

UNICEF EQUATORIAL GUINEA  
Marburg Virus Disease - MVD Situation Report #3 and  
Multi-country Situation Report Equatorial Guinea, Cameroon and Gabon –  
END of outbreak response  
Period Covered: 1 May - 8 June 2023



## Highlights

The Marburg Virus Disease (MVD) outbreak was declared on 13 February 2023 by the Minister of Health and Social Welfare of Equatorial Guinea, being the first ever of its kind in the country. From the outbreak declaration until 7 June 2023, 17 confirmed and 23 probable cases were reported in the continental region of Equatorial Guinea. Twelve of the confirmed cases died and all of the probable cases were reported deaths (the case fatality ratio among confirmed cases is 75%, excluding one confirmed case with an unknown outcome).

The last confirmed case admitted to a Marburg treatment center in Bata district in Litoral province was discharged on 26 April, after two consecutive negative PCR tests for MVD. On 8 June 2023, after 115 days of the onset and two consecutive incubation periods (42 days) without a new confirmed cases reported, the Ministry of Health of Equatorial Guinea declared the end of the outbreak.

Five districts in four of Equatorial Guinea's eight provinces were affected. Bata district in the western Litoral province was worst-hit, with 11 laboratory-confirmed cases reported. Among the reported cases, many were closely linked either through social gatherings and networks, or geographically.

On the other hand, on 30 March 2023, WHO assessed the public health risk posed by this outbreak as very high at the national level, high at sub-regional level, moderate at the regional level and low at the global level. Cameroon and Gabon country offices activated risk control mechanisms, considering the high risk resulting from frequent population movements and very porous land borders in the districts bordering Cameroon and Gabon, with suboptimal surveillance at land entry points, and countless uncontrolled paths or trails along the border with Cameroon and Gabon. No cases were reported in these two countries.

UNICEF, in collaboration with the Government of Equatorial Guinea, WHO, and other partners provided support throughout the response for the implementation of the response plan under risk communications, infection prevention and control, WASH, MHPSS and PSEA, and will continue to support national effort.

Throughout the outbreak response, UNICEF supported continuous capacity building in IPC/WASH general MVD clinical management approach, safe burial, adequate management of corpses and postmortem sampling, RCCE, MHPSS and PSEA areas. More than 1,800 people benefitted from the different training and capacity building interventions. Trainees included health workers and morgue managers, social workers, community health workers, traditional healers, mobilizer communicators, focal points of 7 pillars, UN staff, and civil society key stakeholders.

### UNICEF Coordination and response strategy

Since the declaration of the outbreak, the UNICEF Equatorial Guinea team contributed to the implementation of preventive measures and efforts to implement a rapid response at scale to curb the spread of the disease and limit its negative impacts. UNICEF and partners actively coordinated the response, holding key roles under seven different pillar to ensuring the district, provincial, regional, and national coordination mechanisms response.

UNICEF deployed ten international surge experts to support the response and work jointly with the health authorities, WHO, and other partners in the implementation of the response plan pillars of coordination, Risk Communication and Community Engagement (RCCE), Infection Prevention and Control-Water Sanitation and Hygiene (IPC-WASH), Psychosocial Support (PSS), continuity of essential services, and Prevention of Sexual Exploitation and Abuse (PSEA).

Following the official outbreak declaration in the country on 8 June 2023, the Government of Equatorial Guinea established an emergency response structure to manage the response in the continental region with supporting partners and developed an initial three-month operational response plan.

A transition and recovery plan for a one-year period has been developed. This plan will be implemented under leadership from the Ministry of Health, with support from partners, including UNICEF.



### Risk Communication and Community Engagement (RCCE)

- UNICEF contributed to designing and implementing the response plan of the RCCE pillar, provided real time information, engaged proactively with at risk and affected population, and addressed community concerns on the Marburg epidemic.
- RCCE trainings at the community level benefitted 164 mobilizer communicators, 802 community level stakeholders, including 642 community leaders and 160 traditional healers.
- During the peak of the epidemic, messages were broadcasted on provincial media (radio and TV) (Kie Ntem and Wele Nzás) reaching more than 80,000 people.
- UNICEF and partners distributed more than 50,000 leaflets and posters on MVD prevention.
- Through the engagement with influential media in Bata (radio and television), UNICEF disseminated messages in 5 local languages, Spanish and French. The CO also broadcasted special events, documentaries, a high-level expert round table, frequently asked questions, interviews, and interactive programs, reaching an estimated population of 150,000 persons in Bata district.

