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THE NATIONAL EBOLA VIRUS DISEASE PREPAREDNESS AND RESPONSE PLAN (2014-2015)

MINISTRY OF HEALTH & SOCIAL WELFARE
THE GAMBIA

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FOREWORD

Since March 2014, West Africa has been confronted with an unprecedented Ebola Virus Disease outbreak. Despite all efforts made by Governments of the affected countries, and the International Community, the epidemic continues to claim many victims. To prevent further spread of the epidemic, countries are being supported to develop and finalize their preparedness plans for appropriate response in case of an outbreak of Ebola Virus Disease.

The Ministry of Health & Social Welfare developed a plan in April 2014 to ensure a comprehensive and coordinated preparedness and response to Ebola Virus Disease outbreak, with a focus on a) strengthening coordination at the National and Regional levels, b) intensifying active surveillance, c) prompt case management, effective infection prevention and control, and d) advocacy, communication and social mobilization. An Activity Plan was developed in August 2014 following the Accra Special Emergency Interministerial Meeting in July 2014 and recommendations based on the WHO Ebola Response Road Map of August 2014.

The release of new Guidelines and Checklist by WHO for countries in the state of preparedness, led The Gambia to develop a comprehensive and costed strategic plan reflecting the new imperatives of Ebola transmission in the Subregion.

This revised National Ebola Virus Disease Plan, covering a period of one year, focuses on scaling-up and strengthening all aspects of preparedness and response including coordination, surveillance, case management, communication and social mobilization as well as logistics and safety. The National Ebola Virus Disease Task Force will oversee the overall coordination and implementation of the plan, thereby minimizing duplication of efforts and ensuring maximum impact from available resources.

The Principle of One National Plan in which the comparative advantages and interests of Stakeholders and Partners are reflected is inherent in this plan. Therefore, Stakeholders and Partners are encouraged to develop their respective workplans within the scope of the National Ebola Virus Disease Plan as a frame. Further, the document is a living document designed to align the level of Ebola Virus Disease preparedness with the evolvement of risks.

The revision of this National Ebola Virus Disease Plan has been achieved through concerted efforts and participation by all Stakeholders and Partners, including shared vision for an Ebola-free Gambia. We look forward to the required support in the implementation of this plan.

I urge us all to embrace this revised National Ebola Disease Plan.

Honourable Mr. Omar Sey
Minister of Health and Social Welfare

ACKNOWLEDGEMENTS

The process of developing the revised National Ebola Virus Disease Plan was interactive and consultative involving a wide range of Stakeholders and Partners such as NGOs, the Traditional Leadership, and Media, amongst others. Therefore, the Ministry of Health and Social Welfare wishes to acknowledge the invaluable contributions of all participants in the development of the plan.

The development of these guidelines was made possible with the support of The UN System in The Gambia particularly WHO who was the primary funding agent. In this regard, the Ministry of Health and Social Welfare would like to extend sincere gratitude to the WHO Country Representative, Dr. Charles Sagoe-Moses. The contributions of the Deputy Representative of UNICEF, Mr. Rupert James Leighton, and the Executive Director of the National Disaster Management Agency, Lieutenant Colonel Alhagie Sanneh are also appreciated.

The Ministry of Health and Social Welfare is particularly grateful to Drs. Mohammadou Kabir Cham and Abdoulie Dodou Jack for their professional support and guidance throughout the development of the plan.

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The invaluable contribution and the leadership role of the Ministry of Health and Social Welfare for the formulation and drafting of this plan are very much appreciated.

National EVD Coordinator

ABBREVIATIONS AND ACRONYMS

CHN	Community Health Nurse
CHW	Community Health Worker
COMBI	Communication for Behavioural Impact
CUG	Closed User Groups
ETC	Ebola Treatment Center
EVD	Ebola Virus Disease
GSM	Global System for Mobile Communications
HCW	Healthcare Worker
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education and Communication
IHR	International Health Regulations
IPC	Infection Prevention and Control
LMIS	Logistics Management Information System
MCP	Multi hazard Contingency Plan
MFT	Multidisciplinary Facilitation Teams
NEVDP	National Ebola Virus Disease Plan
NPHL	National Public Health Laboratory
NTF	National Task Force
PCR	Polymerase Chain Reaction
PoE	Point of Entry
PPEs	Personnel Protective Equipment
PSM	Procurement Supply Management
RRTs	Rapid Response Teams
SMS	Short Message Service
TV	Television
VHF	Viral Haemorrhagic Fever
WHO	World Health Organization

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TABULAR PRESENTATION OF THE NATIONAL EVD PLAN

A: COORDINATION

Objective 1: Ensure the effective coordination of the components of the NEVD Plan at Central and Regional Levels.

Strategies	Main Activities
1.1 Established procedures for command and control.	1.1.1 Strengthen coordination mechanisms.
	1.1.2 Provide mechanism(s) for clearance of key technical and information products.
	1.1.3 Clarify roles and responsibilities for coordination.

Objective 2: Effectively coordinate preparedness activities to rapidly detect and adequately respond to EVD exposure.

Strategies	Main Activities
2.1 Strengthen the functionality of the NTF and its subcommittees.	2.1.1 Advocate for representation from the highest level of Sectors.
	2.1.2 Develop and adopt TORs for the NTF.
	2.1.3 Conduct regular NTF meetings and updates from Subcommittees and other Sectors whose activities may be affected by the EVD outbreak.
	2.1.4 Establish a Secretariat for the EVD coordination.
2.2 Strengthen the existing Regional Coordination Structures and Mechanisms.	2.2.1 Repurpose the Regional Epidemic Management Committees into Regional Task Forces.
	2.2.2 Develop TORs for the Regional Task Forces.
	2.2.3 Support Regional Task Force meetings.
	2.2.4 Strengthen the operations of the Regional Task Forces.
	2.2.5 Identify focal persons at each Regional Task Force to oversee coordination and information sharing.
	2.2.6 Repurpose the Multidisciplinary Facilitation Teams at the district level.
2.3 Strengthen monitoring of the NEVD Plan.	2.3.1 Conduct periodic reviews of the implementation status of the plan.
	2.3.2 Ensure regular reporting on EVD from the surveillance component of the plan.
2.4 Support resource mobilization for EVD preparedness and response operations.	2.4.1 Establish a resource mobilization subcommittee.
	2.4.2 Develop TORs, resource mobilization plan and strategy.
	2.4.3 Establish a mechanism to manage funds for EVD operations.
	2.4.4 Conduct regular review meetings on the status of the Ebola resources.
2.5 Public information management.	2.5.1 Minimize risk communication by ensuring that information issued to the general public is accurate and timely.
	2.5.2 Ensure regular press releases on level of preparedness and response.
	2.5.3 Organize regular media briefings on EVD.

2.6 Enhance Human Resources for Implementation of the NEVD Plan.	2.6.1 Mobilize and assign human resources as applicable.
	2.6.2 Sustain sufficient human resources to implement the NEVD preparedness and response plan.
Objective 3: Align the level of EVD preparedness with the evolvement of risks.	
Strategies	**Activities**
3.1 Strengthen the linkage between the Gambia Multihazard Contingency Plan (MCP) and NEVDP	3.1.1 Review the Disease Outbreak component of the MCP.
	3.1.2 Identify and designate an EVD Incident Manager.
	3.1.3 Provide guidance on key actions to be taken during the EVD outbreak management.
3.2 Establish a central emergency command center.	3.2.1 Provide logistics support to operationalize the central emergency command center.

B: EPIDEMIOLOGICAL AND LABORATORY SURVEILLAANCE	
B1: EPIDEMIOLOGICAL SURVEILLANCE	
Objective 1: Strengthen the surveillance system for EVD in communities, at health facilities and at PoEs.	
Strategies	**Activities**
1.1 Scale-up EVD surveillance to enhance early detection and interruption of transmission within the context of the IDSR strategy.	1.1.1 Print and distribute adapted surveillance tools to all healthcare workers involved in surveillance activities at all levels of service.
	1.1.2 Train all surveillance officers on the use of adapted EVD surveillance tools.
	1.1.3 Train surveillance officers on the use of screening equipment to improve timely case detection.
	1.1.4 Sensitize all PoE staff on EVD surveillance and infection prevention and control measures.
	1.1.5 Establish functional temporary holding facilities at PoEs to facilitate isolation of travellers with suspected EVD.
	1.1.6 Ensure that appropriate PPEs are available for surveillance activities.
	1.1.7 Ensure that there is a reliable source of water supply, basic sanitation and hand washing facilities at all PoEs.
	1.1.8 Conduct regular monitoring and supportive supervisory visits to all levels of service with emphasis on where the risk is greatest.
	1.1.9 Produce regular monitoring reports from all regions.
	1.1.10 Provide regular surveillance reports and updates.

