness measures	Operational response capacity and risk mitigation measures
5. Very high			
(3) hazard003 => risk003	1	1	1
4. High			
(2) hazard002 => risk002	1	1	1
3. Moderate			
(1) hazard001 => risk001	1	1	0
2. Low			
(4) hazard004 => risk004	1	0	0
1. Very low			
(5) hazard005 => risk005	1	0	0

Situation analysis

Rwanda is a land-locked country, located in the great lakes region of Sub-Saharan Africa. The country shares borders with Burundi in the South, Tanzania in the East, Uganda in the North, and the Democratic Republic of Congo (DRC) in the West. It lies between 1° 94' South and 3° 88' South latitude, 29° 34 East and 31° 0' East longitude.

The country has an area of 26,338 square kilometers. The current population of Rwanda is 12,468,384 as of Friday, May 25, 2018, based on the latest United Nations estimates. Rwanda population is equivalent to 0.16% of the total world population, with one of the highest population densities in Africa (507 inhabitants/km²) and a high population growth rate (2.4% per annum). 34.0 % of the population is urban (4,255,257 people in 2018)

This region is characterized by natural disasters such as volcanic activity, landslides and mudslides, civil wars, and increasingly unpredictable weather patterns. Further, 70% of the emerging and re-emerging infectious disease outbreaks in the last decade have originated from the Congo Basin, in which Rwanda lies.

The Republic of Rwanda is administered by the Central Government based in Kigali, and a presidential system. The country consists of 4 provinces (Intara) namely: Northern, Western, Eastern, Southern and Kigali City, the country's capital. These are subdivided in districts (Uturere), sectors (Imirenge), cells (Utugari) and villages (Imidugudu). The district is the basic political-administrative unit of the country. The village (Umudugudu) is the smallest politico-administrative unit of the country and hence closest to the people [www.minaloc.gov.rw].

The health sector in Rwanda is led by the Ministry of Health (MOH), which supports, coordinates, and regulates all interventions whose primary objective is to improve the health of the population. There are fifteen (15) other government ministries that implement activities that either directly or indirectly impact on health. The health sector is also supported by development partners, faith-based organizations, non-governmental organizations, professional organizations, and a host of regulatory bodies.

At the district level, there are district hospitals, pharmacies and community based health insurance and HIV/AIDS committees. All these entities are technically supervised by the director of the district hospital, but administratively report to the deputy mayor in charge of social affairs. The country has five (5) National Referral Hospitals, a network of ambulance services (SAMU), as well as private health facilities.

At the village level, community health workers (CHWs) are supervised administratively by those in charge of social services and technically by the in-charges of health centres. CHWs receive a compensation for their work from the Performance Based Financing (PBF) through formally established local cooperatives. There are health posts at cell level, and health centres at sector level, which are governed by HP or HC committees, providing oversight on the work of various units within the health centre, its outreach and supervision services and general financial control.

Scenarios and assumptions

This plan is based on the following assumptions:

- Two border districts with the DRC, namely Rubavu and Gisenyi are at risk
- The urban district of Kicukiro where the international airport is located is at risk
- The specific contingency plan scenario(s) are introduction of 10 to 20 cases
- Combined population that could be exposed is 500,000 to 1,000,000 people
- One potential case could have at least 5 contacts
- The severity of the disease if introduced should be very severe.

Existing mitigation strategies

Rwanda has the following existing mitigation measures:

- A robust coordination mechanism for disasters and other public health emergencies;
- A multi-hazard public health preparedness and response plan and a budgeted national EVD preparedness and response plan, developed in 2014;
- Existence of EVD case definitions, case reporting forms, contact-tracing forms and corresponding protocols;
- Previous training of national and district health staff in case management and surveillance;
- Robust social mobilization activities have been initiated;
- Public health Infrastructure that can be repurposed for EVD response
- IHR JEE has been conducted and gaps identified that should be costed in a national action plan for health security-NAPHS.

EVD Preparedness and Response Strategy

The strategic objectives of this strategy are to :

1. Effectively provide all the relevant technical expertise to strengthen Ebola Preparedness and Response and enhance the implementation of International Health Regulations (2005) through resilient public health systems;
2. Support capacity building of national, district, local level health staff, as well as community health workers in public health surveillance, outbreak investigation and response to Ebola Virus Disease and other public health emergencies;
3. Improve diagnostic capacity through supply of laboratory consumables and supplies for a proper referral of samples and discuss the setup of a laboratory for in country diagnostic of Ebola Virus Disease.
4. Enhance risk communication, health education and social mobilization;
5. Enhance Ebola event management at points of entry, entry screening for Ebola at airports, ports and land crossings, as well as, exit screening in case of introduction of an Ebola case;
6. Comprehensively monitor the coverage, quality and impact of preparedness, eventual response and systems building activities.