- UNICEF trained 60 adolescents and young people from 3 youth NGOs in infectious diseases prevention to sensitize students in 100 schools in Bata.
- Training of 40 health workers in Bata.
- A team of seven RCCE coordinators will continue to provide support at district level in coordination with local authorities to ensure the continuity of interventions under the initial three-month operative response plan.

## Infection Prevention and Control - Water, Hygiene and Sanitation (IPC-WASH)

- UNICEF supported the WASH rapid needs assessment conducted in 13 health facilities, identifying needs for partners interventions in ensuring minimum IPC/WASH standards and PPE supplies and hygiene kits.
- Through capacity building of healthcare providers, frontline workers, and community key stakeholders UNICEF trained 437 people from 44 health facilities including 209 health workers, 68 frontline workers (no health workers), and 160 community traditional healers.
- A baseline assessment and 23 visits were conducted by the core team of IPC Subcommittee in 17 health facilities of the affected districts to improve quality service delivery under IPC standards and assess further needs.
- The CO conducted monitoring visits and in-service training supervision benefiting more than 400 health professionals.
- UNICEF contributed to the rehabilitation and repair of water tanks and pressure pumps systems, water tabs and toilet basins in 4 health facilities including hospitals in Ebibeyín, Mongomo and Bata, and Nsok-Nsomo health center, ensuring water supply in health centers with isolation and treatment units. An additional needs assessment was conducted in Añisok hospital, identifying repair needs to be supported as part of the upcoming interventions under the WASH pillar.
- UNICEF installed the waste disposal and management equipment and procedures of the specialized treatment unit in Mondong, Bata District, that was habilitated as part of the MVD response support.
- UNICEF procured and distributed IPC and PPE supplies to 44 health facilities, benefiting 392 health workers and community with MVD PPE, critical hygiene and medical waste kits.
- A team of seven IPC coordinators will continue to provide support at district level in coordination with local authorities to ensure the continuity of interventions under the initial three-month operational response plan.
- A WASH Specialist TA has been recruited to support the WASH reinforcement plan of the Ministry of Health which also includes the completion of the water re-establishment initiated in the affected district health centers and other pending work. and.

## Mental Health and Psychosocial Support (MHPSS)

- UNICEF supported the preparation of the psychological first aid response plan to assist families in affected rural areas and 280 people (frontline health workers, social workers, RCCE and IPC-WASH focal points) benefited from two training sessions).
- As a result of UNICEF's contribution, the mental health and psycho-social support (MHPSS) referral pathway was established by training 15 mental health and psychosocial focal points designated to support affected families and children in isolation centres in 4 districts. UNICEF and partners conducted 20 psychological support visits in Mondong treatment unit and 5 support visits to the affected families and communities.

From this experience, the doors have been opened to strengthen the functions and work of the formal social workforce, especially of the social workers, a new key figure of the Ministry of Social Affairs responsible for the identification and attention of child protection cases including psychosocial support. UNICEF is currently training 66 members (including 33 social workers, 19 government officials of the Ministry of Social Affairs and 14 focal points from the Ministry of Health) in the continental region regarding risks, threats and vulnerabilities of children, especially during emergencies, as well as mapping services, programs and capacities of governmental and non-governmental actors in the field.



## Prevention of Sexual Exploitation and Abuse (PSEA)

- UNICEF led advocacy initiatives within the UN system and through the Resident Coordination Office for the Government to recognize PSEA as a crosscutting intervention throughout the emergency response. Advocacy efforts helped to initiate integration of PSEA interventions within the pillars of the MVD national response plan. In collaboration with WHO, UNICEF conducted a PSEA training for 21 people, including 17 UN Staff and 4 Red Cross Staff members participating in the 7 pillars to respond to initial outbreak phase in Kie-Ntem province. These groups provided briefing sessions on PSEA and capacity building on MHPSS guidance to 97 social workers and CSO members in both continental and insular regions.



