
Highlight of efforts made to date towards preparing non-affected countries and regions to respond to potential importation of EVD

Special Session of the Executive Board on the Ebola Emergency

1. The statement from the first meeting of the IHR Emergency Committee¹ on the 2014 Ebola Outbreak in West Africa indicated an urgent importance for countries without cases of Ebola virus disease (EVD), especially in Africa, to be operationally ready for the possible introduction of Ebola so that rapid, decisive and safe actions can be taken to prevent the further spread of disease. This statement contained recommendations on preparedness for all unaffected states and specifically for those with land borders with affected states which included increased levels of surveillance and developing the capacity to “detect, investigate and manage Ebola cases”. The second meeting of the IHR Emergency Committee reiterated these recommendations, highlighting also the need to strengthen education and communication efforts to combat disproportionate fear.

2. During 8 to 10 October 2014, WHO convened a consultative meeting in Brazzaville and brought together international partners to intensify and coordinate efforts aimed at supporting unaffected countries to strengthen their readiness, in line with the Emergency Committee recommendations. One outcome was core principles, standards, capacities and practices that formed the basis for the development of a consolidated Ebola Virus Disease Preparedness Checklist.² This checklist, which builds upon earlier work by multiple organizations and other tools, training and guidance materials, is designed to provide all countries with standard guidance to assess and test their level of readiness to deal with initial cases of EVD. The consultation also identified a list of priority countries in Africa of greatest concern for support based on criteria such as geographical proximity to affected countries, trade and migration patterns and the strength of existing health systems, for which direct support should be provided for those countries to achieve an operational level of readiness as rapidly as possible.

¹ IHR Emergency Committee regarding Ebola http://www.who.int/ihr/ihr_ec_ebola/en/.

² Consolidated Ebola Virus Disease Preparedness Checklist <http://www.who.int/csr/resources/publications/ebola/ebola-preparedness-checklist/en/>.

3. By the second week of December 2014, international Ebola preparedness teams, composed of experts from UNMEER, WHO and international partners, had completed assessment missions to 14 priority countries in Africa: Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Ethiopia, Gambia, Ghana, Guinea Bissau, Mali, Mauritania, Niger, Senegal and Togo. The visits were undertaken urgently to ensure that each country is as ready as possible to detect, investigate and report potential EVD cases and to mount an effective response to prevent a larger outbreak from developing. The joint work by national and international staff has updated national EVD preparedness action plans that have identified gaps and necessary actions for improvement. The plans also provide donor partners with guidance on where support can be most effectively provided to help those countries develop their national capacities and reach the agreed milestones. The visits have generated follow up actions for both the involved countries as well as the international partners and WHO.

4. Beyond the focus on priority countries in Africa, significant efforts have been made in all WHO regions to strengthen Ebola preparedness. Training courses, workshops and simulation exercises have been provided for groups of countries while visits have been made to certain countries in all regions to review capacities, develop action plans and provide direct support. Regional offices also have EVD response plans with emergency operating centres and rapid response teams in place or being established and stockpiles of essential personal protective equipment are being strategically placed to respond to the immediate needs of countries that detect case of EVD.

5. In addition to urgent efforts to ready countries for possible introduction of EVD cases, WHO is engaged in discussions with partners on how to more effectively assist countries to be adequately prepared for a broader range of future health security challenges. Immediate readiness for Ebola and longer term preparedness are both related to health security and health systems. While full details are not yet available at this time, one critical element in going forward is to engage partners to find ways to optimize and harmonize implementation of existing initiatives, including health systems strengthening, International Health Regulations (IHR) core capacity strengthening, the Global Health Security Agenda (GHSA) and numerous bilateral initiatives so their implementation is accelerated and is more synergistic with each other. In this regard, the IHR Review Committee convened on 13–14 November highlighted the need and provided guidance on strengthening implementation of the IHR.

6. A second critical element is to ensure the recovery of health systems in Guinea, Liberia and Sierra Leone, the countries most severely affected by EVD. In this regard, WHO convened a high level meeting of the Countries and partners on 10–11 December to start this process. A third element is to use a stepwise approach to emphasize the strengthening of certain capacities, especially those needed to ensure better early disease detection and surveillance, reporting and communications and rapid and effective emergency response. While all health security and health systems capacities are essential, these capacities are especially important for stopping smaller and more easily contained outbreaks and emerging diseases from growing into large but undetected outbreaks. Responding to outbreaks while they are small will reduce the pressures on countries and global community.

7. All regions have established regional Ebola Task Forces, developed regional response plans, and regularly briefed the health ministries in their countries. AFRO, EURO and WPRO conducted regional online surveys to assess the capacity of countries in their regions to respond to Ebola. In addition, more than 110 countries were supported to strengthen their public health response capacities in relation to EVD; in 75 of these countries, WHO led multi-partners missions for more in-depth assessments of preparedness levels (see table below). Regional Offices also conducted regional or subregional training workshops on risk communication, laboratory testing and biosafety, infection

prevention and control, and case management, and supported the organization of national workshops and simulation exercises in many countries.

