



International Organization for Migration (IOM)  
The UN Migration Agency

# IOM FLASH APPEAL EBOLA - GUINEA

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CIVIL PROTECTION OFFICER CHECKING THE TEMPERATURE OF A PASSENGER BOUND FOR CÔTE D'IVOIRE (GOUÉLA POE). © IOM GUINEA 2021

## SITUATION OVERVIEW

On 14 February 2021, the Ministry of Health (MoH) of Guinea declared a cluster of Ebola virus disease (EVD) cases in the sub-prefecture of Gouécké, N'Zérékoré region, Guinea. Gouécké, the epicentre of the outbreak, is one of 10 sub-prefectures that make up the N'Zérékoré prefecture. Gouécké is located 42 km (26 miles) from central N'Zérékoré with a total population of about 23,458 inhabitants in 3,364 households.

As of 3 March, 17 cumulative cases (4 probable and 13 confirmed) have been declared and among those cases, eight have died (4 probable and 3/4 confirmed). Nine confirmed cases and two suspected case are currently in isolation in dedicated health care facilities in N'Zérékoré and two have been released from the treatment centres in of Conakry and N'Zérékoré.

Currently 579 contacts have been identified including 548 contacts in the N'Zérékoré region (N'Zérékoré and Lola), 18 in the Conakry region (Ratoma, Dixinn and Matoto), 11 in the Dubreka and 2 in Coyah prefecture (with 538 having been followed which represents an overall 93% rate of contact tracing). Among the contacts, 41 are lost from follow-up as of 3 March.

The N'Zérékoré region of Guinea borders Côte d'Ivoire, Liberia and Sierra Leone, the latter two countries where EVD outbreaks

17

CUMULATIVE NUMBER OF CASES as of 3 March 2021

579

NUMBER OF CONTACTS as of 3 March 2021

### IOM APPEAL (USD) (February - July 2021)

	Coordination	2 M
	Points of Entry and Cross border Collaboration	3 M
	Surveillance and Contact Tracing	1 M
	Risk Communication and Community Engagement (RCCE)	0.8 M
	Protection, PSEA and Mental Health and Psychosocial Support (MHPSS)	0.6 M
	Logistic and Operational support	0.6 M
<b>TOTAL</b>		<b>8 M</b>