## Support to continued access to essential services

- To enabling continuity of services for affected communities in the districts of Ebibeyín, Nsok Nsomo, Micomiseng and Mongomo, UNICEF supported the development and implementation of district micro-plans and contributed to building capacities of 32 health workers in community-based health care for children.
- As a mechanism for ensuring health service delivery continuity for affected households and communities during quarantine periods, UNICEF provided support to district teams to deliver door-to-door outreach health interventions mainly for children and pregnant women. 614 children benefitted from immunization services, Vitamin A administration, and child growth and development monitoring consultations. In addition, 2,000 mosquito nets were distributed in affected districts.

## UNICEF Next Steps

- UNICEF continues to collaborate with Ministry of Health, WHO and other partners in Equatorial Guinea during the next 3 months period of active post-epidemic surveillance in order to allow a rapid response in the event of a resurgence of the virus. UNICEF is continuing its activities on IPC/WASH, RCCE and psychosocial support in alignment to the strategic approach agreed with the Equatoguinean health authorities. UNICEF will continue to provide technical support to ensure health facilities IPC measure programs are in place including screening for cases of MVD and other infectious diseases, continues on-the-job training of health workers on IPC practices, safe injection practices, environmental cleaning and disinfection protocols are in place, including decontamination of reusable medical devices and safe waste management.
- Risk communication and community engagement interventions for raising community awareness of the risk factors for Marburg virus infection, protective measures, and clinical alarm signs for seeking care, should be continued, including sensitization sessions with key community stakeholders (community leaders, youth leaders, religious leaders, and community health workers. Further information).

- The national government has proposed to develop a national response assessment for generation evidence on the development of an overall National Emergency Response Plan and to strengthen national capacities on emergency response. UNICEF in coordination with government and other partners should be actively involved in the coordination team and provide key support throughout the process.

### Additional information sources

- [República de Guinea Ecuatorial. Ministerio de Sanidad y Bienestar Social. Actualización de datos epidemiológicos](#)
- [WHO Marburg Virus Disease outbreak in Equatorial Guinea ends](#)

## Preparedness, readiness in neighboring countries – Cameroon and Gabon

### Cameroon

#### Highlights

Since the outbreak was declared in February 2023 in Equatorial Guinea, no confirmed cases have been reported in Cameroon. MoH and its partners, WHO and UNICEF, deployed a technical team to conduct investigation in the communities surrounding the borders on February 13. Three health districts in the South regions were particularly at risk: Olamze, Ambam and Kye-Ossi.

As of epidemiological week 23, (June 8th, 2023), Cameroon has seen a total of 281 alerts, with 29 cases identified as suspected MVD. This reflects the effectiveness of the measures taken so far and underscores the importance of maintaining a high level of vigilance and preparedness in managing this potential health threat.

#### Situation overview

UNICEF Cameroon has played a crucial role in the combined efforts to curb the spread of Marburg Virus Disease (MVD) within the country, kickstarting various preparatory measures. Initially, a response plan was formulated. This plan emphasizes immediate and prioritized actions necessary for the preparedness, evaluation, and possible response to a MVD outbreak in Cameroon.

This plan enhances the existing National Response Plan, recognizing the need for swift action with a *'no regrets'* approach. It relies on established inter-sectoral inter-agency partnerships, national and local government collaboration, unrestricted access, and whenever feasible, ensuring the continued presence of partners. Furthermore, a Social Behaviour Change (SBC) consultant has been stationed in the southern region to facilitate these efforts.

#### UNICEF Support

UNICEF Cameroon has been instrumental in the completion of the National Viral Hemorrhagic Fever Preparedness and Response Plan and the Priority Action Plan for MVD Preparedness. Using a comprehensive strategy, UNICEF Cameroon has ensured readiness by concentrating on vital areas including health, WASH, Risk Communication and Community Engagement (RCCE), education, and child protection.



