UNICEF’s Response to Ebola

**Coordination**

The first case of Ebola Virus Disease case (EVD) is a lady of 18 years old who travelled from Guinea to Abidjan. Since 15 August, the case is hospitalised at the Treichville University Hospital’s Infectious and Tropical Diseases Department (SMIT). Since 15 August, UNICEF and WHO have coordinated their support and intensified their COVID-19 coordination mechanism extended to the EVD response. The Minister of Health holds daily press conferences to ensure transparent information. WHO, UNICEF and partners attend these daily press conferences which follow the Ebola Watch Committee meeting (“comités de veille Ebola”). At the 19 August press conference, in addition to EVD response, the Minister of Health also emphasized the need to reinforce the COVID-19 prevention and control measures since the country is concurrently facing a “third wave of COVID-19”.

UNICEF reactivated its existing “COVID-19 Team” mechanism (includes all medical staff in the country office in addition to the main EPP contributors) to address the Ebola outbreak. The “COVID-19/Ebola Team” is working in sub-commissions, in line with the WHO pillars. Under the overall leadership of WHO, UNICEF is leading 4 sub-commissions: Infection Prevention and Control (IPC), Risk Communication and Community Engagement (RCCE), Logistics & Supply, and Psychosocial Support.

WHO dispatched the AFRO Emergency Director who attended the 17 August Ebola Watch Committee meeting, as well as the press conference, then organised a briefing for UN agencies, which was extended to key health partners. The WHO Ebola incident manager at country level is in country, coordinating closely with UNICEF.

The UNICEF-WHO COVID-19 and Ebola weekly coordination meeting was extended to other partners on Wednesday, 18 August. This meeting presented an opportunity to inform all actors involved in health emergencies on the status of the Ebola epidemic in order to strengthen their coordination.
Health

On 16 August, WHO and UNICEF coordinated to support the dispatch of 4,950 doses of Ebola vaccine from Guinea to Abidjan (including 2,950 doses of the Johnson and Johnson and 2,000 doses of the Merck vaccine). Five people from WHO Guinea accompanied the vaccines and immediately began the training of the trainers of the vaccination agents. In addition, 50 REGENERON treatment kits were mobilised through NGO ALIMA in Guinea but not used yet.

Based on the existing Ebola preparedness and response plan, UNICEF and partners supported the development of the National Ebola Response Plan (budget still under validation).

About 50 workers from the health districts (with a focus on the towns where contact cases have travelled), the INHP, and the Directorate of the Expanded Immunization Program (DCPEV) were trained in vaccination techniques using the Merck Ebola vaccine. Ebola vaccination points were set up along the route taken by the patient including the district where she had stayed in Abidjan, the clinic where she transited, the Cocody CHU and the CHU/SMIT. Figures from the Ministry of Health indicate that, since 16 August, 823 people have been vaccinated, including 532 health workers. The 3,000 doses of the Johnson and Johnson vaccine have not yet been used.

The first case of EVD in Côte d’Ivoire is in a stable condition and is getting better and better. She has given information that has served to clarify her journey: she passed through Marella in Guinea, where she slept in a mosque and then through Nzérékoré, where she slept in a bus with several other people before reaching Ouainou in Côte d’Ivoire. She was already showing symptoms when entering in Côte d’Ivoire.

The search for the 70 persons who travelled by bus with the EVD patient (including 24 who arrived in Abidjan) is ongoing (led by the INHP), but complicated due to the fact that this transport from Guinea to Cote d’Ivoire was illegal due to the closure of land borders between the two countries in the context of the EVD outbreak. Out of a total of four couriers in charge of crossing the passengers from Guinea, one is willing to collaborate, but the others have already returned to Guinea. Negotiations are still underway to obtain as much information as possible about the final itinerary of the passengers in order to provide them with appropriate services.

As of 18 August, the INHP had identified 212 contacts around the patient’s home and neighbourhood, including 16 primary contacts. A sensitisation and information meeting was organised between the INHP and the community where the patient went to in Abidjan. With their agreement, seven high-risk contacts were quarantined at the Information Technology and Biotechnology Village (VITIB) in Bassam. To date, six additional contacts have been identified among the passengers of the bus who got off en route; three in Duékoué and three in San-Pédro. From these six contact cases, 33 secondary contact cases have been identified and will also be vaccinated. These cases will remain confined to their homes and will be monitored medically.

