Situation Overview & Humanitarian Needs

Togo is particularly exposed to the risk of importation of the Ebola Virus Disease (EVD) as Lomé is the main hub for the most important regional airline in West Africa, Asky, as well as one of the busiest ports in the region. The WHO has classified Togo as a ‘border country’ of epidemic-affected countries because of the air traffic. In addition, many people travel by bus to / through Togo from Nigeria, but also Guinea, Liberia and Sierra Leone.

No confirmed EVD case has been reported so far in the country. Two suspected cases have been identified: a young Togolese woman coming back from Sierra Leone; and a Filipino in transit in Togo coming from Nigeria by boat. Both cases were confirmed negative on August 21, 2014 after laboratory test.

Date: August 28, 2014

Ebola

#2 suspected cases: a young Togolese woman coming back from Sierra Leone by air; and a Filipino in transit in Togo coming from Nigeria by boat. Both cases were confirmed negative on August 21, 2014.

#0 affected child or adult in Togo
Humanitarian leadership and coordination

- A national plan to fight against the EVD was drafted in July 2014 and budgeted for a total amount of CFA Francs 250 million (about USD 510,000).
- The Prime Minister, who is also the Minister of Health, held two high level meetings during the month of August: the first one, on August 12, was intended for the key development partners to inform them about the Government efforts to prevent EVD transmission; the second meeting on August 20, was held with the various technical departments involved in the response and the media, and formally launched the national coordination committee and sub-committees.
- A first formal national coordination meeting was held on August 27, 2014 at the Ministry of Health under the General Secretary (vice-chair of the coordination committee). There are 6 technical sub-committee which report to the main coordination committee: Surveillance, Management of cases, Laboratory, Hygiene & Sanitation, Communication and Logistics. UNICEF is member of the national Coordination Committee, as well as the Hygiene & Sanitation sub-committee and Communication sub-committee.
- The United Nations System is currently drafting an Ebola Virus Disease (EVD) Contingency Plan which will be finalized by 15th of September. The roles and responsibilities of the UN agencies, as well as the responsibilities of UN staff members will be defined.
- Three clusters (WASH, Nutrition and Protection) have been recently merged into one multisectoral cluster in each of the six Togolese regions. They benefited from a refreshing training by the Government, UNICEF and the Togolese Red Cross in August. The clusters are ready to coordinate a response if the situation of the epidemic would be worsening throughout the country.

Humanitarian Strategy

The National Plan to fight the Ebola Virus Disease includes six main objectives:

1. Strengthening the surveillance mechanisms
2. Strengthening communication towards the general population and social mobilization
3. Strengthening the management of suspected cases, with psychosocial support to survivors and families of victims
4. Strengthening laboratory capacities to diagnose EVD
5. Ensuring hygiene and sanitation to prevent contamination in health facilities and within the communities
6. Strengthening the coordination for the fight against EVD

To prevent the spread of the disease, **UNICEF key activities include**:

1. Active participation in the national coordination committee and sub-committees and close collaboration with WHO.
2. Through the collaboration with the Togolese Red Cross, support to the promotion of safe hygiene practices and preventive measures at the main border entry points in the country and the bus/ truck stations/ busy areas in order to help people protect themselves from EVD; sensitization of transport companies to ensure enhanced hygiene facilities at bus stops.
3. Production of audiovisual spots for media broadcast and support to the media, especially radio stations, for the dissemination of messages focusing on safe practices and preventive measures;
4. Production and dissemination of printed materials such as posters and leaflets with preventive messages;
5. Support to the hygiene and sanitation services for preparedness.
Summary Analysis of national response

1. **Surveillance**: Hygiene staff at the main borders, including at the airport and the port, were trained; however the teams remain understaffed to ensure the work 24/7. Surveillance guidelines need to be further developed. A rapid response team has been set up to be able to handle any alert of a potential case but it has been recommended to have a minimum of two teams to ensure a 24/7 shift.

2. **Diagnosis**: The National Hygiene Institute does not have the capacity to make the necessary laboratory tests and biological samples have to be sent to Ghana or France. There has been difficulties in securing the samples transport by airlines. Another problem is for the possible transport of samples from other regions to Lomé as there is not a clear

3. **Case Management**: An isolation center has been identified and equipped in the University Hospital of Lomé. A team of staff has been trained; but health staff are reluctant to be on standby duty without any compensation. A minimum number of personal protective gear is available but the quantity remains limited and will not suffice of EVD cases occur in Togo. Five other isolation sites are identified in the other 5 regions but would need to be equipped. Hand washing and disinfection equipment are available but more needs to be done to ensure proper disposal of medical materials at isolation sites. The norms and standards need to be further developed. The two suspected cases identified permitted to assess the gaps in the response/ case management and key actions to strengthen the cases management were identified. A transport system for suspected case and patients is not yet set up.

4. **Training**: During the week of August 25-29, training sessions have been organized for all surveillance focal points, regional and district health authorities as well as hygiene and sanitation head of services. They are supposed to then cascade the training to other health personnel in all districts.

Communications for Development (C4D)

The Communication Committee has been one of the most active committees and is meeting every week. The initial Government Communication Plan has been revised and budgeted. Posters were printed and distributed. However posters are not yet sufficiently visible and disseminated. Actions are taken to strengthen visibility at the airport with an increased number of trained hygiene staff and availability of posters and flyers.

UNICEF is supporting the production of audio spots to be broadcast into 8 national languages, French and English. UNICEF will also support the printing of additional posters (A2) to add on the already available stock. This will be followed by the production of TV spots and the production of new posters addressing both preventive actions and the danger signs of EVD.

A Programme Cooperation Agreement (PCA) has just been signed with the Togolese Red-Cross, focusing on social mobilization and ensuring the availability of Hand Washing devices at strategic points – mainly borders and bus stations. 22 volunteers will be trained and mobilized.

Supply and Logistics

A Logistic Commission has been set up but has not met up to now. However, the different technical Committees are in the process of assessing their logistics and supply needs. Protective equipment and other supplies are insufficient if an epidemic would be declared.

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