UNICEF Cameroon has focused on empowering health workers on Infection Prevention and Control (IPC)/Water, Sanitation, and Hygiene (WASH), including medical doctors, nurses, and community health workers and providing IPC supplies to healthcare workers. UNICEF has also facilitated the provision of Personal Protective Equipment (PPE) in healthcare facilities, and enhancement of WASH and IPC strategies in healthcare facilities and communities. One health consultant was deployed in the South Region to support field interventions.



## Risk Communication and Community Engagement:

Activities include:

- Connecting with at-risk groups via tailored messaging using community engagement and personal communication tactics.
- Utilizing regional community radio networks to inform and galvanize communities.
- Implementing preventive protocols in schools and places of worship in Olamze, Kye-Ossi, and Amabam border health districts.
- Establishing a digital group for social listening and engagement on main platforms like YouTube, Facebook, and WhatsApp.
- Designing systems for the collection and analysis of social science data, inclusive of KAP studies and qualitative/mixed methodologies studies.

UNICEF has focused on creating educational resources for families to facilitate home learning during temporary school closures. Through Child Protection, our actions aimed to ensure that children affected by MVD and left uncared have access to suitable alternative care arrangements.

## Next Steps

As we look ahead, UNICEF Cameroon remains steadfast in its commitment to supporting the government in the fight against Marburg Virus Disease. To this end, we will be amplifying our readiness initiatives and speeding up the implementation of our plans.

Our focus will remain on the rapid deployment of necessary resources, including personal protective equipment, drugs, and other essential supplies, especially in the most vulnerable regions. We will continue to reinforce health systems, promote robust communication and community engagement strategies, and ensure that education and child protection needs are addressed promptly and efficiently.

## Gabon

### Highlights

Since the declaration of the MVD epidemic in Equatorial Guinea on February 13, 2023, health teams from the North Gabon health region, WHO and UNICEF have been deployed in the cities borders with Equatorial Guinea (Oyem, Bitam and Medouneu) to provide a preparatory response to a possible occurrence of cases of this epidemic in Gabon.

### Situation overview

From the start of the MVD epidemic in Equatorial Guinea, UNICEF Gabon, with the support of the Regional Office, began to develop strategies to prepare its response. The UNICEF Gabon Office began to develop its response preparedness plan and ordered various equipment and supplies to support national efforts. UNICEF-Gabon deployed a SBC Consultant in northern Gabon to collaborate with



teams from WHO and the North Gabon Health Region to provide support in risk communication and community engagement (RCCE). The staff of the UNICEF-Gabon office being very limited, surveillance activities (management of alerts, management of suspected cases, surveillance at border entry points) were carried out by WHO-Gabon teams in collaboration with the health facilities teams in the North Region of Gabon. A total of 272 alert cases were notified, including 4 suspected cases and 0 confirmed cases.

## UNICEF Support

UNICEF Gabon support has contributed to strengthen RCCE through the presence of a SBC consultant in the northern part of Gabon, support for protective equipment, drugs, tents, and other equipment.



### Risk Communication and Community Engagement:

UNICEF-Gabon has deployed a SBC Consultant in the North of Gabon in the border area with Equatorial Guinea to carry out RCCE activities. Several groups were made sensitized on the risks of MVD including: Political, administrative and military authorities in Oyem, Bitam, Minvoul and Medouneu; Health personnel in Bitam and Medouneu; Command and population auxiliaries in five groups of villages located on the Zongongone -Medzeng axis (Gabon/Equatorial Guinea border); Water and Forestry personnel, economic operators working in the restoration and sale of game meat, hunters, Associations and NGOs, Foreign Communities, actors in the education and training sector (Heads of establishments, pedagogical inspectors, medical personnel assigned to schools and heads of parents' associations).

The Messages were developed in vernacular languages and broadcasted in the community radios of Oyem and Bitam.



### Infection Control and Prevention/WASH

Personal protective equipment (masks, gloves, overcoats, protective visors) was provided to the North Gabon Health Region for field staff.

## Next Steps

UNICEF Gabon will continue to improve the response preparedness plan to face any potential outbreaks in future.

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