

27 May 2018



STRATEGIC RESPONSE PLAN FOR THE EBOLA VIRUS DISEASE OUTBREAK

DEMOCRATIC REPUBLIC OF THE CONGO

2018





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CURRENT SITUATION

On 8 May 2018, in accordance with the provisions of the International Health Regulations, the Ministry of Health of the Democratic Republic of the Congo has notified WHO of two suspected cases of Ebola virus disease (EVD) in the health zone of Bikoro in the province of Equateur. A rapid and immediate assessment of public health risks was conducted and it identified five active cases, two of which were hospitalized at Bikoro General Hospital and three at Ikoko Impenge Health Center. Samples were taken from the five cases and sent for analysis to the National Institute of Biomedical Research (INRB) of Kinshasa on Sunday, 6 May 2018. The reverse transcription polymerase chain reaction RT-PCR analysis revealed two samples positive for EVD serotype Zaire.

Since this declaration, two other health zones have reported cases (Iboko and Wangata in the city of Mbandaka), the affected areas border the neighboring Republic of Congo. This is the ninth Ebola outbreak in the Democratic Republic of the Congo, but the first in the separate province of Equateur. Having started in a rural area, the epidemic reached an urban area with the notification of the first cases in Mbandaka on 11 May 2018, and then the confirmation of a case dated 15 May 2018.

Up to the 25 May 2018, a total of 54 cases and 25 deaths have been reported since the official notification of the outbreak by the Ministry of Health in accordance with the International Health Regulations, the case fatality rate is 46.3%. Of these cases, 35 are confirmed, 13 are probable and 6 are suspect.



6 suspected VHF cases

Ebola virus disease
35 confirmed cases
13 probable
25 deaths

Figure 1. Evolution of the Ebola virus disease epidemic in the province of Equateur, Democratic Republic of the Congo, May 2018

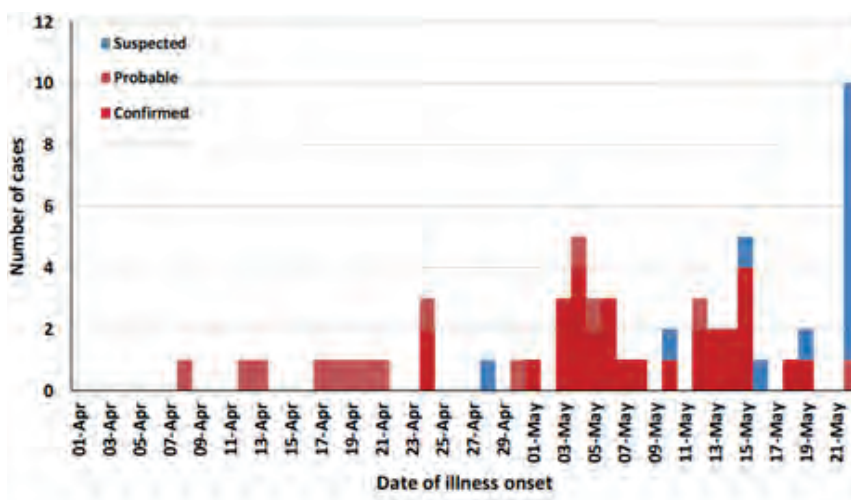


Figure 2. Location of the province of Equateur in the Democratic Republic of the Congo