The discussions of the UNICEF surveillance and contact tracing sub-committee with the INHP have made it possible to draw up the table of contacts below. These discussions highlighted several challenges: there is a lack of means of transportation for contact follow-up; the teams in charge of contact follow-up lack motivation (communication credit, per diem); and support (financial, food) for contacts quarantined by the health authorities.

<table>
<thead>
<tr>
<th>Vaccination status</th>
<th>Contacts in the hospital</th>
<th>Contacts identified at the patient’s home (Allakro)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary contacts</td>
<td>Secondary contacts</td>
</tr>
<tr>
<td>Vaccinated</td>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td>Not vaccinated</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Sub-Total</td>
<td>7</td>
<td>33</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>210</td>
</tr>
</tbody>
</table>
Abidjan’s Pasteur Institute analysed three suspected cases (from the Bouaké University Hospital Center (CHU), the Cocody CHU, and the Port-Bouët COVID-19 Centre), which all turned out to be negative. On 19 August, an alert was triggered, but it appears not to be a suspected case. A test was carried out nonetheless and the results will be known on 20 August.

**Risk Communication and Community Engagement (RCCE)**

The Ebola Operational Communication Plan, which was revised last May 2021 with support from WCARO has been adjusted to consider the urban context in which this epidemic occurred, then validated and shared with partners. Posters and messages are now available. A consultation meeting was held between UNICEF and the WHO’s communication department to coordinate the technical and financial support needed for this communication plan.

The online information centre on Ebola, hosted on the U-Report platform, has been updated. It provides verified information on modes of transmission, symptoms, the incubation period, and ways to prevent EVD as well as vaccination. The information centre can be accessed by texting the keyword EBOLA to 1366. The same information centre is available on Facebook Messenger and WhatsApp. To date, UNICEF achieved 3,163,585 Consultations of the U-Report coronavirus information Centre and 578 Consultations of the Ebola Information centre.

The Ebola Watch Committees, which were reactivated in the western region of the country thanks to March 2021 CERF funding, are now fully operational and are supporting the search (tracing) of the people who got off from the bus before Abidjan. In addition, the partnership concluded between UNICEF and the NGO Caritas Man makes it possible to intensify awareness-raising activities along the border with Guinea on prevention measures such as handwashing.

**Water, Sanitation, and Hygiene (WASH)**

A few months ago, thanks to the CERF funding, health centres along the border with Guinea were provided with chlorine, sprays, tarpaulins, and hygiene products. Similarly, public places near crossing points along the border with Guinea have been equipped with handwashing facilities. Community-based Infection Prevention and Control was strengthened through the training of 46 volunteers from local Red Cross committees along the border on Decontamination and Safe and Dignified Burials.

In Abidjan, UNICEF has begun distributing hygiene products such as chlorine, hydroalcoholic gel, bleach, and liquid soap to 53 frontline health centres.

**Child Protection**

46 social workers and health workers from the regions of Tonkpi (Man, Danane, Zouan, Hounien, Biankouma), Baffing (Ouaninou, Touba, Koro), Kabadougou (Odienne, Samatiguila) and Folon (Minignan) were trained in mental health and psychosocial care thanks to the CERF funding. Discussion are ongoing to get their support to provide psychosocial support to the high-risk contacts quarantined at the VITIB and to the secondary contact cases.

In the regions of Tonkpi, Guemon, Cavally, Nawa, and San-Pédro, 27 people (including 19 social workers and nine regional directors) have been trained on protection against sexual exploitation and abuse (PSEA). In addition, all UNICEF partners received training on PSEA in July-August 2021.

**UNICEF’s Response to COVID-19**

**Health**

UNICEF and WHO were convened by the Prime Minister on 9 August (before the first case of Ebola appeared) to define the response to the resurgence of COVID-19 cases in Côte d’Ivoire. No confirmation of the circulation of the Delta variant has been made, but investigations are still ongoing. The preliminary results of a study
conducted by the Pasteur Institute of Côte d’Ivoire indicate that in Abidjan, out of 2,000 unvaccinated people who declared that they never had COVID-19, over 55% were seroconverted (presence of COVID-19 antibodies), which suggests that the number of cases is much higher than what is reported.

In its epidemiological update of 16 August, the Ministry of Health reported 78 new cases, bringing the total number of positive cases since the beginning of the pandemic to 52,483. The graph below clearly shows that Côte d’Ivoire has entered its third phase of COVID-19 case resurgence.