Tasks, Priority Actions, Time Frame and Roles and Responsibilities

From the identified response needs and the key strategic objectives above the related main activities that will need to be implemented in the first weeks in order to reach these objectives are listed below.

Component 1 Coordination						
	<i>Task</i>	<i>Time frame</i>	<i>Priority Actions</i>	<i>Cost RWF</i>	<i>Cost USD</i>	<i>Responsible</i>
1.1	Establish coherent plans and procedures for coordination and incident management to include liaison between the Health EOC and National Disaster Management Structures. As a minimum this should include: ToRs and Organigram for strategic, operational and tactical levels of coordination and management; Communication channels within EOC/IMS and between EOC/IMS, partners and the public; Coordination of donor support at the country level.	1 month	Establish PHEOC, develop a procedures manuals, provide equipment, financial and personnel	170,000,000	201,183.4	WHO RBC(room)
1.2	Test coordination and operations through simulation exercises and drills.	1 month	Conduct full scale SIMEX (scenario of case in urban setting)	80,000,000	94,674.56	MOH ESR
1.3	Contingency or emergency plans exist and are fully budgeted for fund identification.	1 month	Review and update EVD guidelines and SOPs and avail budget for immediate implementation of identified priority preparedness actions	6,267,432	7,417.079	ESR

1.4	Review of current policy and legislative frameworks to ensure that they will provide the authorization for the preparedness measures that are proposed.	Immediate	Review and update EVD ministerial orders and other administrative procedures	0	0	ESR
1.5	Membership to the Committee / Ebola Task Force at national and in "at-risk" districts are reviewed and updated.	Immediate	Nominate, develop terms of reference and review EVD committee members at National and District levels	0	0	ESR MoH
1.6	Identify, train and designate Incident Managers / Operations Managers who are empowered to make operational decisions.	Immediate	Nominate and train Incident Managers / Operations Managers	7,932,432	9,387.493	MOH WHO ESR
1.7	Establish EOC/IMS personnel at the subnational / district level for localized EOC/IMS coordination and management.	Immediate	Establish EOC/IMS coordination and management at district level	0	0	ESR MOH
1.8	Implementation of a multisectoral and functional committee / Ebola Task Force at the national and subnational / district levels.	Immediate	Social cluster ministries (MOH, MIDIMAR, MIFOTRA, MOD, MINAGRI, MINEDUC,...)	0	0	MoH
1.9	Identify a physical location for the Health EOC.	Immediate	To establish location for EOC at national level/RBC.	0	0	MOH RBC ESR
Component 2: Rapid Response Teams						
	Task	Time frame	Comment/Action	Cost RWF	Cost USD	
2.1	Identify and assign team leader(s) and multidisciplinary members. Equip the team including an ambulance that can deploy within 24 hours.	Immediate	Officially designate RRT team members at national and district levels. Develop terms of reference	0	0	ESR
2.2	Ensure clear lines of responsibilities for the activation and coordination of the RRT in response to potential EVD cases.	1 month	Update and disseminate SOPs for RRTs at national and district levels	0	0	ESR
2.3	Provide the required training for RRTs including case management, specimen acquisition and transport, contact tracing, decontamination, outbreak investigation and social mobilization.	Immediate	Develop training plan and conduct refresher trainings	3,825,000	4,526.627	ESR
2.4	Train the sub-national RRT in surveillance and contact tracing.	1 month	Covered in 2.3 above	0	0	ESR
2.5	Map potential health facilities at the district level that are ready for potential EVD cases	1 month	Conduct mapping of potential HFs ready for EVD cases	2,412,000	2,854.438	ESR WHO
2.6	In the absence of an EVD case in the country after 60 days, conduct at least one simulation exercise to maintain the capacity	1 month	Develop a plan for EVD SIMEX and mobilize HR (as part of full scale	0	0	MOH WHO ESR

