

This is a situation report by the Interagency Collaboration on Ebola replacing situation reports previously produced by UNMEER. The report is produced by OCHA Regional Office for West and Central Africa in collaboration with WHO and humanitarian partners. The next report will be issued on or around 2 December.

Highlights

- On 23 November in Liberia, a 15-year-old boy who was diagnosed with Ebola died four days after being tested positive. His brother and father were also tested positive and are receiving treatment at an Ebola treatment unit in Monrovia.
- Ebola virus transmission was declared over in Sierra Leone on 7 November.
- In Guinea, the last patient with EVD tested negative for the second time on 16 November.
- The UN Special Envoy on Ebola released the [Overview of Needs and Requirements III](#).
- WHO has updated the [surveillance strategy](#) for Phase 3 of the Ebola response.
- In Liberia, more than 1,300 health care workers participated in the Integrated Disease Surveillance Reporting (IDSR) county roll-out to develop knowledge and capacity to detect, report and respond to epidemic-prone diseases.
- In view of educating people about the need for continued vigilance and de-stigmatization of Ebola survivors, IOM has started producing a mini-series on television with the National Guinean Theater Association.

Epidemiological status

- On 23 November in Liberia, a 15-year-old boy who was diagnosed with Ebola died four days after being tested positive. His brother and father were also tested positive and are receiving treatment at an Ebola treatment unit in Monrovia.
- Investigations into the possible source of infection are ongoing. As of 21 November, 158 contacts have been identified, including 10 health care workers at high risk. All contacts are being monitored. These are the first new Ebola cases in Liberia since the country was declared free from the disease a second time on 3 September 2015.
- Ebola virus transmission was declared over in Sierra Leone on 7 November, following 42 days with no new cases.
- In Guinea, the last patient with EVD, a baby born to an EVD-positive mother and confirmed to have EVD on 29 October, tested negative for the second time on 16 November. As the baby was born in an Ebola treatment centre, she is considered to have no contacts. The last 69 contacts in Guinea, including 60 high risk contacts, that were followed up in Forécariah, completed their 21-day follow-up period on 14 November.

Overview of needs and requirements III

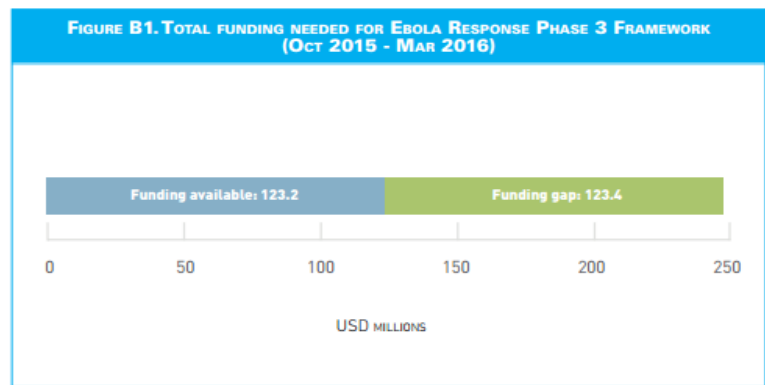
On 1 November, the UN Special Envoy on Ebola released the [Overview of Needs and Requirements III](#) for the Ebola Response Phase 3 Framework (ONR III). It follows the first appeal released in September 2014 (ONR I), and an update appeal in January 2015 (ONR II).

The ONR III offers an overview of the funding needs and requirements for the period 1 November 2015 to 31 March 2016 of UN agencies, NGOs and other international organizations working in support of the [Phase 3 Strategic Framework for the Ebola Response](#). The Framework's objectives are (1) to accurately define and rapidly interrupt all remaining chains of Ebola transmission and (2) identify, manage and respond to the consequences of residual Ebola



risks. To achieve these objectives, activities will include: case finding and contact tracing, case management, community support, leadership and coordination and survivor support.

A total of US\$ 244.5 million is required to cover this phase of the response. An estimated US\$ 123.2 million are already available, leaving a funding gap of US\$ 123.4 million.



Recovery

As Ebola-affected countries transition to the recovery phase, the response has shifted from emergency operations to long-term support. In July, the UN Secretary-General Ban Ki-moon in partnership with the Governments of Guinea, Liberia and Sierra Leone hosted an international Ebola Recovery Conference, to ensure that recovery efforts¹ prioritized building back better and ensuring greater resilience. The conference focused international attention on the need for targeted investments to support recovery priorities over a 24-month frame – namely in health, governance, and peace building.

