**Aim**

The aim of this document is to set out recommendations and next steps following a support visit to AFRO and DRC country office in support of the Yellow Fever response. Each of the recommendations below is linked to a more detailed set of information. Key messages are also set below out for discussion, challenge and where necessary remediation.

**Recommendations**

1. [Coordination](#_COORDINATION)
   1. Set up an Operations Centre at WHO office DRC with immediate effect
   2. Continue to influence MoH in DRC for cholera EOC but consider multi-purpose
   3. Utilise the Health Cluster meetings for structured updates and decision making
2. [Funding](#_FUNDING)
   1. Apply to donor group for funding to address gap
3. [Human Resources](#_HUMAN_RESOURCES)
   1. Reconcile HR issues for deployment
4. [Operational Gaps](#_OPERATIONAL_GAPS)
   1. Focus attention on possible operational gaps.

**Key Messages**

* Both AFRO and DRC country office staff are managing multiple different agendas, not purely Yellow Fever, and would benefit from additional human resource
* The Ministry of Health in DRC is leading the overall response, with their focus on the pre-emptive vaccination campaign in Kinshasa and border areas
* Coordination is complex in Kinshasa, with multiple different meetings for different purposes. The CNC, which acts as the focus for coordination, and the other sub-meetings which take place, may not be the ideal forum for more operational issues that arise in a response of this magnitude.
* There are ongoing efforts to create a more centralised ‘operations room’ concept in Kinshasa, but this will not be immediate. There is funding from WHO in the Cholera budget to enable this.
* It was felt by internal WHO and external stakeholders that there is a need for an immediate coordination mechanism, a function WHO could provide.
* There still exist funding gaps but these are not entirely clear and will need to be represented to donors in close partnership with MoH. However, the donor group led by DFID is supportive of funding discussions as long as there is greater assurance over gaps/overlaps. Detail is not required.
* The discussions over deployments in support of the response could be more aligned between the three levels of WHO. The country office would like greater visibility of who is being deployed and why. There may also be utility in supporting the WCO to manage multiple deployments to the field.
* A number of specific operational issues have been identified with initial mitigation strategies, but these will require greater analysis by the country team, and potential support from AFRO and HQ.
* These issues are not distinct from the cholera response. There needs to be much clearer alignment in the dialogue between the three levels of WHO recognising the two are intertwined both strategically and operationally

**Attachments**

1. Most recently held funding information for DRC aggregated in excel
2. Most recently held HR information for DRC aggregated in excel
3. Updated list of focal points in HQ, AFRO and DRC

# COORDINATION

Following discussion with the country team, some partners and donors, it is recommended that:

1. The ‘Mini-SHOC’ room in the DRC country office, and the disused room above it, are used as an ‘Operations Centre’ with immediate effect.
   1. No funding is required for this, only power, furniture and internet are required which are already in place
   2. Dr. Demba offered to discuss with WR then for members of the incident management team to invite their counterparts in partner organisations to work together in this facility
      1. To include, but not limited to, UNICEF, Save the Children, Japanese technical support, MSF and WFP
   3. The layout of the rooms could usefully be tailored to make better use of the significant space available (see below)
   4. This could easily be presented as a supportive measure to MoH, providing tighter coordination who could even establish their own liaison officer/focal point at WHO
2. In addition, DFID asked that in addition to the CNC meeting run by MoH, it would be useful to dedicate the first half of each health cluster meeting to the yellow fever response, using a structured template and involving the donors tightly
   1. For follow up by Dr. Demba, Dr. Dabire, with Daniel Carter from DFID

Vehicle Park

Vehicle Park

‘Mini’ SHOC Room

Seats approx 10 as currently laid out

Could seat approx 20

Disused room above with same capacity

SHOC Room

(Seats ~7)

PART OF DRC CO COMPOUND

# FUNDING

The aim of this part of the document is to clearly articulate a snapshot of the current needs and gaps, in order to approach donors through DFID in-country. This concentrates on DRC needs but also makes some reference to supra-national needs where appropriate:

* The agreed next step is that Dr. Demba will review with his team then present this information to DFID with any agreed alterations
* Spreadsheets where referenced below are included with this document, aggregated with most recent versions into one workbook
* A high level of detail is not required by donors, but confidence in the logic behind the figures (to ensure minimal gaps or overlaps) is required
* The current vaccination campaign is considered funded at country level. However, wider elements of the response are not entirely funded, and there are residual concerns over some of the funding amounts attributed to some activities as being too low (see final section of this document)

**MoH funding needs**

The latest MoH overall plan for the response, released on 30 July, has a total budget of 5 549 549 USD, but this does not include the cost of the vaccination campaign itself – see attached excel document. In a draft document shared on 30 July, it was indicated that 541 967 USD would be covered in this budget from MSF, WHO and IOM, but this needs confirmation.

The cost of the vaccination campaign in the most recent version of the plan from PEV, created in conjunction with WHO colleagues (Dr. Yapi) gives a figure of 17.6 million.

It is important to note that this figure differs from other recent versions from MoH:

* Until very recently MoH requested 25 million USD for vaccinating 51 health zones, of which 23.6 million USD was for the 47 preventive zones.
* The current document from MoH only concerns the 47 preventive zones, and has been reduced by approximately six million USD in cost mainly as a result of the cost of vaccines being clearer and revised. Other changes are minimal.
* However, it is not entirely clear where the requirement for 1.5 million USD for ongoing vaccination campaign has gone.

GAVI funding for the vaccination campaign of 13 407 322 USD (vaccine and operational cost, see table below) is expected to be disbursed now, in addition to other contributions as follows:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Total budget need | Government | Unicef Co | Save the children | World Bank | Gap to be funded by Gavi |
| Total Vaccines and devices inc. Freight and shipment | $7,692,000 |  |  |  | $3,000,000 | $4,692,000 |
| Coûts opérationnels + frais de transfert | $9,954,671 | $1,071,699 | $67,650 | $100,000 |  | $8,715,322 |
| Total | $17,646,671 |  |  |  |  | $13,407,322 |

In order to kick-start the campaign the following budget for immediate priorities was agreed by the WCO (see table below), and it was further agreed that approximately 770 000 USD of local funds would be used from other WHO vaccination campaigns (through Dr. Yapi and the WR), and this would be recouped from the Japanese funding which has now been confirmed. However, it is important to note that these activities are ones that would normally be considered operational costs and which the GAVI funding would be expected to cover when released.

|  |  |
| --- | --- |
| **RUBRIQUES** |  |
| **Chaîne du froid et équipements** | **$123,898** |
| Maintenance chaîne de froid | $13,898 |
| Outils de gestion (impression) | $80,000 |
| Equipements de telecommunication | $30,000 |
| **Gestion des déchets** | **$138,712** |
| Gestion des déchets | $138,712 |
| **Transport et logistique** | **$377,692** |
| Carburant (voiture, moto, horsbord & générateur) | $100,000 |
| Distribution Intrants mat inject Central/Province | $152,892 |
| Location Transport | $124,800 |
| **Communication** | **$131,000** |
| Reproduction des supports de communication | $131,000 |
| **Coût total** | **$771,302** |

**WHO funding needs**

Current funding needs for the WCO stand at 2 147 480 USD based on the table below. However, it must be noted that:

* No CERF funds have yet been spent, but there is a discrepancy of 100 000 USD between Dr. Demba’s figure of 982 000 and the 883 762 USD quoted by Cecile Langely.
  + Furthermore, the proposal to the CERF was very specific and therefore the funds are limited in their application (ie not the vaccination campaign)
  + OCHA will need to be approached for any change to this
* CFE disbursements should be reimbursed
* The Japanese funding has, as been mentioned above, been earmarked to reimburse the WCO fund used for the rapid procurement of activities needed to kick-start the campaign whilst awaiting GAVI funds

