Center of Excellence against Ebola Virus Disease (CEE)

Business Plan

July 10, 2019
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<tr>
<td>CDC-DRC</td>
<td>Centers for Disease Control – Democratic Republic of Congo</td>
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<tr>
<td>CEE</td>
<td>Center of Excellence against Ebola Virus Disease</td>
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<tr>
<td>COE</td>
<td>Center of Excellence</td>
</tr>
<tr>
<td>DGLM</td>
<td>Direction Générale de la Lutte contre la Maladie</td>
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<tr>
<td>DRC</td>
<td>Democratic Republic of Congo</td>
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<tr>
<td>ECCAS</td>
<td>Economic and Monetary Community of Central African States (CEMAC)</td>
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<tr>
<td>EOC</td>
<td>Emergency Operations Centre</td>
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<td>EPHO</td>
<td>Essential Public Health Operations</td>
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<td>ETC</td>
<td>Ebola Treatment Centers</td>
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<td>EVD</td>
<td>Ebola Virus Disease</td>
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<td>GAVI</td>
<td>Global Alliance for Vaccine and Immunization</td>
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<td>GFTAM</td>
<td>Global Funds for Tuberculosis Aids and Malaria</td>
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<td>GIBS</td>
<td>Groupe Inter-Bailleurs de la Santé</td>
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<td>ICT</td>
<td>Information and Communication Technology</td>
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<td>IHR</td>
<td>International Health Regulations</td>
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<td>JEE</td>
<td>Joint External Evaluation</td>
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<td>KPI</td>
<td>Key Performance Indicator</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NPHI</td>
<td>National Public Health Institute</td>
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<td>PHEOC</td>
<td>Public Health Emergency Operation Center</td>
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<td>SRP</td>
<td>Strategic Response Plan</td>
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<td>SWOT</td>
<td>Strengths Weaknesses Opportunities and Threats</td>
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<td>UNFPA</td>
<td>United Nations Populations Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>US CDC</td>
<td>United States Centers for Disease Control and Prevention</td>
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<td>WB</td>
<td>World Bank</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Acknowledgment

The Business Plan development team for the Center of Excellence for Ebola Virus Disease (CEE) in the Democratic Republic of Congo (DRC) wishes to acknowledge the relentless support received in this assignment from the following:

- The Ministry of Health (MOH) which showed a lot of support for the project and provided very useful answers to questions, as well as insight from the government’s perspective;
- The World Bank team in DRC who provided insight and guidance from the donor’s perspective;
- The CDC Atlanta contact who gave valuable time to answer questions and provide support program documents.
- The World Health Organization (WHO) staff that graciously responded to the team’s questions and provided insight on the leading role of WHO in the fight against Ebola.

Finally, the team would like to express its deepest appreciation to all those who generously reviewed the conclusions and recommendations of this document and provided feedback.
I- Introduction

This business plan aims to define practical and feasible short-term and long-term strategies that can be implemented immediately to formally and effectively establish the CEE in its leading and coordinating role in DRC for EVD and other diseases surveillance and response. The Center will keep the focus on outbreak prevention, preparedness and response, public health workforce capacity building, applied research, publications, and documentation of best practices to strengthen the health systems and influence national, regional and global policies.

The objective for developing this Business Plan is to provide guidance on the operations of the CEE so as to align them with government priorities and strategic response plans for the EVD outbreaks in the country. Also, this business plan aligns resources with objectives and priorities in a manner that will lead to successful delivery of CEE’s programs and services. It intends to be a focused and concise document that defines and discuss keys aspects of the following areas:

1. The Mandate, Vision, Mission and Objectives;
2. Key external and internal environment factors that will influence the CEE’s operations and ability to deliver on its mandate over the horizon of this plan;
3. Strategic Directions and priority programs (capacity building and technical assistance);
4. Organizational management structure, staffing and skill sets needed;
5. Business model, including the marketing strategy;
6. Budget broken down to the cost per services (trainings, technical assistance)
7. Organizational risk analysis and proposed mitigation plans
8. Communication plans and marketing strategies and,
9. Approach to performance measurements, monitoring and reporting;

The primary target audiences for this document are MOH, CEE and international organizations staffs and officials responsible for EVD outbreak response and other public health emergency planning. Understanding that the MOH has granted CEE the responsibility for planning and decision-making for Ebola outbreak response, this document aims to inform and support coordinated CEE planning and response efforts. The document may also serve as a reference tool for health professionals, emergency planners, first responders and others individuals and organizations with an interest in EVD planning and response efforts.

Given the dynamic nature of the current EVD outbreak, this will remain an "evergreen" document that will be periodically updated.
II- Context and Background

Since the beginning in August 2018 of the 10th epidemic of Ebola Virus Disease (EVD) in the provinces of North Kivu and Ituri, in the Democratic Republic of the Congo (DRC), the Congolese Government and its partners have facilitated the development and implementation of a series of Strategic Response Plans (SRP). The initial plan (SRP-1) covered the period from August to October 2018 followed by SRP-2 for the period from October 2018 to January 2019 and SRP-3 for the period from January 2019 up to July 2019.

One key feature of those plans starting from the third Strategic Response Plan (SRP3) was for the government to establish a Centre of Excellence for Ebola Virus Disease (CEE). The aim of this CEE will be to leverage the knowledge and experience of the country’s public health workforce while serving as an embryo for the future, comprehensive national public health institute, the “CDC-DRC” and a possible resource for the Economic and Monetary Community of Central African States (CEMAC). More precisely, the main goals and responsibilities of the DRC – CEE will include the following: ensuring the coordination of Ebola-related activities, offering guidance, providing training, conducting research and disseminating best practices.

The socioeconomic and political environment in which the CEE is being created is one of scarce resources, civil unrest, insecurity, poverty, mistrust and poor health systems which are all challenging for the containment of the EVD epidemic. Therefore, in order to be successful, the CEE will need to be innovative and creative in the way it thrives to keep its operation costs low in the pursuit of its mission.

III- Center of Excellence for Ebola (CEE)

3.1 COEs Definition

Boosted by the large international support for recovery and strengthening of resilient health systems received following the severe West Africa EVD crisis in 2014-2015 and the frequent epidemics in DRC, the call for continental, regional and country “Center of Excellence for disease surveillance” has become increasingly popular. Therefore it is important at this point to clarify the definition and purpose of a Center of Excellence (COE).
A center of excellence (COE) is a team, a shared facility or an entity that provides leadership, best practices, research, support and/or training for a focus area. The focus area might be a technology, a business concept, a skill or a broad area of study (e.g. the fight against EVD). Within an organization, a center of excellence may refer to a group of people, a department or a shared facility. It may also be known as a competency center or a capability center.

Therefore, COE provide a focal point for knowledge management, with the overall goal being the ability to capture new knowledge and practices from inside and outside of the industry. The aim of the COE is to find the best practices and to disseminate them to the other departments.