UNDP leads the UN's crisis recovery work in the three countries. Its own action plan, 'Restoring Livelihoods and Fostering Economic Recovery', aims at helping to rebuild the livelihoods of those most affected, strengthening the governments' capacities to restore essential services, and ensuring a rapid return to a sustainable development path, while preserving and promoting peace, stability and social cohesion.

In the health sector, early recovery efforts are underway in the following four interconnected areas: effective infection prevention & control within a wider context of patient safety, strengthened integrated disease surveillance² and response capacities (IDSR) as part of enhancing the resilience of local health systems; safe reactivation of a basic package of essential health services in affected countries; and rebuilding of short-term health workforce capacities as a foundation for sustainable health workforce strengthening.

In **Guinea**, the Government developed a national strategy resulting in a Post-Ebola Priority Action Plan (PAPP) built around programmes and investment projects, and relevant support measures for recovery and resilience. The plan includes priorities in the social and economic domains. At cross-cutting level, state governance is to be consolidated and reinforced through a reformed public service. The total estimated cost of the PAPP over the 2015-2017 period will amount to US\$2.577 billion and is broken down as follows: 63 per cent for health, nutrition and water, sanitation and hygiene for all; 4 per cent for governance, peace and social cohesion; 11 per cent for education, social and child protection, and basic services; 22 per cent for socio-economic recovery.

To support the Government's strategy, the UN Country Team (UNCT) established a comprehensive programme which focuses on four components: support to socio-economic recovery; the rehabilitation of health systems; support to good governance, peace and security consolidation; and strengthening of risk management to control potential epidemics. The programme also aims at contributing to ongoing efforts to strengthen the capacity and resilience of Ebola-affected communities, particularly regarding recovery, health, social cohesion and governance.

¹ The respective recovery strategies for the three countries are available at the following link: <https://ebolaresponse.un.org/recovery-conference>.

² More information can be found in WHO's updated [surveillance strategy for Phase 3 of the Ebola Response](#).

In **Sierra Leone**, while continuing to support the country's efforts to get to zero Ebola cases, UNDP supported the Government in developing its National Ebola Recovery Strategy. The recovery strategy is planned for implementation within a period of 24 months, spanning July 2015 to June 2017, with the first six to nine months focusing on restoring basic access to healthcare, getting children back to school, social protection and restoring growth through the private sector and agriculture.

In **Liberia**, the Government's Economic Stabilization and Recovery Plan (ESRP) focuses on three core objectives, intended to address enduring institutional and infrastructure weaknesses. These are: to revitalize growth to pre-crisis levels while ensuring that it is more inclusive and that it creates more and better jobs; to provide support to the poor and other at-risk groups to strengthen resilience and reduce vulnerability; to rebuild and strengthen the capacity to deliver core social services including education, social welfare and health with better coverage in the rural areas.

In collaboration with the Ministry of Gender and Development, UNDP has begun the identification of three thousand households in Bong County that are expected to benefit from the Social Cash Transfer programme. Under the programme, people living in extreme poverty, as well as those whose sources of income have been hit as a result of the Ebola Virus, will be given a monthly stipend.

Liberia has completed the development of operational plans to restore essential health services at the subnational and national level. The country has also begun to build the capacity of county-level staff on medicine and supply chain management. It has updated its community health services policy and is currently working on the development of a strategic plan for community health services and community engagement.

Guinea

No new cases were reported in the week to 15 November. The cumulative caseload in Guinea is 3,804 with 2,536 deaths, a 67 per cent fatality rate. There are almost 1,300 survivors in the country.

Contact tracing / surveillance

- WHO provided training to health workers and community agents on community-based surveillance. This training is part of the surveillance strengthening plan which will initially target six prefectures: Forécariah, Boké, Kouroussa, Kankan, Guékédou and Macenta. In total, 420 community agents and 252 health workers are being trained.
- The last 69 contacts, including 60 high risk contacts, that were followed up in Forécariah, completed their 21-day follow-up period on 14 November. There are currently no contacts being followed.
- WHO continues to support prefectures and commune surveillance teams with active surveillance. During this period 457 community deaths, including 225 from Conakry, were reported, tested (all negative) and safely buried.



A 3-month-old Ebola survivor, released from the Ebola treatment centre at Nongo in Conakry on 11 November. Credit: UNICEF.

Community engagement and social mobilization

- UNICEF distributed solar radios to communities to strengthen alert and communication among communities. The organization supports a number of private and rural radio stations that broadcast sensitization messages about how to prevent the transmission of Ebola.
- In preparation of the reopening of the new academic year on 9 November, UNICEF and partners sensitized children and teachers about the importance of continuing to follow school safety protocols to protect

themselves from Ebola. Radio stations and religious leaders are also involved in the back-to-school hygiene campaign.

