

Ebola Virus Disease

Consolidated Preparedness Checklist

Revision 1

15 January 2015



NOTE: This checklist is a revised version of the original Ebola Virus Disease Consolidated Preparedness Checklist.

© World Health Organization 2014

WHO/EVD/Preparedness/14 Rev.1

All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

The views expressed in this document do not necessarily reflect the views or stated policy of WHO.

The Ebola Virus Disease Consolidated Preparedness Checklist Revision 1

The Ebola virus disease (EVD) outbreak in affected countries in West Africa is unprecedented in scale and geographical reach. It has the potential to spread to other countries in Africa and beyond. During the Brazzaville Preparedness meeting in October 2014, WHO identified 4 groups of countries, based on risk assessment, to facilitate more effective implementation of preparedness actions. The risk assessment included factors such as proximity to highly-affected countries, transport and travel routes, health systems development, *inter alia*. This risk assessment will change over time, as the outbreak evolves.

1. Guinea Bissau, Mali, Senegal and Côte d'Ivoire.
2. Benin, Burkina Faso, Cameroon, Central African Republic, Democratic Republic of Congo, Gambia, Ghana, Mauritania, Nigeria, South Sudan and Togo.
3. All other countries on the African continent.
4. Countries in other regions.

The activities contained within the revised checklist are divided into two categories: Minimum Preparedness Requirements and Additional Preparedness Requirements. It is highly recommended that countries in groups 1 and 2 implement both the Minimum and the Additional Preparedness Requirements to ensure that they are ready to effectively manage EVD emergence in their respective countries. Countries in groups 3 and 4 are encouraged to review their levels of readiness and, where needed, implement the Minimum Preparedness Requirements.

This checklist assists countries to assess their level of readiness, and identify concrete actions to be taken. Countries will have the capacity to identify how they will be supported by partners, both national and international, to close potentially existing gaps.

The Ebola Virus Disease Revised Consolidated Preparedness Checklist is based on inputs from various national and international institutions, including WHO, CDC and UN OCHA. It has been utilized in the field and revised following Preparedness Strengthening missions, based on feedback from the field.

It identifies 11 key components and tasks for both countries and the international community that should be completed within 30, 60 and 90 days respectively from the date of assessment, using this list. Minimal required resources in terms of equipment, material and human resources are defined. Key reference documents such as guidelines, training manuals and guidance notes to support the implementation of the key activities for each component.

The key components are:

Component	What this component is about	Why this needs to be in place and ready
Coordination	The IHR Emergency Committee on Ebola, recommended that Member States review, and, as necessary, enhance national public health emergency preparedness and response plans, and national command and coordination structures.	This will minimise duplication of efforts and ensure maximum impact from the limited resources available.
Rapid Response Team (RRT)	Upon detection of a possible EVD event, a rapid response team (or equivalent) should investigate and implement initial controls, including systematic contact tracing.	As countries will not know exactly in which geographical area a first case will emerge, a fully operational RRT is critical to be able to act immediately once a suspected case is reported. They will act as an initial stabilising resource in the earliest phase of the outbreak.
Public Awareness and Community Engagement	Effective risk communication is an essential element of outbreak management. It can harness public trust and enhance behaviour to reduce the risk of EVD exposure.	In currently affected countries, health workers and centres have been attacked as people were highly afraid with false rumours about the disease spread.
Infection Prevention and Control	Adherence to WHO guidelines for infection prevention and control (IPC) will minimize the risk of transmission of EVD in health-care settings and in the community.	The ongoing epidemic in West Africa has caused considerable fatalities in health-care workers (average rate of infections 5-6%). IPC and safe working conditions are critical components to deliver healthcare safely.
Case Management a) Ebola Treatment Centre (ETC)	In the context of patients with Ebola and other viral haemorrhagic fever diseases, clinical care must be strengthened whilst minimizing the risk of transmission to others, including health workers.	The lack of functional ETCs at the beginning of an outbreak can lead to a small outbreak getting out of control. Therefore, designating at least one fully operational ETC facility before a first case occurs is important to contain an outbreak early on.
Case Management b) Safe burials	During an Ebola epidemic, any unprotected handling of the bodies of infected patients who have died constitutes a biosafety hazard.	Unsafe burials of Ebola victims have caused considerable community infection and are one of the main risk factors.
Epidemiological Surveillance	A public health surveillance system should be in place to detect and report any persons with an illness compatible with EVD, or any other unusual health events possibly associated with EVD.	The key to success in controlling EVD is largely dependent on timely and accurate community based surveillance.
Contact Tracing	Contact tracing is defined as the identification and follow-up of persons who may have come into contact with an infected person.	Rapid contact tracing and immediate monitoring is essential to stop/limit transmission to other people.
Laboratory	Testing for suspected EVD cases may be performed in-country, or by referral to a WHO Collaborating Centre for viral haemorrhagic fever. Biosafety guidelines for the handling transport and analysis of highly infectious agents should be followed in all circumstances.	Rapid confirmation of cases is crucial to contain an outbreak, trace contacts and provide emergency healthcare.
Capacities at Points of Entry	Public health emergency plans and standard operational procedures should be in place at international airports, seaports and major land crossings, in accordance with international best practices, agreements, and the IHR (2005).	An effective targeted screening at Point of Entries will help to prevent cross border transportation of EVD cases.
Budget	This is to ensure that both preparedness and response activities are costed in a coordinated and planned manner and sufficient resources are identified to enable rapid implementation.	During an outbreak, there is a need to ensure sufficient funds are available and can be rapidly mobilized at national and subnational levels to prepare for and respond to EVD.
Logistics	This is to ensure that the logistical capacities needed to implement the above listed functional areas are in place. This includes aspects related to supply chain management and staffing required to support the response.	Like budget, logistics is cross cutting and is a vital component for enabling the timely and successful implementation of all preparedness and response functions.

Component 01 – Coordination

Description and Tasks			Key reference documents		
<p>Description: Strengthening of national Incident Management Systems (IMS) to ensure a coordinated response to a potential disease outbreak.</p>			<ul style="list-style-type: none"> • Ebola response road map WHO 2014. • Ebola and Marburg virus disease epidemics preparedness, alert, control and evaluation, WHO 2014. • EOC-Net. • WHO Preparedness Dashboard 		
Minimum Preparedness Requirements		Within days	Yes /No		
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.	30			
1.2	Test coordination and operations through simulation exercises and drills.	30			
1.3	Contingency or emergency plans exist and are fully budgeted for fund identification.	30			
1.4	Review of current policy and legislative frameworks to ensure that they will provide the authorization for the preparedness measures that are proposed.	30			
Additional Preparedness Requirements		Within days	Yes /No		
1.5	Membership to the Committee / Ebola Task Force at national and in "at-risk" districts are reviewed and updated.	30			
1.6	Identify, train and designate Incident Managers / Operations Managers who are empowered to make operational decisions.	30			
1.7	Establish EOC/IMS personnel at the subnational / district level for localized EOC/IMS coordination and management.	30			
1.8	Implementation of a multisectoral and functional committee / Ebola Task Force at the national and subnational / district levels.	30			
1.9	Identify a physical location for the Health EOC.	30			
Resources			Linkages		
<p>Human Resources:</p> <p><i>At national level</i></p> <ul style="list-style-type: none"> • Incident Manager/Operations Manager • Minister of Health • Dedicated representatives from line and technical ministries • Partners • Donor reporting, monitoring and evaluation officer 		<p><i>At subnational level /field level</i></p> <ul style="list-style-type: none"> • The local political leader with decision making power and budget authority • Sub-national Incident Manager /Operations Manager • Local focal point person from line and technical ministries • Representatives from community leaders (religious, women's, youth etc.) 	<p>Equipment / Materials:</p> <ul style="list-style-type: none"> • National Emergency Preparedness plan • Operational Plan • Logistics (office, vehicles, supplies, communication equipment, computers etc.) • Materials for EOC 		
			<p>With other components:</p> <ul style="list-style-type: none"> • All <p>Support provided by:</p> <ul style="list-style-type: none"> • MoH • WHO • CDC • IANPHI • WCC • OCHA 		