3.2 Core aspects of COEs

There are three core aspects to COEs: the team of the center, the particular focus area of the center, and the purpose of the center.

The team

COEs are built around a team or a group of people, who can be hired either from outside or within the Ministry of Health. The team members can continue to hold other positions in the business and work in the role either full-time or part-time. The center organogram and staffing is critical and needs great attention for the success to be obtained.

The particular focus area

COEs tend to be built around a specific focus area. In the present case, the suggested focus is the Ebola Virus Disease outbreak prevention and response. This could be extended to the broader disease surveillance, preparedness and response as the center grows and gains expertise and credibility.

The purpose

Depending on the focus area, the COE can have a wide range of purposes. The main goals and responsibilities of the DRC – CEE will include the following: ensuring the coordination of Ebola-related activities, offering guidance, providing training, conducting research and disseminating best practices.
3.3 CEE Mandate, Vision, Mission, Objectives and Values

**Mandate**

The CEE was created by Decree # 18/048 of the Prime Minister on 18 December 2018 as an autonomous entity under the Ministry of Health with mandate to prevent, detect, and respond to the threat of Ebola in the DRC. Serving as the leading authority for Ebola in DRC, the CEE will provide stability to the response mechanism by institutionalizing current commissions of the coordinating committee that were activated only during outbreaks.

The CEE is committed to protecting and promoting the health of the population and as it operationalizes, the CEE recognizes the need to consolidate existing, but disconnected, public health programs under one structure to minimize fragmentation and promote efficient systems.

The CEE will remain vigilant for current or emerging threats to health that are related to Ebola, study and evaluate what could help the country’s strategic responses to those threats and inform by linking them to the best scientific intelligence and knowledge the design of new policies, government actions and decisions, public health workers practices and researchers orientation.

In accordance with the decree of its creation, the CEE will provide initially Ebola-related scientific and technical advice or support to government and non-governmental implementing partners by building capacity, assembling expertise and producing knowledge through the following:

- Advice, consultation and interpretation
- Coordination and management of emergency responses
- Continuing education and professional development
- Health emergency preparedness
- Information management
- Knowledge and best practices generation
- Laboratory services
- Library services and archiving of documents
- Research, ethics and evaluation
- Support to policy, strategy and program development
Disease surveillance and population health assessment

**Vision:**

The vision of the CEE in the DRC is that of a national leading authority and trusted source of expertise on Ebola Virus Disease in a country with the maximum capacity to prevent diseases, detect epidemic early, anticipate public health crises and respond in solidarity according to the response plans for preserving national and regional integration as well as the free movement and comprehensive well-being of the citizens.

The long-term vision for the CEE is to grow from an incubator NPHI into a fully functioning NPHI, the CDC-DRC. As the CEE becomes well established, it is anticipated that it will assume additional responsibilities and/or be re-organized with DGLM or other structures. Such responsibilities may include assuming management of additional diseases and broader public health functions. In this way, the CEE will transition into a fully functioning NPHI.

**Mission:**

The mission of the CEE is to prevent, detect, and respond to the threat of Ebola in the DRC through coordination of Ebola-related activities and strengthening of emergency preparedness and response at the central and provincial levels. To this regard the CEE will work at strengthening the health systems, conducting research and sensitisation and if necessary, leading prevention, early detection and rapid response to other infectious diseases. Also, the CEE will serve as the platform for sharing knowledge, exchanging information and lessons learn, building capacity and providing technical assistance, if necessary.

**Objectives:**

The overall objective of the CEE is to strengthen capacities of the DRC in the area of EVD and other infectious diseases prevention and detection as well as epidemiological surveillance and response coordination;

More specifically the CEE could, among other things will:

a) Ensure coordinated national and local-level surveillance and detection as well as planning and response for disease outbreaks
b) Ensure high-quality treatment and community services for persons infected with and at increased risk for EVD

c) Develop and maintain a skilled workforce

d) Create an information sharing network among stakeholders involved in establishing a DRC database of resources and capacities, an archiving of diverse reports and conservation of relevant samples of pathogens;

e) Expand knowledge about EVD by facilitating operational research and its applications

f) Support the adoption of national policies that could facilitate and speed up the movement of experts/inputs/samples across the region, according to specific needs.

The CEE will align its activities on the existing directives such as the International Health Regulation (IHR) and WHO recommendations by putting emphasis on implementing well-defined strategic activities.

Core values:

Core values are the essential and enduring principles of CEE which should form the basis of how everyone at the CEE thinks and acts day by day and year by year: they are the identity of the CEE. They show what CEE stands for. Constant recognition of, and adherence to, these shared core values will better enable the CEE to achieve its Mission. Some of those core values are the following:

- **Integrity:** It is important the CEE is fair and honest in all interactions. Likewise, CEE should be trustworthy and truthful. It should seek to adhere to the highest ethical and scientific standards and conduct in its work.

- **Excellence:** CEE should strive for excellence in all it does. CEE should be committed to maintaining the highest standards of performance and have a passion for continuous quality improvement.

- **Innovation:** It is important to constantly looking for ways to innovate and improve. CEE should embrace change as an opportunity.

- **Teamwork:** CEE staff should support each other to achieve the center’s objectives.

- **Accountability:** People at CEE should accept their responsibilities and try hard to achieve those things for which they are accountable. This goes with the culture of consequence.
• **Respect:** CEE should treat everyone with dignity and respect.

**Core CEE attributes:**

Core attributes and characteristics define the CEE’s infrastructure and operations

- National scope of influence
- National recognition
- Limitations on political influence
- Scientific basis for programs and policies
- Focus on the major public health problems affecting the country
- Adequate human and financial resources
- Adequate infrastructure support
- Linkages and networks
- Accountability

**3.4 Environmental factors**

The external and internal environment in which the CEE will operate will have a major bearing on how it implements its mission for Ebola prevention, detection and response, what programs it chooses to engage in, and what internal capacity and structure is required.

**Global Environment**

Global health is becoming ever more prominent, with major organizations seeking to create or strengthen global linkages, and thus offering ever more opportunities for collaboration on a project and/or institutional basis. However, with the current global economic turn down, it is clear that resources will continue to be challenging. Another reason for resource scarcity is the strategy by funding agencies to begin passing on the responsibilities of many of supported health programs to host governments. Along with this transfer of funding responsibility to host countries is the increased aversion of major funders to corruption and mismanagement of funds allocated.
Potential major international initiatives aiming to strengthen global health security launched after the 2014–16 Ebola epidemics and that could be considered for partnership and support as DRC establishes the CEE may include the following:

1- The Africa Center for Disease Control and Prevention (Africa CDC) that was first considered in July 2013 at the African Union (AU) Special Summit on HIV and AIDS, and formally established on 31 January 2017. The objectives of the Africa CDC include (1) establishing surveillance systems; (2) engaging in preparedness and response activities; (3) bringing member states up to compliance with the IHR; (4) conducting risk assessments and (5) establishing laboratory networks.