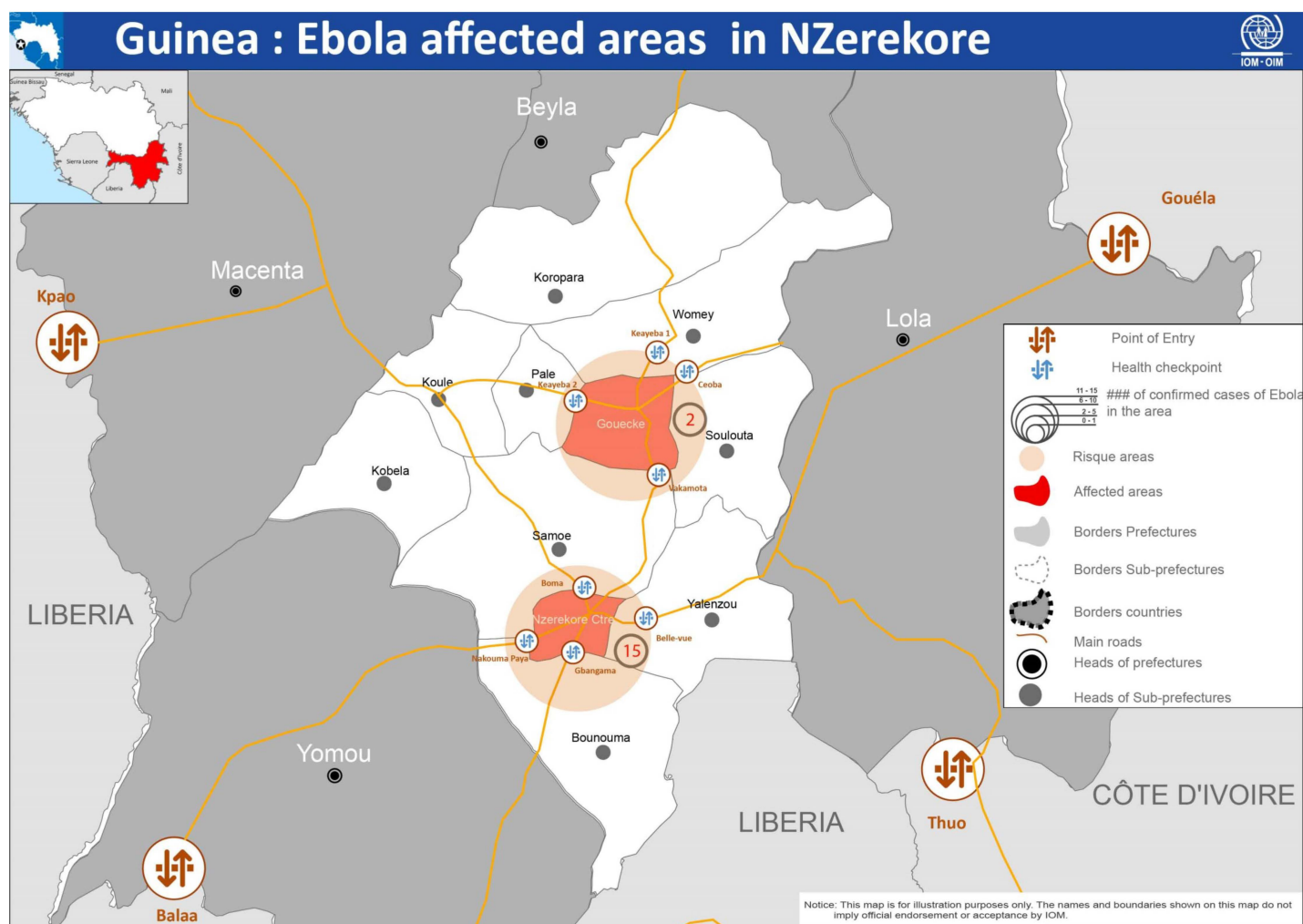


occurred previously. Despite some movement restrictions across official borders due to the ongoing COVID-19 pandemic, a significant proportion of cross-border movements continue to take place and pose a risk for EVD spread. IOM monitors mobility restrictions at points of entry (PoEs) globally and current data indicates that the majority of PoEs monitored in the region (63%) have existing restrictions on movement across the border.

Gouécké, the epicentre of the current epidemic, is an important crossroads for travellers, hosting a market every Saturday attracting more than 5,000 people from neighbouring prefectures, the Kankan, Kindia and Conakry regions and neighbouring countries. As such, the prefectures of N'Zérékoré, Guékédou, Macenta, Lola, Yomou and Beyla (bordering Côte d'Ivoire, Liberia and Sierra Leone) are considered at high risk due to the connection to one another and porous nature of the borders. Conakry is also considered high risk given one person who was later confirmed to have Ebola travelled from N'Zérékoré to Conakry and was subsequently hospitalized in Conakry.

To date, no contacts have been reported to have travelled to neighbouring countries. However, N'Zérékoré is the second largest city in Guinea and lies at the intersection of roads from Ganta (in Liberia), Danané (Côte d'Ivoire), and roads to other major hubs in Guinea like Kankan and Macenta. Therefore, there is concern about the transmission of EVD cases across the borders into neighbouring countries as seen during the 2014-2016 public health crisis. The Mano River subregion, composed of Guinea, Liberia and Sierra Leone, is also an area of concern as population movement across porous borders is high due to trade and insecurity in the region.

Findings from the World Health Organization (WHO) Rapid Risk Assessment (17 February 2021) concluded that the risk of spread of Ebola in the country is very high given the unknown size, duration and origin of the outbreak; potentially large number of contacts; limited response capacity currently on the ground; and unknown virus strain. The assessment also noted that the risk of spread within the region is high, while globally the risk is low. In addition, the response to Ebola is further straining a public health system already responding to multiple disease outbreaks in the country, including the COVID-19 pandemic, and recent yellow fever and measles outbreaks.



## IOM GUINEA OPERATIONAL CAPACITY

IOM has vast experience supporting the *Agence Nationale de la Sécurité Sanitaire* (ANSS) in N'Zérékoré. Since 2014, IOM in Guinea, with support from the US Centres for Disease Control and Prevention (CDC) and most recently from the European Union Civil Protection and Humanitarian Aid (ECHO), has strengthened surveillance capacities at the 41 main PoEs, supported the implementation of Public Health Emergency Operations Centres at national and prefectural levels and established community-based surveillance as well as the community-level “One-Health” platform in high-risk areas (N'Zérékoré and Forécariah prefectures). IOM's Displacement Tracking Matrix (DTM), which adheres to data protection principles, is also active with flow monitoring points in Guinea, monitoring population movements and trends.