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Estimation total |  |  | Pour 6 mois | Mobilized by WCO | Amount |
| Salaire du personnel et coût de déploiement d'urgence du personnel experimenté | | | 2,183,480 | CFE (part 1) | 399000 |
| Opérations sur terrain et missions d'investigation sur sites en crises | | | 1,872,000 | CFE (part 2) | 422000 |
| Materiels, équipements communication et aménagement | | | 645,000 | CERF | 982000 |
|  | | |  | Japanese Gvt | 750000 |
| Grand Total | | | **4,700,480** |  | **2,553,000** |

The breakdown of the funding needs for WCO are in the attached spreadsheet. HR needs, which are the majority of those identified, are addressed in the HR section below.

Note the costs are projected for a six month time period, which is not consistent with planning at other levels of WHO, and it is recommended that a revised time period for the strategic response is considered and agreed by all three levels of WHO.

**Partner funding**

On 29 July UNICEF Provided the following update:

* GAVI funding of $ 4.7 M for DRC and $ 3.48 M for Angola has been received. SD has received the pay back from Angola and corresponding dose approval from Gavi for 2.6 mds.
* UNICEF colleagues in PPD NYHQ and DRC CO is preparing agreement with DRC government/DRC UNICEF CO ensuring fastest possible transfer of the $ 3 M from WB. Meanwhile we are also preparing pre-financing in case the funding transfer is delayed. We project funding will be available for SD to initiate procurement by Monday 1st August.

# HUMAN RESOURCES

Earlier in the response to the yellow fever outbreak, country offices were asked to articulate their needs to staff an appropriate incident management structure, and also the resources required in the field to deliver the response. This resulted in tables of requirements, which were fully costed, and can be found in the last iteration of the Strategic Response Plan. The ‘scale-up plan’ term was used to refer to the field positions required in each district / health zone to effect the response.

The current situation for DRC is as follows:

1. HQ and AFRO are utilising vSHOC as a tool for HR, the country office are not
   1. A local spreadsheet is used in DRC to track those individuals en route, in place or finished
   2. Connections have now been made to allow the CO to use vSHOC should they have capacity
2. In the local spreadsheet there are forty persons listed as ‘active’ in the IMS, and twelve ‘en route’
3. In the database held on vSHOC there are
4. The two systems are not easy to reconcile, and there needs to be closer alignment of the HR deployments process through the three levels of the organisation (see attached HR spreadsheet)
5. The needs in the scale up plan from AFRO, and the HR needs identified by the WCO are different

Total costs for HR for WCO are 2 183 480 USD as defined by the country office, for a six month period. This includes 22 additional recruitments and overall field deployment costs. As it stands there are approximately 37 people in the IMS now and 13 en route.

Total costs for HR for Angola and DRC from AFRO are 3,332,720 USD for two months (158 people). DRC were content with the logic behind the scale up plan, but at this stage with two weeks until the campaign starts the WCO wants to work more closely with AFRO on who is deployed as a priority with clear ToRs.

From this analysis it can be seen that it would be useful to align the processes being used to govern HR issues, as it is very hard to set a realistic budget as things stand or effectively manage deployments and replacements. Recommendations are as follows:

* It is recommended that an individual with vSHOC experience supports WCO immediately to align information between the three levels of WHO, that a time period for predicting needs is agreed, and that the budget set by AFRO is used to seek donor funding as this has been used up until now and the scale up plan is acceptable in principle to the WCO.
* If this course of action is agreed the WCO funding plan will need to be revised to account for the shorter time frame but the increased number of people, aligned with the scale up plan created by AFRO.
* However, as the scale up plan only considers field positions, the HR needs of the incident management leadership should also be incorporated using those positions in the current WCO plan but over an agreed time period. In addition, other positions should be considered by the WCO, such as additional logistics positions, epidemiology support, and information management. From the list of focal points also attached to this document, it can be seen that there are many people multi-tasking.

# OPERATIONAL GAPS

The following specific issues is not necessarily exhaustive, but each of these issues needs clarification between the country office, MoH and partners. Help from AFRO and HQ can then be more clearly articulated. Note that a significant deviation in approach in any of these areas may lead to an adjustment of the funding figures and human resource requirements laid out earlier in this document.