Strategy 1.2 Scale-up and strengthen community-based surveillance for EVD.	1.2.1 Conduct a TOT for Community Health Nurses (CHNs) who will train Community Health Workers (CHWs) in their respective circuits using the community-based case definition for alert cases of EVD.
	1.2.2 Engage local government authorities, traditional leaders and civil society organizations in community-based EVD surveillance.
	1.2.3 Facilitate and support information sharing among local government authorities and traditional leaders.
	1.2.4 Strengthen logistics support for all CHNs to improve supervision and reporting from communities.
	1.2.5 Provide an effective mechanism to ensure more respondents on the 1025 toll free service.
Strategy 1.3 Strengthen active case search, contact tracing and follow-up in all districts with specific reference to districts with international borders and urban centers.	1.3.1 Train Rapid Response Teams (RRTs) at national and regional levels on early detection using national EVD guidelines and protocols.
	1.3.2 Establish effective communication linkages between PoEs, health facilities and the treatment centers.
	1.3.3 Provide sustainable “Closed User Groups” (CUG) facilities for all PoEs, field surveillance officers and treatment centers.
	1.3.4 Train field surveillance officers on contact tracing, reporting and follow-up.
	1.3.5 Engage communities to facilitate active case search, contact tracing and reporting.
	1.3.6 Provide logistics support for RRTs and surveillance officers to conduct active case search, contact tracing, reporting and follow-up operations.
Objective 2: Improve data and information sharing on EVD surveillance.	
Strategies	**Activities**
2.1 Strengthen data management system to enhance effective EVD surveillance.	2.1.1 Improve the current IDSR database and management system for EVD surveillance at national and regional levels.
	2.1.2 Strengthen and expand reliable internet access to all Regional Health Management Directorates and health facilities.
	2.1.3 Ensure that the necessary logistics and resources for data management are available.
	2.1.4 Ensure that the required logistics support for reporting and sharing information with stakeholders is available.
	2.1.5 Train all data collectors and managers at all levels of service on EVD data management.
	2.1.6 Produce regular national and regional updates and share with stakeholders and partners.

2.2 Strengthen reporting system for EVD surveillance within the context of IDSR.	2.2.1 Orientation of health staff at all levels of service on established EVD reporting.
	2.2.2 Provide communication support facilities for health staff at all levels involved in reporting on EVD surveillance.
	2.2.3 Central and Regional levels to conduct monitoring and supervision to ensure regular reporting including zero reporting on EVD.
Objective 3: Harmonize EVD surveillance at all levels with the International Health Regulations (IHR, 2005).	
Strategies	**Activities**
3.1 Ensure effective implementation of EVD activities in all communities, health facilities and PoEs in accordance with IHR (2005).	3.1.1 Print and distribute relevant IHR protocols and guidelines to all PoEs, health facilities and field surveillance officers.
	3.1.2 Train PoE staff, health facility staff and field surveillance officers on IHR and use of guidelines.
	3.1.3 Conduct regular meetings with partners to ensure conformity in the implementation of IHR.
	3.1.4 Engage all high level officers on EVD surveillance within the context of IHR.
	3.1.5 Engage relevant Government Institutions and Stakeholders on EVD surveillance within the context of IHR.

B2: LABORATORY SURVEILLANCE	
Objective 1: Provision of reliable and sustainable laboratory services to support EVD preparedness and response.	
Strategies	**Activities**
1.1 Strengthen the laboratory system to collect, package, store, and ship specimens to WHO-recognized Laboratory.	1.1.1 Review, adapt and disseminate laboratory protocols to the six hospitals and four ETCs.
	1.1.2 Provide sample collection materials and PPEs to the six hospitals and four ETCs.
	1.1.3 Train laboratory technicians assigned to the six hospitals and four ETCs on the use of guidelines and protocols for the collection, packaging, storage, and shipment of specimens.
	1.1.4 Provide continuing training to laboratory technicians on sample collection, storage, packaging and shipment.
	1.1.5 Provide safe shipment materials to all six hospitals and four ETCs.
	1.1.6 Provide EVD specimen shipment guidelines to the six hospitals and four ETCs.
	1.1.7 Provision of logistic to support sample transportation.
	1.1.8 Conduct monitoring of all six hospitals and three ETCs related to sample collection, packaging and shipment.

C: CASE MANAGEMENT	
Objective 1: Institute prompt and effective isolation and transportation for all suspected, probable and confirmed cases.	
Strategies	**Activities**
1.1 Prompt isolation of all suspected and probable cases.	1.1.1 Identify an area or a room in all health facilities (public and private) and border posts to hold a suspected or probable case.
	1.1.2 Ensure that all six hospitals have operational isolation rooms with two beds.
1.2 Prompt and safe transportation of all suspected and probable cases.	1.2.1 Mobilize and sustain sufficient human resources to operationalize the three flying squads.
	1.2.2 Provide logistics support to operationalize flying squads on 24-hour call shifts.
	1.2.3 Continuing training and simulation exercises for the three flying squads.
Objective 2: Institute prompt diagnosis and treatment for all suspected, probable and confirmed cases.	
Strategies	**Activities**
2.1 Prompt diagnosis for all suspected and probable cases.	2.1.1 Facilitate the confirmation of EVD by means of an Ebola PCR test in less than 48 hours.
2.2 Institute preliminary treatment for all suspected and probable cases.	2.2.1 Ensure that a stockpile of medical and non-medical supplies for treatment of suspected and probable cases are available at all the six hospitals.
	2.2.2 Train lead EVD doctors in all six hospitals on management of EVD cases.
	2.2.3 Provide support to the Lead EVD doctors to conduct training for the EVD care teams in all the six hospitals.
2.3 Set up four ETCs for the diagnosis and treatment of suspected, probable and confirmed EVD cases.	2.3.1 Mobilize and sustain sufficient human resources to operationalize the four ETCs.
	2.3.2 Conduct continuing training of all staff and simulation exercises at the four ETCs.
	2.3.3 Provide reimbursable imprests to four ETCs for operations.
	2.3.4 Refurbish and restructure identified site (Soma) to manage 15 suspected, probable or confirmed cases.
	2.3.5 Identify, refurbish and restructure a suitable site in Basse to manage 15 suspected, probable or confirmed cases.
	2.3.6 Provide incinerators and soakaways for disposal of liquid and solid waste in all four ETCs.
	2.3.7 Provide each ETC with a dedicated utility vehicle.
	2.3.8 Provide 'discharge package' to all patients discharged from the four ETCs.

Objective 3: Ensure effective IPC practices.	
Strategies	**Activities**
3.1 Strengthen routine, standard IPC in all health facilities.	3.1.1 Train staff in all heath facilities on standard IPC.
	3.1.2 Provide IPC training materials guidelines and posters to all health facilities.
	3.1.3 Provide all hospitals, health centers and clinics in the country with materials for hand washing on a continuous basis.
	3.1.4 Conduct spot visits for ensuring adherence with IPC protocols.
3.2 Institute effective IPC protocols during isolation and management of suspected, probable and confirmed cases.	3.2.1 Ensure staff providing care consistently and correctly use appropriate PPEs.
	3.2.2 Implement appropriate waste disposal procedures in all isolation and ETCs.
	3.2.3 Provide logistics support for decontamination during isolation and management of suspected, probable and confirmed cases.
3.3 Ensure safe and dignified burial practices.	3.3.1 Mobilize and sustain sufficient human resources to operationalize four burial teams from the four ETCs.
	3.3.2 Train the four burial teams on safe and dignified burial practices.
	3.3.3 Provide logistics support to conduct safe and dignified burial practices.
3.4 Effective decontamination of physical structures and materials.	3.4.1 Train the four burial teams to serve as decontamination teams.
	3.4.2 Provide logistics support to operationalize the decontamination teams.
Objective 4: Provide a comprehensive psychosocial package to healthcare workers, patients and families.	
Strategies	**Main Activities**
4.1 Effective psychosocial support to healthcare workers, patients and their families.	4.1.1 Develop psychosocial support guidelines.
	4.1.2 Conduct training on psychosocial support guidelines.
	3. Identify and train family support groups on psychosocial support interventions.
	4.1.4 Develop SOPs for referral to psychosocial support services.
	4.1.5 Conduct quality and effective EVD counselling services.
4.2 Strengthen family support systems for orphans and elderly as a consequence of EVD	4.2.1 Identify and upgrade shelters for orphans and elderly.
	4.2.2 Identify and sensitize foster families for orphans.
	4.2.3 Reintegrate orphans into foster families or residential care homes.
Objective 5: Ensure case management staff are motivated.	
Strategies	**Activities**
5.1 Establish a comprehensive package of incentives for staff involved in case management.	5.1.1 Use level of risk exposure to EVD to compute comprehensive package of incentives.
	5.1.2 Life insurance and death benefit available to each category of staff.