2- The coalition for epidemic preparedness innovations (CEPI) was formally launched at the World Economic Forum in January 2017 as a public–private–philanthropic partnership to accelerate the development of vaccines for diseases of public health relevance (Coalition for Epidemic Preparedness Innovations, 2017b). CEPI describes itself as an end-to-end player in the vaccine development cycle (Coalition for Epidemic Preparedness Innovations, 2016). It plans to fund the development and licensure of vaccines specifically (the stage ranging from late preclinical studies to safety and proof of concept), but aims to also facilitate work from discovery to research, manufacturing and stockpiling.

3- The European medical corps: In February 2016, the European Union (EU) launched the European Medical Corps (EMC) to rapidly deploy human and technological resources for disaster preparedness, response and recovery. As the culmination of the ‘White Helmets’ initiative proposed by France and Germany in 2014, the EMC represents the first major attempt by a regional organization to build a reserve medical corps of international emergency responders (Haussig et al., 2017). As of December 2016, the EMC comprised eight medical teams, two mobile biosafety laboratories, three medical evacuation teams and five logistics/coordination experts (European Commission, 2018).

4- REDISSE-IV: The Regional Disease Surveillance Systems Enhancement Project (REDISSE IV) is the fourth project under the REDISSE Program, which is being prepared as an interdependent series of projects (iSOP). The concept of the REDISSE program involves strengthening the weak human health, animal health, and disaster response systems to improve the preparedness of sub-regional entities and their member States to handle future disease outbreaks, and thereby minimize the national, regional, and potential global effects of such events.
5- The WHO global health emergency workforce: During the 69th World Health Assembly in May 2016, the WHO inaugurated its new Global Health Emergency Workforce to provide rapid surge capacity during a crisis. The initiative responds to several post-Ebola recommendations calling on the WHO to ‘establish significant operational capabilities [including] rapidly deployable human resource assets’ to respond to health crises (United Nations, 2016). The Workforce is a global registry of emergency medical teams (EMTs) from national, regional and global networks, which join following a quality assurance and verification process (World Health Organization, 2017b).

6- The WHO health emergencies programme and contingency fund: In January 2016, WHO’s Global Policy Group announced new reforms in support of WHO’s commitment to enhancing its emergency response capacities (World Health Organization, 2016c). The WHO Health Emergencies (WHE) Programme is holistic in its approach, designed to address the full range of preparedness, response and recovery considerations associated with all hazards, from traditional outbreaks as well as natural disasters and humanitarian crises. With the support of a dedicated workforce and budget, the WHE focuses on six major areas of work: infectious hazard management, WHO Member State preparedness, risk assessment and health emergency information management, emergency operations, management and administration, and external relations.

7- The WHO R&D blueprint: In May 2015, the 68th World Health Assembly released a resolution in favour of ‘accelerating research and development in epidemics or health emergency situations where there are no, or insufficient, preventive and curative solutions’ (World Health Organization, 2015b). In support of this resolution, WHO convened a coalition of Member State representatives and international stakeholders to prepare a blueprint explicating a novel R&D model for emerging pathogens with the potential to cause devastating outbreaks, and for which few or no medical countermeasures exist. The primary aims of the Blueprint are to assist stakeholders in identifying pathogens of international concern, facilitate alignment of research agendas to tackle priority threats, and incentivize greater investment in research and development among the public, private and philanthropic sectors (World Health Organization, 2018a).

8- World Bank pandemic emergency financing facility: In May of 2017, the World Bank announced a new US$500 million initiative to combat pandemics by shortening the time between when an outbreak is recognized and when response funding is mobilized (The
World Bank, 2017a). In collaboration with WHO, the World Bank has instituted a two-prong Pandemic Emergency Financing Facility (PEF). The primary mechanism is pandemic insurance, which has been operational as of July 2017 and which covers low income client countries (i.e. those eligible to borrow from the IDA). The insurance can be paid out for outbreaks of six viruses evaluated by the World Bank as most likely to cause a pandemic: orthomyxovirus (e.g. H1N1 and other influenza virus A subtypes), coronavirus (e.g. SARS, MERS), filovirus (e.g. Ebola, Marburg), Crimean Congo haemorrhagic fever, Rift Valley fever or Lassa fever.

Led by the Ministry of Health and with the critical support from the interagency mechanism and partners, Ebola outbreaks preparedness actions are already underway in DRC and nine neighboring countries. The WHO Regional Strategic Plan (Different from the DRC specific SRP) aims to ensure alignment of preparedness and readiness actions in support of the nine countries in the coming months in eight technical areas: strengthening the multi-sectoral coordination; surveillance for early detection; laboratory diagnostic capacity; points of entry; rapid response teams; risk communication & social mobilization and community engagement; case management and infection prevention and control capacities; and operations support and logistics.

**National Environment**

The ongoing 10th EVD epidemic is taking place in a complex and difficult multi-factor environment with a dense and mobile population that is subject to armed conflict and insecurity and where community resistance increases the risk of epidemic spread at the national and regional levels. This is why the containment is taking such a considerable time despite the extensive mobilization of personnel, equipment and resources by national and international agencies.

Since December 2018, a significant increase in the incidence of new EVD cases has been observed particularly along the corridor towards the large urban center of Butembo (health zones of Butembo and Katwa) and beyond in the zone of Kayna health center located about 150 km from Goma. In addition, active outbreaks have emerged to the north, particularly in the health zones of Komanda and Oicha.

Viral, health and epidemiological factors alone do not appear to account for this difficulty in controlling the outbreak. It has been suggested that some of the socioeconomic and political conditions that contributed to the size, extent and spread of the epidemic in DRC included war, poverty, population growth and a poor health infrastructure.
The 2013-2014 Demographic and Health Survey (DHS) reported that Progress in health outcomes remains timid in the DRC. For example, chronic malnutrition rates have remained high (43 per cent of children under five years are stunted) and stagnant. The same survey estimated a maternal mortality ratio of 8464 (per 100,000 live births), among the highest in the world. The under-5 mortality rate has decreased from 148 (per 1000) in 2010 to 104 (per 1000) in 2014 and the infant mortality rate has also decreased from 92 (per 1000) to 58 (per 1000).

The health system was severely weakened during the decades of conflict and continues to be both economically and politically fragile. A plethora of health workforce exists in DRC, overstaffing of health facilities is common in both rural and urban areas. In addition to health system weaknesses, one of the major barriers to controlling the disease appears to be community resistance to the Ebola response.

The major risks which may well be faced by the CEE during this 10th outbreak and, more broadly, over the next few years, and which have serious consequences, include the following.