**Logistics**

With the current logistics coordinator leaving in less than two weeks, and a bewildering array of logistics challenges to meet, it is recommended that:

* WCO, AFRO and HQ prioritise discussions around the safe handover of logistics coordination and appropriate manning immediately.

**Cold Chain**

Instead of refrigerated ice packs that has been envisaged in the past, the DRC vaccination team have decided to go for the usual frozen ice pack method. According to the inventory there are sufficient ice pack freezing capacity, and the logistics coordinator has also been informed by a partner organisation that some vaccine stock has arrived without the usual temperature monitoring equipment.

It is recommended that:

* AFRO and HQ support the procurement of the necessary monitoring equipment (point of contact in country Antoine Gauge)
* More detailed planning at health zone level take account of the need to ensure vaccine stock is used within set time parameters given the method of cooling proposed

**Waste Management**

On discussion with logistics and DFID the budget for waste management appears to be extremely small given the scale of the response. Dr. Demba and Dr. Yapi are aware of this and will discuss with MoH. Separately, Geneva have been requested to provide technical guidance as to whether burning waste at point of use may be appropriate in this situation, given the limited time before the campaign and limited funds to prepare other modalities. Options then include:

* Slow incineration and landfill
* Incineration in 200 litres drum (fast burning)
* Industrial or large incinerators (hospital or other)

**Information Management and Epidemiological Support**

There is a large backlog of information to be processed although this is being addressed. In addition, it is likely that the investigations in suspect or confirmed cases will require more resource in coming weeks as there is a backlog of laboratory samples to process and the case definition has been broadened. Additional support to the WCO may be helpful, and linked to this the increasing amount of information being processed requires strong coordination. If an operations centre is to be created, the WCO would benefit in a strong information management team.

**Vaccination Teams**

Donors raised concern over the budget allocated for payment of vaccinators, and asked WHO to double check with MoH colleagues whether or not the figure has taken into account the possibilities of additional payments required or expected norms for DRC. Dr. Yapi to follow up, as yet unaware that this has been flagged by the donor group.

**Pilot of fractionated dose campaign**

Given the complexity of operations in Kinshasa, and the scale of the entire response, it would be appropriate to conduct a small rapid pilot of the vaccination campaign when vaccine and ancillaries become available. There was not time to investigate this further during this visit but it could be considered by Dr. Demba and Dr. Yapi to ask the Japanese technical team to consider supporting this given their level of engagement and interest over the past week.

**Vaccine and ancillaries transport and distribution**

This remains an area of concern but was not investigated or discussed due to time constraints, and should continue to be followed up in support of the WCO. Logistics coordination in an operations room would greatly facilitate progress in this area. The latest update from UNICEF on 29 July is:

* DRC - 5.7 mds :
* 2.5 mds from Bio Manguinhos, split in three deliveries. ETA 4th, 5th and 7th August.
* 1.5 mds from Chumakov, split in two deliveries. ETA 7th and 9th (tbc).
* 1.7 mds from Sanofi. ETA to be confirmed, subject to receipt of pre-financed WB funding.
* AD syringes to be shipped by sea. ETA tbc.
* Reconstitution syringes to be shipped by air. ETA to be confirmed.

**Vaccination cards**

This was addressed and resolved by Dr. Demba and team last week in conjunction with HQ as part of the immediate priority funding requests.

**Laboratory support**

During the past few days the EUMLab (Stephan Gunther) has finally deployed in Kwango and should arrive on 03 August. Unfortunately, some of the team have to leave shortly afterwards, and their succession should be followed up by WCO and the lab focal point in HQ.

There was not time to conduct a complete and exhaustive review of all planning aspects over the duration of this visit to the WCO. It is recommended that this is followed up using the GANTT chart produced at HQ, available from Dheeya Rizmie ([rizmier@who.int](mailto:rizmier@who.int)).