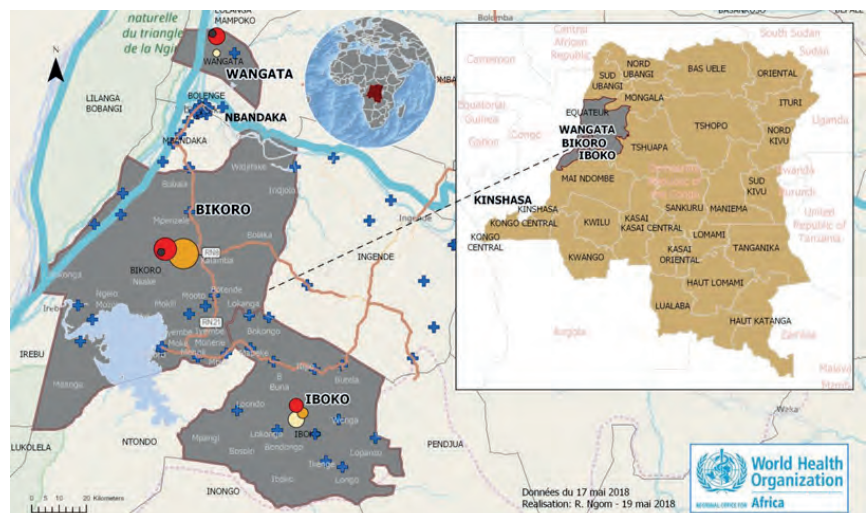


2.5 million people
IN THE AFFECTED AREA

OPERATIONAL CONTEXT

The affected area is remote, with limited communication and poor transport infrastructure. The Equateur Province has a population of approximately 2.5 million people spread over an area of approximately 103 902 km². Mbandaka, the capital of the Equateur Province, is an important port city with over 1.5 million inhabitants. Mbandaka is reachable by plane from Kinshasa. Onward ground travel to Bikoro requires at least three hours, on a motorbike, and 12 hours by car. Since 8 May, regular helicopter communication has been established between Mbandaka and Bikoro.

Figure 3. Health zones in the Equateur Province reporting EVD cases



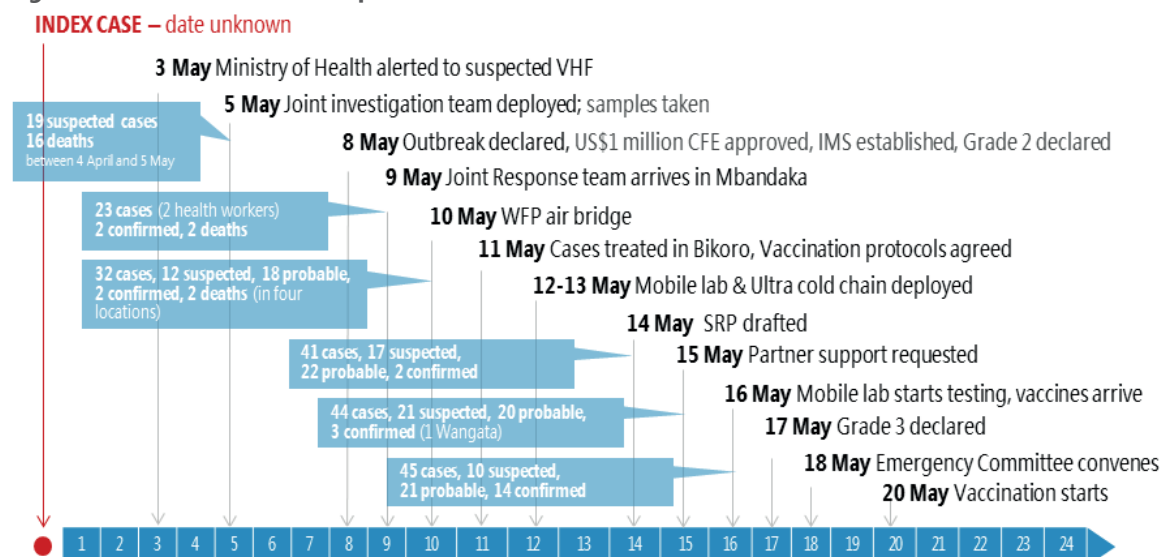
IMMEDIATE RESPONSE

National and local authorities and partners have moved quickly to respond to the outbreak. Rapid response teams from the national and provincial levels have been deployed to Bikoro to carry out case investigation, trace contacts, put in place case management and other control measures. In addition, a roadmap regrouping certain emergency actions was elaborated. These include: the activation of the national coordinating committee for outbreak response; the official declaration of the outbreak by the Ministry of Health as a public health emergency (announced on 8 May 2018); the deployment of a multisectoral field team and a mobile field laboratory; the inventory of available intervention kits; exit screening and the development of a national response plan.