Component 02 – Rapid Response Team (RRT)

Description and Tasks			Key reference documents		
<p>Description: A multi-functional team lead by an Epidemiologist/Senior Public Health Officer to investigate potential EVD cases. The Team should investigate and conduct initial controls, including systematic contact tracing, support analysis and interpretation of epidemiological information.</p>			<ul style="list-style-type: none"> Clinical management of patients with viral haemorrhagic fever - A pocket guide for the front-line health worker. WHO 2014. Ebola surveillance in countries with no reported cases of Ebola Virus Disease. WHO, 2014 Contact tracing during an outbreak of Ebola virus disease. WHO AFRO Sep 2014 Potential Ebola therapies and vaccines. WHO, 2014. Use of Convalescent Whole Blood or Plasma Collected from Patients Recovered from Ebola Virus Disease for Transfusion, as an Empirical Treatment during Outbreaks. WHO, 2014. Guidance on temporary malaria control measures in Ebola-affected countries. WHO 2014. 		
Minimum Preparedness Requirements		Within days			Yes /No
2.1	Identify and assign team leader(s) and multidisciplinary members. Equip the team including an ambulance that can deploy within 24 hours.	30			
2.2	Ensure clear lines of responsibilities for the activation and coordination of the RRT in response to potential EVD cases.	30			
2.3	Provide the required training for RRTs including case management, specimen acquisition and transport, contact tracing, decontamination, outbreak investigation, and social mobilization.	30			
Additional Preparedness Requirements		Within days			Yes /No
2.4	Train the sub-national RRT in surveillance and contact tracing.	30			
2.5	Map potential health facilities at the district level that are ready for potential EVD cases.	30			
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 of the RRTs to respond quickly.	30			
Resources			Linkages		
<p>Human Resources:</p> <p><i>At national level</i> <i>At least 1 national team comprising:</i></p> <ul style="list-style-type: none"> Clinicians Epidemiologists Laboratory experts Social mob/anthropologists Logisticians Psychosocial support experts Data managers Access to burial teams 		<p><i>At subnational level /field level</i> <i>At least 1 subnational team comprising:</i></p> <ul style="list-style-type: none"> Clinicians Epidemiologists Laboratory technicians Social mob/anthropologists Logisticians Data clerks Access to burial teams 	<p>Equipment / Materials:</p> <p><i>Each team should be equipped with:</i></p> <ul style="list-style-type: none"> Forms and contact tracing guides Lab materials (EVD blood sample kits, triple packaging sample collection kits for EVD) IEC materials Vehicles Ambulances 	<p>With other components:</p> <ul style="list-style-type: none"> Components 4, 5, 6, 7, 8, 9 <p>Support provided by:</p> <ul style="list-style-type: none"> MoH WHO CDC UNICEF IANPHI UNMEER Other partners 	

