

**GOARN Request for Assistance:
Ebola Virus Disease Outbreak in West Africa**



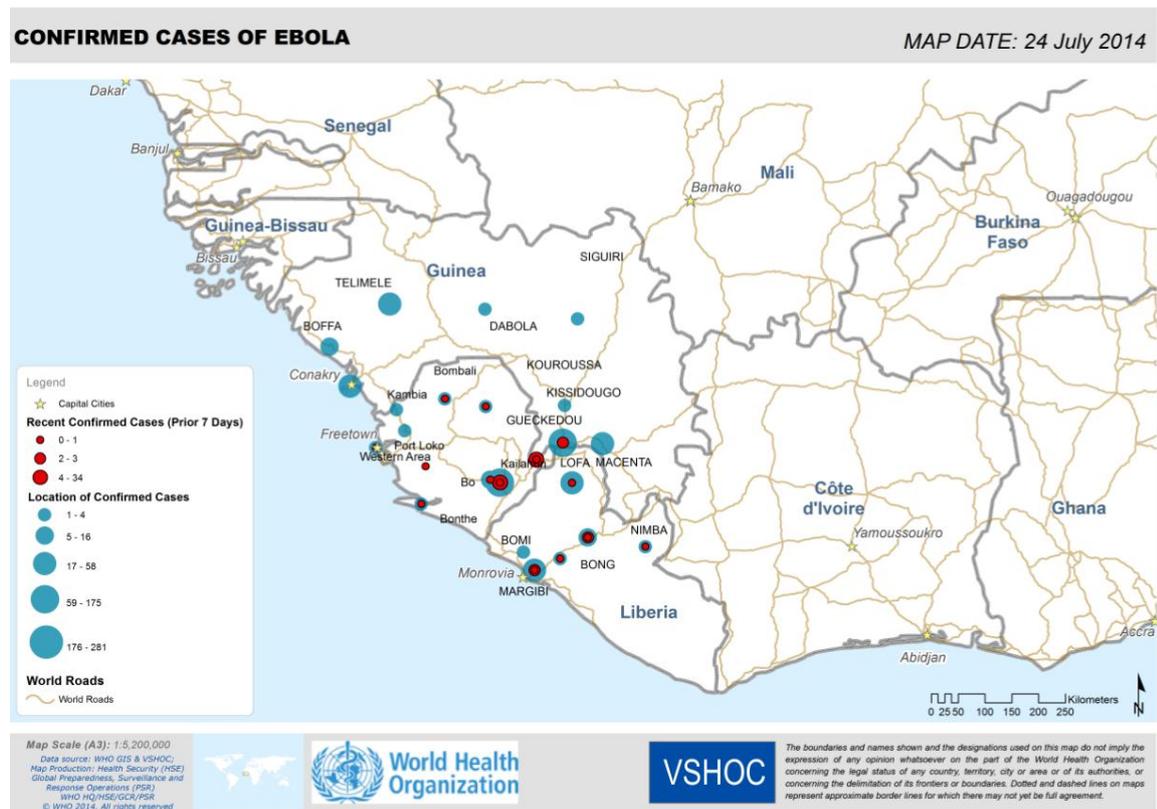
Date: 24 July 2014
Country: Guinea, Liberia, and Sierra Leone
WHO Region: Africa (AFR)
Classification: Confidential

Situation update

Additional Ebola virus disease (EVD) cases, and deaths continue to be reported from Guinea, Liberia, and Sierra Leone. As of 24 July 2014, the cumulative number of suspected, probable and confirmed EVD cases in the three countries is 1093, including 660 deaths. Details on the distribution and classification of the cases in each country are available on the WHO Disease Outbreak News (<http://www.who.int/csr/don/en/>) and on the EVD outbreak website (<http://www.who.int/csr/disease/ebola/en/>).

The main areas where active transmission continues to occur include:

- Guinea: Gueckedou
- Sierra Leone: Kenema and Kailahun
- Liberia: Lofa and Montserrado



Guinea

As of 22 July 2014, the Ministry of Health (MoH) of Guinea has reported a total of 416 suspect, probable and confirmed EVD cases, including 317 deaths; with 2 EVD patients currently in treatment facilities across the country.

The epidemic in Guinea appears to be on the decline, but there continue to be reports of community deaths in areas that cannot be investigated. Heightened surveillance and rapid investigation of alerts and new suspect or probable cases are essential to avoid a further wave of cases.

WHO has been working with national policy makers, community/religious leaders, voluntary sectors and partners to improve community engagement, and significant progress has been made in the Guéckédou area. However, understanding of EVD is still very limited, and community resistance to public health interventions still remains a serious concern. Some villages are still barred to national and international outbreak response staff.

Liberia

As of 22 July 2014, the MoH of Liberia has reported 238 suspect, probable and confirmed cases of EVD, including 117 deaths. Twenty four (24) EVD patients are currently in treatment centres across the country.

The epidemic in Liberia appears to be increasing. A number of health care workers have been infected due to a general lack of infection prevention and control (IPC) measures in healthcare facilities. The situation has furthermore caused some healthy personnel to abandon their duties as they fear contracting EVD. This has resulted in a critical lack of healthcare workers. WHO has been working with the national government and relevant international partners to strengthen implementation of effective IPC management at health care and other relevant facilities.