- In the context of a regional campaign to educate people about the need for continued vigilance and de-stigmatization of Ebola survivors, IOM has started producing a mini-series on television with the National Guinean Theater Association. The final product will be used as a tool to spark discussions and exchanges on topics related to good hygiene practices, stigma, and community event-based surveillance.

Survivors

- The Inter-Agency Collaboration on Ebola continued to provide technical support for the finalization of the national plan to support survivors. A meeting with the partners to share the plan was held on 9 November in Conakry and mapping of partners and interventions is ongoing.

Education

- UNICEF supported the Education Cluster in the “back-to-school” campaign, with communications and advocacy efforts. The Ministry of Education re-opened schools on 9 November, and issued a statement underlining compulsory enrolment for all children. 28 local radio stations and national radio broadcast messages were issued to parents and children reminding them of the start of the school year.

Nutrition

- The results of [the SMART nutrition survey](#) conducted in July 2015 revealed that the prevalence of acute malnutrition in Siguiri is 14,5 per cent, very close to the crisis level of 15 per cent. As part of the Siguiri response, UNICEF supported the training of 30 health workers from Siguiri’s 15 health centres in the integrated management of acute malnutrition. Therapeutic milk, ready-to-use therapeutic food and essential drugs have been prepositioned in the prefecture.

Food Security

- WFP is organizing cash disbursements for November and December to all Ebola survivors in over 700 households; at the same time, registration of 7,993 beneficiary households identified as needing support in areas that were formerly affected by Ebola has been completed. Identification of additional households will be completed shortly.

Sierra Leone

WHO declared the end of the Ebola outbreak in Sierra Leone on 7 November, following 42 days with no new cases. The last report of a confirmed case was on 13 September. The Government of Sierra Leone organized an event to announce the end of the outbreak. In his speech, the President praised the work of all those involved in the response, the bravery of over 4,000 survivors, and paid respect to the 3,589 deceased.

Health

- The response entered a new phase of 90 days of enhanced surveillance following the end of transmission in the country. This new phase is critical to ensure a resilient zero and the effective detection and response to any potential Ebola



WHO's 'End of Ebola outbreak in Sierra Leone' on 7 November.
Credit: WHO Sierra Leone.

flare ups. WHO reaffirmed that it will maintain an enhanced staff presence in Sierra Leone as the response transitions from outbreak control, to supporting enhanced vigilance and the recovery of essential health services.

- 12 clinics in nine districts are providing health and psychosocial support to survivors. Currently 3,500 of an estimated 4,300 survivors have been registered.
- In collaboration with the Aspen Medical team, work is underway to start a comprehensive training programme for staff of the rapidly deployed isolation and treatment facilities, which is being undertaken in collaboration with the Republic of Sierra Leone Armed Forces, the UK Army and WHO.
- Discussions between WHO and the Ministry of Health and Sanitation (MoHS) were held on the laboratory testing protocol to ensure alignment of the guidelines for testing to the 0+42 days EVD outbreak response strategy.

Safe and dignified burials

- With the end of the outbreak, standard operating procedures for testing of dead bodies/swabbing have been updated. All dead bodies will continue to be swabbed up to 30 June, 2016, after which the policy will be reviewed.

Research and development

- Under the Government's leadership, the roll-out of the Comprehensive Programme of Services for EVD Survivors (CPES) is continuing.
- The Survivors' Technical Working Group has continued to develop referral pathways of EVD Survivors for specialized clinical services.

Child Protection

- Plan International completed the first phase of their cash transfers to EVD foster families, who each received 200,000 Sierra Leonean Leones (approximately US\$ 45).
- UNFPA supported the training of 55 data collectors to participate in research on incidence of pregnancy in adolescent girls during the EVD outbreak in Kambia and Port Loko, along with three ministries. The assessment results will be used to inform health, psychosocial and education programmes of the government and development partners.

Food Security

- WFP is providing support to EVD survivors and orphans with food assistance and will continue to do so throughout the month of December. Third quarter food distributions to people living with HIV (PLHIV) has been completed in all districts with over 9,746 beneficiaries reached.

Recovery

- WHO is supporting the MoHS with preparations for the stock-taking exercise of the National Health Sector Strategic Plan (NHSSP) 2011-2015 which is planned for 23 November - 4 December.
- WHO is supporting the MoHS with the national head-count of all healthcare workers in Sierra Leone and reviewing the data tools.
- WHO is supporting the review of the current Health Management Information System (HMIS) strategic plan and the situation analysis of the current HMIS landscape post-Ebola. The assessment of the national HMIS has commenced and tools for use at district level are under development.
- WHO is planning a series of simulation exercises to test capacity to rapidly respond to a newly detected case of EVD.