As of 16 August, 90 districts out of the 113 in the country had reported at least one positive case of COVID-19 and all 33 regions had been affected. However, of all the cases reported, 95% were in the Abidjan region. In total, 840,869 samples were collected and tested with an average positivity rate of 6.3%. The total number of deaths is 363 (case fatality rate: 0.6%, cure rate: 98.7%).

Côte d’Ivoire has set itself the goal of vaccinating at least seven million people by the end of 2021. As of 17 August, 1,238,719 people have been vaccinated (details below).

**Vaccination by target from 1 March to 17 August 2021 at the national level**

<table>
<thead>
<tr>
<th>TARGET POPULATIONS VACCINATED</th>
<th>AstraZeneca Vaccine</th>
<th>Pfizer vaccine</th>
<th>Sinopharm vaccine</th>
<th>National summary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st dose</td>
<td>2nd dose</td>
<td>1st dose</td>
<td>2nd dose</td>
</tr>
<tr>
<td>Health workers</td>
<td>29,694</td>
<td>6,659</td>
<td>999</td>
<td>459</td>
</tr>
<tr>
<td>Teachers</td>
<td>20,270</td>
<td>4,106</td>
<td>711</td>
<td>255</td>
</tr>
<tr>
<td>Defence forces</td>
<td>14,432</td>
<td>4,529</td>
<td>422</td>
<td>164</td>
</tr>
<tr>
<td>Security forces</td>
<td>7,746</td>
<td>2,267</td>
<td>435</td>
<td>112</td>
</tr>
<tr>
<td>People aged 50+</td>
<td>305,690</td>
<td>80,716</td>
<td>17,271</td>
<td>7,803</td>
</tr>
<tr>
<td>People with chronic pathologies</td>
<td>55,658</td>
<td>10,105</td>
<td>4,150</td>
<td>1,046</td>
</tr>
<tr>
<td>People aged 18 to 49</td>
<td>459,025</td>
<td>74,014</td>
<td>44,782</td>
<td>17,347</td>
</tr>
<tr>
<td>Sub-Total</td>
<td>892,515</td>
<td>182,396</td>
<td>68,770</td>
<td>27,186</td>
</tr>
<tr>
<td>Total (doses)</td>
<td>1,074,911</td>
<td>95,956</td>
<td>67,852</td>
<td>1,238,719</td>
</tr>
<tr>
<td>Number of people aged 18+ at national level</td>
<td>14,215,378</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of people aged 18+ vaccinated</td>
<td>7.1%</td>
<td>1.6%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As part of its vaccination strategy against COVID-19, Côte d’Ivoire has chosen to make available two types of vaccine – AstraZeneca and Pfizer – for the population over 18 in Abidjan, as well as two types of vaccine – AstraZeneca and Sinopharm – for the population over 18 in the interior of the country. As of 17 August, 21,039
doses of the AstraZeneca vaccine, 4,664 doses of the Pfizer vaccine, and 32,148 doses of the Sinopharm vaccine were available. The situation is therefore extremely tense. UNICEF and its partners are stepping up efforts to receive additional vaccines as soon as possible.

UNICEF, which oversees vaccine procurement logistics through the COVAX facility, has received an announcement that 1,553,530 doses of the Pfizer vaccine are expected to arrive in Abidjan on 20 August (1,180,530 doses from the COVAX Initiative and 373,000 doses from the Government of the United States of America). In addition to the vaccines that are being procured through the COVAX facility, 7.8 million doses are being procured through the African Union (AVAT) and 2 million doses are being procured by the Government of Côte d'Ivoire (through a World Bank grant).

As of 19 August, out of 136 staff in the UNICEF office, 54% had received a first dose of the vaccine and 49% had received two doses. Peer Support Volunteers are continuing their peer-to-peer contact strategy to answer any questions that staff may still have about vaccination.

Water, Sanitation, and Hygiene (WASH)

In anticipation to the start of the new school year, an evaluation of the functionality of the handwashing facilities installed in Abidjan’s schools is underway.

Risk Communication and Community Engagement (RCCE)

UNICEF supports immunisation intensification activities.

COVID-19 multimedia content: https://weshare.unicef.org/Package/2AMZIFRJZN0Y
Media monitoring: https://bit.ly/2XC9J7f

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