	of the RRTs to respond quickly.		functional exercise)			
Component 3: Public Awareness and Community Engagement						
	Task	Time frame	Comment/Action	Cost RWF	Cost USD	
3.1	Develop a comprehensive strategy, plan and budget for engaging with the media and public (including a scaled-up approach). Map out, identify and monitor critical communication networks and rumours.	2 weeks	Conduct Situation analysis/audience and program analysis, develop comprehensive EVD specific communication strategy, develop and cost plan for engaging media and the public	0	0	RHCC
3.2	Establish a functional communication coordination mechanism to engage all stakeholders, including civil society organizations, NGOs, and the community. Map out, identify and train spokespersons/key actors/mobilizers, such as religious leaders, politicians, traditional healers and media in urban and rural areas.	2 weeks	Conduct special meeting to develop and validate key messages and communication tools and establish a communication plan on EVD	0	0	RHCC
3.3	Develop a risk communication strategy and plan. Map out and identify communication capacities and expertise within the public health and other sectors	2 weeks	Develop EVD risk communication strategy, implementation plan and plan to monitor effectiveness of messaging	5,625,000	6,656.805	RHCC
3.4	Develop or adapt, review, translate into local languages, and disseminate, targeted messages for the media, health care workers, local and traditional leaders, churches, schools, traditional healers and other community stakeholders.	2 weeks	Develop and translate key messages to be disseminated to the public through different communication channels eg sms,tv spot, radio jingles, posters etc)	53,122,500	62,866.86	RHCC
Component 4: Infection Prevention and Control (IPC)						
	Task	Time frame	Comment/Action	Cost RWF	Cost USD	
4.1	Strengthen infection prevention and control guidelines and SOPs in all health facilities.	Immediate	Train all staff in identified priority districts on IPC; review and update SOPs for Ebola	0	0	MOH-EHD

4.2	Provide health facilities with basic hygiene, sanitation, disinfection, PPE, and services including running water and electricity. Priority should be given to hospitals; then health centres in priority districts	Immediate	Conduct rapid assessment visit to priority districts		0	MOH-EHD CHUK/B
4.3	Equip and adequately train health-care workers including environmental health personnel, hygienists / cleaners on additional IPC measures and waste management processes, with priority for those in first contact with patients and at all isolation units and treatment centres.	Immediate	Train all concerned staff working in priority districts	9,812,000	11,611.83	MoH-EHD
4.4	Identify and equip health facilities in setting up basic isolation units (2 beds) for potential EVD cases in regional and district hospitals and all designated points of entry.	Immediate	Identified and designated isolation units need to be adequately equipped	0	0	MOH-EHD
Component 5a: Case management					5,874,7500	69,523.67
	Task	Time frame	Comment/Action	Cost RWF	Cost USD	
5a. 1	Designate and set-up at least one facility with adequate supplies and isolation room(s), ready to provide care to a patient or cluster of patients with suspected EVD.	2 weeks	Identify/establish a second facility with adequate supplies and isolation rooms for priority districts in the western part of the country	0	0	MOH
5a. 2	Define and implement all SOPs related to logistic components (procurement, stockpile mobilization, sample transport, telecommunications uses, structures support and maintenance, transport resources mobilization, and security management).	Immediate	Establish and monitor implementation of all these SOPs	0	0	ESR
5a. 3	Identify and train clinical staff on EVD case management and on additional IPC measures, if possible by using experienced clinicians as mentoring staff.	1 month	Train more clinical staff for case management, ensure availability of IPC material in HFs within the priority districts, procure contingency stock of drugs and consumables (including feeding during treatment) for 10 EVD cases	33,436,526	39,569.85	ESR MOH
5a. 4	Equip and adequately train ambulance teams to transport suspect EVD cases	Immediate	Conduct refresher training for ambulance teams in all priority districts. 1	767,432	908.2036	MoH-SAMU