By 10 May 2018, Ministry of Health and partners have been deployed to Bikoro, Mbandaka and Kinshasa, and additional surge is rapidly scaling up. Operational hubs for the EVD response will be established in Mbandaka and the affected health zones with operational and technical support provided from Kinshasa.

Surveillance activities including contact tracing are in place in all affected areas and Ebola treatment centres are being established. Infection prevention and control measures are strengthened in major hospitals and other health facilities and social mobilization activities are underway. Points of Entry (PoE) surveillance and other measures are being put in place at major airports, water and road routes.

Figure 4. EVD outbreak and response timeline



RISK OF SPREAD

Information about the extent of the outbreak remains limited and investigations are ongoing. Currently, WHO considers the public health risk to be very high at the national level due to the serious nature of the disease, insufficient epidemiological information and the delay in the detection of initial cases, which makes it difficult to assess the magnitude and geographical extent of the outbreak. The confirmed case in Mbandaka, a large urban centre located on major national and international river, with road and air transport axes increases the risk both of local propagation and further spread within the Democratic Republic of the Congo and to neighbouring countries. The risk at the regional level is therefore considered high. At the global level, the risk is currently considered low. As further information becomes available, the risk assessment will be reviewed.

The IHR Emergency Committee met on Friday 18 May 2018, which concluded that the conditions for a Public Health Emergency of International Concern (PHEIC) had not been met.

The risk assessment will be re-evaluated by the three levels of WHO according to the evolution of the situation and the available information. If the outbreak expands significantly, or if there is international spread, the Emergency Committee will be reconvened. Based on an initial assessment of the area there is an approximate movement of over 1000 people per day by river, road and air at the major points of entry connected to affected Bikoro health zone.

Table 1. Movement of population from affected zones

FROM	TO	MEANS	NO. OF POPULATION MOVEMENT
Lukolela	Mbandaka	River	30 pax/day
Bikoro	Mbandaka	Road	75 pax/day
Ngombe	Mbandaka	Road	50 pax/day
Mbandaka	Kinshasa	Flight (3 flights/day)	150 pax/week (approximately 21pax/day)
Lukolela	Poe (Congo Brazzaville)	River	20 pax/day
Bikoro	Poe (Congo Brazzaville)	River	50 pax/day
Ngombe	Poe (Congo Brazzaville)	River	75 pax/day
Poe (Congo Brazzaville)	Lomsjasa	River	700 pax/day
Kinshasa	Poe (Congo Brazzaville)	Flight (3 flights/week)	450 pax/week (approximately 65 pax/day)
TOTAL			1086 PAX/DAY 7602 PAX/WEEK

HISTORICAL CONTEXT

EVD is a serious, often fatal disease in humans. The virus is transmitted to humans from wild animals and spreads to populations through human-to-human transmission. The average case fatality rate is about 50%. During previous outbreaks, rates ranged from 25% to 90%.

The first Ebola outbreak was reported in the Democratic Republic of the Congo in Yambuku in Equateur Province in 1976. Another isolated case occurred in June 1977 in a 9-year-old girl living in Tandala, located 325 km from Yambuku. In 1995, the epidemic reappeared in the city of Kikwit and surrounding areas in Bandundu province. It was of a greater magnitude, characterized by high incidence and lethality, in a densely populated city where environmental conditions were conducive for sustained transmission. Since then, several other epidemics have occurred in the health zone of Mweka, in Kasai Oriental Province, the health zone of Isiro, in Orientale Province, and the health zone of Boende in the new province of Tshuapa (Ex-Equateur Province) as shown in the table below.

Table 2: Case distribution and deaths of Ebola Virus Disease in the Democratic Republic of the Congo from 1976 to 2017

YEAR	LOCATION	CASE	DEATH
1976	Locality of Yambuku	318	224
1977	Locality of Tandala	1	1
1995	City of Kikwit	315	256
2007	Locality of Mweka	264	187
2008	Locality of Mweka	32	15
2009	City of Isiro	62	34
2014	Health zone of Boende	66	49
2017	Health zone of Likati	8	4

Following these eight episodes of EVD outbreak in the Democratic Republic of the Congo, the country is currently facing a new epidemic in the Equateur Province.

