



Pan American
Health
Organization



World Health
Organization

REGIONAL OFFICE FOR THE Americas

Framework for Strengthening National Preparedness and Response for Ebola Virus Disease in the Americas

October 2014

Introduction

This document outlines the framework for the provision of intensified technical cooperation to national authorities by the Pan American Health Organization (PAHO) to prepare for and respond to the potential introduction of a case of Ebola Virus Disease (EVD) in Member States, which was developed upon request of PAHO Executive Management.

This framework's intended audience is PAHO's heads of country offices (PWR Offices) and senior technical staff supporting national authorities in their preparedness efforts related to EVD and should be used to guide and facilitate interactions with national authorities, partners, PWR staff, and PAHO headquarters' staff in a seamless manner.

Background

The rapid spread of the EVD outbreak in West Africa has driven the need to scale up an efficient response to the emergency, which exceeds current organizational capacities. This increase led to an escalation to level 3 grading under the Emergency Response Framework on 12 July, 2014.

On 8 August, 2014, the Director General of the WHO determined that the outbreak of ebola Virus Disease in West Africa met the requirements of a Public Health Emergency of International Concern (PHEIC) and urged countries to enhance preparedness activities, within the framework of the International Health Regulations (IHR), to be able to detect, investigate, and manage possible cases of Ebola.

Following the detection of cases in countries beyond the initial focus of the disease in West Africa, trends in global travel and increased interaction of some countries in the Region of the Americas with the African continent, preparedness efforts in the Region have been scaled up. This has resulted in increased demand for PAHO's technical cooperation on EVD preparedness to Member States.

Objectives

The specific objectives of framework for strengthening national preparedness for EVD in the Americas are:

1. **Characterize current capacity** of countries in the Americas to respond to epidemic emergencies, focusing on EVD.
2. **Support countries** to reduce or eliminate the gaps identified in the previous characterization, by suggesting and implementing corrective actions.
3. **Define a joint technical cooperation work plan for EVD preparedness** that includes ongoing support to maintain achieved capacities and future monitoring of national processes.
4. **Strengthen core capacities under the IHR**, using the potential risk for an EVD introduction as a platform to test country capacities.

Task Force on Ebola Virus Disease

In addition to ongoing preparedness efforts, Dr. Carissa Etienne, PAHO Director, established a Task Force on 17 September 2014 to advise the Organization on all activities related to the planning and implementation of Ebola Virus Disease (EVD) preparedness and response efforts.

The Task Force is composed of Department directors (CHA, CMU, CSC, ERP, FGL, FRM, HRM, HSS, KBR, LEG, PED, PRO, SDE) and PWRs (ARG, BAR, MEX, PAN) and is chaired by the AD. CHA serves as the technical secretariat.

The main tasks of the Task Force are to:

- i. Support the implementation of the temporary recommendations of the IHR Emergency Committee in relation to EVD and preparedness efforts in our Region;
- ii. Define programmatic responsibilities and coordinating mechanisms within PAHO for addressing the EVD threat in the Region;
- iii. Ensure the highest level of protection for PAHO staff being deployed to support WHO EVD response;
- iv. Advocacy and coordination with Development Banks, Donor countries, and other multilateral agencies; and
- v. Direct resource mobilization and coordination efforts to support EVD preparedness and response efforts.

Scale-up of PAHO capacity for EVD preparedness and response

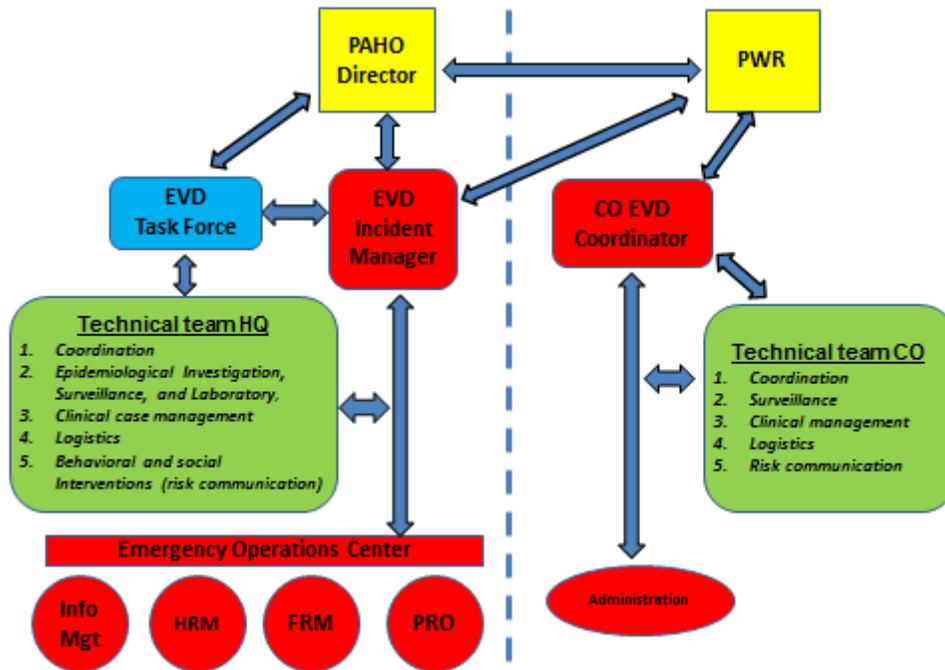
At present, the objective of ongoing public health preparedness activities in the Americas should focus on preventing and if necessary containing the establishment of local transmission of Ebola virus following the introduction of a case in countries free of the disease. To this end, PAHO has produced guidance to countries on EVD¹ and has organized several virtual training sessions on key components of the EVD response, including clinical management, risk communication, infection prevention and control.