IOM Guinea has a presence on the ground through the sub-office in N'Zérékoré and has established strong working relationships with national and local health authorities, communities, NGOs and local contractors that enable IOM to utilize its capacity of rapid deployment and effective implementation of activities. IOM has been asked to lead Pillar 4 on Points of Entry and cross-border collaboration in the Government-led response strategy.

This proposed intervention, in line with the Government's priorities within the framework of the National EVD Response Plan, aims to prevent further EVD transmission by contributing to the strengthening of coordination and emergency management capacities, key surveillance and infection prevention and control activities at points of entry, and the implementation of population mobility mapping to guide the response to target locations with higher risks due to the mobility dynamics. IOM believes that preparedness and response plans need to be responsive to population mobility and cross-border dynamics, and using inclusive approaches that consider migrants, travellers, displaced populations and local communities. The response strategy will focus on the current epicentre (Gouécké subprefecture) and the surrounding health districts of the N'Zérékoré region.

## AREAS OF INTERVENTION



### COORDINATION

In coordination with the ANSS, the Regional Health directorate of N'Zérékoré and WHO, and in line with IOM's role as the lead for the PoE and Cross-Border Collaboration Pillar of the response, IOM will actively participate in coordination mechanisms at national and subnational levels including cross-border collaboration with neighbouring countries (Liberia, Côte d'Ivoire and Sierra Leone) through the activities below:

1. Support the National Emergency Operation Centre with enhanced Information Management and Geographic Information System technical assistance to facilitate overall coordination and information sharing.
2. Support the rehabilitation and activation of the Public Health Emergency Operation Centers at the prefectural levels in N'Zérékoré, Guékédou, Macenta, Lola, Yomou and Beyla through IT and Communications support (including video-conference material), basic rehabilitation of the infrastructure and technical advice on coordination of response efforts.
3. Support the organization of prefectural “One Health” platform monthly coordination meetings including key government actors from the Health, Environment, and Livestock, sectors, municipalities, civil society, private sector, law enforcement agents and community services.
4. Support the organization of two quarterly joint supervision missions in coordination with the MoH.

Funding required

\$2,000,000

Target no. of individuals

600





## POINTS OF ENTRY AND CROSS BORDER COLLABORATION

As part of its role leading Pillar 4, IOM will support the Ministry of Health, border authorities and other relevant partners to enhance capacities of 18 PoEs and 10 health screening points that have been prioritized in the main corridors surrounding the epicentre of the outbreak to detect, isolate and refer suspected EVD cases and contacts through the activities below:

1. Map population mobility, key gathering locations and vulnerable hotspots to support prioritization and categorization of PoEs using population mobility mapping (PMM) and existing data.
2. Train border control staff, including border health staff, in active surveillance at prioritized PoEs on standard operating procedures and other related tools for health screening, management of sick travellers, referral and data collection.
3. Build capacity at designated PoEs for public health event preparedness and response by implementing Public Health Emergency Response Plans and conducting simulation exercises.
4. Install DTM flow monitoring points in relevant PoEs to measure volume of movement flows and trends and monitor cross-border mobility.
5. Improve infrastructure at PoEs and health screening points including the construction of isolation facilities to manage ill travellers and rehabilitation and ongoing maintenance of water, sanitation and hygiene (WASH) infrastructure.
6. Support the organization of bi-monthly cross-border coordination meetings at regional and prefectural levels for disease surveillance to improve information sharing and reporting in line with the 2005 International Health Regulations.