Sierra Leone

As of 22 July, the MoH of Sierra Leone has reported 524 suspected, probable and confirmed cases of EVD, including 224 deaths; with 53 EVD patients currently in treatment centres across the country.

The epidemic trend in Sierra Leone is on the rise, with major outbreak foci in Kenema and Kailahun. Cases have also been reported in several other parts of the country, including in the capital, Freetown.

Similar issues to those described above in Liberia cause patient care to be suboptimal. Very few health care workers attend work due to fear and high levels of nosocomial infections, including amongst health care personnel.

Acts of violence and community hostility cause security concerns for international and national outbreak response staff.

Outbreak Response

WHO is very concerned about the continuing EVD outbreak in Sierra Leone, Liberia, and Guinea. Efforts are currently ongoing to strengthen all aspects of outbreak response in the three countries, and strengthen preparedness in neighbouring countries.

The ministries of Health in the affected countries have been responding to the outbreak in collaboration with WHO and GOARN partners since March 2014. WHO and GOARN partners have been directly involved in field operations, and have been providing continuous support to the response in critical areas, including mobile field laboratories, and experts field epidemiology, in IPC, social mobilisation and anthropology, data management, clinical management of cases, communications and logistics. WHO wishes to acknowledge the important and valuable contribution of GOARN partners in the response so far.

Guinea, Liberia and Sierra Leone are urgently finalising revised national strategic plans to scale up outbreak response activities. Comprehensive support for the urgent implementation of these plans is critical to accelerate and sustain effective outbreak response in the field.

The Regional Director of the WHO Regional Office for Africa (AFRO) is currently conducting a first-hand assessment of the outbreak and response challenges, and is meeting with senior health and government representatives, and partners to advocate for urgent scaling up of key outbreak response activities, including community engagement, public information and communications, improved infection prevention and control in health care facilities, case management, effective contact tracing, cross-border collaboration and effective coordination. (See also: <http://www.afro.who.int/en/clusters-a-programmes/dpc/epidemic-a-pandemic-alert-and-response/outbreak-news/4230-ebola-virus-disease-west-africa-23-july-2014.html>)

Request for Additional Assistance

In light of the complex challenges presented by this outbreak, and the increasing epidemic trends in Sierra Leone and Liberia in particular, WHO is scaling up response activities and support to countries. Response activities and international support are expected to continue for several months.

Additional surge capacity is being identified and deployed in the field from WHO Headquarters, Regional and Country Offices. Staff in the WHO Country Offices in Guinea, Liberia and Sierra Leone have been repurposed to support the response.

WHO has also issued a major donor appeal for additional funding to ensure support for the international outbreak response.

Major partners in the response are also scaling up their capacity to support the outbreak response, including the IFRC, and MSF, and UN agencies.

Risk and needs assessments are being conducted to determine critical priorities areas, and high risk areas in which to focus immediate additional response activities.

WHO is working with countries, and partners to estimate number of national and international personnel that will be required in each of countries for the next three months. The speed of scaling

up response activities, and the ability to provide comprehensive support will have a critical impact on the overall needs.

The additional number of international staff required from WHO and partner institutions in the next three months is estimated as follows:

- Guinea: 77 staffs
- Liberia: 90 staffs
- Sierra Leone: 98 staffs

These are anticipated to be distributed in the following areas of work:

	Epidemiology	Coordination	Communications	IPC	Clinicians	Nurses	Data managers	Logistics	Laboratory	Sociologists	Psychologists	Social mobilisers	Total
Guinea	12	3	3	4	10	27	3	3	1	3	3	5	77
Liberia	12	4	4	6	9	31	4	4	1	4	4	7	90
Sierra Leone	14	4	4	6	11	35	4	4	1	4	4	7	98
Total	38	11	11	16	30	93	11	11	3	11	11	19	265

The anticipated deployments listed above are likely to be sourced from various institutions including WHO, GOARN partner institutions and partners in other networks accessible to WHO.

WHO is urgently requesting the assistance of GOARN partners to identify additional staff members for deployment to above countries in West Africa.

In the interest of resource planning for this protracted outbreak, please submit initial offers of support to goarn@who.int, with the following initial information:

- CV of candidate(s), clearly describing previous field experience
- Area of expertise
- Duration of availability (e.g. 4 weeks)
- Dates of availability (e.g. 15 Aug – 10 October)

Staff to be deployed to Guinea should ideally have French-language skills.

In line with the usual GOARN procedures, WHO will cover the cost of travel and per diems (daily allowance) for staff deployed, but will not provide any remuneration (salary) for deployees. However, given the extraordinary scale of the response, and the protracted timeframe for operations, in exceptional circumstances WHO will consider providing financial support to partner institutions to facilitate the deployment of experts, and contribute to the institutional costs of the deployment.

WHO and the GOARN Operational Support Team (OST) would like to express gratitude and thank all the GOARN partners that have provided support since the start of this outbreak.