Notwithstanding efforts conducted so far, PAHO must continue to enhance its current operational capacity to deal with an increased demand for technical cooperation and to support countries, should the need arise, in their response to an EVD event.

The scale-up of activities will use PAHO's incident management model, which describes the organization's operations during emergencies. The incident management model, as illustrated in Figure 1, defines the implementation of a functional structure to respond to emergencies at all levels of the organization. In addition, the model defines an **incident manager**, which ensures the coordination and management of the event by leveraging all resources available within the organization. The Task Force on EVD will continue to provide strategic guidance and direction to the response to the ebola event, but will operate within the incident management model. Similarly, the model defines an analogous structure to the Task Force at the country office level, with an EVD event coordinator and a country office technical team.

¹ Ebola virus disease (EVD), implications of introduction in the Americas
http://www.paho.org/HQ/index.php?option=com_content&view=article&id=9823:6-august-2014-ebola-virus-disease-evd-implications-of-introduction-in-the-americas&Itemid=40266&lang=en

Figure 1: Incident management model for PAHO's EBV response

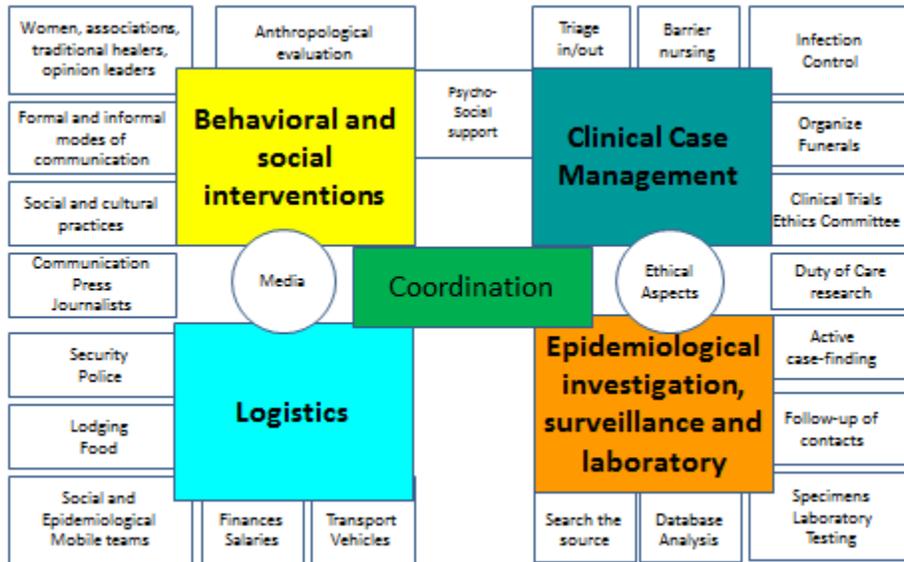


Scope of PAHO country support for EVD preparedness and response

The PAHO emergency response defines a functional structure with a technical team organized by the five key components around which preparedness and response efforts for EVD should focus, as defined by WHO (Figure 2):

1. **Coordination** focusing on ensuring that there are multi-sectorial coordination mechanisms in place involving all key institutions, inside and outside the health sector, that a joint plan is developed, that all these partners are fully aware of their roles and responsibilities regarding Ebola, that they are adequately prepared.
2. **Epidemiological Investigation, Surveillance, and Laboratory**, targeting case identification, diagnosis, and contact tracing.
3. **Clinical case management** including on isolation of cases, access to and correct use of Personal Protective Equipment (PPE) by health workers, implementation of protocols and procedures for infection prevention and control, organization of health services, waste management and environmental cleaning.
4. **Logistics**, ensuring that supplies for EVD response are available including procurement and distribution of appropriate PPE, access to mechanisms for sample shipment, transportation in response of the response, communication, facilities, and security.
5. **Behavioral and social Interventions** focusing on risk communication and involving identification of stakeholders and partners, forming a communications team and clearly defining expectations and responsibilities during a public health event, and incorporating lessons learned in operational plans following event evaluations.