- Low economic growth leading to funding cutbacks by governments and other sources of funds.
- Lack of security in the two affected provinces: the overall security situation has deteriorated since the epidemic and hinders implementation of the response activities.
- Shift in global funding priorities away from infectious diseases towards other health priorities; and in addition some funders’ rules becoming more constraining.
- Overstretched health systems in the districts making it difficult for the CEE support to make a difference
- Change in the MOH policies and management that preclude the unique CEE governance arrangements.
- Significant logistical challenges: the geographical spread of the response as well as the security situation in the region represents a major challenge for the organization and implementation of the Ebola outbreak response.
- Dense and mobile populations: the populations of North Kivu and Ituri are estimated at 6,655,000 and 3,650,000 inhabitants respectively. Aside from displacement for humanitarian reasons, the high mobility of these populations is mainly related to micro-commerce activities and family visits.

Major internal challenges identified include, but are not limited to, fragmentation and vertical programming, lack of infrastructure, acute organizational challenges, low capacity of fully-
trained public health workforce, sheer size of country, and lack of provincial public health structures and linkages to the central level. In addition, the Joint External Evaluation (JEE), a process that assesses a country’s capacities under the International Health Regulations (2005) to prevent, detect and respond to public health threats, was conducted in March 2018 in Kinshasa. The JEE results reported non-existent to limited capacity across the majority of technical domains, and provided recommendations to strengthen the priority actions around global health security.

3.5 SWOT Analysis

A number of internal and external forces affect the ability of an organization to carry out its mission through action plans. A SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis is a preliminary exploratory tool that helps the organizations to investigate and evaluate their internal and external environment and the related influential factors. This tool helps the organization in their decision-making process for taking steps that improve and increase the organizational performance and capability of quality working.

The internal factors (strengths and weaknesses) are considered relatively controllable and can be manipulated by the organization itself. On the contrary, the external factors (opportunities and threats) are somewhat out of the control of the organization and imposed by the environment in which the organization operates.

<table>
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<tr>
<th>Internal (within Organization)</th>
<th>Helpful (for your objectives)</th>
<th>Harmful (for your objectives)</th>
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<tr>
<td><strong>Strengths</strong></td>
<td></td>
<td><strong>Weaknesses</strong></td>
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<tr>
<td>• Functionality of the response coordination mechanisms facilitate the engagement of partners; exchange and the dissemination of information relating to the implementation of the various pillars of the response on a daily basis; and good coordination between the partners.</td>
<td>• Weak communications, information sharing and decision-making between the sub-coordination groups and the strategic coordination commissions, and the other implementing partners (UN agencies, INGOs,...)</td>
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<td>• Establishment of functional Ebola Treatment Centers (ETCs) that adhere to international standards; laboratories equipped to deliver rapid diagnosis;</td>
<td>• Absence of a detailed workplan setting out in detail for all actors who does what, where, when and how;</td>
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<tr>
<td></td>
<td>• Weak information management system for the response, with fragmented databases, incomplete information and information in silos (SRP3 Report).</td>
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treating patients with new therapeutics.
- There is strong political will and support for the establishment of the CDC-DRC in the MOH, starting with the creation of the CEE.
- Absence of a conflict resolution strategy for reported security incidents.
- Insufficient training of staff and the precariousness of medical infrastructures and equipment.
- Weak integration of the response in the context of a complex humanitarian crisis.

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<th>External (Outside Organization)</th>
<th>Opportunities</th>
<th>Threats</th>
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<td>• Awareness by all actors that the response goes beyond the scope of the public health framework and must take into account other important aspects, particularly security.</td>
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<td></td>
<td>• The engagement of many partners working closely with national teams.</td>
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<td></td>
<td>• The opportunity to strengthen many parts of the local health system over the long term.</td>
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<td></td>
<td>• The underlying social, political and security context, leading to the reluctance, refusal and resistance from the community with regard to adhering to the measures recommended by the response teams.</td>
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<td></td>
<td>• Disruption of response activities and attacks on response personnel and structures during community events because of the security situation.</td>
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<td>• High mobility of the population.</td>
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Conclusions from SWOT Analysis

The SWOT analysis clearly identifies some of the factors that are currently influencing Ebola outbreak strategic response. It pointed out opportunities for the CEE in creation to pursue such as partners engagement and the awareness for actors to include in the strategic response plan other factor such as security and communication. Likewise threats such as the underlying social, political and security context, the disruption of response activities and attacks on response personnel, the high mobility of the population were highlighted as well as the risk for them to further challenge CEE and the public health system’s ability to deliver the quality of service required to address disease surveillance and EVD outbreak response strategies.

The Ministry, in response to identified threats, especially the recurrence of EVD and other emerging communicable diseases, must strengthen its Risk Management Framework and develop strategies to include its partners and stakeholders in mitigating these risks. The successful implementation of this plan will depend, in part, on available resources to address the identified goals and objectives.
3.6 Risk Management

The environment in which CEE will be operating for the next five years will require it identifies those risk areas, but still essential to be taken into consideration for its development. It is important to put in place rigorous risk awareness and management systems to ensure survival and sustainability in a very challenging environment. Some of these risks are mainly externally driven and not easily mitigated by CEE. This is the case for the ongoing civil unrest or war and possible major withdrawal of partnership or funding streams. Nonetheless, CEE can engage in scenario planning to determine its response and adaptation to the emergence of these risks.

Other risks could be related to either CEE’s key collaborators or to internal systems and the CEE will need to put in place risk management systems and regularly review progress to ensure they are mitigated. Critical to risk management is the preparedness of the center and how fast or suddenly the risk emerges.

Public health reform discussions have been on going; however, the Minister’s vision for an NPHI is an effort to address these above-mentioned systematic inadequacies. The CEE will aim to address the recommendations from the JEE, and incorporate activities in its strategic plan in alignment with the planned National Action Plan for Health Security.

IV- Strategic Directions

4.1 CEE Deployment phases

Achieving Excellence is harder that it appears. Building an effective Center of Excellence takes time, preparation, planning, and adequate ramp up. The key to sustained success is to start out small, set realistic goals, gain wider support, and prove its worth with early wins. Gradual deployment, progressing through the stages, is a proven approach to building a successful Center of Excellence.

The CEE will use a phased approach to move forward from initial operations and activities to becoming a fully staffed agency with authority over all EVD-related activities as well as the Emergency Operations Center (EOC) and, eventually, other diseases as the full CDC-DRC.
Phase One: CEE – Institutionalization

The focus of the first phase of the establishment of the CEE will be on: a) Situational analysis including a mapping of existing programs, challenges and gaps, b) Evaluation of the feasibility of the CEE, c) Development and validation of a full project of the CEE and, d) Establishment of a technical and management team.

In the first phase of development, the CEE will actively engage partners already mounting the response and seek ways in which linkages and existing efforts can be strengthened. The nature of the linkages between CEE and its partners will evolve as the CEE assumes its leadership role and grows in capacity. While the CEE will work toward innovation, its activities will be rooted in essential foundational practices such as coordination and planning, improving communications and data sharing and workforce development and training.