Other

- The Government's National Ebola Response Center (NERC) is undertaking an EVD lessons learned exercise to identify good practices and lessons from the EVD response. UNDP and OCHA are providing technical support for the process. The methodology includes desk reviews, focus group discussions in the affected communities, Ebola survivors and in-depth interviews of key stakeholders. The EVD lessons learned report for Sierra Leone is expected in December.

Liberia

On 23 November in Liberia, a 15-year-old boy who was diagnosed with Ebola died four days after being tested positive. His brother and father were also tested positive and are receiving treatment at an Ebola treatment unit in Monrovia.

Investigations into the possible source of infection are ongoing. As of 21 November 158 contacts have been identified, including 10 health care workers at high risk. All contacts are being monitored.

More than 1,300 health care workers participated in the Integrated Disease Surveillance Reporting (IDSR) county roll-out to develop knowledge and capacity to detect, report and respond to epidemic-prone diseases.

48 Infection Prevention and Control (IPC) assessments were conducted in 10 counties by WHO IPC focal points in October and November.



Safe and Quality Health Services (SQS) training at Jurzon Town, Sinoe County. 2 November. Credit: MTI

Health

Enhanced Surveillance and rapid response

- Genexpert (mobile lab) instruments were installed in early November in the Bong and Tappita Laboratories where the Foundation for Innovative New Diagnostics (FIND) conducted a training for laboratory technicians.
- A pilot study on the implementation plan for using rapid diagnostic tests (RDT) for EVD commenced in Montserrado County with the US CDC, Global Communities and WHO.
- The Men's Health Screening Program (MHSP), a partnership programme launched last week by the Ministry of Health (MoH), WHO and the US CDC which aims to monitor the presence of Ebola virus in semen samples from Ebola Survivors, is in progress. As of 8 November, a total of 228 male survivors are enrolled from four counties, Montserrado, Margibi, Bomi and Grand Bassa, and the programme is currently scaling up to include Lofa County.

Health System Restoration & IPC

- In efforts to strengthen Sinoe County's capacity to deliver Safe and Quality Health Services (SQS), Medical Teams International (MTI) was appointed by MoH/WHO as the county lead agency.
- Construction of permanent screening and isolation infrastructure is also ongoing at Benson Hospital and Gardnersville Community Clinic in Montserrado County to support recovery efforts during the transition period.
- To ensure essential IPC standards in health facilities and schools, IOM is renovating 27 health facilities in Bomi, Grand Bassa and Grand Cape Mount Counties to include triage, isolation units and WASH infrastructure.

Psychosocial Support

- ACF has started a new project in Bomi County, integrating Mental Health and Psychosocial Support (MHPSS) with Livelihood programmes to reach over 14,000 persons directly or indirectly affected by EVD. This 16-month project aims at raising the mental and economic resilience of EVD-affected persons.

- Plan International is strengthening community-based child protection mechanisms, and has started to conduct trauma healing sessions for families and relocated children. The guidelines are to be finalized with the Ministry of Gender and Social Protection and UNICEF.

Livelihood

- CARE has been providing livelihood assistance to Ebola survivor support groups in Margibi and Montserrado Counties, linking survivor support groups with the Village Savings and Loans Associations (VSLAs) network to provide them with training and coaching to set themselves up as VSLAs, community-based financial institutions that provide a safe and transparent mechanism for household savings, small business development loans, social security and group investments.

Logistics

- The current health fleet maintenance programme is funded until December 2015 - funds were provided by USAID/OFDA via WHO - but no funding is yet confirmed for 2016.

Events

- The Coordination Board of the Inter-Agency Collaboration on Ebola (ICE) held its 9th meeting in Dakar, Senegal, on 5 November. Participants noted the significant progress made in the response thus far, while also acknowledging the transmission and re-emergence risks that remain. Ebola Crisis Managers and Resident Coordinators presented preliminary mapping of the survivor support and rapid response capability needs of the respective countries in which they work, along with the support partners intend to provide through 2016. Further, the Resident Coordinators presented proposals for the deployment of additional human resource capacity in their offices to assist with leadership and coordination of Ebola issues following the transfer of responsibility from the ICE approach to conventional Country Team structures. Board members endorsed the Overview of Needs and Requirements 3 report on funding needs of organizations supporting the Phase 3 Strategy. The next meeting of the Coordination Board is scheduled for 8 December in Conakry, Guinea.
- On 3-4 November, a consultation on UNMEER lessons learned was held in Dakar. It was very well attended by government officials from the affected countries, regional organizations as well as NGOs, UN and other partners. It built on a number of previous consultations and private interviews and was arranged by the Chef de Cabinet's Office and facilitated by the International Peace Institute.