Figure 2: Technical components of an effective EVD response



Principles informing PAHO action to support national EVD preparedness

The IHR formalized the commitment by States Parties to establish and maintain core capacities for surveillance and response. Such capacities are primarily intended to ensure State Parties' ability to adequately prepare for and respond to a PHEIC, to contain public health events at the source, and to adopt public health measures commensurate to the risk and not unnecessarily interfering with international traffic and trade.

In addition to progress made in the establishment of core capacities, preparedness efforts for specific risks have been undertaken by national authorities in the Region, with support provided by PAHO, in relation to natural disasters, pandemic influenza, cholera, chikungunya, and yellow fever.

The technical cooperation that the Secretariat will provide under this framework will build on existing core capacities, risk-specific preparedness schemes, and will focus on the refinement and implementation of concrete actions in the five key components for the prevention of the establishment of local EVD transmission following the importation of a case.

As will be described below, the step-wise process defined by the framework relies on a strong participation and engagement of the PAHO country office, which will need to establish its own response structure in order to support National Authorities in their preparedness enhancement process.

In order to effectively and sustainably support national authorities, the capacities outlined in this document will have to be tailored to the context of each individual country. The process will be conducted in three phases—preparatory, implementation of in-country missions, and follow-up phases, as described in Figure 3.

Figure 3: PAHO step-wise Technical Cooperation for Preparedness



While there is subject-matter expertise within PAHO, external consultants may have to be deployed in order to ensure maximum coverage in a limited amount of time. In addition, institutional partners would also enhance the process, and could include stakeholders such as CDC, PHAC, CARPHA and other Member States known to have subject matter experts on IPC, Biosecurity/Biosafety.

The three phases require actions at both the political and technical areas:

- Political: to secure the acceptance by national authorities of a prospective mission, their commitment to mobilize all competent authorities from relevant sectors and to accept recommendations made by PAHO, including the mobilization of resources for their implementation;
- Technical: to ensure that technical interactions between national competent authorities and PAHO occur in an informed manner on the basis of EVD related documents developed at national level (e.g. protocols and SOPs) and existing WHO and PAHO EVD related guidance documents.

Therefore, the success of the prospective intensified support interventions by PAHO will ultimately depend on the degree of leadership, ownership, and accountability of beneficiary national authorities concerned.

Step-wise, country-focused, EVD preparedness technical cooperation

Support will be provided to countries according to the steps following and the decision to conduct a country specific support mission will depend on the outcome of each of these steps.

Taking into account the potential need to deploy a country specific mission, a prioritization exercise was conducted to define the timing of the prospective mission. In broad terms, the prioritization was based risk of introduction and possible gaps in countries’ capacity to detect and respond to a case of EVD, as defined by expert opinion and IHR core capacity assessments.

Thirteen (13/35) States Parties in the Americas – ARG, BRA, CAN, CHI, COL, COR, CUB, ELS, GUT, MEX, NIC, USA, URU – have determined that the core capacities established under the IHR are in place and can be maintained.

Specifically, the following criteria were applied, in no particular order:

- (i) Official requests received/offered and preliminarily agreed upon to address already clearly identified gaps as a result of interactions with national authorities;
- (ii) Ongoing country-specific support initiatives;
- (iii) Official determination by States Parties that core capacities to contain a public health events at the source and to respond to a PHEIC are present and could be maintained.

The stratification defines 2 priority tiers and is subject to change depending on the evolution of events:

| Country | Tier | Timeframe |
|---|------|------------------------|
| Antigua and Barbuda, Barbados, Bahamas*, Belize, Bolivia, Dominica, Dominican Republic, Ecuador, Grenada, Guatemala**, Guyana, Haiti, Honduras, Jamaica, Nicaragua**, Panama, Paraguay, Peru, St. Kitts and Nevis, St Lucia*, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Venezuela. | 1 | by 31 December 2014 |
| Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba***, El Salvador, Mexico, and Uruguay, | 2 | Upon specific requests |

*Bahamas and St. Lucia did not submit their IHR State Party Annual Report to 67 WHA.

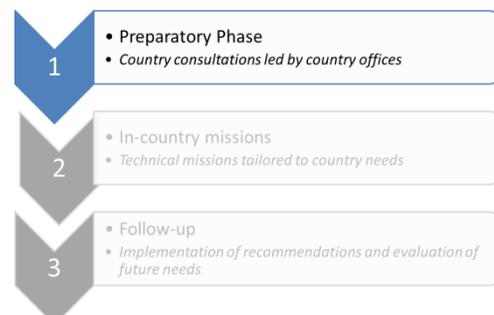
**Escalation of tier based on expert opinion.

*** Cuba has already received in country assessments and expert delegations. Activities are ongoing and should not be jeopardized.