Component 03 – Public Awareness and Community Engagement

Description and Tasks			Key reference documents		
<p>Description: Reduce anxiety by communicating technically correct messages to targeted populations and mobilize communities to identify cases by communicating the importance of reporting suspicious cases rapidly.</p>			<ul style="list-style-type: none"> • Key messages for social mobilization and community engagement in intense transmission areas. WHO/ UNICEF 2014. • Psychological first aid during Ebola virus disease outbreaks. WHO 2014 		
Minimum Preparedness Requirements		Within days			Yes /No
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.	30			
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.	30			
3.3	Develop a risk communication strategy and plan. Map out and identify communication capacities and expertise within the public health and other sectors	30			
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.	30			
Additional Preparedness Requirements		Within days	Yes /No		
Not Applicable					
Resources			Linkages		
<p>Human Resources:</p> <p><i>At national level</i></p> <ul style="list-style-type: none"> • Social mob/anthropologists • Media experts • Community health experts • Public relations experts • Representatives from various media sources (health blogger, radio, TV, print) • Focal person from ministries of information, education interior/local government, health, defence, agriculture, rural development • Representatives of religious, women's, youth, etc. groups 		<p><i>At subnational level /field level</i></p> <ul style="list-style-type: none"> • Social mob/anthropologists • Local media persons • Community health workers • Local focal person from ministries of information, education interior/local government, health, defence, agriculture, rural development • Local representatives of religious, women, youth, etc. groups 	<p>Equipment / Materials:</p> <ul style="list-style-type: none"> • IEC materials (posters, megaphones, car stickers, brochures, leaflets, t-shirts) • Moving Cinema Vans/Incentives • Local radios • Local communication network (messages from churches, mosques, community leaders, traditional healers, schools, farmer associations, etc.) 		
			<p>With other components:</p> <ul style="list-style-type: none"> • Components 5, 7, 9 <p>Support provided by:</p> <ul style="list-style-type: none"> • MoH • WHO • CDC • UNICEF • IANPHI • UNMEER • Other partners 		

Component 04 – Infection Prevention and Control (IPC)

Description and Tasks			Key reference documents	
<p>Description: Develop optimum IPC capacity to ensure safe working conditions within healthcare facilities and in the community.</p>				
Minimum Preparedness Requirements			Within days	Yes /No
4.1	Strengthen infection prevention and control guidelines and SOPs in all health facilities.		30-60	
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.		30-60	
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.		60	
Additional Preparedness Requirements			Within days	Yes /No
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.		60	
Resources			Linkages	
<p>Human Resources:</p> <p><i>At national level</i></p> <ul style="list-style-type: none"> • Infection prevention control experts • Water and sanitation experts • Health promotion experts • Administrators • Logisticians • Environmental health experts <p><i>At subnational level /field level</i></p> <p><i>In each high-risk area/district:</i></p> <ul style="list-style-type: none"> • Clinicians • Nurses • IPC professionals • Health promotion persons • Environmental health persons 			<p>Equipment / Materials:</p> <ul style="list-style-type: none"> • Isolation units at all major hospitals (at least 2 beds) • Waste management facilities, including Incinerators • Training materials and job aids • 100 PPE kits • Basic hygiene, sanitation, disinfection and protective equipment (gloves, ABHR, chlorinated water, disinfectant, waste disposal, soaps etc.) • Medical supplies • Sprayers • Incentives 	
			<p>With other components:</p> <ul style="list-style-type: none"> • Components 3, 4, 5, 8, 9 <p>Support provided by:</p> <ul style="list-style-type: none"> • MoH • WHO • UNICEF • UNMEER • MSF • Other partners 	

