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, 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 International Health Regulations to rapidly detect, identify, report and respond to public health threats.

**Progress overview**

- As of May 2015, 50% of priority countries have achieved a score of at least 50% preparedness based on the Ebola Preparedness Checklist. This is up from 7% in December 2014.
- WHO has supported over 110 countries to determine whether they are prepared to respond to EVD and other disease outbreaks.
Fourteen Ebola preparedness officers are being deployed to provide support in priority countries for the next six months. Eleven are currently in their positions.

Since October 2014, WHO and its partners, has conducted over 221 technical deployments to fifteen African countries as part of preparedness for potential Ebola outbreaks.

WHO has delivered contingency response and personal protective equipment to 28 countries on the African continent.

**Progress made by priority countries is regularly updated and shared publicly on the WHO EVD Preparedness Dashboard.**

### Activity Highlights

#### Rapid Response Team in the Gambia

WHO continues to carry out Training of Trainer (TOT) courses to build core teams for EVD preparedness and response in priority countries. Trainees for the course are identified from various regions in each country and trained to conduct subsequent trainings in their areas. In May 2015, WHO Preparedness Officers conducted two regional TOT workshops in The Gambia to establish core, skilled EVD Preparedness and Response teams and to develop a Standard Training Module to be used in their future trainings. Approximately thirty regional trainees attended each workshop.

### Surveillance and Community Engagement in Guinea Bissau

WHO deployed two epidemiologists in partnership with Portugal’s Ministry of Health and two experts in community engagement to Guinea Bissau, to strengthen capacity to detect and report suspect EVD cases. Activities established mechanisms for regular information collecting, reporting and sharing, to improve risk assessment and monitoring, with particular focus on border regions of Gabu and Tombali, where WHO sub-offices are being established. The technical support staff also explored methods to enhance community and religious involvement as well as other audiences including women and youth groups.

### Surveillance and epidemiology in Mauritania

In Mauritania, WHO provided support to surveillance and early warning systems for the detection of Ebola and other infectious diseases.

### Logistics & Case Management (Ebola Treatment Centers) in Benin, Côte d’Ivoire and Senegal

- WHO assisted the setting-up of Benin’s national Ebola Treatment Centre, in Cotonou, and trained national staff from the Ministry of Health and the national Red Cross Society on safe and dignified burials. WHO and the Ministry also reviewed and updated Standard Operating Procedures for carrying out safe and dignified burials, preparing chlorine solutions and disinfecting health facilities and vehicles. In addition, WHO supported the establishment of an electronic stock management system and a response kit, to support a rapid response to any suspected cases of EVD or other disease threats.
- WHO deployed technical logistics support to Abidjan, Côte d’Ivoire to assess the reliability of existing communication network technology and to review other key logistical requirements such as ambulance manufacturing and distribution.
In Senegal, WHO helped assess the capacity and requirements of the existing Ebola Treatment Centre and Emergency Medical Services and provided training in the maintenance and use of Personal Protective Equipment (PPE) and on standards for the transport of Ebola patients. This was carried out in conjunction with an international clinical management course held in Dakar and delivered by WHO and the Integrated Management of Adolescent and Adult Illness Alliance (IMAI).

**Support to WHO Partners**

**Public Health England and the Centers for Disease Control and Prevention**

WHO provided support to Public Health England and the Centers for Disease Control and Prevention for an inter-governmental workshop to strengthen response coordination in Côte d’Ivoire. The workshop highlighted the importance of inter-institutional cooperation and a well-managed Emergency Operations Center for rapid, effective response during a public health crisis.

Approximately forty participants from Côte d’Ivoire government agencies shared experiences on managing the preparation for and response to public health emergencies. Simulation exercises also enabled Côte d’Ivoire to test and review its response procedures.

**Integrated Management of Adolescent and Adult Illness Alliance (IMAI)**

WHO, in collaboration with the Integrated Management of Adolescent and Adult Illness Alliance (IMAI), conducted an international clinical management TOT course in Dakar, Senegal for approximately 40 participants. Key activities focused on infection prevention and control for the clinical team, PPE for Ebola, screening and overall organization of the Ebola Treatment Centre (ETC), clinical care and dead body management among others.

**Deployments**

Dedicated EVD Preparedness Officers are being deployed or are already in place in each of the fourteen high-risk countries. Their main role is 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 221 external and WHO personnel have been deployed as part of EVD Preparedness activities in fifteen African countries at high risk of EVD. A total of 1584 days of technical work have been completed in these fifteen 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 May 2015, Preparedness Strengthening Teams carried out a total of 85 technical working days.

Global preparedness

Significant efforts continue in all WHO Regions to strengthen EVD preparedness, including through regional surveys to assess response capacity, country visits and post-visit evaluations. All WHO Regional Offices have response plans with emergency operating centers 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. In May, three Rapid Response Team preparedness training courses were held in the Eastern Mediterranean Region in the United Arab Emirates, Morocco and Jordan.