D: COMMUNICATION AND SOCIAL MOBILIZATION	
Objective 1: Increase awareness and knowledge on prevention and control of EVD among the general population.	
Strategies	**Activities**
1.1 Communication for Behavioural Impact (COMBI).	1.1.1 Identify a communication spokesperson for EVD.
	1.1.2 Organize regular radio and TV panel discussions and phone-in programmes.
	1.1.3 Mobilize and engage local government authorities.
	1.1.4 Develop and produce communication support materials.
	1.1.5 Periodic review and updating of communication messages and materials.
	1.1.6 Organize regular media briefings for Media Houses.
	1.1.7 Train health workers on risk communication skills and rumour management.
	1.1.8 Expand the number of telephones and provide additional capacity to the National EVD Call Center.
Objective 2: Strengthen the capacities of community structures in promoting EVD prevention messages.	
Strategies	**Activities**
2.1 Social mobilization and community engagement.	2.1.1 Support district level mobilization for district and community structures.
	2.1.2 Organize orientation meetings for media heads and editors.
	2.1.3 Mobilize and engage organized women groups for community action.
	2.1.4 Strengthen capacity of civil society networks to conduct community engagement activities on EVD.
	2.1.5 Organize regional and district level sensitization meetings with school authorities on EVD.
	2.1.6 Continue sending SMS messages to mobile phone subscribers through GSM providers.
	2.1.7 Engage volunteers to conduct house-to-house sensitization campaigns.
	2.1.8 Conduct community-based field recordings to collect information on EVD.
	2.1.9 Conduct interactive community-based IEC activities on EVD.
	2.1.10 Use field activity days to raise awareness on EVD.
Objective 3: Promote community participation in the prevention and control of EVD.	
Strategies	**Activities**
3.1 Advocacy for community engagement on EVD.	3.1.1 Mobilize Multidisciplinary Facilitation Teams to engage communities.
	3.1.2 Engage policy and decision-makers on EVD.
	3.1.3 Engage pupils and teachers as “Agents of Change”.
	3.1.4 Engage youths and youth groups on EVD.

Objective 4: Coordinate and monitor all communication interventions and material development both at the national and regional levels.	
Strategies	**Activities**
4.1 Participatory monitoring and supervision.	4.1.1 Monitoring and supervisory visits at national, regional and district levels.
	4.1.2 Development of a monitoring checklist.
	4.1.3 Conduct a study to evaluate the level of EVD awareness among the general population.

E: LOGISTICS AND SAFETY	
E1: LOGISTICS	
Objective 1: Ensure timely availability of sufficient and appropriate logistics requirements for EVD preparedness and response.	
Strategies	**Activities**
1.1 Strengthen Procurement Supply Management (PSM) system for EVD preparedness and response operations.	1.1.1 Collate specifications and quantifications for EVD logistics requirements.
	1.1.2 Provide and distribute the required logistics on timely basis.
	1.1.3 Streamline roles and responsibilities in the procurement, requisition and distribution of logistics.
	1.1.4 Advocate for the integration of EVD logistics requirements into the existing Logistics Management Information System (LMIS).
E2: SAFETY	
Objective 1: Ensure safety and security for healthcare workers, volunteers, patients and treatment facilities.	
Strategies	**Activities**
1.1 Strengthen the security services of ETCs.	1.1.1 Provide clear ToRs for the security services.
	1.1.2 Identify and quantify the types of security personnel required for each ETC.
	1.1.3 Engage the Ministry of Interior for the deployment of security personnel to each ETC.
	1.1.4 Provide logistics support for the security service.
1.2 Provide security for healthcare workers and volunteers at the community level.	1.2.1 Engage community leaders on the role of healthcare workers and volunteers in EVD operations.
	1.2.2 Provide security escort during social mobilization, surveillance, contact tracing and safe burials.
	1.2.3 Provide logistics support for the security services.

MONITORING AND EVALUATION FRAMEWORK

The implementation of the NEVDP will be monitored on a regular basis using a combination of outcome and operational response performance indicators corresponding to the preparedness stage of the country to rapidly detect and respond to an Ebola exposure. In this context, Table 1 shows the performance indicators to be monitored.

Table 1 Performance Operational Response Indicators.

COMPONENTS	PERFORMANCE OPERATIONAL RESPONSE INDICATORS
1. Coordination	1.1 Number of meetings held 1.2 % of high level representation 1.3 Proportion resources mobilised against the plan
2. Case Management	2.1 Presence of an isolation unit for Ebola case investigation and management 2.2 % of suspect and/or new cases isolated with proper PPE and barrier measures within 3 hours of identification
3. Diagnosis	3.1 Verified access to diagnostic capacity in a WHO-recognized laboratory 3.2 % of samples under shipment to a WHO recognized laboratory within 24 hours
4 Surveillance and contact tracing	4.1 Verified strategy for identifying and monitoring the contacts of any suspected Ebola case 4.2 % of weekly active surveillance reports for clusters of unexplained deaths or febrile illness 4.3 % of cases with contact tracing implemented within 24 hours 4.4 % of contacts followed-up for 21 days
5. Social Mobilization	5.1 Public information and risk communications campaign initiated within 48 hours of case confirmation
6. Safe burials	6.1 % of burials conducted by trained and properly equipped burial teams

SUMMARY INDICATIVE COSTINGS

EVD PLAN SUMMARY COST	US$		GMD
COORDINATION	485,753.7	10.2%	20,887,410.50
EPIDEMIOLOGICAL AND LABORATORY SURVEILLANCE	906,416.4	19.1%	38,975,904.50
CASE MANAGEMENT	1,264,907.5	26.6%	54,391,022.50
COMMUNICATION AND SOCIAL MOBILIZATION	1,191,987.0	25.1%	51,255,441.00
LOGISTICS AND SAFETY	902,226.0	19.0%	38,795,718.00
TOTAL	**4,751,290.6**		**204,305,496.5**

Objectives by Area

Coordination	1. Ensure the coordination of the components of the National EVD Plan at Central and Regional Levels	**14,277.38**	2.9%	**613,927.50**
	2. Effectively coordinate preparedness activities to rapidly detect and adequately respond to Ebola exposure	**221,726.35**	45.6%	**9,534,233.00**
	3. Align the level of preparedness with the evolvement of risks	**49,750.00**	10.2%	**2,139,250.00**
Epidemiological & Laboratory Surveillance	1.Strengthen the surveillance system for EVD in communities, at health facilities and at the points of entry (PoE)	**715,625.71**	79.0%	**30,771,905.50**
	2. Improve data and information sharing on EVD surveillance	**111,412.79**	12.3%	**4,790,750.00**
	3.Harmonize EVD surveillance at all levels with the International Health Regulations (IHR, 2005)	**511,753.73**	56.5%	**22,005,410.50**
	4. Provision of reliable and sustainable laboratory services to support EVD preparedness and response	**511,753.73**	56.5%	**22,005,410.50**
Case Management	1. Institute prompt and effective isolation and transportation for all suspected, probable and confirmed cases	**411,355.00**	32.5%	**17,688,265.00**
	2. Institute prompt diagnosis and treatment for all suspected, probable and confirmed cases	**445,770.00**	35.2%	**19,168,110.00**
	3. Ensure optimal infection prevention and control procedures	**316,140.00**	25.0%	**13,594,020.00**
	4. Ensure the availability of a comprehensive psychosocial package to healthcare workers, patients and families	**28,142.50**	2.2%	**1,210,127.50**
	5. Ensure case management staff are motivated	**63,500.00**	5.0%	**2,730,500.00**
Communication & Social Mobilization	1.Increase awareness and knowledge on prevention and control of EVD among the general population	**479,257.50**	40.2%	**20,608,072.50**
	2. Strengthen the capacities of community structures in promoting EVD prevention messages.	**478,569.50**	40.1%	**20,578,488.50**
	3.Promote community participation in the prevention and control of EVD	**90,400.00**	7.6%	**3,887,200.00**
	4. Coordinate and monitor all communication interventions and material development at national and regional levels.	**143,760.00**	12.1%	**6,181,680.00**
Logistics & Safety	1. Ensure timely availability of sufficient and appropriate logistics requirements for EVD preparedness and response operations	**840,231.00**	93.1%	**36,129,933.00**
	2. Ensure safety and security for healthcare workers, volunteers, patients and treatment facilities	**64,095.00**	7.1%	**2,756,085.00**

