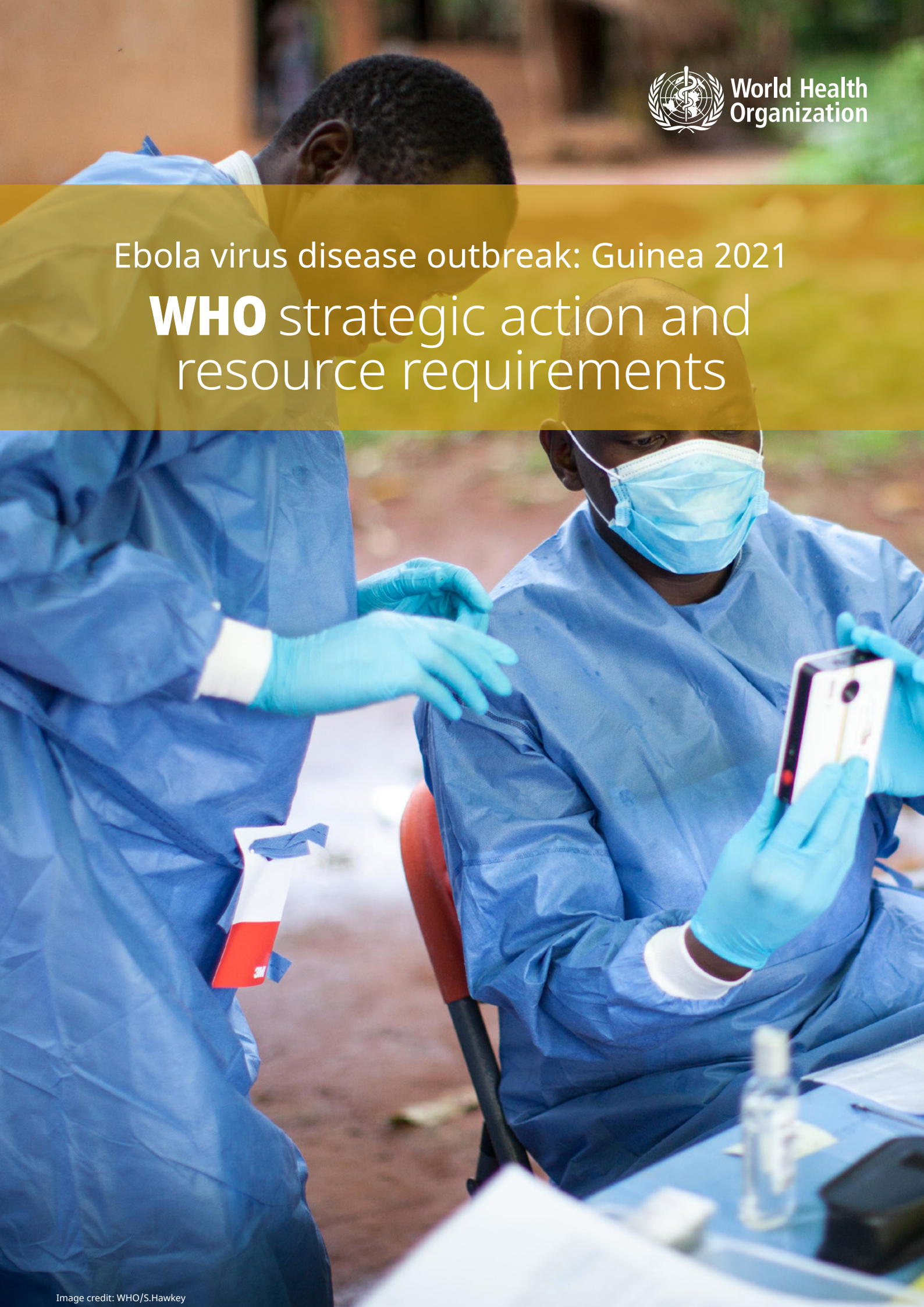


Ebola virus disease outbreak: Guinea 2021

WHO strategic action and resource requirements



Current situation

On 14 Feb 2021, health authorities in Guinea declared an outbreak of Ebola virus disease (EVD) in the rural community of Gouéké, N'Zerekore prefecture (health district; **Figure 1**), after three cases of the disease were confirmed by the national laboratory. The outbreak marks the first time the disease has been reported in the country since the end of the 2014–2016 West Africa Ebola outbreak, which also started in rural south east Guinea before becoming the largest outbreak of EVD since the disease was first discovered in 1976.

The N'zérékoré Region is the epicenter of the current outbreak, and borders Sierra Leone, Liberia, and Côte d'Ivoire. N'zérékoré is a major transport hub for people in Guinea, as well as people travelling to and from neighbouring countries. In addition to EVD, Guinea is also currently responding to four other outbreaks, including COVID-19, Yellow Fever, Poliomyelitis (cVDPV2) and Measles, stretching the capacity of health systems to cope and therefore increasing the likelihood of further spread.

Based on a rapid risk assessment completed on 17 February 2021, WHO assesses the risk of further transmission at the national level as very high, and the risk that the outbreak will spread at regional level as high, due to the high likelihood that individuals from affected communities in Guinea may have interacted with individuals from neighbouring countries.