RESPONSE PLAN

GOAL

The overall goal of the response is to contribute to the reduction of mortality and morbidity related to the EVD outbreak in the Equateur province, to prevent the spread of the outbreak to other provinces of the country, as well as to neighbouring countries and to address immediate humanitarian consequences created by the outbreaks.

RESPONSE OBJECTIVES

1. Detect all cases of EVD in the Equateur Province and identify contacts.
2. Trace, follow and appropriately manage all contacts.
3. Strengthen rapid response capacity for the EVD outbreak in the Equateur Province.
4. Reduce the risk of EVD transmission in the community, including schools and nosocomial transmission in health facilities.
5. Provide required support to ensure continuity of operations in health facilities and schools.
6. Promote good individual and collective practices through risk communication, social mobilization and community engagement to prevent the spread of EVD in the Equateur Province, and into other provinces and neighbouring countries.
7. Strengthen the capacity of the national and sub-national laboratories to diagnose EVD.
8. Ensure the clinical and psychosocial care of patients, convalescents and staff involved in the management of the outbreak.
9. Strengthen the capacity of neighbouring countries at risk for early detection and response to imported cases of EVD, including exit screening.

RESPONSE STRATEGY

This EVD response plan is based on major interventions outlined below. The implementation of this plan will be carried out in support of the Ministry of Health, in close collaboration and coordination with partners, using their expertise and specific experience.

Strengthening the multi-sectoral coordination

An EVD outbreak response is extremely complex and requires an effective coordination of partners at all levels, that is able to capitalize on both the individual and collective strengths of each partner. While coordination structures are well-established in Kinshasa, they are not present at the provincial or health zone levels. In order to strengthen coordination of partners, the following activities will be carried out:

- Strengthen the existing coordination mechanisms for the management of epidemics within the Ministry of Health at the national and provincial levels, ensuring the participation and active contribution of all actors involved in the response.
- Provide technical support to the activities carried out by the nine technical commissions of which the National and Provincial Coordinating Committee are composed in order to provide a rapid, effective and adequate response to the needs of the affected populations.
- Revitalize the nine technical commissions through the facilitation of close coordination between health services, education, social services, advocacy teams and community structures and leaders.
- Establish rapid response teams in each operational hub identified in the crisis-affected areas for rapid and multi-sectoral assessment (health, protection, WASH, education etc.) of alerts transmitted by the surveillance mechanism.
- Maximize joint efforts by all stakeholders involved in the response through continuous monitoring of activities and technical support to partners.
- Ensure continuous access to timely and up to date communication and information through the publication and dissemination of daily reports on the evolution of the crisis and needs.
- Ensure continuous and in-depth analysis of the evolution of the crisis in order to increase the understanding on the strategy of the response, based on scientific evidence. Deployment of the technical expertise required to support coordination activities to ensure a rapid, effective and adequate response to the crisis.

Surveillance, active case finding, contact tracing and investigation of cases

Rapid detection and isolation of new cases is the key to preventing onward transmission of the virus. This requires teams of epidemiologists and contact tracers in the field, supported by a laboratory service able to provide rapid, safe and accurate testing of samples.

Key activities are as follows:

- Deployment of epidemiologists at the national, provincial and health zone levels.
- Conduct a retrospective and prospective evaluation at the health structures and in the community to better describe the ongoing outbreak.
- Set up an information management system to ensure timely sharing of epidemiological data to guide the multisectoral operational response.
- Reproduce and disseminate guidelines and tools for epidemiological surveillance.
- Set up records of EVD cases and deaths in all health facilities in the province.
- Organize active case finding involving health professionals, community leaders, social mobilization volunteers and teaching staff.
- Identify all contacts and place them under daily surveillance for 21 days for symptoms.
- Alert all health zones in the province and prepare hospitals and health centers in large cities.
- Analyze epidemiological data and provide feedback.
- Support the supervision and monitoring of contact tracers.
- Establish cross-border surveillance at points of entry with neighbouring/at-risk zones/provinces/countries and important travellers' congregation points.