Component 05a – Case Management

Description and Tasks			Key reference documents		
<p><u>Description:</u> Be prepared to provide safe care for all EVD patients in appropriately equipped facilities.</p>			<ul style="list-style-type: none"> Clinical management of patients with viral haemorrhagic fever - A pocket guide for the front-line health worker. WHO 2014 Potential Ebola therapies and vaccines. WHO 2014 Interim list of WHO essential medicines necessary to treat Ebola cases based on existing guidelines. WHO 2014 Use of Convalescent Whole Blood or Plasma Collected from Patients Recovered from Ebola Virus Disease for Transfusion, as an Empirical Treatment during Outbreaks. WHO 2014 WHO/UNICEF/WFP. Interim guideline: Nutritional care of children and adults with Ebola virus disease in treatment centres. Geneva: World Health Organization; 2014. WHO 2014 		
Minimum Preparedness Requirements		Within days			Yes /No
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.	30			
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).	30			
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.	30			
5a.4	Equip and adequately train ambulance teams to transport suspect EVD cases	30			
Additional Preparedness Requirements		Within days	Yes /No		
5a.5	Identify health facilities at the district level that can be turned into an ETC at short notice.	30			
5a.6	Identify health facilities at the local level that can be turned into an ETC at short notice.	60			
Resources			Linkages		
<p><u>Human Resources:</u> At national level, 24/7, 5 teams (preferably staff from the national reference hospital), each comprising:</p> <ul style="list-style-type: none"> Physicians Nurses Nutritionists Psychosocial experts Ward attendants Cleaners/hygienist Security Waste management personnel Ambulance teams comprising: supervisor, nurses aids, mortuary attendants, disinfection, driver 		<p><u>Equipment / Materials:</u> For each ETC:</p> <ul style="list-style-type: none"> 15 beds 15 mattresses 150 bed sheets Vehicles Ambulances Power and running water Holding (transit) areas Waste management facilities Intravenous fluids (antibiotics, pain killers, antimalarials, etc.) Food for personnel and patients Training materials and job aids for IPC, clinical care and safe burials 300 PPE kits 20 burial kits 20 disinfectants Drugs Hygienist protection materials Triple packaging kits for transporting specimens 			
		<p><u>With other components:</u></p> <ul style="list-style-type: none"> Components 2, 3, 4, 7, 8, 9 <p><u>Support provided by:</u></p> <ul style="list-style-type: none"> WHO MSF Other partners 			

Component 05b – Case Management: Safe and Dignified Burials

Description and Tasks			Key reference documents		
<p><u>Description:</u> Ensure that burials take place safely and in a dignified manner always taking into account local customs.</p>			<ul style="list-style-type: none"> How to conduct safe and dignified burial of a patient who has died from suspected or confirmed Ebola virus disease. WHO 2014. 		
Minimum Preparedness Requirements		Within days			Yes /No
5b.1	Establish SOPs for safe and dignified burials and decontamination.	30			
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).	30			
Additional Preparedness Requirements		Within days			Yes /No
5b.3	Ensure a dedicated transportation process is in place to bury human remains safely.	30			
5b.4	Ensure burials teams have access to grave diggers and potential security support during the burial process.	30			
5b.5	Identify appropriate secured burial ground with agreement of the community.	30			
Resources			Linkages		
<p><u>Human Resources:</u> At national level 2 burial teams per ETC, each comprising:</p> <ul style="list-style-type: none"> People to carry bodies (4) Person to disinfect (1) Person to interact with local community- not wearing PPE (1) Supervisor (1) Driver (1) 		<p><u>Equipment / Materials:</u> For each ETC burial team:</p> <ul style="list-style-type: none"> Additional PPE Body bags Disinfectants Vehicles (pickups 4x4) Radio Phones and credit Appropriate and secured burial ground Mortuary tent/facility 			
			<p><u>With other components:</u></p> <ul style="list-style-type: none"> Components 2, 3, 4, 7, 8, 9 <p><u>Support provided by:</u></p> <ul style="list-style-type: none"> MoH WHO IFRC Other partners 		