WHO and Partners are already on the ground in the affected area to the support the government of Guinea in

the response. The Ministry of Health of Guinea, supported by WHO, the Global Outbreak Alert and Response Network (GOARN) and partners, initiated measures to control the outbreak and prevent further spread. To coordinate the response, the Ministry has activated national and district emergency management committees. Multidisciplinary, multi-partner teams have been deployed to the field to actively search and provide care for cases, trace and follow-up contacts, and engage with affected communities. Further rapid investigation into the origin and extent of the outbreak is ongoing.

In addition to surveillance, WHO is strengthening infection prevention and control at health facilities and other key locations, and reaching out to communities to ensure they take a key role in the response. WHO has also delivered 14 940 doses of the rVSV-ZEBOV vaccine, which has proven instrumental in controlling EVD outbreaks in the Democratic Republic of Congo, and the Organization is arranging for the deployment of additional doses to bring the total number of doses expected in the initial phase of immunization to around 20 000.

WHO and partners are working with health authorities in Cote d'Ivoire, Guinea-Bissau, Liberia, Mali, Senegal and Sierra Leone to increase community surveillance of cases in areas that border Guinea, as well as strengthening their capacity to test alert and suspected cases and conduct surveillance in health facilities.

Figure 1 Distribution of EVD in Guinea by sub-prefecture as at 21 February 2021



▶ A WHO team in Geneva prepares a shipment of the rVSV-ZEBOV vaccine before it is airlifted to Conakry in Guinea. The vaccine, which was first trialled in Guinea during the country's only previous recorded EVD outbreak, has proven to be a vital tool in the response to recent outbreaks in the Democratic Republic of the Congo.



▶ Guinea has developed a core of national expertise in the delivery of the rVSV-ZEBOV vaccine as part of a ring vaccination strategy. The strategy is designed to rapidly break chains of transmission by vaccinating the contacts, and the contact of contacts, of confirmed cases. It is an operation that requires close engagement with affected communities, seamless coordination between different pillars of the response, and a good deal of logistical expertise.

WHO's Strategic Readiness and Response Plan

Goal: Stop the human-to-human transmission of EVD, and reduce mortality and morbidity of patients with EVD.

Strategic objectives:

Engage, empower, and enable communities, based on evidence, to shape and participate in the response, to protect themselves from EVD, and to continue to use essential health services. The degree to which affected and at-risk communities are enabled to trust, engage with and shape the response will ultimately determine the speed with which the outbreak can be controlled and brought to an end.

Break chains of transmission through the rapid detection and testing of suspected cases; rapid epidemiological investigation of cases; contact tracing and follow-up; supported isolation of suspected, probable, and confirmed cases; vaccination of high-risk groups including all contacts, contacts of contacts, and frontline health workers and responders; and promotion of and support for the safe and dignified funeral of, at a minimum, any individual whose cause of death is confirmed or suspected to have been caused by EVD.

Reduce exposure by enabling communities and health workers to practice proper behaviours related to infection prevention and control in health facilities and community settings; improving water, sanitation and hygiene services in all settings; promoting and enabling safe and dignified funeral practices; and ensuring that health facilities and health workers are equipped for the safe triage, isolation, and treatment of patients with EVD.

Reduce mortality and morbidity from all causes by ensuring that patients with suspected EVD are diagnosed early and given quality care; that survivors of EVD are supported through recovery, and that they and other members of affected communities have access to high quality mental health services and psychosocial support; and that the health system can deliver essential health services that are safely accessible by communities.

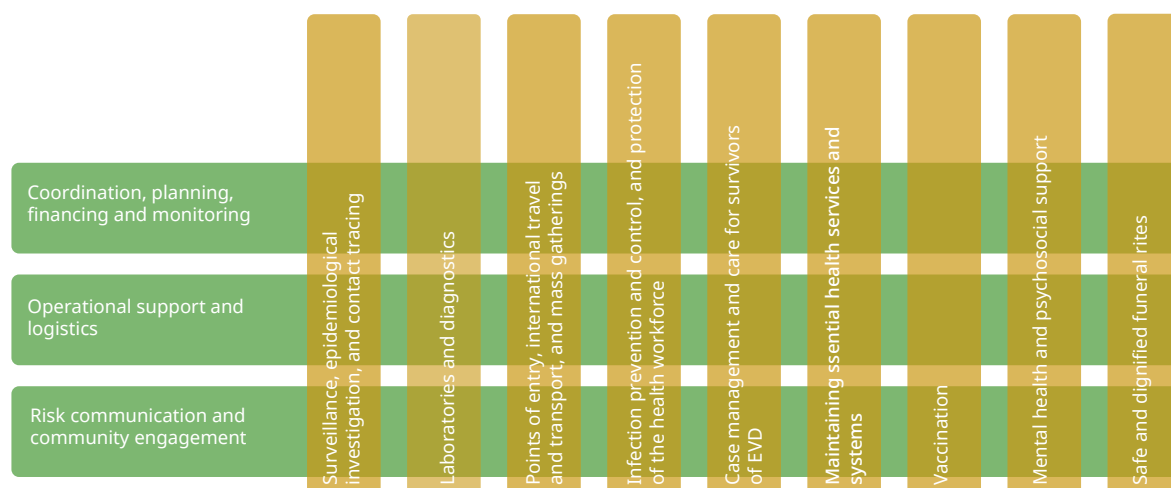
WHO is operationalizing a multi-country strategic readiness and response plan (SRRP) to steer a multi-partner public health response to EVD in Guinea and the surrounding countries of Cote d'Ivoire, Guinea-Bissau, Liberia, Mali, Senegal and Sierra Leone, and ensure a gender-responsive and equitable, evidence-based response founded on respect for human rights.