PAHO/HQ will propose intensified support to national authorities via country offices according to priority tier defined above. Country Offices should explore interest and secure political and technical commitment to engage in the exercise and implement recommendations.

STEP 1. Preparatory Phase

All countries are urged to conduct a readiness assessment, or self-assessment exercise, for a possible introduction of a case of EVD. The exercise, which can be facilitated by PAHO country office, can be assisted by the use of the WHO “Consolidated Ebola Virus Disease



Preparedness Checklist”², matching core capacities, key components of EVD control, Temporary Recommendations for all states, and relevant technical guidance documents. National authorities in all countries may benefit from this exercise.

Countries wishing to receive intensified support from PAHO must express their commitment to the process, including political commitment and support to implement any recommendations generated from this enhanced support. Upon acceptance by national authorities of the intensified support approach, the country office should coordinate the organization of a meeting with all relevant competent authorities to review, in light of the status of national core capacities, existing national documents, their implementation, and their consistency PAHO and WHO guidance documents.

Following this exercise, country offices are asked to send to PAHO headquarters all relevant documents related to EVD preparedness and response, as well as the results of the in-country consultations and self-assessment. Ensure that the current Temporary Recommendations related to the EVD PHEIC as well as PAHO and WHO guidance documents related to EVD preparedness and response are made available to relevant competent authorities and to be available to provide clarification. PAHO will organize a virtual meeting with relevant national competent authorities, involving HQ to report on the result of the in-country consultations and discuss the gaps identified during this process. The virtual meeting will also include a discussion of the necessary corrective actions and whether a mission would be warranted to accelerate the refinement and or implementation of corrective actions.

Should consensus be reached during the virtual meeting that there is no added value to the deployment of a country specific mission, recommended actions to be taken to bridge gaps identified, responsible national competent authority, source of funds for their implementation, implementing, timeframe (maximum of three months), benefits in the longer term, requirements for ensuring sustainability, PAHO contribution/s, should be prepared by PAHO/HQ and distributed to relevant national competent authorities and to the PWR Office.

Summary Step 1: Preparatory Phase

PAHO country office shall:

1. Convene national authorities
2. Review/assess national capacities using:
 - a. WHO checklist
 - b. IHR core capacity assessment
 - c. Temporary recommendations issued by WHO’s Director General
 - d. Guidance documents (included in page 17 of WHO checklist)
3. Define which gaps in national capacities will require technical cooperation from PAHO
4. Provide health authorities with a report detailing the results of the assessment exercise
5. Send to PAHO HQ the result of the country consultations and the specific needs for technical cooperation

² World Health Organization, can be accessed at <http://www.who.int/csr/disease/ebola/evd-preparedness-checklist-en.pdf?ua=1>

STEP 2. In-country missions

Based on the results of the needs assessment conducted during the preparatory step, missions to countries will be prepared to address the gaps identified. The mission will then focus on the key components that have identified as requiring more attention and will be scheduled based on countries' priority tier.

Mission composition could include the following components. The names of the corresponding point of contact will be confirmed under the Incident management system:

1. Coordination
2. Surveillance
3. Clinical Case Management
 - a. Clinical Management
 - b. Organization of Health Services
 - c. Infection Prevention and Control
 - d. Waste management WASH
4. Logistics



Risk communication training and planning will be provided through sub-regional training workshops.

In coordination with the PWR, PAHO/HQ will define the Terms of Reference of the mission, proposed agenda, and the composition of the mission team. The quantitative and qualitative composition of the mission team will vary according to gaps identified. Technical teams could be comprised with professionals from as many the five key areas of EVD response. These experts should be selected on the basis of their experience in the technical area, familiarity with objectives, and ability to communicate (language), and could also include national experts. The anticipated duration of country specific missions is three to five days.

Proposed corrective actions can be divided into five categories:

1. Update standards and procedures ;
2. Adapt existing intra- and interinstitutional coordination and communications forums and define new mechanisms, if necessary;
3. Identify strategies to facilitate administrative and financial processes for activities requiring the rapid mobilization of personnel, shipment of samples, procurement of supplies, or conduct operations 24 hours a day, 7 days a week;
4. Provide training and identify areas where certain function can take place, such as isolation, as well as the profile of professionals that should be trained; and
5. Address identified needs in terms of supplies, equipment and material for the collection and shipment of laboratory samples, and other inputs.