			day sensitization for 30 people			
5a. 5	Identify health facilities at the district level that can be turned into an ETC at short notice	Immediate	Ensure tents, beds, food and other supplies are available/stockpiled to enable the setting up of an ETC within 6 hours of any case; including expertise to set up and run such a facility	To be provided	0	MOH
5a. 6	Identify health facilities at the local level that can be turned into an ETC at short notice	Immediate	To identify health facilities at the local level that can be turned into an ETC at short notice if necessary	0	0	MOH
5a. 7	Supply of none food items		Avail none food item for household with suspected cases	2,345,000	2,652,715	
51. 8	Supply of food and other for quarantine		Avail food and other items for quarantined people	7,624,000	8,624,434	
Component 5b: Safe and dignified burials (SDBs)						
	Task	Time frame	Comment/Action	Cost RWF	Cost USD	
5b. 1	Establish SOPs for safe and dignified burials and decontamination.	Immediate	Adapt and implement SOP for safe and dignified burials and decontamination	0	0	MOH
5b. 2	Equip and train at least one burial team (4 people to carry bodies, 1 to disinfect, 1 community communicator, 1 supervisor, 1 driver).	Immediate	Train at least one burial team from each priority district	767,432	908.2036	ESR
5b. 3	Ensure a dedicated transportation process is in place to bury human remains safely.	Immediate	Avail a dedicated vehicle for this in each priority district (could be made available from existing MoH fleet as standby). Lump sum budget for fuel and maintenance	2,500,000	2,958.58	MOH
5b. 4	Ensure burials teams have access to grave diggers and potential security support during the burial process.	Immediate	Inform and reach written agreement with relevant authorities at the national and district level in each priority district	0	0	MOH
5b. 5	Identify appropriate secured burial ground with agreement of the community.	Immediate	Inform and reach written agreement with relevant authorities at the national and district level in each priority	0	0	MOH

			district			
	Component 6: Epidemiological surveillance					
	Task	Time frame	Comment/Action	Cost RWF	Cost USD	
6.1	Establish a 24/7 hotline or ensure existing emergency numbers can manage alerts. Train staff on alert processes and requests for information related to EVD. Ensure appropriate staffing allowing for shift work and a plan for escalation if needed.	Immediate	Organize a refresher training for hotline operators; hire and train additional hotline staff; Activate 1110 hotline for EVD	248,000	2,944.379	RHCC
6.2	Provide guidance (guidelines, case definitions and investigation forms) to all levels of the healthcare system adapted to the respective level as needed.	Immediate	Update and disseminate EVD specific documents (case definitions, guidelines, investigation tools etc) and reinforce surveillance for EVD by conducting screening at health facilities	0	0	ESR
6.3	Provide specific training on the use of EVD case definitions and completing the investigation forms.	1 month	Conduct refresher training at district hospital level	121,00,000	14,319.53	ESR DHs
6.4	Ensure that an event-based surveillance system is in place and enable timely follow-up of information/rumours from all sources including the community, media, etc.	Immediate	Conduct briefing of journalists on EVD risk communication	1,875,000	2,218.935	RHCC ESR
6.5	Establish immediate lines of reporting for potential EVD cases (dead or alive) with clear authority for such actions.	Immediate	Reinforce timely reporting of immediate reportable diseases within existing IDSR system. Conduct supportive supervision visits to health facilities in priority districts	3,285,288	3,887.915	ESR NRRT
6.6	Test existing surveillance systems for EVD, identify gaps and implement corrective actions where necessary.	3 months	Organize SIMEX (as part of full scale functional exercise)	0	0	ESR Other stakeholders
6.7	Identify human resources for community surveillance (community HCWs, volunteers, NGOs, traditional healer, community leaders, etc.).	1 month	Conduct refresher training on EVD community surveillance for CHW	8,500,000	1,0059.17	DHs
6.8	Disseminate simplified case definitions for community use.	Immediate	Update and disseminate simplified case	0	0	ESR

			definitions for community use			
	Component 7: Contact tracing					
	Task	Time frame	Comment/Action	Cost RWF	Cost USD	
7.1	Contact tracing guidelines and SOPs available and disseminated to the national and subnational level.	Immediate	Adapt/domesticate and implement existing WHO guidelines and SOPs for contact tracing	0	0	RNP Rwanda Red Cross(RRC)
7.2	Train at least one team at the national level on contact tracing and data management	2 weeks	Conduct ToT on contact tracing (7 people)	170,000	201.1834	RNP RRC
7.3	Establish/strengthen the data management system for EVD contact tracing at the national and sub-national levels.	2 weeks	Establish data management system for contact tracing of EVD cases		0	RNP RRC
7.4	Train district level staff on contact tracing.	2 weeks	Conduct refresher trainings on contact tracing for district level staff starting with priority districts (42 people/14 per district)	1,840,296	2,177.865	RNP RRC
7.5	Train sub-district and community level staff on contact tracing and identify a local source of contact tracers for all areas.	2 weeks	Conduct trainings on contact tracing for sub-districts and community level staff in priority districts	0	0	RNP RRC
quarantine	Component 8: Laboratory					
	Task	Time frame	Comment/Action	Cost RWF	Cost USD	
8.1	Establish a national referral laboratory responsible for analysis or specimen handling of biological samples and ensure that referral procedures are known at sub-national level.	Immediate	Conduct training on hazardous material transportation (ToT), avail triple packaging materials at national and district level, conduct orientation on referral procedures in priority district health facilities	6,710,000	7,940.828	NRL
8.2	Develop protocols for specimen collection and shipment from potential EVD cases to a designated reference laboratory for confirmation at national or international level. Ensure distribution and replenishment of triple packaging.	Immediate	Disseminate protocols for specimen collection and shipment at national and district hospital level. Avail Triple packaging at national and subnational level. Ensure material transfer agreements are in place with regional collaborating lab	6,617,000	7,830.769	NRL WHO