The SRRP is complemented by comprehensive Operational Guidelines that set out:

- key actions and measures to be taken in affected and at-risk areas in Guinea and surrounding countries, under the leadership of national authorities and with the support of WHO and international partners, to respond to and be ready for EVD cases;
- key performance indicators for monitoring and evaluation of response and readiness operations.

To achieve the SRRP's collective strategic objectives we, including affected communities, must break the chains of Ebola virus transmission using every tool at our disposal. Broadly, the response comprises 12 inter-related and interdependent technical and operational pillars (**Figure 2**). All interventions shall be implemented and facilitated in a coordinated way through a multidisciplinary national and subnational response structure, led by national authorities, involving communities, and supported by WHO and partners.

Figure 2 Ebola virus disease public health response pillars



Concept of operations

Depending on their risk, vulnerability, and response capacity, subnational areas in Guinea and the surrounding countries of Cote d'Ivoire, Guinea, Guinea-Bissau, Liberia, Mali, Senegal and Sierra Leone will be recommended to immediately adopt one of three tiers of operation.

- 1) Full response: a dedicated and fully-resourced operational response capacity in districts affected by EVD transmission;
- 2) Active response: in districts with a high risk of and/or vulnerability to transmission, including those districts in close geographical proximity to a district affected by transmission, those with strong socio-economic links and/or with substantial population movement to and from a district affected by transmission, and those districts with high population densities and/or fragile health systems and/or security concerns;
- 3) Active readiness: in all other health districts and regions of potential risk in Cote d'Ivoire, Guinea, Guinea-Bissau, Liberia, Mali, Senegal and Sierra Leone. Active readiness will be supported by a remote technical support team(s).

A monitoring and review mechanism will regularly reassess whether subnational areas are assigned an appropriate tier of operation. A detailed set of key actions to be taken and capacities to be put in place under each tier of operation is given for each response and readiness pillar in the Operational Guidelines that accompany the SRRP.

Resource requirements

WHO's initial emergency response has been funded in part by a release of US\$ 1.25 million from the WHO Contingency Fund for Emergencies. The allocation will also be used to support the response in Guinea and to reinforce Ebola readiness in neighbouring Cote d'Ivoire, Guinea-Bissau, Liberia, Mali, Senegal and Sierra Leone.

Experience in previous Ebola outbreaks has taught us a number of valuable lessons: move fast, move smart to bring the outbreak under control rapidly, and use national and subnational expertise as much as possible.

It is now essential that all partners in the response take urgent action to ensure that these actions are taken rapidly and in full, and that WHO and partners have the resources to provide comprehensive and sustained support to national and subnational authorities and affected communities wherever required. WHO's urgent funding requirements for the period 1 March to 31 May 2021 are US\$ 25 257 313. A breakdown of resource requirements by operational pillar, WHO organizational level, and geographical area of operation is given below in **table 1**.

Table 1 WHO funding requirements by pillar, organizational level, and geographical area of operation

Pillar	Guinea (US\$)	Country readiness (US\$)	WHO Regional office for Africa (US\$)	Headquarters (US\$)	Total (US\$)
1 Coordination planning financing and monitoring	800 000	718 933	3 698 424	43 314	5 260 671
2 Risk communication community engagement	400 000	893 073			1 293 073
3 Surveillance, epidemiological investigation and contact tracing	1 000 000	1 799 229		38 501	2 837 730
4 Points of entry, travel and transport, and mass gatherings	100 000	578 842			678 842
5 Laboratories and diagnostics	1 100 000	847 913			1 947 913
6 Infection prevention and control	1 500 000	1 489 793		43 314	3 033 107
7 Case management and care for survivors of EVD	1 700 000	1 054 798			2 754 798
8 Operational support and logistics	980 000	1 085 375		640 370	2 705 745
9 Maintaining essential health systems and services	500 000	462 000			962 000
10 Vaccination	1 500 000	1 669 741			3 169 741
11 Mental health and psychosocial support	200 000	85 692			285 692
12 Safe and dignified funeral rites	200 000	128 000			328 000
Total	9 980 000	10 813 389	3 698 424	765 500	25 257 313

WHO TO CONTACT

**WHO Headquarters: Purvi Paliwal,
External Relations Officer, email:
paliwalp@who.int**

**WHO Regional Office for Africa: Mohamed
Kakay, External Relations Officer, email:
kakaym@who.int**



**World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland**

**WHO in Emergencies:
www.who.int/emergencies/en**