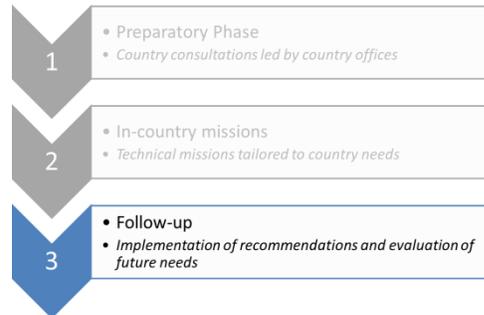
Summary Step 2: In-country missions

PAHO country office and HQ shall:

1. Define TORs for country missions and composition of mission based on needs identified in the country consultations in step 1
2. Make arrangements for contracts, travel and logistics for the mobilization of experts
3. Conduct an end of mission de-briefing engaging the highest possible political level

STEP 3. Follow-up

A de-briefing with national authorities will be conducted before concluding the mission, so that corrective action can be implemented immediately. In addition, a detailed report outlining the findings and activities conducted during the mission will be shared within 2 weeks from the completion of the mission. The mission report should clearly identify recommended actions to be taken to bridge gaps identified, responsible national competent authority, source of funds for their implementation, implementing, timeframe (maximum of three months), benefits in the longer term, requirements for ensuring sustainability, and PAHO's contributions/direct additional interventions.



The status of the implementation of recommended actions should be monitored by PWR Offices and could be discussed on a monthly basis through virtual meetings organized by PAHO/HQ with relevant national competent authorities and PWR Office. In case additional country specific activities to be directly implemented by PAHO's are planned, the relevant organizational level will be fully responsible for their implementation (e.g. training).

Summary Step 3: Follow-up

PAHO HQ shall:

1. De-brief national authorities with recommended actions remaining
2. Prepare a detailed report which should be sent to country offices within two weeks of the conclusion of the mission

PAHO Country Office shall:

1. Monitor implementation of recommendations and report on this implementation

Additional capacity-building activities

During the follow-up stage, Regional or sub-regional training workshops will also be conducted, especially targeting those issues where most countries are found to require technical support (i.e. clinical management, infection prevention and control, contact tracing).

To this end, sub-regional workshops will be prepared on key topics. Such a workshop for as risk communication has already been planned for the English-speaking Caribbean in November in Barbados. Workshops for Central and South America have been planned in Panama and Ecuador, respectively.

In addition, multi-country trainings will be held in topics such as clinical management, infection prevention and control, and surveillance and contact tracing.

PAHO support to national response

Should there be a need for the Organization to deploy staff to countries to support investigation and response efforts related to the possible or actual introduction of an EVD case, this will be coordinated by CHA as per global WHO guidance regarding the deployment of Rapid Response Teams (RRT) for EVD related events in countries with no cases or limited local transmission.

Once a request for support is communicated to the incident manager, the RRT will be deployable within 48 hours of receipt of the request.

The RRT is drawn from a pool of trained and rapidly deployable experienced experts in critical areas of Ebola outbreak response. The team supports field assessments, and can act as an initial stabilizing resource in the earliest phase of the outbreak. The RRT capacity will be staffed by appropriate PAHO/WHO experts at HQ or country offices, other relevant UN agencies, Global Outbreak Alert and Response Network (GOARN) partners and networks, drawn from a roster of expert trained for field operation and deployable at short notice.

This operational modality will have to be accommodated by the PAHO Incident Management mechanism so that the Organization response can be run smoothly. The size and composition of RRT will address the most critical technical skill-gaps needed to conduct a rapid risk assessment, field investigation and immediate response steps, and will depend on the agreement of responsible authority of the affected country. A draft concept of operations for a Rapid Response Team is included in Annex 1.

Estimated Budget

| Activity | Details | Cost USD |
|---|---|-------------------|
| Country Missions | | |
| Expert missions - preparedness EVD | Deployment of technical experts (7 days, including travel days) to 24 countries before 31 December 2014 | 650,000 |
| Specific and Follow-up missions | Follow-up missions conducted to ensure implementation of recommendations from country missions | 150,000 |
| Subtotal | | 800,000 |
| Human Resources | | |
| Consultants regional level (P-4/5 level) for Framework implementation | 4 consultants x 6 months at regional level | 400,000 |
| Consultants in COs (NPC) | 1 NPC x 10 prioritized COs x 6 months | 200,000 |
| Support to 24/7 Operations at PAHO HQ and COs | Support to Task Force, ARO and EVD focal points | 250,000 |
| Support staff to strengthen EOC operations | Provide staff to ensure efficient operations (support staff, information management) | 100,000 |
| Deployment of Rapid Response Teams at country level (if needed) | Rapid response teams deployed in countries to conduct a rapid risk assessment, field investigation and immediate response steps | 300,000 |
| Experts on health service organization | Technical experts for the organization of clinical services | 300,000 |
| Subtotal | | 1,550,000 |
| Equipment, supplies and facility needs | | |
| Replenishment of PPE stock in PAN UN warehouse + new PPE requirements | Stock for managing 50 EVD patients during 15 days | 500,000 |
| Purchase of essential equipment and supplies for countries | Costs of basic supplies | 250,000 |
| Laboratory supplies, reagents and equipment | Costs associated with the purchase of reagents and shipments for countries | 300,000 |
| Shipment of PPE and stockpile items from UN warehouse in Panama | Courier associated costs | 250,000 |
| IT and facility supplies | Supplies need to ensure adequate coordination and communication (laptops, cell phones, connectivity, software, licenses) | 100,000 |
| Subtotal | | 1,400,000 |
| Capacity building: training and follow up missions | | |
| Scale-up of country-level activities | Implementation of country mission recommendations | 2,000,000 |
| Logistics assessment & trainings | Organization of assessment mission and training for MOH and relevant participants on supply chain management | 300,000 |
| Training on Risk Communication for Stakeholders & Health Authorities | 3 x sub regional workshops | 600,000 |
| Trainings to address specific country needs | Specific trainings, as requested, targeting additional country needs (i.e. clinical management, infection prevention and control, contact tracing) | 600,000 |
| Training of healthcare providers on clinical management of EVD and in-country support | Training of healthcare providers on clinical management of EVD and in-country support for organization of clinical services, including the development of technical recommendations | 400,000 |
| Training of National and Regional Rapid Response Teams | Strengthen capacity of rapid response teams in the countries | 1,500,000 |
| Expert meeting on virology | Conduct meeting with network of country virologists | 200,000 |
| Subtotal | | 5,600,000 |
| Total | | 9,350,000 |
| PSC (7%) | | 654,500 |
| TOTAL | | 10,004,500 |