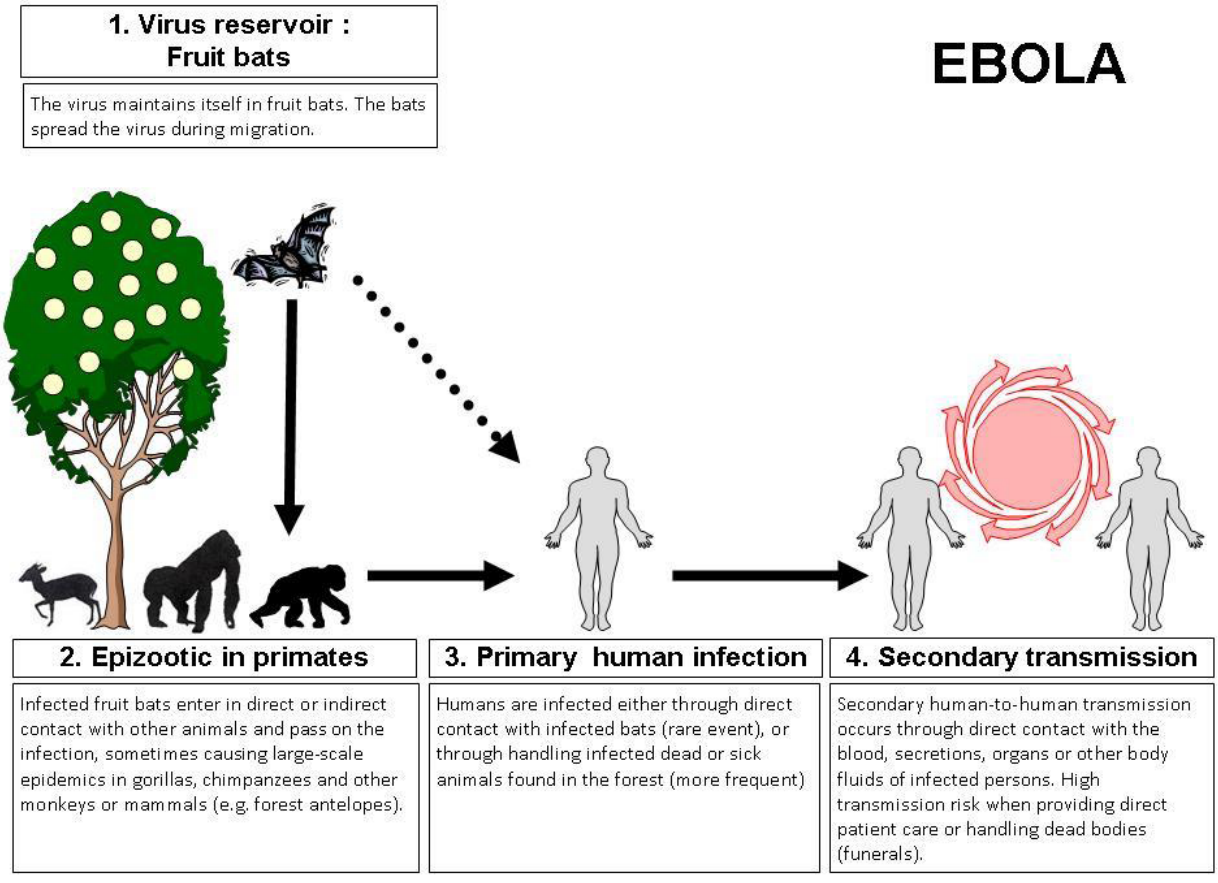
INTRODUCTION

Ebola Virus Disease (EVD) is one of the Viral Haemorrhagic Fever (VHF) Syndromes. It is caused by Ebola virus which belongs to the Filoviridae Family (Filovirus). There are five distinct species of the virus: Bundibugyo, Côte d'Ivoire, Reston, Sudan, and Zaïre. The Zaïre, Sudan and Bundibugyo subtypes have been associated with large VHF outbreaks characterized by high person-to-person transmission and a case fatality rate ranging from 25% to 90%.

Even though the natural reservoir of the Ebola virus has not been conclusively identified, fruit bats of the Pteropodidae are considered natural hosts of filoviruses. Fruit bats belonging to the genera Hypsignathus, Epomops, and Myonycteris are considered possible hosts of the Ebola virus.

In Africa, the infection of human cases with EVD has occurred through the handling of infected chimpanzees, gorillas, monkeys, bats, forest antelopes, and porcupines (Figure 1).

Figure 1: Hypothesis of Ebola virus transmission at the human-animal interface



Person-to-person transmission of Ebola virus occurs through direct contact (through broken skin or unprotected mucous membranes [e.g., eyes, nose and mouth]) with the blood, secretions, organs, or other body fluids of infected persons, putting healthcare workers and the community at risk. It is also spread through contact with contaminated objects (like syringes) or infected animals, for example, through processing of bush meat. Burial ceremonies in which relatives and friends have direct contact with the body of the deceased person also play a significant role in the transmission of the virus. Healthcare workers have been infected while treating Ebola patients, through close contact without correct infection control precautions and inadequate barrier nursing procedures. To date, approximately 9% of Ebola patients have been healthcare workers. The incubation period, from exposure to when signs or symptoms appear, ranges from 2 to 21 days, with an average of 8 to 10 days.

Filoviruses are highly infectious agents and certain precautions must be applied when handling them. Laboratory tests on the active virus present an extreme biohazard risk. WHO in such instances recommends that such tests be conducted in biosafety level 4 (BSL4) laboratories only. Conversely, the laboratory may conduct tests on inactivated specimens in order to confirm the diagnosis through detection of viral RNA or virus-specific antibodies.

Summary of Current Ebola Virus Disease Outbreak

In March 2014, the Republic of Guinea officially notified WHO of an EVD outbreak. Since then the outbreak has spread to seven different countries (Liberia, Sierra Leone, Nigeria, Senegal, USA, Spain and Mali). As of 31 October 2014 (WHO Situation report), a total of 13 567 confirmed, probable, and suspected cases of EVD have been reported in six affected countries (Guinea, Liberia, Mali, Sierra Leone, Spain, and the United States of America) and two previously affected countries (Nigeria, Senegal) up to the end of 29 October 2014. There have been 4951 reported deaths.

The outbreaks of EVD in Senegal and Nigeria were declared over on 17 October and 19 October 2014, respectively. EVD transmission remains persistent and widespread in Guinea, Liberia, and Sierra Leone. All administrative districts in Liberia and Sierra Leone have now reported at least one confirmed or probable case of EVD since the outbreak began. Cases of EVD transmission remain lowest in Guinea, but case numbers are still very high in absolute terms. Transmission remains intense in the capital cities of the three most affected countries. Cases and deaths continue to be under-reported in the outbreak.

Of the countries with localized transmission, Mali, Spain and the United States of America continue to monitor potential contacts. In Mali, a 2-year-old girl died of Ebola on 24 October, after travelling with her grandmother from Guinea. The case makes Mali the sixth West African nation to be affected in the current Ebola outbreak.

In Spain, the single patient with EVD tested negative for the disease for a second time on 21 October. Spain will be declared free of EVD 42 days after the date of the second negative test, unless a new case arises during that period. In the US, two healthcare workers have tested negative for Ebola for the second time, and have been discharged from hospital. Another healthcare worker remains in isolation and is receiving treatment.

As of 28 October 2014, there have been 66 cases (38 confirmed, 28 probable) of Ebola virus disease (EVD) reported in the Democratic Republic of the Congo, including eight among healthcare workers (HCWs). In total, 49 deaths have been reported, including eight among HCWs. All suspected cases have now been discarded. This is however a different outbreak.

No new reported contacts are being followed. Twenty days have passed since the last reported case tested negative for the second time and was discharged. The Democratic Republic of the Congo will therefore be declared free of EVD 42 days after the date of the second negative test if no new cases are reported. This outbreak is unrelated to the outbreak that originated in West Africa.

Justification for the National EVD Plan

The geographic proximity of The Gambia to the epidemic foci in Guinea, Liberia and Sierra Leone, together with extensive population movements across porous borders, puts The Gambia at particular high risk of importation of the Ebola virus. Further, the current outbreak of EVD in these countries with the likelihood of spreading within the West African subregion and beyond has made it imperative that a robust and sustainable surveillance system is put in place in The Gambia with emphasis on early detection of any imported case of EVD and on prompt action to prevent its spread.

Based on these considerations, the Ministry of Health & Social Welfare, in collaboration with Stakeholders and Partners developed a National EVD Plan, which proposes investment in ensuring preparedness and response to an Ebola outbreak in the country within the International Health Regulations (IHR, 2005) to protect both the local and international community by taking measures that will prevent introduction of the Ebola virus and ensure prompt detection and appropriate response.

CASE SCENARIOS

It is understood that if the outbreak is not well controlled initially and resources in one Region are stretched, then staff and resources can be reallocated to other Regions. It is also assumed that The Gambia will prepare itself to be able to contain and control an initial outbreak of a single case or several cases similar to that faced by our colleagues in Senegal or Nigeria but that if these control measures are overwhelmed or inadequate then external support will be necessary.

There are three likely scenarios that could happen in The Gambia in case of an EVD outbreak. These are elaborated below.

Best Case Scenario

One suspected case showing signs and symptoms of EVD arrives in the country from the affected areas through one of the key entry points. The suspected case is promptly detected and isolated by the surveillance team at the Point of Entry (PoE).

The suspected case is then investigated by the Rapid Response Team (RRT) and ultimately handed over to the Flying Squad and transferred to an Ebola Treatment Centre (ETC) with a holding facility or an isolation room within a hospital. The NEVD plan is centered on four treatment centers in Fajara, Banjul, Soma and Basse. In addition, all six hospitals are expected to have two-bed isolations room to manage a suspected case until an EVD confirmatory test is done, following which, the patient will be transferred to an ETC for further management.

It is likely that there may not be more than two clusters of EVD outbreaks from the primary contacts. Therefore, there will be limited disruption in the national socioeconomic structure as well as panic in the population. There may be less than 100 contacts that may be followed for over three months.

The Ministry of Health and Social Welfare and the Health Sector Partners can respond to this Best Case Scenario using its internal resources.