Component 06 – Epidemiological Surveillance

Description and Tasks			Key reference documents	
<p>Description: Strengthen surveillance systems for the early detection and reporting of potential EVD cases, leveraging existing event- and indicator- based surveillance systems, with a strong community surveillance component, regular monitoring, verification of rumours, and a 24/7 hotline with a clear and immediate reporting structure.</p>			<ul style="list-style-type: none"> • Ebola surveillance in countries with no reported cases of Ebola virus disease. WHO, 2014 • Investigating cause of death during an outbreak of Ebola virus haemorrhagic fever: draft verbal autopsy instrument. WHO, 2003. 	
Minimum Preparedness Requirements			Within days	Yes /No
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.	30		
6.2	Provide guidance (guidelines, case definitions and investigation forms) to all levels of the healthcare system adapted to the respective level as needed.	30		
6.3	Provide specific training on the use of EVD case definitions and completing the investigation forms.	30		
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.	30		
6.5	Establish immediate lines of reporting for potential EVD cases (dead or alive) with clear authority for such actions.	30		
Additional Preparedness Requirements			Within days	Yes /No
6.6	Test existing surveillance systems for EVD, identify gaps and implement corrective actions where necessary.	30		
6.7	Identify human resources for community surveillance (community HCWs, volunteers, NGOs, traditional healer, community leaders, etc.).	30		
6.8	Disseminate simplified case definitions for community use.	30		
Resources			Linkages	
<p>Human Resources:</p> <p><i>At national level</i></p> <ul style="list-style-type: none"> • Epidemiologists • Data managers • Data clerks • Investigation officers • Hotline operators • Supervisors 		<p><i>At subnational level /field level</i></p> <p><i>In high-risk areas/districts:</i></p> <ul style="list-style-type: none"> • Zonal coordinators • Epidemiologists • Data clerks • District health teams (district health officer, surveillance/investigation officer) 	<p>Equipment / Materials:</p> <ul style="list-style-type: none"> • Epidemiology surveillance materials (guidelines, case investigation forms, etc.) • Database management system • Vehicles/motorcycles • Phones and credit • Gloves and sanitary equipment 	
			<p>With other components:</p> <ul style="list-style-type: none"> • Components 2, 4, 7, 8, 9 <p>Support provided by:</p> <ul style="list-style-type: none"> • MoH • WHO • CDC • WCC • Other partners 	

Component 07 – Contact Tracing

Description and Tasks			Key reference documents		
<p>Description: Establish a system, within the first 72 hours of reporting a CUI/suspect case, to monitor and follow all contacts of the case and implement a data management system.</p>			<ul style="list-style-type: none"> • Contact tracing during an outbreak of Ebola virus disease. WHO-AFRO, 2014. • Ebola surveillance in countries with no reported cases of Ebola virus disease. WHO, 2014. • Contact tracing Infographic. CDC, 2014 • CDC Methods for implementing and managing contact tracing for Ebola virus disease in less-affected countries, CDC, 2014 		
Minimum Preparedness Requirements		Within days			Yes /No
7.1	Contact tracing guidelines and SOPs available and disseminated to the national and sub-national level.	30			
7.2	Train at least one team at the national level on contact tracing and data management.	30			
7.3	Establish/strengthen the data management system for EVD contact tracing at the national and sub-national levels.	30			
Additional Preparedness Requirements		Within days	Yes /No		
7.4	Train district level staff on contact tracing.	30			
7.5	Train sub-district and community level staff on contact tracing and identify a local source of contact tracers for all areas.	30			
Resources			Linkages		
<p>Human Resources:</p> <p><i>At national level</i></p> <p><i>At least one team comprising:</i></p> <ul style="list-style-type: none"> • Epidemiologists • Investigation teams • Data managers • Field supervisors • Contact tracers 		<p><i>At subnational level /field level</i></p> <p><i>In high-risk areas/districts at least one team comprising:</i></p> <ul style="list-style-type: none"> • Epidemiologists • Investigation teams • Data managers • Field supervisors • Contact tracers 	<p>Equipment / Materials:</p> <ul style="list-style-type: none"> • Epidemiology surveillance materials (guidelines, case investigation forms, contact tracing sheets and lists, etc.) • Data management system • Gloves and sanitary equipment • Vehicles/motorcycles • Phones and minutes 	<p>With other components:</p> <ul style="list-style-type: none"> • Components 2, 3, 4, 5, 6 <p>Support provided by:</p> <ul style="list-style-type: none"> • MoH • WHO • CDC • IANPHI • WCC • Other partners 	