Annex 1 PAHO/WHO Ebola Response Operations (DRAFT)

Concept of Operation of PAHO/WHO International Rapid Response Team (RRT)

1. Purpose:

- *On request, to ensure rapid international technical and operational support to any country reporting a laboratory-confirmed case, or a probable case (with **laboratory suggestive** and clinical **evidence**) who has recently (in last 21 days) travelled to an area of active transmission.*

Because of the risk of exported cases from the rapidly evolving Ebola Virus Disease (EVD) outbreaks in west Africa³, PAHO/WHO requires the ability to immediately mobilize an international rapid response team (RRT) to support member state to rapidly contain an outbreak.

The RRT will be deployable within 48 hours of a request for support/a report of a laboratory-confirmed case or an escalating situation of international public health concern.

The RRT is drawn from a pool of trained and rapidly deployable experienced experts in critical areas of Ebola outbreak response. The team supports field assessments, and can act as an initial stabilizing resource in the earliest phase of the outbreak. The RRT capacity will be staffed by appropriate WHO experts, other relevant UN agencies, Global Outbreak Alert and Response Network (GOARN) partners and networks, drawn from a roster of expert trained for field operation and deployable at short notice.

2. Responsibilities of RRT:

In accordance with PAHO/WHO mandate under the IHR (2005), this international RRT will work with the Ministry of Health to assist national health authority, to address the critical needs and immediate response priorities to protect at-risk population within overall national preparedness and response.

Support countries in their response by assisting and reviewing the following activities to stop localized transmission:

- Ensure immediate & appropriate isolation of the EVD case(s), including assisting with temporary isolation facility/ETC
- Establish database of cases and contacts, and initiate daily follow-up by local surveillance team(s).
- Establish proper flow of information and data.
- Establish/confirm PCR diagnostic capacity, or ensure reliable and safe specimen transportation to a reference laboratory. If necessary, request deployment of mobile laboratory/diagnostic capacity
- Reduce and, if possible, stop amplification of transmission in exposed or potentially exposed healthcare workers. Assess and strengthen, in coordination with local authorities, the strict implementation of IPC standard precautions in the directly affected healthcare facilities.

³ Reference the IHR Emergency Committee Recommendations, and the Roadmap OBJECTIVE 2: To ensure emergency and immediate application of comprehensive Ebola response interventions in countries with an initial case(s) or with localized transmission

- Engage partners on social mobilization to ensure local and religious leaders and communities are embedded across all pillars of the Ebola response, contact tracing, care and treatment and safe burials. Ensure that the “message” in community engagement are adequate and effective
- Support the MoH to establish an EVD emergency inter-sectoral coordination mechanism with clearly defined lines of responsibility and a physical space for coordination of operations (e.g. country office, regional coordination center)
- Advise MoH, and stakeholders, on the strategic priorities, resources and funding requirements for the response based on WHO/RRT assessment of immediate public health needs.

Priorities to stop possible wider transmission

Depending on the critical needs assessment to contain the outbreak and the size of the RRT, the following actions will also need to be progressed in tandem:

- Establish measures for screening of travelers at points of entry if and where relevant
- Support nation-wide surveillance and early alerting/warning system.
- Activate UN interagency operational mechanisms to support MoH planning, and implement Ebola outbreak response activities, and prepare for wider transmission and humanitarian implications.
- Work with national authorities and multi/cross-sectoral partners on overall outbreak preparedness to effectively handle a possible significant numbers of cases and contacts
- Support risk communications activities of national authorities, voluntary sectors and other partner agencies.