Most Likely Scenario

An asymptomatic case arrives in the country through the borders or airport. The case developed signs and symptoms of EVD within the local community before being seen in one of the private or referral hospitals in The Gambia or one of the health facilities. The case interacts with community members and several health workers before diagnosis is made.

The case is transferred to an ETC. At least over 20 primary contacts are identified and isolated. Half of them develop the disease within three weeks, and half of those who developed the disease die. Few secondary contacts develop the disease and are isolated in

the ETCs. There will be need for more ETCs, human resources and supplies including Personal Protective Equipments (PPEs), body bags, and disinfectants, amongst others.

Approximately 300 contacts may need to be followed-up for at least 4 months or more.

There will be fear and panic in the community leading to closure of businesses and schools. There will be absenteeism among health workers and some may threaten to stop work. Similar situations will be occurring across the other socioeconomic sectors. Panic purchase of supplies for self-medication and food will increase which may create initial shortage. The Tourism Industry may be affected. Some Airlines may threaten to stop flying into Banjul International Airport. There will be conflicting reports from the media and wild rumours will be spreading creating more panic. Some communities may threaten health workers in holding and treatment centers.

External technical assistance may not be available immediately.

Worst Case Scenario

More than one asymptomatic case arrives in the country through the borders or airport. The cases developed signs and symptoms of EVD within local communities and died without presenting to any health care facility. There is more than one case resulting from the primary contacts presenting at the same time.

The cases are transferred to ETCs. At least over 50 primary contacts are identified and isolated. Half of them develop the disease within two weeks, and half of those who developed the disease die. A large number of secondary contacts develop the disease and are isolated in the ETCs. There will be urgent need for more ETCs, human resources and supplies including Personal Protective Equipments (PPEs), body bags, and disinfectants, amongst others.

A large number of contacts may ultimately need to be followed for at least 4 months or more.

There will be fear and panic in the community. There will be increased pressure and risk to health facilities and healthcare workers respectively. This will lead to absenteeism among healthcare workers, and some may threaten to stop work. Similar challenging situations will be occurring across the other socioeconomic sectors. Widespread panic purchase of supplies for self-medication and food will increase which may create initial shortages. The Tourism Industry will be affected. A large number of Airlines will threaten to stop flying into Banjul International Airport. There will be conflicting reports from the media and wild rumours will be spreading creating more panic. A large number of communities may threaten health workers in holding and treatment centers, thereby exerting pressure on the security needs for healthcare workers and health facilities.

GOAL AND OBJECTIVES

Goal

The Goal of the National EVD Plan is to prevent the importation of Ebola into the country, and in the event of a confirmed case, reduce transmission, morbidity and mortality.

Objectives

1. Strengthen early detection, investigation, reporting and referral of suspected and probable cases through active surveillance to isolation units within health facilities.
2. Conduct an extended outbreak investigation to identify contacts of Ebola patients and to characterize and confirm the index case.
3. Institute prompt and effective case management for all suspected, probable and confirmed cases in a controlled environment, while enhancing appropriate infection prevention and control (IPC) measures.
4. Create public awareness and technically correct information about Ebola, the risk factors for its transmission, its prevention and control among the community.
5. Ensure coordination of the preparedness and response activities at all levels.

Strategies

The success of Nigeria and Senegal in halting the transmission of EVD highlights the critical importance of preparedness in countries at high risk of an outbreak of EVD. Important factors in preventing the spread of EVD in both countries included strong political leadership, early detection and response, public awareness campaigns, and strong support from partner organizations.

The Gambia is presently categorized among the unaffected countries as per the WHO Ebola Response Road Map of 28 August 2014. In this context, focus is on strengthening preparedness to rapidly detect and respond to an EVD exposure. Consequently, the NEVD Plan identified the following main strategies:

1. Development, implementation and assessment of preparedness measures.
2. Active surveillance for clusters of unexplained deaths or febrile illnesses.
3. Prompt identification and notification of suspected and probable cases, and effective case management.
4. Accurate general public and relevant information on EVD outbreak and measures to reduce the risk of exposure, and effective social mobilization.
5. Protocol for managing travellers arriving at major land crossing points with unexplained febrile illness.

6. Identification and preparation of isolation units where any suspected or probable EVD case can be properly investigated and managed.
7. Process for rapidly shipping diagnostic specimens to a WHO-recognized laboratory.
8. Simulation exercises to test the performance of detection and response systems to a suspected or probable case of EVD.
9. Effective coordination of the preparedness and response plan.

COMPONENTS OF THE NATIONAL EVD PLAN

The NEVDP relies on the three tier health service system of The Gambia comprising the primary, secondary and the tertiary levels. The primary level includes the Village Health Services and community clinics; the secondary includes minor and major health centres while the tertiary level is made up of hospitals and a teaching hospital.

The NEVDP aims at preparing the country to detect, investigate, and manage Ebola cases based on the following identified Components, namely: a) Coordination, b) Epidemiological and Laboratory Surveillance, c) Case Management, d) Communication and Social Mobilization, e) Logistics and Safety, and f) Monitoring and Evaluation.

COORDINATION

Preamble

For effective implementation of the NEVD Plan, it is important to strengthen the National EVD Task Force (NTF) to coordinate the EVD prevention and control activities and mobilize resources for its operations. Further, efforts to clarify roles and responsibilities of national authorities and international partners in preparedness activities under a shared set of objectives are important, which will allow to minimize duplication of efforts and ensure maximum impact from available resources. An assessment of the current coordination mechanism reveals inadequate structure and functionality of the NTF.

Objective 1: Ensure the effective coordination of the components of the NEVD Plan at Central and Regional Levels.

Strategy 1.1 Established procedures for command and control.

Main Activities

1.1.1 Strengthen coordination mechanisms.
1.1.2 Provide mechanism(s) for clearance of key technical and information products.
1.1.3 Clarify roles and responsibilities for coordination.

Objective 2: Effectively coordinate preparedness activities to rapidly detect and adequately respond to EVD exposure.

Strategy 2.1 Strengthen the functionality of the NTF and its subcommittees.

Main Activities

2.1.1 Advocate for representation from the highest level of Sectors.
2.1.2 Develop and adopt TORs for the NTF.
2.1.3 Conduct regular NTF meetings and updates from Subcommittees and other Sectors whose activities may be affected by the EVD outbreak.
2.1.4 Establish a Secretariat for the EVD coordination.

Strategy 2.2 Strengthen the existing Regional Coordination Structures and Mechanisms.

Main Activities

2.2.1 Repurpose the Regional Epidemic Management Committees into Regional Task Forces.
2.2.2 Develop TORs for the Regional Task Forces.
2.2.3 Support Regional Task Force meetings.
2.2.4 Strengthen the operations of the Regional Task Forces.
2.2.5 Identify focal persons at each Regional Task Force to oversee coordination and information sharing.
2.2.6 Repurpose the Multidisciplinary Facilitation Teams at the district level.

Strategy 2.3 Strengthen monitoring of the NEVD Plan.

Main Activities

2.3.1 Conduct periodic reviews of the implementation status of the plan.
2.3.2 Ensure regular reporting on EVD from the surveillance component of the plan.

Strategy 2.4 Support resource mobilization for EVD preparedness and response operations.

Main Activities

2.4.1 Establish a resource mobilization subcommittee.
2.4.2 Develop TORs, resource mobilization plan and strategy.
2.4.3 Establish a mechanism to manage funds for EVD operations.
2.4.4 Conduct regular review meetings on the status of the Ebola resources.

Strategy 2.5 Public information management.

Main Activity

2.5.1 Minimize risk communication by ensuring that information released to the general public is accurate and timely.
2.5.2 Ensure regular press releases on level of preparedness and response.
2.5.3 Organize regular media briefings on EVD.

Strategy 2.6 Enhance Human Resources for Implementation of the NEVD Plan

Main Activity

2.6.1 Mobilize and assign human resources as applicable.
2.6.2 Sustain sufficient human resources to implement the NEVD preparedness and response plan.

Objective 3: Align the level of EVD preparedness with the evolvement of risks.

Strategy 3.1 Strengthen the linkage between the Gambia Multihazard Contingency Plan (MCP) and the NEVDP.

Main Activities

3.1.1 Review the Disease Outbreak component of the MCP.
3.1.2 Identify and designate an EVD Incident Manager.
3.1.3 Provide guidance on key actions to be taken during the EVD outbreak management.

Strategy 3.2 Establish a Central Emergency Command Center.

Main Activity

3.2.1 Provide logistics support to operationalize the central emergency command center.

EPIDEMILOGICAL AND LABORATORY SURVEILLANCE

EPIDEMIOLOGICAL SURVEILLANCE

Preamble

The advent of the current outbreak of EVD in the Republics of Guinea, Liberia and Sierra Leone, with the likelihood of spread within the West African subregion and beyond, has made it imperative that a robust and sustainable surveillance system is put in place in The Gambia with emphasis on early detection of any imported case of EVD and on prompt action to prevent its spread. Furthermore, the geographic proximity of The Gambia to these epidemic foci, together with extensive population movements across porous borders, puts The Gambia at particular high risk of importation of the virus.