Region	Countries supported through preparedness activities, including missions or other interventions by end December 2014
AFRO	39 (Angola, Botswana, Benin, Burkina Faso , Burundi, CAR, Cameroon , Chad, Cote d'Ivoire , DRC, Equatorial Guinea, Eritrea, Ethiopia , Gabon, Gambia, Ghana, Guinea Bissau , Kenya, Lesotho, Madagascar, Malawi, Mali, Mauritania , Mauritius, Namibia, Niger , Republic of Congo, Rwanda, Sao Tomé and Príncipe, Senegal , Seychelles, South Africa, South Sudan, Swaziland, Tanzania, Togo , Uganda, Zambia, Zimbabwe) (multi-partners preparedness missions conducted in 14 countries in bold)
AMRO/PAHO	24 preparedness missions (Antigua and Barbuda, Bahamas, Barbados, Costa Rica, Cuba, Dominica, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and Grenadines, Suriname, Trinidad and Tobago, and Uruguay).
EMRO	20 preparedness missions (Afghanistan, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Lebanon, Libya, Kuwait, Morocco, Occupied Palestinian Territories, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Tunisia, United Arab Emirates and Yemen).
EURO	7 preparedness missions (Albania, Azerbaijan, Kazakhstan, Serbia, the Former Yugoslav Republic of Macedonia, Turkmenistan and Ukraine)
SEARO	9 preparedness missions (Bangladesh, Bhutan, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Timor-Leste, and Thailand)
WPRO	21 countries supported (Cambodia, China, Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands, Mongolia, Nauru, Niue, Palau, Papua New Guinea, the Philippines, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and Viet Nam)

8. Additional regional activities include the following:

9. AFRO developed specific training materials, in collaboration with ISTs and HQ, and made them available for all countries. AFRO is now focused on assisting the 14 countries which were visited to develop and implement budgeted operational plans with support from all partners, including from a recently approved funding proposal to the EC.

10. AMRO/PAHO finalized and shared with all countries a regional framework for strengthening national preparedness capacity, and manages a stockpile of personal protective equipment, including distribution of PPEs to countries on request.

11. EURO, assessed the state of preparedness for management of suspected or confirmed cases of Viral Haemorrhagic Fever (VHF) in all Member States in the European Region in close partnership with the European Commission. Weekly video/audio conferences are being conducted for all 53 Member States. The Regional Office, jointly with European Commission, has developed the protocol and assisted medical evacuations of health professionals from affected countries and also produced and disseminated informational videos for general public in all official languages. EURO briefed and discussed the EVD outbreak and the response with the European Union Council of

Ministers and the European Parliament. The regional plan to strengthen the preparedness of Member States, to investigate suspected cases and to respond to any EVD outbreak is in place.

12. EMRO has shared a complete package of essential public health measures with all EMR countries, based on current WHO guidance, and including animated infographics. A surge plan is in place to rapidly respond and deploy a regional surge team in any country in the region in the event of an outbreak from EVD. EMRO will organize a regional meeting in January to take stock of the country visits findings and develop a regional plan of action to strengthen public health capacities for response.

13. SEARO has developed a roster of specialized personnel who are ready to be mobilized within 48 hours, and are in the process of providing personal protective equipment (PPE) kits and other supplies to countries. All countries have designated health facilities for managing suspected cases while capacity for international shipment of infectious material has been augmented and training on infection control practices are being extensively organized.

14. WPRO developed a regional framework for action to guide country preparedness, and conducted a regional-wide IHR simulation exercise (23 countries participated) to test country and WHO readiness for Ebola response. In addition, 26 countries participated in an online survey on level of country preparedness. Specific support is provided to the Pacific to address special needs and challenges, including through the Pacific IHR Meeting and preparedness planning. A pre-deployment training on Ebola was conducted in Australia in collaboration with the WHO Global Outbreak Alert and Response Network (GOARN) and RedR Australia. WPRO has procured and distributed personal protective equipment (PPE). WHO's advice was provided to the ASEAN plus three countries through the Health Ministers' meeting on Ebola.

15. Overall, the 14 country visits in Africa to assess and support Ebola readiness highlighted significant gaps including lack of emergency operation centres, functional rapid response teams, implementation of minimum standards for infection control or adequate supplies and logistics, There also are significant needs for standard operating procedures for safe burials, for training for contact tracing, stronger laboratory testing capacity and effective communication strategies and community mobilization. Last but not least, IHR core capacities at points of entry across all countries are weak.

16. While some countries in other regions may be better prepared for the emergence of isolated EVD cases, in many countries there are still significant gaps and needs related, for example, to risk communication strategies, standard operating procedures for rapid response teams, training for standard infection prevention and control and case management for EVD, capacity for in-country testing for EVD and for sending specimens to overseas laboratories when needed and capacities at points of entry.

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