Strengthening diagnostic capabilities

A definitive diagnosis of EVD can only be made by the laboratory testing of samples for the presence of EVD. Deploying a mobile lab in the affected province will speed up diagnosis and boost the effectiveness of epidemiological investigations.

Key activities are as follows:

- Deploy at least one mobile laboratory unit or technologies allowing rapid diagnosis for the confirmation of suspected and probable cases.
- Train health personnel in laboratory techniques.
- Acquire protective equipment, sampling, triple packaging boxes.
- Acquire reagents, and supplies.
- Transport samples from the field to reference laboratories.

- Integrate laboratory data with epidemiological surveillance data and clinical case management. Ensure that laboratory results are communicated to patients.
- Follow-up testing of survivors – e.g. breastfeeding women, semen in men.

Case management

All patients should have access to high quality medical care not only to improve survival, but also to provide symptom relief and palliative care when required. In the context of patients with Ebola and other viral haemorrhagic fever diseases, care must be provided whilst taking stringent precautions to minimize the risk of onwards transmission to others, including health workers. Effective triage and infection prevention and control will ensure access to other health services will continue despite the outbreak.

Ebola Treatment Centers (ETCs) are dedicated treatment units that care for suspected or confirmed patients with EVD. ETCs deliver standards of care to patients, which includes supportive care and monitoring as well as experimental therapeutics under monitored experimental use protocols. ETUs are managed by partners. ETCs require essential resources (structural, human and essential medications and supplies) to deliver care. This includes: a separate isolation ward with correct architecture to avoid cross-contamination, enough trained staff to monitor the critically ill patients and to deliver investigational therapeutics; and monitoring devices (including laboratory tests for simple chemistry and blood counts).

Key activities are as follows:

- Evaluate and map the current capacities of health facilities in terms of protocols, human resources, infrastructure, supplies and equipment.
- Recruit and / or deploy additional clinical staff in affected areas.
- Set up isolation units in each of the health areas affected by the outbreak in the health zones of Mbandaka, Bikoro, Ingende, Iboko and others according to the progression of the outbreak.
- Support isolation units with essential drugs, the necessary equipment.
- Support all hospitals and health centers in the Mbandaka, Bikoro, Ingende, Iboko health zones, and others according to the progression of the outbreak.
- Develop and implement protocols and adequate structures adapted to the specific needs of vulnerable population groups for example for unaccompanied children or those who are separated from their families.
- Provide maximum protection for staff assigned triage and care for patients.

- Ensure effective transportation of patients and safety of all involved in the referral pathway.
- Ensure the distribution of food and water provisions to patients for the duration of hospitalization.
- Ensure adequate water and sanitation facilities in health and isolation centres as well as appropriate waste management.

Infection prevention and control in health facilities and communities

Infection prevention and control (IPC) is crucial in containing the spread of EVD. Robust IPC measures and practices need to be in place at all health facilities, as well as in the communities.

IPC aims to stop the spread of infectious diseases to other patients as well as health care workers by rapid isolation of suspected cases; creation of isolation areas that ensure correct patient flow and keep suspect patient away from others seeking usual care; and availability of facilities for hand washing, waste management and PPE for health workers.

Key activities are as follows:

- Ensure the safe and dignified burials of EVD patients through the establishment of safe and dignified burial teams and household decontamination teams
- Ensure training of safe and dignified burials teams, including for IPC and addressing socio-cultural norms and practices
- Ensure IPC compliance during transportation of patients.
- Strengthen IPC in all health facilities in Equateur Province, particularly the affected health zones, and neighbouring ones, to contain the spread of EVD and ensure continued safe delivery of essential health services to minimize secondary (non-EVD) morbidity and mortality.
- Train staff on IPC measures and techniques (install at least one autoclave per health facility for sterilization of equipment).
- Equip the personnel of health facilities with IPC materials and equipment (chlorine for disinfection of people, clothing and equipment, etc).
- Train, equip and supply communities and schools to ensure safe hand washing and other hygiene methods
- Ensure proper waste management at the households, communities, health facilities and schools level.