Phase Two: Center Development and Growth

As the CEE grows, it will acquire additional functions and staff. The longer-term staffing plan will maintain a relatively robust roster of permanent staff within the CEE. This plan will provide the advantage of staff with deep EVD or linked expertise who could be rapidly deployed at central and provincial levels in the event of future outbreaks. Between outbreaks, staff will focus on standardizing processes, documenting bests practices, training, strengthening the surveillance and laboratory systems, monitoring alerts from event-based surveillance systems, building national and provincial capacity, or engaging in research and data analysis amongst other tasks.

Other focus of phase-2 will include: a) Development of the first Strategic and Operational Plan for the CEE, b) Establishment of operational mechanisms for collaboration with stakeholders and, c) Implementation of technical activities in accordance with the first operational plan.
Phase Three: CDC-DRC Development

As systems are put in place, and the value of the CEE has been demonstrated through the efficient implementation and coordination of functions to prevent, detect and respond to Ebola, the CEE will begin to transition into the CDC-DRC. Public health functions, such as the EOC, that may have received support from the CEE, can begin to manage new diseases. CDC-DRC will aim to use a ‘horizontal approach’ to link functions, laboratory and surveillance systems, and strong capacities across the country managed by a sustainable home for public health.

Also, phase-3 will provide opportunity for the following a) Re-evaluation of strategic activities; b) Development of a consolidated plan; and c) Continuation of the interventions of the CEE.

Phase Four: CDC-DRC Strengthening

Expanded public health functions will continue to be strengthened and systems more institutionalized. Moving towards a sustainable and accountable home for public health to prevent, detect and respond to disease outbreaks in the vast country of DRC. This level of functioning will continue to need the strong political will, leadership and buy-in from the public and private sectors, and a commitment in public health investment from the Government.

4.2 Detail Planning (Phase-1)

Phase one will operationalize the CEE to contribute to specific key functions, namely strengthening the outbreak strategic coordination team that has been transferred to Goma, that includes the mission to implement an enriched, comprehensive information management strategy, and training of the workforce and community. Components of the national coordination has moved to Goma to be nearer to the outbreak affected areas and a means of improving coordination and leadership. Goma will provide a base for strengthened coordination, and training of staff, and eventually develop into a more comprehensive eastern antenna of the CEE.

The first phase of the CEE will complement current response structures and best practices, including the revised new strategic directions in the third version of the Ebola Strategic
Response Plan (SRP3). SRP3 addresses gaps and weaknesses identified in operational reviews from SRP2. Also, it addresses other risk assessed and proposes new strategic directions.

Following are SRP3 specific activities to strengthen EVD in response to weaknesses identified that CEE will support in phase-1:

1. Strengthening coordination of the multi-sectorial response at different levels
2. Strengthening the information management system and linking to section
3. strengthening workforce coordination & training through the establishment of CEE
4. Monitoring and Evaluation Plan

Strategic objectives for Phase-1:

In its first phase, the CEE will emphasize two primary aims by: 1) creating a permanent and sustainable structure for the CEE, including the strengthening of the Public Health Emergency Operations Center (PHEOC) and 2) playing a coordinating and leadership role within the current EVD outbreak. Related strategic objectives include:

1. To establish, and start up CEE operations;
2. To Initiate processes for institutionalizing response strategies;
3. To strengthen EVD response information management;
4. To strengthen national-level Public Health Emergency Operations Center (PHEOC)
5. To improve coordination between the national-level and the response Strategic Coordination in Goma;
6. To Provide central-level coordination and strategic direction;
7. To strengthen coordination mechanisms at various levels within the multi-sectoral Ebola response;
8. To strengthen public health workforce capacity.

NOTE: At the time of elaboration of this document, the specific objectives, measures, timeframe and activities to be implemented as listed in the tables below are still subject of debate and consensus among those collaborating on this initiative. This document is
susceptible to modifications given that it is a work in progress and more details will be provided as inputs and feedback are received.

Priority during this phase will be on concrete actions that will have a positive and immediate impact on CEE creation and outbreak response. With respect to outbreak response, CEE will focus on strategic activities to address specific gaps that have been identified from risk assessments and operational reviews, and play a supportive and supplementary role to not distract from response structures. The framework below presents the two primary aims for CEE establishment and related strategic objectives.

**CEE Creation Result Framework**

<table>
<thead>
<tr>
<th>CEE Phase-1</th>
<th>Primary Goals</th>
<th>Strategic Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase One of CEE Establishment</strong></td>
<td>Creating a permanent and sustainable structure</td>
<td>Establish and Start CEE operations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initiate processes for institutionalizing response strategies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen EVD response information management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen national-level Public Health Emergency Operations Center (PHEOC)</td>
</tr>
<tr>
<td></td>
<td>Coordinating ad Leading the current EVD response</td>
<td>Improve coordination between the national-level and the response General Coordination in Goma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide central-level coordination and strategic direction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen coordination mechanisms at various levels within the multi-sectoral Ebola response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen public health workforce capacity</td>
</tr>
</tbody>
</table>
The tables below describe for each strategic objective the line of action, measurements methods or indicators and timeline, and provide brief comments or specifications associated when necessary. The objectives and activities are numbered as in the concept note attached in Annex-1.

This is work in progress and further explanations of this Business Plan.

**Aim1**: Create a permanent and sustainable structure for the CEE, including the strengthening of the Public Health Emergency Operations Center (PHEOC)

**Objective- 1. To establish, and start up CEE operations**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Measure</th>
<th>Timeline</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Identify and hire key staff.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Create physical/office space</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 Develop administrative structures &amp; processes</td>
<td></td>
<td></td>
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<tr>
<td>1.4 Establish a strong leadership team</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1.5 Strengthen Kinshasa-based national public health emergency operations center</td>
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<td></td>
</tr>
</tbody>
</table>

**Goal1**: Create a permanent and sustainable structure for the CEE, including the strengthening of the Public Health Emergency Operations Center (PHEOC)

**Strategic objective- 7. Initiate processes for institutionalizing response strategies**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Measure</th>
<th>Timeline</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 Develop SOPs and guidelines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2 Establish a repository of all plans and create linkages with concurrent efforts.</td>
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<td></td>
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<tr>
<td>7.3 Conduct thematic operational research and documentation of best practices</td>
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<td></td>
</tr>
<tr>
<td>7.4 Support the planning and conducting of operational reviews and/or after action reviews</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.5 Explore mechanisms and initiate processes for the transfer of software, tools, &amp; databases to a secured platform</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Aim 1: Create a permanent and sustainable structure for the CEE, including the strengthening of the Public Health Emergency Operations Center (PHEOC)

#### Strategic objective- 6. To strengthen EVD response information management

<table>
<thead>
<tr>
<th>Activities</th>
<th>Measure</th>
<th>Timeline</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 Implement revised information management strategy with support by OCHA, WHO and partners</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6.2 Assign information management officers and other data management specialists to the Center for Data Analysis and sub-coordination</td>
<td></td>
<td></td>
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<tr>
<td>6.3 Strengthen capacity of Ministry of Health data managers</td>
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<td></td>
</tr>
</tbody>
</table>

#### Strategic objective- 8. Strengthen national-level Public Health Emergency Operations Center (PHEOC)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Measure</th>
<th>Timeline</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1 Review, revise and/or develop a strategic plan, operational plans, contingency plans, standard operation procedures, concept of operations (CONOPS) plan or other emergency plans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.2 Recruit staff to meet responsibilities of PHEOC functional areas utilizing an Incident Management System.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.3 Secure necessary EOC systems and infrastructure needs, and space, for phase 1 operationalization</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
**Aim 2:** Play a coordinating and leadership role within the current EVD outbreak.