Objective 1: Strengthen the surveillance system for EVD in communities, at health facilities and at the PoE.

Strategy 1.1 Scale-up EVD surveillance to enhance early detection and interruption of transmission within the context of the IDSR strategy.

Main Activities

1.1.1 Print and distribute adapted surveillance tools to all healthcare workers involved in surveillance activities at all levels of service.
1.1.2 Train all surveillance officers on the use of adapted EVD surveillance tools.
1.1.3 Train surveillance officers on the use of screening equipment to improve timely case detection.
1.1.4 Sensitize all PoEs staff on EVD surveillance and infection prevention and control measures.
1.1.5 Establish functional temporary holding facilities at PoEs to facilitate isolation of travellers with suspected EVD.
1.1.6 Ensure that appropriate PPEs are available for surveillance activities.
1.1.7 Ensure that there is a reliable source of water supply, basic sanitation and hand washing facilities at all PoEs.
1.1.8 Conduct regular monitoring and supportive supervisory visits to all levels of service with emphasis on where the risk is greatest.
1.1.9 Produce regular monitoring reports from all regions.
1.1.10 Produce regular surveillance reports and updates.

Strategy 1.2 Scale-up and strengthen community-based surveillance for EVD.

Main Activities

1.2.1 Conduct a TOT for Community Health Nurses (CHNs) who will train Community Health Workers (CHWs) in their respective circuits using the community-based case definition for alert cases of EVD.
1.2.2 Engage local government authorities, traditional leaders and civil society organizations in community-based EVD surveillance.
1.2.3 Facilitate and support information sharing among local government authorities and traditional leaders.
1.2.4 Strengthen logistics support for all CHNs to improve supervision and reporting from communities.
1.2.5 Provide an effective mechanism to ensure more respondents on the 1025 toll free service.

Strategy 1.3 Strengthen active case search, contact tracing and follow-up in all districts with specific reference to districts with international borders and urban centers.

Main Activities

1.3.1 Train Rapid Response Teams (RRTs) at national and regional levels on early detection using national EVD guidelines and protocols.
1.3.2 Establish effective communication linkages between PoEs, health facilities and the treatment centers.
1.3.3 Provide sustainable "Closed User Groups" (CUG) facilities for all PoEs, field surveillance officers and treatment centers.
1.3.4 Train field surveillance officers on contact tracing, reporting and follow-up.
1.3.5 Engage communities to facilitate active case search, contact tracing and reporting.
1.3.6 Provide logistics support for RRTs and surveillance officers to conduct active case search, contact tracing, reporting and follow-up.

Objective 2: Improve data and information sharing on EVD surveillance.

Strategy 2.1 Strengthen data management system to enhance effective EVD surveillance.

Main Activities

2.1.1 Improve the current IDSR data base and management system for EVD surveillance at national and regional levels.
2.1.2 Strengthen and expand reliable internet access to all Regional Health Management Directorates and health facilities.
2.1.3 Ensure that the necessary logistics and resources for data management are available.

2.1.4 Ensure that the required logistics support for reporting and sharing information with stakeholders is available.
2.1.5 Train all data collectors and managers at all levels of service on EVD data management.
2.1.6 Produce regular national and regional updates and share with stakeholders and partners.

Strategy 2.2 Strengthen reporting system for EVD surveillance within the context of IDSR.

Main Activities

2.2.1 Orientation of health staff at all levels of service on established EVD reporting.
2.2.2 Provide communication support facilities for health staff at all levels involved in reporting on EVD surveillance.
2.2.3 Central and Regional levels to conduct monitoring and supervision to ensure regular reporting including zero reporting on EVD.

Objective 3: Harmonize EVD surveillance at all levels with the International Health Regulations (IHR, 2005).

Strategy 3.1 Ensure effective implementation of EVD activities in all communities, health facilities and PoEs in accordance with IHR (2005).

Main Activities

3.1.1 Print and distribute relevant IHR protocols and guidelines to all PoEs, health facilities and field surveillance officers.
3.1.2 Train PoE staff, health facility staff and field surveillance officers on IHR and use of guidelines.
3.1.3 Conduct regular meetings with partners to ensure conformity in the implementation of IHR.
3.1.4 Engage all high level officers on EVD surveillance within the context of IHR.
3.1.5 Engage relevant Government Institutions and Stakeholders on EVD surveillance within the context of IHR.

LABORATORY SURVEILLANCE

Preamble

Proper and safe specimen collection, handling, shipment and testing are important components of EVD outbreak management and containment to facilitate laboratory confirmation. This is required to make informed decisions for epidemiological investigations as well as appropriate case management. It is therefore essential that the National Public Health Laboratory (NPHL) is strengthened to provide the necessary support to the six hospitals and three ETCs to enhance timely and safe specimen collection and shipment to Pasteur Institute (WHO-recognized Laboratory) in Dakar, Senegal, for EVD confirmatory testing.

So far forty three laboratory technicians have been trained on sample collection and shipment procedures. Notwithstanding, additional capacity will be needed by the NPHL to undertake mobile laboratory services as a contingency measure when a large number of cases are identified.

Objective 1: Provision of reliable and sustainable laboratory services to support EVD preparedness and response.

Strategy 1.1 Strengthen the laboratory system to collect, package, store, and ship specimens to WHO-recognized Laboratory.

Main Activities

1.1.1 Review, adapt and disseminate laboratory EVD protocols and guidelines to the six hospitals and four ETCs.
1.1.2 Provide sample collection materials and PPEs to the six hospitals and four ETCs.
1.1.3 Train laboratory technicians assigned to the six hospitals and four ETCs on the use of guidelines and protocols for the collection, packaging, storage, and shipment of specimens.
1.1.4 Provide continuing training to laboratory technician on sample collection, storage, packaging and shipment.
1.1.5 Provide EVD safe shipment materials to all six hospitals and four ETCs.
1.1.6 Provide EVD specimen shipment guidelines to the six hospitals and four ETCs.
1.1.7 Provision of logistics to support sample transportation.
1.1.8 Conduct monitoring of all six hospitals and four ETCs related to sample collection, packaging and shipment.

CASE MANAGEMENT

Preamble

Case management aims to interrupt transmission through isolation, confirmation and treatment of cases identified through the surveillance system. This component of the plan reflects a chain of events occurring from the point a suspected case is identified, isolated and transported to an established ETC for diagnosis and treatment leading to either discharge or death. In case of death, it is essential to ensure that safe and dignified burial practices are instituted. Each stage of the process needs to be managed by well resourced, well trained and well-motivated staff. Psychosocial support constitutes an integral part of case management and will be available at all levels of EVD care.

Objective 1: Institute prompt and effective isolation and transportation for all suspected, probable and confirmed cases.

Strategy 1.1 Prompt isolation of all suspected and probable cases.

Main Activities

1.1.1 Identify an area or a room in all health facilities (public and private) and border posts to hold a suspected or probable case.
1.1.2 Ensure that all six hospitals have operational isolation rooms with two beds.

Strategy 1.2 Prompt and safe transportation of all suspected and probable cases.

Main Activities

1.2.1 Mobilize and sustain sufficient human resources to operationalize the three flying squads.
1.2.2 Provide logistics support to operationalize flying squads on 24-hour call shifts.
1.2.3 Continuing training and simulation exercises for the three flying squads.

Objective 2: Institute prompt diagnosis and treatment for all suspected, probable and confirmed cases.

Strategy 2.1 Prompt diagnosis for all suspected and probable cases.

Main Activities

2.1.1 Facilitate the confirmation of EVD by means of an Ebola PCR test in less than 48 hours.

Strategy 2.2 Institute preliminary treatment for all suspected and probable cases.

Main Activities

2.2.1 Ensure that a stockpile of medical and non-medical supplies for treatment of suspected and probable cases are available at all the six hospitals.
2.2.2 Train lead EVD doctors and nurses in all six hospitals on management of EVD cases.
2.2.3 Provide support to the Lead EVD doctors to conduct training for the EVD care team in all the six hospitals.

Strategy 2.3 Set up three ETCs for the diagnosis and treatment of suspected, probable and confirmed EVD cases.

Main Activities

2.3.1 Mobilize and sustain sufficient human resources to operationalize the four ETCs.
2.3.2 Conduct continuing training of all staff and simulation exercises at the four ETCs.
2.3.3 Provide reimbursable imprests to the three ETCs for operations.
2.3.4 Refurbish and restructure identified site (Soma) to manage 15 suspected, probable or confirmed cases.
2.3.5 Identify, refurbish and restructure a suitable site in Basse to manage 15 suspected, probable or confirmed cases.
2.3.6 Provide incinerators and soakaways for disposal of liquid and solid waste in all the four ETCs.
2.3.7 Provide each ETC with a dedicated utility vehicle.
2.3.8 Provide 'discharge package' to all patients discharged from the four ETCs.

Objective 3: Ensure effective IPC practices.

Strategy 3.1 Strengthen routine, standard IPC in all health facilities.

