The World Health Organization (WHO), with support from international partner organizations, continues to provide dedicated and on-the-ground preparedness support to Member States in priority countries in the African Region: Benin, Burkina Faso, Cameroon, Central African Republic, Côte d’Ivoire, Ethiopia, The Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Niger, Senegal, South Sudan and Togo. Preparedness activities in all WHO Regions are also continuing.

In priority countries, WHO is implementing operational plans for Ebola preparedness activities with strong support provided by international partner organizations. Ongoing preparedness efforts are directly linked to strengthening health systems and the implementation of the International Health Regulations. The focus is on activities to improve capacities to rapidly detect, identify, report and respond to public health threats.

**Progress overview**

- As of 30 June, 50% of priority countries have achieved a score of 50% preparedness based on the Ebola Preparedness Checklist. This is up from 7% in December 2014 and includes all four countries neighbouring the three most affected by the outbreak.
WHO has supported over 110 countries to determine whether they are prepared to respond to outbreaks of Ebola and other diseases. Fourteen Ebola preparedness officers are being deployed to provide support in priority countries for the next six months. Eleven are currently in their positions in WHO Country Offices. In addition, three experts have been providing support to multiple countries over the same period.

Since October 2014, WHO and its partners have conducted a total of 236 technical deployments to 15 African countries as part of preparedness for potential Ebola outbreaks.

WHO has delivered contingency stocks of personal protective equipment to 28 countries on the African continent.

In June, deployments of subject matter experts took place in seven priority countries: Côte d’Ivoire, The Gambia, Ghana, Guinea-Bissau, Mali, Senegal and Togo.


### Activity Highlights

#### Strengthening capacity in Guinea-Bissau

Following the confirmation of Ebola cases in Boké Prefecture, Guinea, bordering Guinea-Bissau, WHO increased support to strengthen Guinea-Bissau’s capacity to effectively detect and respond to potential Ebola virus disease (EVD) cases. Additional support focused on the two Guinea-Bissau border regions of Gabu and Tombali. WHO has established sub-offices in these regions. In June, WHO provided support to Guinea-Bissau in epidemiological surveillance, local and international coordination, entry screening at points of entry, and community engagement. WHO’s efforts also focused on identifying key gaps, particularly to enhance cross border collaboration and intensifying surveillance measures.

### Capacity assessment in Côte d’Ivoire

In Côte d’Ivoire, WHO conducted an assessment of capacities and gaps in the national logistics system with a focus on safe case management and isolation, transport, communication systems, and supply chain management.

### EVD simulation exercises in Ghana, Mali and Senegal

In Ghana, WHO conducted a follow-up mission to assess the capacity of the standby Ebola treatment centre, discuss rapid response team needs and conduct a logistics capacity assessment. Recommendations included the need for additional training in infection prevention and control, regular skills drills and simulations, such as a national level rapid response team simulation with regional participation. Clarification of the roles of the various emergency committees is also needed. Logistics capacity was also assessed at the Tema Ebola treatment centre, with recommendations made to strengthen several key areas.

In Mali, preparations are underway for a set of simulation exercises planned for end of July, similar to those that have taken place in Senegal.

In Senegal, WHO provided support to the Centre des Operations d’Urgences Sanitaires (COUS) to conduct a simulation exercise used to assess capacity to detect a suspect case at a point of entry, and perform patient isolation, epidemiological investigation, patient transport, contact tracing, safe burial as well as overall coordination and communication. The main areas identified for further strengthening included the use of standard operating procedures and clarification of roles. The activities were carried out at the Kalifourou point of entry and the Tambacounda Ebola treatment centre (ETC).
Infection prevention and control in Togo
In Togo, WHO provided support in infection prevention and control over a four-week period. Activities focused on Strengthening national infection control procedures, building capacity through regional training of trainer (TOT) workshops, and determining material and equipment needs.

Emergency Operations Centre exercise in Sudan
In Sudan, a WHO mission supported the Ministry of Health of Sudan to plan an Emergency Operations Centre functioning exercise in Khartoum, Sudan.

Training of regional preparedness and response teams in The Gambia
In The Gambia, WHO supported a training of regional EVD preparedness and response teams.

ETC handover ceremony in Cotonou, Benin
A handover ceremony of a newly constructed ETC, located at the Cotonou Army Hospital, took place in June in Benin, West Africa. The ETC has 15 tents with a 15-bed capacity, covering different activities including triage, pharmacy, admission and case treatment. This was possible through partnership between the Government of Benin, WHO, the African Development Bank (ADB), and the German Government.

EVD Preparedness Officers’ Workshop, Brazzaville, Congo
As part of support for priority countries, WHO conducted a three-day workshop in June in Brazzaville, for EVD preparedness officers, technical consultants, and WHO staff from the African region. EVD preparedness officers were briefed on technical areas of work such as the International Health Regulations (2005), the integrated disease surveillance and response policy, food safety in Ebola preparedness, and emergency operations centres. They were also briefed on the preparedness team structure at WHO Headquarters in Geneva, funding and donor support, reporting requirements, and health systems strengthening. Technical consultants for infection prevention and control, logistics and coordination and exercises, presented the scope of support they could provide to the officers, and discussed the timetable for their visits to respective countries. The EVD preparedness officers provided an update of their activities and were given the opportunity to share experiences and challenges.
Deployments

Dedicated EVD preparedness officers are being deployed or are already in place in each of the 14 high-risk countries. Their main roles are to support the implementation of preparedness plans, partner coordination, serve as focal points for inter-agency collaboration, provide technical support in their areas of expertise and build capacity of national WHO staff.

Since October 2014, a total of 236 external and WHO personnel have been deployed as part of EVD Preparedness activities in 15 African countries at high risk of EVD. A total of 1772 days of technical work have been completed in these 15 countries during the same period. The average length of deployments has increased over time, as the approach has moved from assessment towards targeted technical support. In June 2015, 15 deployments, including 188 days of technical work, were carried out.

Global preparedness

Significant efforts continue to strengthen EVD preparedness in all WHO regions, including through: regional surveys to assess response capacity; country visits; and post-visit evaluations. All WHO Regional Offices have response plans with Emergency Operations Centres and rapid response teams in place or being established.

Stockpiles of essential protective equipment are now pre-positioned to respond to the immediate needs of countries in the event of an EVD case.

http://apps.who.int/ebola/en/our-work/preparedness
http://evd_prep@who.int
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