Risk communication, social mobilization and community engagement

Proactively engage with affected and at risk communities to provide timely and accurate health advice to encourage positive health seeking behaviors to address community concerns and rumours that may impact the control of the outbreak.

The three strategic approaches for risk communication and community engagement which takes into consideration the linguistics, culture, tradition, religion, social and economic background of the stakeholders within the context of the current EVD outbreak has to be worked on closely with local leaders, religious leaders, traditional healers, teachers and health workers. Past experience has shown that affected communities hold the key to preventing the transmission of EVD. Listening to the concerns of communities and providing appropriate and well-targeted information to them maximizes the effectiveness of all aspects of the response.

Key activities are as follows:

- Mapping of villages and communities in affected health areas
- Organize and train communication and social mobilization teams.
- Identify community and religious leaders, traditional healers, community networks (women and youth groups, community health workers, etc.) and preferred channels for engagement and dissemination of messages.
- Train school personnel on risk communication and identify community and religious leaders and community-based child protection structures, previously trained to identify children at risk and refer cases to appropriate authorities.
- Conduct a knowledge, attitude and practice (KAP) survey and use socio-cultural and anthropological insights or key considerations to guide community engagement.
- Monitor behavioural changes and use results to inform and adapt the response.
- Provide messages on safe breastfeeding in the context of Ebola.
- Produce communication messages for different media, and apply social mobilization tools.
- Conduct interpersonal and mass communication sessions (local radios and others).

Psychosocial care

An essential component of case management is psychosocial assistance. EVD survivors and family members of EVD cases are often stigmatized, and unable to resume their lives following their recovery. It is therefore important that psychosocial care is integrated in the response at the earliest stage.

Key activities are as follows:

- Ensure adequate support to EVD patients and contacts during the follow up period including distribution of water and food, storage equipment and hygiene kits
- Provide food / nutrition and non-food support to affected individuals and families.
- Train and equip providers and community leaders on essential psychosocial care.
- Establish a psychosocial action plan to combat stigma and other consequences.
- Assist in the care and social reintegration of survivors and orphans.
- Ensuring psychosocial support to address fear and stigma also contributes to early care seeking and stopping disease transmission.
- Assist in the care and social reintegration of survivors and orphans, ensuring a close collaboration from the outset between health and social welfare staff and services, and communities
- Development and implementation of a package of services for children affected by Ebola – orphans, survivors, contacts etc. –to ensure a predictable and measurable response for Ebola affected children.

Immunization of risk groups and research response

An accurate knowledge of EVD is essential for an effective response to EVD outbreaks. It is therefore important that EVD research is integrated into the outbreak response. The aims of such research are to contribute to the development and evaluation of rapid diagnostic tests, improve clinical management of patients and identify more effective therapeutics for EVD, better understand the risk factors of the disease, as well as test the effectiveness of the candidate Ebola rVSV vaccine.

Key activities are as follows:

- Implement a ring vaccination strategy, including the evaluation of vaccine safety. A 'ring vaccination' strategy will be used based on the approach that was used to eradicate smallpox. This involves the identification of a newly diagnosed Ebola case – an 'index case' – as well as of all her/his contacts and the contacts of those contacts, usually their family members, neighbours, co-workers and friends.

- Appoint a national research coordinator and establish a research coordination platform within the outbreak response committee.
- Update diagnostics guidelines, and conduct testing of key candidate diagnostics.
- Evaluate and update the WHO guidelines and tools for clinical management.
- Carry out operational research on risk factors.
- Conduct testing of key candidate therapeutics.

Free access to health services and health system resilience

As part of the response to the EVD epidemic, free care remains one of the most important pillars in the implementation strategy for effective response.

According to the National Health Accounts 2015 report, households financed health services and health care at 40.1% of current health expenditure, and therefore the average rate of utilization of services that is 40 remains low. This situation is linked, among other things, to the low financial accessibility to health care despite all the efforts made in this direction by the government and partners.