Main Activities

3.1.1 Train staff in all heath facilities on standard IPC.
3.1.2 Provide IPC training materials guidelines and posters to all health facilities.
3.1.3 Provide all hospitals, health centers and clinics in the country with materials for hand washing on a continuous basis.
3.1.4 Conduct spot visits for ensuring adherence with IPC protocols.

Strategy 3.2 Institute effective IPC protocols during isolation and management of suspected, probable and confirmed cases.

Main Activities

3.2.1 Ensure staff providing care consistently and correctly use appropriate PPEs.
3.2.2 Implement appropriate waste disposal procedures in all isolation and treatment centers.
3.2.3 Provide logistics support for decontamination during isolation and management of suspected, probable and confirmed cases.

Strategy 3.3 Ensure safe and dignified burial practices.

Main Activities

3.3.1 Mobilize and sustain sufficient human resources to operationalize the four burial teams from the four ETCs.
3.3.2 Train the four burial teams on safe and dignified burial practices.
3.3.3 Provide logistics support to conduct safe and dignified burial practices.

Strategy 3.4 Effective decontamination of physical structure and materials.

Main Activities

3.4.1 Train the four burial teams to serve as decontamination teams.
3.4.2 Provide logistics support to operationalize the decontamination teams.

Objective 4: Provide a comprehensive psychosocial package to healthcare workers, patients and families.

Strategy 4.1 Effective psychosocial support to healthcare workers, patients and their families.

Main Activities

4.1.1 Develop psychosocial support guidelines.
4.1.2 Conduct training on psychosocial support guidelines.
4.1.3 Identify and train family support groups on psychosocial support interventions.
4.1.4 Develop SOPs for referral to psychosocial support services.
4.1.5 Conduct quality and effective EVD counselling services.

Strategy 4.2 Strengthen family support systems for orphans and elderly as a consequence of EVD

Main Activities

4.2.1 Identify and upgrade shelters for orphans and elderly.
4.2.2 Identify and sensitize foster families for orphans.
4.2.3 Reintegrate orphans into foster families or residential care homes.

Objective 5: Ensure case management staff are motivated.

Strategy 5.1 Establish a comprehensive package of incentives for staff involved in case management.

Main Activities

5.1.1 Use level of risk exposure to EVD to compute comprehensive package of incentives.
5.1.2 Life insurance and death benefit available to each category of staff.

COMMUNICATION AND SOCIAL MOBILIZATION

Preamble

The emergence and scale of EVD within the West African subregion and the classification of The Gambia by WHO as a high risk country for imported cases calls for effective communication and social mobilization strategies. In The Gambia, the social and cultural practices increase the risks of EVD transmission. These risks include handling of the sick and corpses, entrenched culture of hand shaking and preference of traditional healers over conventional practitioners as a first point of contact at community level. Evidence has shown that majority of the population do not wash their hands with soap and running water at critical times.

Rumour mongering commonly known as "Radio Kankan" is rife. These coupled with myths and misconceptions about most diseases all pose concerns since the eruption of EVD within the subregion. To address these issues, effective communication and social mobilization strategies would be critical to raise people's awareness of and demand for EVD prevention, detection and control. Psychosocial support or services will be integrated to address anxiety, panic, stress and fear related to EVD.

Objective 1: Increase awareness and knowledge on prevention and control of EVD among the general population.

Strategy 1.1 Communication for Behavioural Impact (COMBI).

Main Activities

1.1.1 Identify a communication spokesperson for EVD.
1.1.2 Organize regular radio and TV panel discussions and phone-in programmes.
1.1.3 Mobilize and engage local government authorities.
1.1.4 Develop and produce communication support materials.
1.1.5 Periodic review and updating of communication messages and materials.
1.1.6 Organize regular media briefing for Media Houses.
1.1.7 Train health workers on risk communication skills and rumour management.
1.1.8 Expand the number of telephones and provide additional capacity to the National EVD Call Center.

Objective 2: Strengthen the capacities of community structures in promoting EVD prevention messages.

Strategy 2.1 Social mobilization and community engagement.

Main Activities

2.1.1 Support district level mobilization for district and community structures.
2.1.2 Organize orientation meetings for media heads and editors.
2.1.3 Mobilize and engage organized women groups for community action.
2.1.4 Strengthen capacity of civil society networks to conduct community engagement activities on EVD.
2.1.5 Organize regional and district level sensitization meetings with school authorities on EVD.
2.1.6 Continue sending SMS messages to mobile phone subscribers through GSM providers.
2.1.7 Engage volunteers to conduct house-to-house sensitization campaigns.
2.1.8 Conduct community-based field recordings to collect information on EVD.
2.1.9 Conduct interactive community-based IEC activities on EVD.
2.1.10 Use field activity days to raise awareness on EVD.

Objective 3: Promote community participation in the prevention and control of EVD.

Strategy 3.1 Advocacy for community engagement on EVD.

Main Activities

3.1.1 Mobilize Multidisciplinary Facilitation Teams to engage communities.
3.1.2 Engage policy and decision-makers on EVD.
3.1.3 Engage pupils and teachers as “Agents of Change”.
3.1.4 Engage youths and youth groups on EVD.

Objective 4: Coordinate and monitor all communication interventions and material development at national and regional levels.

Strategy 4.1 Participatory monitoring and supervision.

Main Activities

4.1.1 Monitoring and supervisory visits at national, regional and district levels.
4.1.2 Development of a monitoring checklist.
4.1.3 Conduct a study to evaluate the level of EVD awareness among the general population.

LOGISTICS AND SAFETY

LOGISTICS

Preamble

The need to strengthen EVD preparedness efforts in The Gambia requires that the logistics component be strengthened to ensure that appropriate supplies and other essential materials are available in sufficient quantities for timely response. In order to achieve this, there is need to ensure timely procurement, prepositioning and distribution of supplies and other logistics needs.

Objective 1: Ensure timely availability of sufficient and appropriate logistics requirements for EVD preparedness and response operations.

Strategy 1.1 Strengthen Procurement Supply Management (PSM) system for EVD preparedness and response operations.

Main Activities

1.1.1 Collate specifications and quantifications for EVD logistics requirements.
1.1.2 Provide and distribute the required logistics on timely basis.
1.1.3 Streamline roles and responsibilities in the procurement, requisition and distribution of logistics.
1.1.4 Advocate for the integration of EVD logistics requirements into the existing Logistics Management Information System (LMIS).

SAFETY

Preamble

The safety and security of healthcare workers, patients and treatment facilities will be a priority during EVD operations. Experience in the subregion has shown that healthcare workers have been assaulted and ETCs vandalized, hence the need to strengthen the safety and security components of the national EVD preparedness and response efforts.

Objective 1: Ensure safety and security for healthcare workers, volunteers, patients and treatment facilities.

Strategy 1.1 Strengthen the security services of ETCs.

Main Activities

1.1.1 Provide clear ToRs for the security services.
1.1.2 Identify and quantify the types of security personnel required for each ETC.
1.1.3 Engage the Ministry of Interior for the deployment of security personnel to each ETC.
1.1.4 Provide logistics support for the security service.

Strategy 1.2 Provide security for healthcare workers and volunteers at the community level.

Main Activities

1.2.1 Engage community leaders on the role healthcare workers and volunteers in EVD operations.
1.2.2 Provide security escort during social mobilization, surveillance, contact tracing and safe burial.
1.2.3 Provide logistics support for the security services.

MONITORING AND EVALUATION FRAMEWORK

The implementation of the NEVDP will be monitored on a regular basis using a combination of outcome and operational response performance indicators corresponding to the preparedness stage of the country to rapidly detect and respond to an Ebola exposure. In this context, Table 1 shows the performance indicators to be monitored.

Table 1 Performance Operational Response Indicators.