8.3	Ensure laboratory personnel are trained on safety procedures and IPC for specimen collection, packaging, labelling, referral & shipment, including certification for the handling of infectious substances.	2 weeks	Conduct training and certification for the handling of infectious substances for identified lab personnel at national and sub national level, ensure contingency funds for the transport of 4 samples to reference lab for confirmation. Procure 25 EBOV RDTs	25,335,125	29,982.4	NRL WHO
8.4	Establish stand-by arrangements and ensure agreements are in place with WHO Collaborating Centres for confirmatory testing and with relevant air-lines to ship samples internationally.	2 weeks	Identify and reach agreements with another lab for EVD testing and confirmation. Ensure written arrangement are in place with airlines for sample shipment to regional labs	0	0	RNL
Component 9: Travel Points of Entry						
	Task	Time frame	Comment/Action	Cost RWF	Cost USD	
9.1	Ensure that a contingency plan is in place at designated PoE (airports, ports and ground crossings).	Immediate	Adapt existing protocols/SOPs and develop contingency plan for PoE	0	0	ESR DGIE
9.2	Identify referral health-care facilities for each PoE and develop an SOP to safely identify, manage and refer potential EVD cases from PoE to a designated hospitals or isolation facility, including the identification of ambulance services.	Immediate	Update and disseminate SOPs	0	0	ESR DGIE
9.3	Identify trained teams, proportional to the volume and frequency of travellers, to detect, assess and correctly manage any potential EVD cases, applying proper IPC procedures.	Immediate	Conduct joint trainings for people at PoEs and deploy additional staff including medical staff	41,790,000	49,455.62	ESR DGIE
9.4	Develop an SOP for implementing exit screening in the event of a confirmed EVD case.	Immediate	Develop SOPs for entry and exit screening	0	0	ESR DGIE
9.5	Ensure each PoE has immediate access to equipment and supplies (PPE, Infrared thermometers, cleaning and disinfecting products, observation/isolation facilities and an ambulance, depending on location).	Immediate	Quantify PPEs, other operational requirements and provide supplies at PoE	47,320,000	56,000	ESR WHO

9.6	Review and test current communication systems between PoE health authorities and conveyance operators, and between PoE health authorities and national health surveillance systems.	Immediate	Reactivate communication system between PoE health authorities and conveyance operators and reintroduce forms for travelers	0	0	ESR DGIE DH
9.7	Sensitize public health authorities and relevant stakeholders at PoE to EVD, review their roles and processes for handling potential EVD cases, and emphasize the need of conveyance operators to immediately notify PoE health authorities of suspect EVD cases.	Immediate	Information for all relevant entities/individuals.	0	0	ESR DGIE DH
Component 10: Budget						
	Task	Time frame	Comment/Action	Cost RWF	Cost USD	
10.1	Define an operational budget for activities (communication, enhanced surveillance, investigation, etc.), pre-epidemic detection and for the preliminary response.	Immediate	Develop and cost comprehensive preparedness plan. Conduct partner and resource mapping. Mobilize resources for immediate implementation of priority activities	0	0	
10.2	Establish or render an easily accessible contingency fund for immediate response to an outbreak at national and other appropriate sites	Immediate	Establish an easily accessible contingency fund for response to an EVD outbreak at national and sub national levels	0	0	
10.3	Identify the legal framework that allows for the spending of emergency funds and the transfer of emergency funds from the central level to all identified locations for emergency use.	Immediate	Conduct assessment of existing legal framework. Seek audience for sensitization of law makers and other relevant entities	0	0	
10.4	Establish a compensation and benefits package for all high-risk workers covering remuneration and motivation for high-risk assignments and compensation in case of infection or death.	Immediate	Define and establish mechanisms for compensation and benefits for high-risk workers	0	0	
10.5	Identify funding sources, including allocation of domestic resources and mechanisms to raise additional resources if necessary, and ensure mechanisms for accessing funding sources are known.	Immediate	Ensure EVD funding advocacy. Develop donor proposal for implementation of critical preparedness activities	2,500,000	2,958.58	
10.6	Develop templates for resource mobilization and for country and donor reporting, including	Immediate	Develop/adapt templates for resource mobilization	0	0	