The RRT will rapidly assess the resource needs, country context, including security and safety, identify critical gaps, and ensure that additional international response is mobilized as necessary.

The deployment of RRT, and rapid assessment reports will inform both national and international preparedness, and trigger additional rapid response operations with partners.

The RRT needs to undertake site-specific risk assessment to occupational health and safety in consistent with the World Health Assembly Resolutions 49.12 and 60.26 and WHO Global Policy on Health and Safety at Work⁴.

3. Composition of RRT:

The size and composition of RRT will address the most critical technical skill-gaps needed to conduct a rapid risk assessment, field investigation and immediate response steps, and will be dependent on the agreement of responsible authority of the affected country.

Depending on the locations and focus of the first assessments and investigations, the indicative composition of an RRT can include the following functions:

- RRT Team Leader
- Information and data manager
- Operations coordinator

⁴ Information Note 14/2010. WHO Global Policy on Health and Safety at Work (http://intranet.who.int/admin/infonotes/documents/14_2010_en.pdf)

- Technical Coordinator

Experts who will fulfil these 4 functions will have experience in any the following areas:

- Logistics
- Infection Prevention and Control
- Administration / Emergency planning and management
- Surveillance / Epidemiology
- Clinical management
- Laboratory diagnostics
- Social mobilization
- Risk Communications/media communications

The team will be deployed for a period of up to 4 weeks and have the capacity to work at national level, and/or in the field.

Nomination to be part of the RRT roster will require confirmation in writing from respective line manager(s)/organization(s) before such nomination is considered by the responsible office of the WHO/UN Coordinating Center.

Upon satisfactory completion of pre-deployment training, the staff will be required to be available on 48 hours' notice, for Ebola field missions at least twice in a 6 month period.

Unavoidable/emergency circumstances faced by the staff, his/her organization and ongoing occupation to front line field operation will be factored into planning phase of RRT deployment.

4. Equipment/facilities to support initial RRT operation

The essential outbreak response equipment and supplies will be available for rapid deployment or will be made available in the field. Key items include:

- Communications and IT equipment, including Notebook PC and software
- Personal Protective Equipment (PPE)
- Standard WHO medical kit
- Operational cash for field operations
- Access to transport on the ground

5. Preparedness and Training of RRT:

To ensure the deployment within 48 hours, PAHO/WHO needs to urgently develop and maintain the capacity, readiness and skills of an "RRT Pool".

An initial global pre-deployment training course will be developed by PAHO/WHO and partners and will be implemented by XX October to ensure that experts are trained. Training will be based on a 4 day intensive modular training approach. Initial plan is to train up to 60 experts, in 3 groups of 20.

The pre-deployment training course outline will include coordination, multidisciplinary activities of the RRT, addressing the immediate operational, logistics and technical priorities, and communications.

In recognition of the potential global risks of EVD, the pre-deployment training can be further developed to address regional specificities, and build regional response capacity and

networking. Standardized training packages will support further implementation at regional level.

6. Sourcing of RRT

The Standby “RRT pool” will be sourced from UN agencies, including PAHO/WHO, partners engaged in the EVD outbreak response, GOARN, and related networks.

A database will be set up to maintain regular updated information on the following:

- Medical clearance for vaccination, and fitness to undertake the field mission
- Basic and Advanced on-line UN security training
- Completed IPC training (Protect, Go, or equivalent)
- Duration on Stand-by, and other available (e.g. up to 4 weeks)
- Primary and auxiliary skills and experience
- UNLP/Valid passport
- Terms of Reference of the specific role and reporting protocol when deployed.
- Appropriate Code of Conduct

7. Operationalization of RRT Concept of Operations:

- Detailed project plan for operationalization of RRT is being developed, including the training course, and standard operating procedures.

Annex 2: Clinical Training for Healthcare Providers and support for health services organization:

Justification and Objectives:

On 8 August, 2014, the Director General of the World Health Organization (WHO) determined that the outbreak of Ebola Virus Disease (EVD) in West Africa met the requirements of a Public Health Emergency of International Concern (PHEIC) and urged countries to enhance preparedness activities, within the framework of the International Health Regulations (IHR), to be able to detect, investigate, and manage possible cases of Ebola. The efforts of the Pan American Sanitary Bureau to substantially support Member States in the preparations related to EVD was intensified as of July 2014.

This situation compels the countries of the Americas to strengthen their health services preparedness for the early detection, isolation, and control of EVD. This poses an important challenge for health services in the Region some of which are already under considerable pressure due to efforts to control other outbreak situations (i.e. Chikungunya and dengue fever). The challenge is even more serious for those countries that have important limitations in healthcare services capacity to respond to the habitual demands. The magnitude of the threat is significant and as such, PAHO's Secretariat support is required to assist Member States in strengthening health services (both hospitals and ambulatory care units) capacities to respond and stop possible outbreaks.