COMPONENTS	PERFORMANCE OPERATIONAL RESPONSE INDICATORS
1. Coordination	1.1 Number of meetings held 1.2 % of high level representation 1.3 Proportion resources mobilised against the plan
2. Case Management	2.1 Presence of an isolation unit for Ebola case investigation and management 2.2 % of suspect and/or new cases isolated with proper PPE and barrier measures within 3 hours of identification
3. Diagnosis	3.1 Verified access to diagnostic capacity in a WHO-recognized laboratory 3.2 % of samples under shipment to a WHO recognized laboratory within 24 hours
4. Surveillance and contact tracing	4.1 Verified strategy for identifying and monitoring the contacts of any suspected Ebola case 4.2 % of weekly active surveillance reports for clusters of unexplained deaths or febrile illness 4.3 % of cases with contact tracing implemented within 24 hours 4.4 % of contacts followed-up for 21 days
5. Social Mobilization	5.1 Public information and risk communications campaign initiated within 48 hours of case confirmation
6. Safe burials	6.1 % of burials conducted by trained and properly equipped burial teams

SHORTENED LOGFRAME EBOLA VIRUS DISEASE OUTBREAKS RESPONSE PLAN IN THE GAMBIA

Components	Objectives	Targets	Measurable Indicators	12 Months Milestones	Means of Verification
Coordination	Ensure the effective coordination of the components of the NEVD Plan at Central and Regional Levels	Procedures for coordination of the components of the EVD plan established	Coordination mechanisms	All procedures for coordination of the components of the EVD plan established by December 2015	Minutes of coordination meetings
	Effectively coordinate preparedness activities to rapidly detect and adequately respond to EVD exposure	A functional National Task Force (NTF)	Multisectorality of the NTF	A functional NTF is in place within the duration of the planned	Minutes of NTF meetings
		Periodic reviews of the status of implementation of the NEVD Plan	Proportion of activities implemented within set timeframe	Four reviews of the status of implementation of the NEVD plan by December 2015	Reports
		A functional resource mobilization mechanism	Resources available	A resource mobilization mechanism is operational by December 2014	Reports of donor conferences
		All information released on EVD is accurate	Press releases	12 Press releases by December 2015	Press releases
		Required human resource is available at all levels	Proportion of the required human resource	Required human resource is available at all levels by December 2015	EVD human resource database
	Align the level of EVD preparedness with the evolvement of risks	EVD Emergency Command Center established	EVD outbreak contained within a community	Establishment of EVD Emergency Command Center as applicable	Situation Reports

Epidemiological Surveillance	Strengthen the surveillance system for EVD in communities, at health facilities and at the Points of Entry (PoE)	Availability of adapted surveillance tools to all healthcare workers involved in surveillance at all levels	Availability of adapted surveillance tools	Availability of adapted surveillance tools to all healthcare workers involved in surveillance at all levels by December 2014	Surveillance tools available
		All surveillance officers trained on adapted EVD surveillance tools	Training Reports	All surveillance officers trained by December 2015	All surveillance officers are competent to conduct EVD surveillance
		All surveillance officers are trained on the use of screening equipment	Training Reports	All surveillance officers are trained on the use of screening equipment by December 2015	All surveillance officers are competent to timely detect cases
		All POE staff sensitized on EVD surveillance and IPC	Sensitization Reports	All POE staff sensitized on EVD surveillance and IPC	Level of awareness of POE staff
		All POEs provided with temporary functional holding facilities	Proportion of POEs with temporary functional holding facilities	All POEs provided with temporary functional holding facilities by December 2015	Availability of temporary functional holding facilities at all POEs
		Availability of appropriate PPEs at all levels of surveillance	Availability of appropriate PPEs for surveillance	Availability of appropriate PPEs at all levels of surveillance by December 2015	Availability of appropriate PPEs at all levels of surveillance
		Availability of reliable water supply at all POEs	Availability of reliable water supply	Availability of reliable water supply at all POEs by December 2015	Availability of reliable water supply at all POEs
		All levels of surveillance monitored	Monitoring reports	All levels of surveillance monitored regularly by December 2015	Early detection of cases

		All communities engaged on EVD surveillance	Number of community-based EVD alerts	All communities engaged on EVD surveillance by December 2015	Early detection of cases
		All EVD alerts investigated within 24 hours	Proportion of EVD alerts timely investigated	All EVD alerts investigated within 24 hours by December 2015	Case investigation forms
		All contacts identified within 72 hours	Proportion of contacts identified	All contacts identified within 72 hours by December 2015	Contact tracing forms
		All contacts followed up for 21 days	Proportion of contacts followed up for 21 days	All contacts followed up for 21 days by December 2015	Contact tracing forms
	Improve data and information sharing on EVD surveillance	IDSR 2010 technical guidelines used at all levels of surveillance	IDSR 2010 technical guidelines in use	IDSR 2010 technical guidelines used at all levels of surveillance by December 2014	IDSR data collection tool appropriately used
		EVD Database available at the central level	EVD Database available	EVD Database available at the central level by December 2015	Centralized data collecting system in place
		Timely and regular dissemination of surveillance reports	Surveillance Reports	Timely and regular dissemination of surveillance reports by December 2014	Availability of EVD surveillance reports
	Harmonize EVD surveillance at all levels with the International Health Regulation Recommendations (IHR, 2005)	All EVD applicable IHR (2005) recommendations harmonized	Official notification of a confirmed case of EVD	All EVD applicable IHR (2005) recommendations harmonized by December 2015	Availability of an EVD surveillance system harmonized with IHR (2005)

Laboratory Surveillance	Provision of reliable and sustainable laboratory services to support EVD preparedness and response	All six hospitals and three ETCs provided with laboratory EVD protocols and guidelines	Availability of adapted laboratory EVD protocols and guidelines	All six hospitals and three ETCs provided with EVD laboratory protocols and guidelines by December 2014	Availability of laboratory guidelines and protocols at all six hospitals and three ETCs
		Availability of sample collection material and PPE at all six hospitals and three ETCs	Availability of sample collection materials and PPEs	All six hospitals and three ETCs provided with sample collection materials and PPEs by June 2015	Availability of sample collection material and PPEs at all six hospitals and three ETCs
		All laboratory technicians assigned to the six hospital and three ETCs trained	Training report	All laboratory technicians assigned to the six hospital and three ETCs trained by June 2015	Competent laboratory technicians
		All six hospitals and three ETCs provided with EVD safe shipment materials	Availability of EVD safe shipment materials in all six hospitals and three ETCs	All six hospitals and three ETCs provided with EVD safe shipment materials by by February 2015	Availability of EVD safe shipment materials in all six hospitals and three ETCs
		All six hospitals and three ETCs provided with EVD specimen shipment guidelines	Availability of EVD specimen shipment guidelines in all six hospital and three ETCs	All six hospitals and three ETCs provided with EVD specimen shipment guidelines by December 2014	Availability of EVD specimen shipment guidelines in all six hospitals and three ETCs
		All samples taken are delivered to a WHO-recognized laboratory within 24 hours	Acknowledgement receipt	Provision of logistics to support sample transportation and shipment by June 2015	Availability of laboratory results

		All six hospitals and three ETCs monitored	Monitoring reports	All six hospitals and three ETCs monitored six times by December 2015	Competency at six hospitals and three ETCs
Case Management	Institute prompt and effective isolation and transportation for all suspected, probable and confirmed cases	All suspected cases isolated	Proportion of suspected cases isolated	All suspected cases promptly isolated within the planned period	Medical records from isolation facilities
	Institute prompt diagnosis and treatment for all suspected, probable and confirmed cases	All eligible cases tested for EVD within 24 hours	Proportion of eligible cases tested for EVD	All eligible cases tested for EVD within 24 hours by December 2015	Laboratory test results
		Three functional ETCs	Number of functional ETCs	All three ETCs operational by December 2015	Inspection reports
		All confirmed cases managed at an ETC	Proportion of confirmed cases appropriately managed at an ETC	All confirmed cases managed at an ETC by December 2015	Medical Records from ETC
	Ensure effective IPC practices	All health facilities have IPC guidelines, protocols and posters	Availability of IPC guidelines, protocols and posters at all health facilities	All health facilities have IPC guidelines, protocols and posters by December 2015	Reports
		All three ETCs have waste disposal facilities	Proportion of ETCs with waste disposal facilities	All three ETCs have waste disposal facilities by 2015	Availability of waste disposal facilities
		All deceased EVD cases buried in a safe and dignified manner	Proportion of safe and dignified burials	All deceased EVD cases buried in a safe and dignified manner by December 2015	Burial Team Reports

		All areas or structures promptly decontaminated	Proportion of areas or structure decontaminated	All areas or structures promptly decontaminated by December 2015	Reports from Decontamination team
	Provide a comprehensive psychosocial package to healthcare workers, patients and families	All eligible person/s provided with psychosocial support	Proportion of eligible person/s provided with psychosocial support	All eligible person/s provided with psychosocial support by December 2015	Medical Reports
Communication and Social Mobilization	Increase awareness and knowledge on the prevention and control of EVD among the general population	All target population	Proportion of target population that can mention at least three symptoms and signs of EVD	All target population sensitized by December 2015	Availability of Reports
		All target population	Proportion of target population that know where to report alert cases	All target population know where to report alert cases by December 2015	Availability of Reports
	Strengthen the capacities of community structures in promoting EVD prevention messages	All target community structures	Proportion of community structures trained	All target community structures trained by December 2015	Availability of Reports
	Promote community participation in the prevention and control of EVD	All communities	Proportion of communities engaged	All communities engaged by December 2015	Availability of Reports
	Coordinate and monitor all communication interventions and material development at all levels	All communication interventions and materials coordinated at all levels	Appropriately designed communication interventions and materials	All communication interventions and materials coordinated at all levels by December 2015	Availability of Reports; Availability of appropriately designed materials

Logistics	Ensure timely availability of sufficient and appropriate logistics requirements for EVD preparedness and response operations	All logistics requirements are timely available	Proportion of logistics requirements made available	All logistics requirements are timely available by December 2015	PSM Reports
Safety	Ensure safety and security for healthcare workers, volunteers, patients and treatment facilities	Security available for all levels of EVD service	Number of EVD related security incidents reported	Security available for all levels of EVD service by December 2015	Inspection Reports

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To be continued.