	mechanisms to monitor and track implementation.		and M&E tools			
Component 11: Logistics						
	Task	Time frame	Comment/Action	Cost RWF	Cost USD	
11.1	Implement logistics component at the IMS coordination level (National and subnational), to define and put in place all requested means within the stipulated time frame and quality standards.	Immediate	Establish IMS with terms of reference, establish minimum operating costs and provide adequate financial and logistic requirements	0	0	
11.2	Evaluate storage capacities and the stock management system in place, identify stockpile needs across all components, and implement an efficient stockpile management system if required, at national level and at district levels.	Immediate	Quantify requirements, cost and advocate for financial resources for EVD stockpile	0	0	
11.3	Identify and ensure all transport requirements for both goods and persons, according to needs and security requirements, across all components. At least one ambulance should be identified and adequately prepared for the transport of Ebola patients (driver should be trained to the specificity of Ebola patient transport)	Immediate	Train staff involved in transport of EVD cases	0	0	
11.4	Evaluate if the existing sample transport mechanism is reliable and operational and, if not, identify and establish an adequate and reliable sample transport system at both national and international levels from the point of origin to the reference lab, including the financial resources for such activities.	Immediate	Quantify and avail sufficient EVD triple packaging and other related sample transport financial resources. Immediately secure agreement with relevant commercial carriers for sample transportation to regional reference lab	0	0	
11.5	Identify and assess potential isolation structures in respect to: infection control and adequate isolation possibilities, waste management, water and power supply.	Immediate	Avail standard isolation facilities at central level and in high risk districts	0	0	
11.6	Identify and train the human resources required to ensure all activities can be implemented (logistics, drivers, safe burial teams, security, administration, procurement, storekeeper, etc.).	2 weeks	Train the human resources involved in implementation of prevention and control of EVD outbreak activities (logistics, drivers, safe burial teams, security,		0	

			administration, procurement, storekeeper, etc.).			
11.7	Map out all available resources including locations of potential for use in the Ebola response with capacity for warehousing and other logistics uses.	Immediate	Conduct mapping of available resources at national level and in subnational levels, particularly in priority districts	0	0	
11.8	Identify suppliers of standard essential items for emergency response locally/ internationally. Assess their delivery capacity/time. Explore possibilities for pre-supply agreements.	Immediate	Establish pre-supply agreements	0	0	
11.9	Identify supply needs (23 essential items), optimise supply chains, define and implement supply SOPs, to reduce delivery time and improve replenishment processes.	2 weeks	Quantify costs, establish logistic management system (including to end point of use/care), update SOPs		0	
11.1	Evaluate the communication network capacity and if required establish a telecommunication system to ensure all operations.	2 weeks	Conduct communication network capacity assessments in all priority districts; quantify requirements and costs for essential telecommunication systems.	0	0	
11.1	Ensure identified medical structures are functioning according to infection control guidelines, with adequate isolation, waste management, water and power supply, with ensured consumables replenishment, and maintenance support.	Immediate	Conduct a rapid assessment in District Hospitals in all priority districts to update the status of structures, IPC, isolation facilities, waste management, water and power supply, consumables replenishment, and maintenance support	0	0	
11.1	Define and implement all SOPs related to the logistics component (procurement, stockpile mobilization, sample transport, telecommunications uses, structures support and maintenance, transport resources mobilization, security management).	Immediate	Develop and implement non-existent guidelines and update the current existing SOPS		0	

12. 1		2 Weeks		7,624,000		
	Grand total			536,998,463	63,5501.1	

Testing and maintaining the contingency plan

Test calendar			
Date	Objective of test	Type of exercise	Responsible staff
	To test thunctionality of preparedness systems set in place	Full scale functional simulation excercise	All relevant sectors

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