



EBOLA RESPONSE ROADMAP

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ABBREVIATIONS

ETC	Ebola Treatment Centre
EVD	Ebola Virus Disease
GOARN	Global Outbreak Alert and Response Network
HCW	Health care worker
IHR	International Health Regulations
IPC	Infection Prevention and Control
NGO	Nongovernmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PPE	Personal Protective Equipment
R&D	Research and Development
UN	United Nations
UNCT	United Nations Country Team
UNICEF	United Nations Children's Fund
UNSG	United Nations Secretary General
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

GOAL

To stop Ebola transmission in affected countries within 6-9 months and prevent international spread.

CONTEXT

The 2014 Ebola Virus Disease (EVD, or “Ebola”) outbreak continues to evolve in alarming ways, with the severely affected countries, Guinea, Liberia, and Sierra Leone, struggling to control the escalating outbreak against a backdrop of severely compromised health systems, significant deficits in capacity, and rampant fear.

To accelerate actions on EVD in West Africa, a Ministerial meeting was convened in July in Accra, Ghana, and an operations coordination centre established in Conakry, Guinea. The escalating scale, duration and mortality of the outbreak led the Governments of Guinea, Liberia, and Sierra Leone and WHO to launch an initial Ebola Virus Disease Outbreak Response Plan on 31 July 2014 which outlined the main pillars for action based on the situation at that time and an initial estimate of resource requirements. Since then the outbreak has been further complicated by spread to Lagos, Nigeria.

In August 2014, an Emergency Committee was convened by the Director-General of WHO under the International Health Regulations (2005) [IHR 2005] which informed the Director-General’s decision on 8 August 2014 to declare the Ebola outbreak a Public Health Emergency of International Concern and issue several Temporary Recommendations to reduce the risk of international spread.

As of 27 August 2014, the cumulative number of Ebola cases in the affected countries stands at more than 3000, with over 1400 deaths, making this the largest Ebola outbreak ever recorded despite significant gaps in reporting in some intense transmission areas. An unprecedented number of health care workers have also been infected and died due to this outbreak.

National authorities in the affected countries have been working with WHO and partners to scale-up control measures. However, the EVD outbreak remains grave and transmission is still increasing in a substantial number of localities, aggravating fragile social, political and economic conditions in the sub-region and posing increasingly serious global health security challenges and risks.

The Ebola response activities to date have generated significant knowledge on the effectiveness and limitations of current approaches, highlighting key areas for course corrections. Clearly a massively scaled and coordinated international response is needed to support affected and at-risk countries in intensifying response activities and strengthening national capacities. Response activities must be adapted in areas of very intense transmission and particular attention must be given to stopping transmission in capital cities, thereby facilitating the larger response and relief effort.

This updated and more comprehensive roadmap builds on current, country-specific realities to guide response efforts and align implementation activities across different sectors of government and international partners.

PURPOSE OF DOCUMENT

To assist governments and partners in the revision and resourcing of country-specific operational plans for Ebola response, and the coordination of international support for their full implementation.

OBJECTIVES

1. To achieve full geographic coverage with complementary Ebola response activities in countries with widespread and intense transmission
2. To ensure emergency and immediate application of comprehensive Ebola response interventions in countries with an initial case(s) or with localized transmission
3. To strengthen preparedness of all countries to rapidly detect and respond to an Ebola exposure, especially those sharing land borders with an intense transmission area and those with international transportation hubs

MAJOR ASSUMPTIONS

This Roadmap builds on nearly 40 years of experience gained in EVD control, and is rooted in the fundamental strategies which have been proven effective in the context of previous outbreaks. However, it incorporates new experience gained, particularly over the past 3 months, in urban and widespread transmission settings. This experience is unique in the history of EVD and clearly indicates that in such areas with very intense transmission, combined with fragile and very weak health systems, the standard Ebola strategies must be complemented by new approaches. These approaches must allow for the rapid scaling of control activities when the case load outstrips currently available resources, and include a fundamental role for communities and their leaders in strategy implementation.

This Roadmap assumes that in many areas of intense transmission the actual number of cases may be 2-4 fold higher than that which is currently reported. It acknowledges that the aggregate case load of EVD could exceed 20,000 over the course of this emergency. The Roadmap assumes that a rapid escalation of the complementary strategies in intense transmission, resource-constrained areas will allow the comprehensive application of more standard containment strategies within 3 months. This plan recognizes that a number of currently unaffected countries could be exposed to EVD, but assumes that the emergency application of the standard control strategies will stop any new transmission within 8 weeks of the index case.