Component 08 – Laboratory

Description and Tasks			Key reference documents	
<u>Description:</u> Ensure safe sample collection, transport and analysis of specimens.				
Minimum Preparedness Requirements			Within days	Yes /No
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.		30	
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.		30	
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.		30	
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.		30	
Additional Preparedness Requirements			Within days	Yes /No
Not Applicable				
Resources			Linkages	
<u>Human Resources:</u> <i>At national level</i> <ul style="list-style-type: none"> Lab coordinators Biologists/virologists Lab technicians Data managers Data clerks 		<i>At subnational level /field level- in high-risk areas/districts (health facilities with basic isolation unit):</i> <ul style="list-style-type: none"> Lab technicians 	<u>Equipment / Materials:</u> <ul style="list-style-type: none"> Available laboratory and/or an identified WHO designated reference laboratory 20 sets of triple packaging materials 100 kits of PPE Incinerators Vehicles identified Laboratory consumables 	
			<u>With other components:</u> <ul style="list-style-type: none"> Components 2, 4, 5, 6 	
			<u>Support provided by:</u> <ul style="list-style-type: none"> MoH WHO CDC Other partners 	

Component 09 – Travel/Point of Entry (PoE)

Description and Tasks			Key reference documents		
<u>Description:</u> Ensure that all PoE are ready to manage a potential EVD case at a border crossing.			<ul style="list-style-type: none"> • WHO Interim Guidance for Ebola Event Management at Points of Entry. WHO Sep 2014. • WHO Interim Guidance for Ebola Virus Disease. Exit Screening at Airports, Ports and Land Crossings. WHO Nov 2014. • Travel and transport risk assessment: Interim guidance for public health authorities and the transport sector. WHO Sep 2014. 		
Minimum Preparedness Requirements		Within days			Yes /No
9.1	Ensure that a contingency plan is in place at designated PoE (airports, ports and ground crossings).	30			
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.	30			
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.	30			
9.4	Develop an SOP for implementing exit screening in the event of a confirmed EVD case.	30			
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).	30			
Additional Preparedness Requirements		Within days	Yes /No		
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.	30			
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.	30			
Resources			Linkages		
<u>Human Resources:</u> <i>At each point of entry and official border crossing.</i>		<u>Equipment / Materials:</u> <i>At each point of entry and official border crossing.</i>		<u>With other components:</u> <ul style="list-style-type: none"> • Components 2, 3, 4, 5, 6 <u>Support provided by:</u> <ul style="list-style-type: none"> • WHO • UNMEER • Other partners 	
<ul style="list-style-type: none"> • Nurses / staff trained in case identification • Disinfection staff • Relevant PoE stakeholders identified in the PoE contingency plan 	<ul style="list-style-type: none"> • Basic hygiene sanitation, disinfection and protective equipment (gloves, soaps, chlorinated water, disinfectant, waste disposal, etc.) • PPE • Medical equipment, forms for screening • Infrared thermometers • Observation/isolation room: if possible a separated room, if not, a separated area • Depending on the geographic location, ambulance 				

Component 10 – Budget

Description and Tasks			Key reference documents	
<p>Description: Ensure sufficient funds are available at national and subnational levels to prepare for and rapidly respond to EVD.</p>				
Minimum Preparedness Requirements			Within days	Yes /No
10.1	Define an operational budget for activities (communication, enhanced surveillance, investigation, etc.), pre-epidemic detection and for the preliminary response.		30	
10.2	Establish or render an easily accessible contingency fund for immediate response to an outbreak at national and other appropriate sites			
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.		30	
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.		30	
Additional Preparedness Requirements			Within days	Yes /No
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.		30	
10.6	Develop templates for resource mobilization and for country and donor reporting, including mechanisms to monitor and track implementation.		30	
Resources			Linkages	
<p>Human Resources:</p> <p><i>At national level</i></p> <ul style="list-style-type: none"> Representative from the Prime Minister’s office, with International Organizations, such as World Bank, IMF, EU, WHO, etc. Donor reporting officer Monitoring officer 		<p>Equipment / Materials:</p> <ul style="list-style-type: none"> National emergency preparedness plan with budget and monitoring mechanism 		
			<p>With other components:</p> <ul style="list-style-type: none"> All 	
			<p>Support provided by:</p> <ul style="list-style-type: none"> MoH WB IMF EU Member States of WHO Foundations Other partners 	