In order to guarantee financial accessibility to healthcare in this epidemic context, it is essential to ensure free healthcare in the various health zones affected or to identify as being at risk. In addition to providing people with access to quality health care, this strategy will help stimulate their interest in the demand for health care from health specialists in hospitals and health centers. . The ultimate goal is to completely eliminate the direct costs of care and to increase the attendance of patients including those potentially infected with the Ebola virus. As a result, detection of suspected and probable cases will be increased and thereby break the chain of transmission.

The emergence of the Ebola virus epidemic, like all other epidemics, puts a strain on the pillars of the health system that was already facing a number of challenges. In order to enable the various health structures to cope with the high demand due to the increased demand for health care and possible future health emergencies of this kind, it is important to strengthen their capacity in all the pillars of the health system (infrastructure, equipment, human resources, medicines and other health products) so that the local health system is as resilient as possible. Thus, a special emphasis will be placed on strengthening these pillars for a more effective response and a better detection and response than possible future epidemics.

Strengthening the capacity of health staff to respond to EVD outbreaks

With the recurrence of EVD outbreaks in the Democratic Republic of the Congo, it is important that the response to the ongoing outbreak also build the capacity of health personnel in epidemiological surveillance, IPC and case management.

Key activities are as follows:

- Reproduce the technical sheets on EVD and provide refresher trainings to health providers on case management.
- Train and coach management teams from health zones in the Equateur Province and other surrounding provinces in epidemiological surveillance of EVDs and IPC.
- Train and coach nurses from health centers in the affected health zones of the Equateur Province, in epidemiological surveillance and early warning.
- Train community relays in active case finding and community-based surveillance for early detection of the disease.
- Follow up with trained health staff in Integrated Disease Surveillance and Response (IDSR).
- Provide trainings to health providers (including traditional healers, community health workers) on case detection, management, and referral of EVD patients

Operational and programme support

Key infrastructure, procedures, and operational support mechanisms must be put in place to enable all aspects of the response.

Key activities are as follows:

- Mobilize experienced human resources to strengthen the response.
- Ensure the mapping of interventions and the coordination of logistical capacities.
- Ensure the transportation of teams and equipment at all levels.
- Provide logistical and communication support to epidemiological surveillance teams (equip teams with supplies, communication tools, including phone credits).
- Organize workspaces and living arrangements.

MONITORING, REPORTING AND EVALUATION

It is crucially important that all partners involved in the response are kept up to date with accurate information in order to direct response efforts where they will be most effective. Thus, the objective of the health information management and reporting will be to ensure that all partners responding to the outbreak are updated on the latest information regarding the health status of the population (i.e. epidemiology) and threats, health service availability, and healthcare utilization and outcomes, in order to inform further response operations and planning. WHO, working with partners, will provide daily epidemiological updates, complemented by weekly comprehensive situation reports and periodic reporting of response indicators. It will also support the production of ad hoc information products as needed by response partners, donors and others.

Table 3. Key Performance Indicators

TYPE OF INDICATOR	INDICATOR	TARGET
OVERALL	Number of suspect, probable and confirmed cases	0
	Number of new aires de santé affected	0
SURVEILLANCE	Case investigation of all verified alerts completed within 24 hours of alert	100%
CONTACT TRACING	Number and percentage of contacts (of confirmed + probable cases) for whom contact tracing has been completed (21 days)	100%
	% Contacts on a line list successfully followed up during previous 24 hours	100%
	Percentage of probable/confirmed cases coming from previously listed on contact lists	100%
	Percentage of contacts lost to follow up	0%
LABORATORY	Number and percentage of suspected cases for whom a sample is collected/ tested	100%
	Laboratory results available for all suspected cases within 48 hours	100%
CASE MANAGEMENT	Case fatality ratio for all confirmed cases admitted into Ebola Treatment Centres	< 50%
INFECTION PREVENTION	Number and percentage of cases who are health care workers / people associated with care for patient	0%
	Percentage of deceased suspected and probable cases for which safe burials were conducted	Target 100%
VACCINATION	Proportion of eligible people vaccinated	100%
COMMUNITY ENGAGEMENT	Percentage of communities at risk supported through risk communication and community engagement activities for prevention and case management in the last 7 days	100%
	Number of contacts provided with nutritional support during follow up	100%