Funding required

\$3,000,000

Target no. of individuals

4,500,000



## SURVEILLANCE AND CONTACT TRACING

IOM will enhance existing national level disease surveillance systems by strengthening data collection using IOM's PMM methodologies developed during the peak of the West Africa EVD outbreak. This includes capitalizing on IOM's DTM and Emergency Tracking Tool (ETT) to increase the capacities of border communities and other migration routes to detect, report and respond to a surveillance alert through the activities below:

1. Conduct initial participatory mapping exercises to identify high-risk transmission mobility corridors and key gathering areas to inform local, and sub-national preparedness and response plans and disseminate findings to communities and partners to inform response operations.
2. Deploy a community-based mechanism to monitor and support tracing of contacts, especially among vulnerable populations in border areas.
3. Mobilize and train a network of community health workers (CHWs) and community leaders to reinforce community event-based surveillance particularly at PoEs and in border communities and other migrant dense areas.
4. Support the MoH to better integrate PoE surveillance actors into the national surveillance system and information flow – such as DHIS2 – for epidemic-prone diseases.

Funding required

\$1,000,000

Target no. of individuals

500,000





## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

IOM will work with the ANSS' Communication Commission, the UN Children's Fund (UNICEF) and other RCCE counterparts at national and sub-national levels to ensure that mobility is considered in public health messaging, and that border communities, migrants and mobile communities have access to timely, context-specific and accurate information to fight against misinformation through the activities below while respecting COVID-19 preventative measures such as physical distancing:

Funding required

\$800,000

Target no. of individuals

4,500,000

1. Develop and disseminate (per COVID-19 guidelines) fit-for-purpose information, education and communication materials translated into local languages and tailored to the needs of travellers, migrants and related communities on improved hygiene practices, prevention advice and guidance on when and how to seek health care, and available referral pathways.
2. Conduct a series of RCCE campaigns including digital communication, along mobility corridors and PoEs and among existing migrant and mobile population networks and coordinating with neighbouring countries to harmonize messages and approaches across borders.
3. Organize training sessions for CHWs on risk communication adapted for EVD.
4. Support initial training and implementation of sub-prefectural "One Health" platform to increase community engagement on key prevention measures.



## PROTECTION, PROTECTION AGAINST SEXUAL EXPLOITATION AND ABUSE (PSEA) AND MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

The EVD outbreak is exacerbating pre-existing vulnerabilities, such as risks of violence, exploitation and abuse, as well as discrimination and socioeconomic instability. IOM will collaborate with the Ministry of Social Action and other relevant Protection partners to ensure that the rights, dignity, interests and needs of vulnerable populations, including Ebola survivors and their families, women and girls, trafficked persons, the elderly, young people and persons living with disabilities, are reflected in the EVD response. Following lessons learned from the first Ebola outbreak, all activities will be planned in close collaboration with the communities, local authorities and leaders, as well as health service providers to address protection and assistance needs of communities through:

Funding required

\$600,000

Target no. of individuals

250,000

1. Support assessment on the effects of the outbreak on the increased vulnerability to violence, abuse and exploitation, and the link between human trafficking and the crisis triggered by EVD in order to define the problem and build quality responses.
2. In line with IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement, establish psychosocial mobile teams (PMT) to provide assessments, individual and group counselling (in line with COVID-19 prevention measures) and guided support groups for Ebola survivors, their families and other vulnerable groups.
3. Strengthen existing protection mechanisms and psychosocial support services to identify and support persons in need of care or protection, and through the PMTs, to provide referral to appropriate services including specialized mental health services.
4. Support awareness raising among women and girls, as well as young people, through social mobilization agents, religious leaders, women associations, on how to access services and seek support, the risks of gender-based violence (GBV) and human trafficking,
5. Train all relevant staff and implementing partner staff on PSEA, including how to safely and ethically respond to a disclosure of a GBV incident, and contribute to inter-agency efforts to re-establish a PSEA complaint mechanism.





IOM will enhance its logistical and operational support capacities to ensure rapid deployment of response teams through the following activities:

1. Support the procurement of personal protective equipment, WASH supplies and context-appropriate hygiene kits.
2. Strengthen the N'Zérékoré sub-office administration and logistical capacities through the establishment of a hub for supplemental warehousing, deployment of additional human resources to support the expanded response, and enhancement of IT and telecommunication capacities through procurement and installation of equipment to facilitate real-time data collection of mobility flows and surveillance alerts.

Funding required

\$600,000

Target no. of individuals

300



HEALTH SCREENING POINT IN BOKÉ, GUINEA. © IOM GUINEA 2020



HAND WASHING AND TEMPERATURE CONTROL AT GOUÉCKÉ'S HEALTH SCREENING POINT. © IOM GUINEA 2021

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