**Strategic objective - 2. To improve coordination between the national-level and the response General Coordination in Goma**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Measure</th>
<th>Timeline</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Establish a Monitoring and evaluation unit (from cadre de mise en oeuvre) at the national level to support implementation of the cadre de mise en oeuvre strategy.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2.2 Strengthen key infrastructure, critical procedures and operational support mechanisms need to support the response on all fronts.</td>
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</tr>
</tbody>
</table>

**Aim 2:** Play a coordinating and leadership role within the current EVD outbreak.

**Strategic objective - 3. Provide central-level coordination and strategic direction**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Measure</th>
<th>Timeline</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Engage stakeholders and partners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Execute and monitor response budget</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3.3 Support data-driven decision-making through deeper analysis of data produced from the outputs in the information management strategy</td>
<td></td>
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</tr>
</tbody>
</table>
**Aim2: Play a coordinating and leadership role within the current EVD outbreak.**

**Strategic objective- 4. To strengthen coordination mechanisms at various levels within the multi-sectoral Ebola response**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Measure</th>
<th>Timeline</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Support the implementation of the “Ancrage de la riposte dans l’organisation et le fonctionnement du système de santé à tous les niveaux” plan that aims to increase participation, engagement and empowerment of health structures and stakeholders at all levels of the health system in the current Ebola outbreak.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4.2 Support the implementation of the Ministry of Health-led “Cadre de Mise en Ouevre” plan to improve monitoring of activities under SRP3, tracking of pillar-specific activity budgets, and coordinate response operations and support response pillars at the sub-coordination level</td>
<td></td>
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</tr>
<tr>
<td>4.3 To integrate in the national action monitoring unit (formerly Planning Unit) to ensure effective coordination between the Strategic Coordination in Goma, and the national level.</td>
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</tr>
</tbody>
</table>

**Aim2: Play a coordinating and leadership role within the current EVD outbreak.**

**Strategic objective- 5. To strengthen public health workforce capacity**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Measure</th>
<th>Timeframe</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 To rapidly develop capacities of an effective, sustainable EVD workforce through the implementation of the Surveillance Training to Enhance Ebola Response and Readiness (STEER) program in affected and high-risk health zones</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2 To support the capacity building objectives of the Encrage de la riposte dans l’organisation et le fonctionnement du système de santé à tous les niveaux plan.</td>
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<td></td>
</tr>
</tbody>
</table>
V- FUNDING & BUDGET ESTIMATES

4.1 Funding strategies

An important step involved in the creation of a CEE is the funding. Therefore, it’s important to pay attention to the funding structure of the CEE. Running a successful CEE has a cost and even though in the long-term, the funding issues might become easier; at the start the need for capital is huge. The main question is whether the CEE can be run self-sufficiently (service fees and government subsidies) or if outside funding (sponsors) is needed.

In general, the funding of a CEE is not a one-time investment. It is should be part of a government program intended to enhance and sustain country readiness for outbreaks response. The costs to be included as the CEE budget is developed include all the aforementioned aspects of planning and development required to achieve the minimum necessary scope and scale as determined by an assessment of anticipated needs. In addition, further consideration should be given to future enhancements that move the CEE towards a more optimal level as requirements change and new technological opportunities mature.

In most instances, public health institutions are required to look for outside funding. A good starting point is to find partners for the project. It is important to ensure these partners have aligned interests and goals in mind before you start dealing with them. More established centers organized their funding model by identifying funds needed for core support and funds needed for innovation, research and development, or experimental projects. Core funding is generally obtained through multiyear grants, endowments, and state funds; shorter-term funds (e.g., grants, sponsored research, state funds) are used to support investigative, experimental, or project-driven initiatives. Some COE also offered fee-based services that included publishing or open access services, tool development, managed servers/hosting, or training programs (summer programs, workshops, hosted conferences, or in-house training).

The CEE comprehensive financial implications will be determined when the situational analysis will be conducted. This will entail computing the start-off costs (i.e. infrastructure and equipment), the monthly staff salaries, the operational costs and travel costs. The funds will be mobilised from the regular contribution mechanisms of the country and projects submitted to technical and financial partners.
4.2 Budget estimates

Budgeting for the development of a CEE requires an understanding of fixed and recurring cost categories. The fixed cost categories include but are not limited to costs for acquiring and maintaining physical infrastructure and related utilities, ICT investments, and basic CEE staffing. Recurring variable cost categories include but are not limited to meetings, consultant fees, training, equipment, materials, travel and transport, and surge staff costs.

<table>
<thead>
<tr>
<th>Description</th>
<th>Qty</th>
<th>P. Unit.</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Human Resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Consultants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Meetings / Workshops</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Travels</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5 Publications</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6 Office Furniture</td>
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<td></td>
</tr>
<tr>
<td>7 Etc....</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

VI- Evaluation / quality control

The mechanisms of performance measurement and accountability that the CEE can draw from are diverse and could include both financial and non-financial information. The Funding Agreement between CEE, the MOH and its partners will define its accountabilities and reporting requirements – examples include quarterly financial reports; quarterly performance reports; quarterly risk assessment reports; mid-year status report on priorities and annual performance targets described in the Annual Business Plan; and the Annual Report (which includes audited financial statements).
CEE’s quarterly performance report is intended to provide an overarching view of its performance in relation to its Mandate and strategic plan. The report should contain two major sections; the performance scorecard and the spotlight feature. The performance scorecard provides a quantitative assessment of CEE performance in relation to a defined set of key performance indicators and associated performance measures and organized around CEE’s Strategic Directions. The spotlight feature allows for a more detailed exploration of selected performance domains using a mixed method qualitative and quantitative approach.

In addition to existing performance measures, in the context of comprehensive performance measurement system development, CEE should continue to develop its performance measurement framework with alignment between quarterly, annual and longer-term indicators. The performance of knowledge organizations, such as CEE is often challenging to describe using quantitative methods alone. Therefore qualitative aspects should be introduced to allow for impact and value considerations into CEE performance measurement and reporting.