PLANNING ASSUMPTIONS

The overall planning assumption based on the current situation as of 2018 is as follows:

- 100-300 cases
- EOC setup in Mbandaka plus four additional field offices
- National multisector coordination cell.
- 10 contacts per case rural areas, 30 contacts per case urban areas
- Three-month operation (May-July 2018)
- Six separate geographic response zones
- Ring vaccination and access to experimental antivirals.
- Set up of an iterative process to continuously assess and update planning

The revised version of the initial strategic response plan (issued on 15 May 2018), is a result of a consultation with government and partners where a number of key areas requiring expanded response due to increased risk of spread and additional community engagement were identified.

- Increased number of triage/isolation centers, contact tracers and contact tracing supervision based on revised estimate of expected cases/contacts
- Increased number of points of entry surveillance (airports and water/land points) based on mapping of transport routes
- Planned for rapid response team and triage/isolation unit in Kinshasa and neighboring provinces to be ready for a new alert
- Support (food, water, basic allowance) for contacts in quarantine
- Broader programme of basic WASH in schools and communities
- Additional aircraft, helicopters and boats to manage difficult logistic environment
- Ensure continued provision of health services in affected areas through free access, incentive payments to health workers and provision of medicines/medical equipment
- Additional anthropological investigation teams to inform response and risk communication
- Additional psycho-social support
- Expanded national and provincial EOCs

RESOURCE REQUIREMENTS	BUDGET (US\$)	KEY PARTNERS
Strengthening the coordination of multi-sectoral response across different epidemic committees at different levels <ul style="list-style-type: none"> • 1 x provincial EOC • 3 x field offices • 1 x national multi-sectoral coordination cell 	5 642 000	WHO, OCHA
Surveillance, active case finding and follow-up contacts <ul style="list-style-type: none"> • 10 x rapid response / case investigation teams • 70 x surveillance supervisors • 800 x contact tracers • 114 x points of entry surveillance 	9 874 000	WHO, GOARN, MSF, IOM
Strengthening the diagnostic capabilities of mobile laboratories <ul style="list-style-type: none"> • 1 x national reference laboratory • 5 x mobile laboratories • Logistics for specimen transportation 	1 833 000	WHO, EDPLN
Medical management of patients and suspected cases <ul style="list-style-type: none"> • 3 x Ebola treatment centers (15-20 beds) • 7 x triage units in hospitals/health centres • 7 x Ambulance referral services 	9 418 000	WHO, MSF, EDCARN, EMTs
Strengthening infection prevention and control measures and WASH in health facilities and communities <ul style="list-style-type: none"> • 200 x health facilities, • 160 x in schools, • 500 x in communities in affected area • 3 x safe and dignified burial teams 	5 396 000	WHO, UNICEF, IFRC
Reinforced communication and social mobilization <ul style="list-style-type: none"> • Public risk communications campaigns • 1120 x community engagement teams • 4 x anthropological research teams 	2 875 000	UNICEF, WHO
Psychosocial care <ul style="list-style-type: none"> • 5 x psychosocial care • 4 500 x nutritional and food support to those affected 	1 275 000	UNICEF, WFP
Immunization of risk groups and research response <ul style="list-style-type: none"> • 10 000 x vaccines • 6 x vaccination teams • Access to experimental antivirals • Operational research 	4 008 000	WHO, MSF, GOARN, UNICEF
Support to health system resilience & free access to health services <ul style="list-style-type: none"> • 18 x hospitals • 302 x health centres 	7 312 000	PDSS
Operations support and logistics <ul style="list-style-type: none"> • 1 x regional operations/logistics base • 4 x field office operations/logistics base • 1 x national logistics base • Airbridge Kinshasa-Mbandaka • Helicopter service Mbandaka to field sites • Transportation by boat and road 	8 426 000	WHO, WFP, MONUSCO, UNICEF
TOTAL	56 060 000	

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