The objective of the preparatory activities in the Americas will be centered in containing and preventing the establishment of the local transmission of the EVD after the introduction of a case in a previously disease-free country. In this context, HSS/HS will provide technical cooperation aimed at strengthening the response capacity of health services. This technical cooperation will include, among others, the establishment of coordination structures, triage, admission and clinical management protocols for patients with EVD, occupational health protocols for the protection of health workers, etc.

The objective of this proposal is centered on supporting Member States through the training of healthcare professionals, who in the event of cases of EVD, would be responsible for the clinically management of such patients. This proposal aims to provide training and technical cooperation for the conformation of clinical response teams in the countries of the Region.

The Proposal:

The proposal include two levels of training: a first level aimed at Training Trainers, and the second level, at the training of rapid response clinical teams in each PAHO Member State. As an additional outcome, the Region will have highly trained clinical teams available for inter-country collaboration in the clinical management and control of possible outbreaks in the best tradition of Pan-Americanism.

1) TRAIN THE TRAINERS

a) Participants profile:

- A Physician trained in critical care medicine, infectious diseases, or internal medicine; and

- A Registered Nurse specialized in critical care, preferably in-charge of an ICU.
- Preferably, both should be full-time staff members of a national hospital;
- With teaching and management experience; and
- Willing to make a formal commitment to serve as trainers to national teams in their own country and to support similar training activities in other countries supported by PAHO/WHO.

b) The Syllabus:

This 3-day training will cover aspects related to:

- History of the disease and characteristics of the current outbreak
- Epidemiology of the EVD
- Detection, Isolation and Management of patients with suspicion of EVD infection– Criteria for isolation
- Recommendations for EMS and Emergency Departments
- Diagnosis and Clinical Management of EVD and complications
 - Transmission of the disease, history, clinical presentation, triage
 - Diagnostic and laboratory testing
 - Clinical management and Intensive Care Treatment of Patients with EVD
 - Criteria for Discharge and monitoring
- Use of Personal Protective Equipment (PPE) including practical demonstrations
- Organization of Treatment Units
- Prevention of health hazards to Health Workers (infections, stress and mental health)
- Prevention and control of infections (includes provisions for disposal/burial of corpses, disinfection of areas and vehicles, waste management and environmental cleaning).

At the end of the training the participant is expected to:

- Be capable of organizing and directing workshops for training of physicians, nursing staff and auxiliary staff for the organization and management of clinical care of patients with EVD in their home countries.
- Lead preparedness and response activities in their countries, particularly in the area of clinical services.
- Provide support as consultants or trainers in other countries of the Region in collaboration with PAHO/WHO.

c) Trainers:

- The course faculty will be comprised of experienced trainers from hospitals that have managed cases of EVD (Emory Hospital, Hospital Carlos III of Spain), CDC Atlanta, and PAHO/WHO.

d) Proposed Dates and Places:

- Each training session will involve no more than 30 participants in order to facilitate the training and hands-on practice with PPEs.
- Two workshops will be held for Spanish-speaking countries (November 19–21 and 24–26). Place to determine.

- A third workshop will be held for participants of the English-speaking Caribbean (December 2–4). Place to determine.

2) TRAINING IN-COUNTRY RESPONSE TEAMS:

a) Objective:

- Organize and train 2 or 3 clinical response teams per country.

b) Methodology:

- With the participation of selected trainers from the Train-the-Trainers group (both nationals and from other countries) and logistical support of PAHO/WHO's Regional and Country offices, two or three teams will be trained in each country. The composition of these teams is detailed below.
- The syllabus and agenda for the training sessions are the same.

c) Selection of the participants:

- The participants should be chosen and designated by the authorities of each Member State in relation to the hospital or center selected for case isolation and management of EVD. The recommendation is that the teams be formed by:
 - Critical care or Internal Medicine Physicians
 - Infectious Disease Specialists
 - Intensive Care Nurses
 - Nursing assistant personnel
 - Nutritionist
 - Mental Health Specialist or nurse
 - Social Worker
 - Personnel responsible for the cleaning isolation and intensive care units
 - Personnel responsible for waste disposal, managing/transporting dead bodies,
 - Emergency department staff
 - Ambulance personnel (includes conductors)
- The training should be conducted preferably in the institution selected for EVD patient's isolation and management.

At the end of the course the hospital response team:

- Will be formally constituted and trained for the clinical management of patients with EVD in isolation and intensive care units of the hospital centers previously selected for this purpose.
- Will have theoretical and practical knowledge of the disease and its management and of the infections prevention and control measures in order to avoid the spread of the virus, particularly among healthcare workers.
- Will be proficient in the use of PPEs.
- Will be able to support the organization and training of other teams as needed to expand capacity to other establishments or regions of the country.

Annex 3: Organization of the response: case management / patient care by PAHO department