Measurement will have to focus on activity and process measures as well as user satisfaction. This might involve collecting usage statistics and response times and gathering customer feedback about the services provided, for example, the reports it publishes, data it makes available, the tools and resources it produces, a survey of stakeholder views. Services should be assessed for their accuracy, quality, accessibility, usability and utility.

VII-Communication Plan

A clear communication plan should be associated with the development of the CEE Business Plan. As a center of excellence, CEE should produce sound scientific and technical knowledge that supports better informed public health policy and practice. The strategic communications plan and tactics should align with CEE strategic and business plans.

Target Audiences

The primary external audience of CEE communications may vary from one activity to the other. This may include the MOH, other ministries concerned by EVD; local public health agencies; and health system providers and organizations across the continuum of EVD strategic response. External audiences can also include academic, research, not-for-profit, community-based and
private sector organizations and government agencies working across sectors that contribute to preventing and fighting EVD outbreaks.

Internally, CEE could employ a wide range of communications vehicles to provide information and resources to its staff in multiple locations.

Communication Vehicles

Key messages are communicated to target audiences in a format and manner that is appropriate for the nature of the message and audience. This could include:

- Website and related social media tools Facebook and Twitter;
- Newsletters;
- Printed and on-line materials such as scientific and technical reports, clinical guidelines, fact sheets, and best practice guidelines;
- Media releases;
- In-person and virtual (teleconference, webinar or videoconference) stakeholder meetings including workshops, webinars and consultations;
- Annual Report and Strategic Plan.
Annexes

1. Staffing
2. Phase Approach & Objectives Phase One
3. Phase one operational plan – Excel document
Annex 1: Center for Excellence for Ebola Staffing

Context

The establishment of the Center for Excellence for Ebola (CEE) during the 10th EVD outbreak in DRC, will leverage the knowledge and experience of the country’s public health workforce, and will serve as an investment in human resources. The CEE will provide an opportunity for this workforce to maintain the skills and build the skills of individuals without EVD experience. The CEE will draw upon available in-country expertise as well as recruit technical and administrative experts globally. Emphasis will be placed on recruiting and utilizing highly skilled staff who can in turn build the capacity of others within the CEE and at national and provincial levels. It is envisioned that some positions may be filled, at least temporarily, by experts assigned from other countries, using mentorship model.

The longer-term staffing plan will maintain fairly robust roster of permanent staff within the CEE. This plan will provide the advantage of staff with deep EVD or linked expertise who could be rapidly deployed at central and provincial levels in the event of an outbreak. These functional and multi-disciplinary teams are essential to be able to act immediately. Between outbreaks, staff can be temporarily assigned to offer expertise strengthen the surveillance and laboratory systems, monitoring alerts from event-based surveillance systems, build provincial capacity, or engaged in research and data analysis amongst other tasks. The role of rapid response teams will need to be outlined in both the national level strategic planning and the sub-national planning.

CEE will maintain links with other relevant training and workforce development mechanisms as well as develop and implement its own training and workforce development activities, such as the implementation of the STEER program, and the transition of the FELTP program to the Ministry of Health in the future.

CEE Phase One

The staffing strategy for phase one of the CEE will mirror the phased approach for CEE operationalization. A staffing plan is proposed based on the intended purpose of the CEE functions. Positions may be filled through hiring, redeployments, promotions, lateral work reassignments, use of contract/contingency staff, or other sources. The CEE will select the mechanism most effective for its current and future needs.

Development of a CEE structure will entail processes, relationships, resources and personnel. Staff identified in phase one will support the key functions to operationalize the
CEE at both the national level and in Goma, the eastern antenna of the CEE. Minimum staffing needs are outlined below, by objective.

Summary of staffing needs for Phase one of CEE operations, by objective

<table>
<thead>
<tr>
<th>Position</th>
<th>#</th>
<th>Proposed person/org</th>
<th>Meets objective(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focal point</td>
<td>1</td>
<td>MOH</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>MOH</td>
<td>1, 3</td>
</tr>
<tr>
<td>Monitoring and Evaluation lead</td>
<td>1</td>
<td>MOH</td>
<td>2, 3, 4, 6</td>
</tr>
<tr>
<td>Monitoring and Evaluation officer</td>
<td>1</td>
<td>CDC</td>
<td>4, 6, 7</td>
</tr>
<tr>
<td>PHEOC Manager</td>
<td>1</td>
<td>MOH</td>
<td>8</td>
</tr>
<tr>
<td>Project Coordinator</td>
<td>1</td>
<td>CDC</td>
<td>1, 2, 4, 5, 6, 7</td>
</tr>
<tr>
<td>Training Coordinator</td>
<td>1</td>
<td>Representative from STEER</td>
<td>5</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>MOH</td>
<td>4, 5, 7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>8</strong></td>
<td></td>
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</tr>
</tbody>
</table>

**Staff profiles**

Staff profiles describe the duties and responsibilities below are representative of the nature and level of work for phase one operationalization of the CEE. They are not necessarily inclusive, and responsibilities will evolve to meet the changing needs of the response as the CEE becomes more established. Positions will largely be based in Kinshasa with frequent trips to the affected EVD outbreak zones/Goma based on needs and activities.

**CEE Focal Point**

Location: CEE, Kinshasa

Reports to: Minister of Health

Duties and responsibilities include, but not limited to:

- Leads and monitors all activities of the CEE as it relates to the strengthened coordination and implementation of the SRP3
- Maintains a strong understanding of the EVD response epidemiology, technical response pillars and challenges.
- Utilizes various sources of information to recommend changes to support improvements in the strategic directions of the response
- Leads and steers CEE establishment activities from the national level
- Leads management and administrative functions through oversight of administrative, financial, and political processes to stand up the CEE
• Develops a strategic staffing plan and oversees hiring decisions and process
• Improve coordination between the national-level and the response Strategic Coordination in Goma
• Aligns CEE planning to wider health security and national planning, specifically alignments and inclusion of activities in the World bank funded REDISSE 4 project, the development of the National Action Plan for Health Security, and the 2019-2021 PNDS.
• Coordinates, engages, collaborates with and convenes bilateral and multi-lateral partners at the national level for strategic level discussions.
• Proactively networks and coordinates with relevant inter and intra-Ministerial stakeholders to ensure a multi-sectoral collaboration
• Develop and maintain regular and transparent communication to all stakeholders, and ensures appropriate flow of information and feedback loops internally and externally
• Identifies members, and establishes the Comite de Pilotage, the steering group for the CEE to ensure
• Mobilizes resources for the implementation of SRP3 or current EVD strategic resource plan and monitors and manages the overall budget
• Develops phase 2 and subsequent planning for the development of the CEE
• Manages staff effectively, provides mentorship and technical supervision, enforce performance and accountability policies