Fundamental to the Roadmap is the strengthening of laboratory, human resource, and response capacities, all of which are on the critical pathway for short- and long-term EVD control, as well as strengthening of the public health infrastructure against future threats. Some areas require particularly urgent action, such as infection control training.

It is expected that solutions to the current limitations on air traffic to and from the worst affected countries will be addressed within 2 weeks, and that by end-September, a comprehensive, UN-led plan will be launched to complement the Ebola Response Roadmap by providing a common operational platform for enhancing response activities and for addressing the broader consequences of the outbreak. The UN-led plan is expected to underpin support for the increasingly acute problems associated with food security, protection, water, sanitation and hygiene, primary and secondary health care, and education, as well as the longer-term recovery effort that will be needed. That plan will also need to address the complex social consequences of this emergency, such as the increasing number of children who have been orphaned.

Course corrections to this Roadmap will be driven by the availability of human and financial resources for its implementation, the evolving epidemiology, and the broad context in which this outbreak is evolving.

PRIORITY ACTIVITIES

OBJECTIVE 1: To achieve full geographic coverage with complementary Ebola response activities in countries with widespread and intense transmission

Key Milestones: Reverse the trend in new cases and infected areas within 3 months, stop transmission in capital cities and major ports, and stop all residual transmission within 6-9 months.

PRIORITY ACTIVITIES

- **Apply full Ebola intervention package to the extent of available resources**
 - Case management: Ebola treatment centres with full infection prevention & control (IPC) activities; Ebola referral/isolation centres; referral processes for primary health care facilities
 - Case diagnosis: by a WHO-recognized laboratory
 - Surveillance: contact tracing and monitoring
 - Burials: supervised burials with dedicated expert burial teams
 - Social mobilization: full community engagement in contact tracing and risk mitigation
- **Develop and apply complementary approaches for intense transmission areas**
 - Case management: community-based care supported by intensified IPC and appropriate PPE
 - Case diagnosis: by epidemiologic link to case confirmed by WHO-recognized laboratory
 - Surveillance: monitoring for new transmission chains (i.e. in infected areas)
 - Burials: trained and PPE-equipped community burial teams
 - Social mobilization: community engagement to implement complementary approaches
- **Assess short-term extraordinary measures to limit national spread**
 - Implement specific programmes to ensure continuity of essential and supportive services in containment areas (e.g. primary health care, psychosocial support, food)
 - If non-essential movement in and out of a containment area is stopped, ensure that essential movement (e.g. for response providers, essential services) continues unhindered
 - To facilitate EVD response, defer mass gatherings until intensity of transmission is reduced
- **Implement WHO's Temporary Recommendations under IHR to prevent international spread**
 - Prohibit travel of all Ebola cases and contacts (except for medical evacuation)
 - Implement and monitor exit screening at international airports, seaports and major land crossings
 - Align practices of all international airline carriers with national travel policy
- **Ensure essential services and lay the foundation for health sector recovery and strengthening of national core capacities for outbreak response**
 - Establish short-term capacity to address critical gaps in essential services (incl. health, food, education, protection, WASH (water, sanitation and hygiene)) through national service providers, NGOs, UN agencies, humanitarian organizations and other partners, based on needs assessment and gap analysis
 - Develop a medium-term investment plan to strengthen health services that includes syndromic surveillance and laboratory networks to diagnose relevant pathogens

- Introduce a fast-track training programme for priority health worker gaps (incl. surveillance)

OBJECTIVE 2: To ensure emergency and immediate application of comprehensive Ebola response interventions in countries with an initial case(s) or with localized transmission

Key Milestone: Stop all transmission within 8 weeks of index case.

PRIORITY ACTIVITIES

➤ **Initiate emergency health procedures**

- Immediately communicate the case and relevant information through the IHR contact point in the relevant WHO Regional Office
- Establish an emergency operations centre and activate relevant national disaster/emergency management mechanisms
- Coordinate operations and information across all partners, and the information, security, finance and other relevant sectors
- Initiate public crisis/risk communications plan

➤ **Immediately activate Ebola response protocols and facilities, in keeping with WHO IPC guidance and universal precautions**

- Immediately isolate all suspect and confirmed cases in designated Ebola treatment centre with full IPC
- Secure access to diagnostic capacity in a WHO-recognized laboratory
- Fully implement contact tracing and monitoring
- Ensure safe burials
- Implement public communications strategy to facilitate case identification, contact tracing and risk education

➤ **Implement IHR Temporary Recommendations to prevent international spread**

- Prohibit travel of all Ebola cases and contacts (except for medical evacuation)

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