Component – 11 Logistics

Description and Tasks			Key reference documents	
<u>Description:</u> Logistics capacities are in place to provide cross functional support.				
Minimum Preparedness Requirements			Within days	Yes /No
11.1	Implement logistics component at the IMS coordination level (National and sub-national), to define and put in place all requested means within the stipulated time frame and quality standards.		30	
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.		30	
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)		60	
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.		30	
11.5	Identify and assess potential isolation structures in respect to: infection control and adequate isolation possibilities, waste management, water and power supply.		30	
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.).		60	
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.		30	
11.8	Identify suppliers of standard essential items for emergency response locally/internationally. Assess their delivery capacity/time. Explore possibilities for pre-supply agreements.		30	
Additional Preparedness Requirements			Within days	Yes /No
11.9	Identify supply needs (23 essential items), optimise supply chains, define and implement supply SOPs, to reduce delivery time and improve replenishment processes.		30	
11.10	Evaluate the communication network capacity and if required establish a telecommunication system to ensure all operations.		60	
11.11	Ensure identified medical structures are functioning according to infection control		30	

- Personal Protective Equipment in the context of Filovirus disease outbreak response. Rapid advice guideline. WHO, 2014.
- How to conduct safe and dignified burial of a patient who has died from suspected or confirmed Ebola virus disease. WHO 2014.
- Supply chain planning and calculator tool (internal document shared with Ministries of health and Country Offices)
- Stock Inventory management system (shared internally with ministries of health and country offices)
- How to safely ship human blood samples from suspected Ebola cases within a country by road, rail and sea. Field situation. WHO 2014.

11.12	guidelines, with adequate isolation, waste management, water and power supply, with ensured consumables replenishment, and maintenance support.	60	
	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).		
Resources			Linkages
<u>Human Resources:</u>		<u>Equipment / Materials:</u>	<u>With other components:</u>
<i>At national level</i>	<i>At subnational level /field level</i>		<ul style="list-style-type: none"> • Components: ALL
<ul style="list-style-type: none"> • Logistics coordinators • Procurement officer • Supply officer • Fleet manager • Warehouse manager 	<ul style="list-style-type: none"> • Logistics officers • Storekeepers 	<ul style="list-style-type: none"> • Transport means • Telecommunications devices • Computers • PPE • Stock management system 	<u>Support provided by:</u>
			<ul style="list-style-type: none"> • WHO • Other partners

ABHR	Alcohol-Based Hand Rub
AFRO	WHO African Regional Office
CDC	United States Centers for Disease Control and Prevention
COMBI	Communication for Behavioural Impact
CUI	Case Under Investigation
EOC	Emergency Operations Centre
ETC	Ebola Treatment Center
EU	European Union
EVD	Ebola Virus Disease
FAO	Food and Agriculture Organization
GSM	Global System for Mobile Communications
HCW	Health Care Workers
IANPHI	International Association of National Public Health Institutes
IEC	Information, Education and Communication
IDSR	Integrated Disease Surveillance
IHR	International Health Regulations (2005)
IMF	International Monetary Fund
IMS	Incident Management Structure
ILO	International Labour Organization
IPC	Infection Prevention and Control
MoH	Ministry of Health
MSF	Médecins Sans Frontières/ Doctors Without Borders
NGOs	Non Governmental Organizations

OCHA	Office for the Coordination of Humanitarian Affairs
PoE	Point of Entry
PPE	Personal Protective Equipment
RRT	Rapid Response Teams
SIMS	Stock Inventory Management System
SoP	Standard Operating Procedures
ToR	Terms of Reference
ToT	Training of Trainers
TTX	Table Top Exercises
UNICEF	United Nations Children's Fund
UNMEER	UN Mission for Ebola Emergency Response
WB	World Bank
WCC	WHO Collaborating Center
WFP	World Food Programme
WHO	World Health Organization