**Administrative Assistant**

Location: CEE, Kinshasa

Reports to: CEE Focal Point in Kinshasa

Duties and responsibilities include, but not limited to:

• Facilitates administrative procedures and processes to stand up the CEE under the direction of the CEE Focal Point
• Organizes all relevant meetings and makes necessary logistical arrangements for internal, coordination and partner engagement meetings
• Records notes, archives meeting minutes, and disseminates minutes/materials to stakeholders
• Assists with hiring processes, on-boarding procedures, and development of ToRs for CEE staff
• Provides logistical support for the deployment of staff to the CEE antenna in Goma
• Ensure field staff members are adequately supported
• Support the development of materials and standard operating procedures (SOPs)
• Completes other duties as assigned by the Kinshasa CEE Focal Point, senior leadership or the Minister of Health

**Monitoring and Evaluation Lead**

Location: CEE, Kinshasa
Reports to: CEE Focal Point

Duties and responsibilities include, but not limited to:

- Develop and strengthen monitoring and evaluation procedures, including process and impact indicators for project success
- Monitor all project activities, expenditures and progress towards achieving the project output
- Lead and oversee the *Cadre de mise en œuvre du plan de riposte 3 à la maladie à virus ebola dans les provinces du Nord Kivu et de l’Ituri* plan for all relevant stakeholders
- Oversee and enforce an accountability framework
- Liaise and collaborate with Information management team at the Strategic Coordination in Beni
- Maintain regular and transparent communication with the CEE Focal Point, CEE Goma Lead, M&E Officer in Goma and other stakeholders
- Conduct thematic evaluations and/or utilize outputs from information management framework
- Serves as MOH focal point for outbreak response operational reviews and prepare relevant reports
- Provides feedback to the CEE Focal Point on project strategies and activities and recommend strategies for improving the efficiency and effectiveness of the project.
- Collaborates with the M&E officer in the CEE antenna location in Goma to implement the M&E framework
- Complete other duties as assigned by the CEE Focal Point, senior leadership of the Minister of Health.

**Monitoring and Evaluation Officer**

Location: CEE eastern antenna, Goma

Reports to: CEE Goma Lead, and M&E Lead in Kinshasa

Duties and responsibilities include, but not limited to:

- Represents the Ministry of Health on information management team at the Center for Data Analysis as part of the revised Information Management Strategy.
- Carry out aggregation, and analysis of data collected through inputs, outputs and outcomes monitoring as by the monitoring framework.
- Contribute to the development of products of information management activities, including KPIs, output activity monitoring, input monitoring, dashboard, and other products in alignment with the Information Management Strategy
- Field point of contact for the implementation of the *Cadre de mise en œuvre du plan de riposte 3 à la maladie à virus ebola dans les provinces du Nord Kivu et de l’Ituri*
- Conduct validation of data and products and disseminate information to facilitate decision-making.
- Assess staffing needs to address M&E gaps
• Serve as a point of contact for the management of the information management officers assigned to support the information management strategy.

Public Health Emergency Operations Center Manager

Location: CEE Kinshasa

Reports to: CEE Focal Point

Duties and responsibilities include, but not limited to:

• Oversees PHEOC strengthening efforts including the development of all emergency response plans, operational plans and strategic plans
• Supports current EVD outbreak in specified roles and responsibilities
• Responsible for the operations of the Incident Management System, and it’s five functional areas
• Determines coordination of response activities and partners
• Manages PHEOC staff and identifies/oversees information and technology infrastructures needs
• Liaises with national EOC for large scale, multi-sectoral emergencies
• Liaises with assisting and tactical agencies supporting a public health response
• Communicates with internal and external stakeholders

Project Coordinator

Location: CEE eastern antenna, Goma

Reports to: CEE Focal Point

Duties and responsibilities include, but not limited to:

• Serves in a multi-functional role to support the operationalization of the CEE
• Oversees the management of CEE operations in Goma
• Implements CEE phase one operational plan objectives in Goma including the implementation of various strategies in SRP3
• Develops and maintains frequent communication with the CEE Focal Point in Kinshasa
• Strengthens coordination mechanisms at various levels within the multi-sectoral Ebola response:
  • Manages the finances in alignment with response plans
  • Leads and/or participates in EVD outbreak response operational reviews
  • Utilizes data to inform decisions and real-time operational planning
  • Disseminates information per reporting and information flow protocols
  • Collaborates with internal and external stakeholders to ensure effective coordination
  • Manages Goma staff effectively, provides mentorship and technical supervision, enforce performance and accountability policies
  • Interface with community leaders, health structure focal points, and local authorities
  • Initiate processes for institutionalizing EVD outbreak response strategies
- Facilitate transition of information systems and databases and secure platforms to the Ministry of Health following the end of the Ebola outbreak
- Facilitates coordination with the Goma response Strategic Coordination, sub-coordination, and sub-commissions.
- Evaluates needs for human, material and financial resources in collaboration with the subcommittees and partners
- Contribute to the planning of outbreak operational reviews

**Training Coordinator**

Location: CEE eastern antenna, Goma

Reports to: CEE Goma Lead

Duties and responsibilities include, but not limited to:

- Responsible for the implementation of the STEER plan in collaboration with supporting partners to increase capacity of healthcare workers (HCWs) to quickly identify suspect EVD cases and apply principles of isolation, reporting, and infection control at their respective healthcare facilities.
- Liaise with the CDC-DRC FETP program for to support the development of training materials and prepare logistical arrangements for the cascade model training, and manage the budget
- Work with STEER implementers and local health structure leadership to select participants for the program
- Follow the epidemiological progress of the EVD response in order to identify affected and high-risk health zones
- Conduct continuous evaluations and risk assessments to understand gaps to advise solutions to enhance response efforts and build critical workforce capacity
- Support capacity building efforts of the *Encrage de la riposte dans l’organisation et le fonctionnement du système de santé à tous les niveaux plan*

**Administrative Assistant**

Location: CEE eastern antenna, Goma

Reports to: CEE Goma Lead

Duties and responsibilities include, but not limited to:

- Supports the CEE Goma Lead, Project Coordinator, and other Goma-based staff with administrative tasks
- Facilitates the dissemination of information and coordination between the CEE Goma and CEE Kinshasa
- Supports the processes for institutionalizing response strategies, including the development of SOPs, guidelines, and developing a repository of all national plans, tools and guidelines.
- Completes other duties as assigned.
Annex 2: Phased Approach & Objectives Phase One

As indicated above, the CEE is an innovative structure designed to address a current acute need for improving Ebola response in the DRC. As such, the CEE must simultaneously create both its own structures and initiate meaningful intervention in the response. The CEE will use a phased approach to move forward from initial operations and activities to becoming a fully staffed agency with authority over all EVD-related activities as well as the Emergency Operations Center (EOC) and, eventually, other diseases as the comprehensive CDC-DRC.

CEE/CDC-DRC, 5-year phased approach

Phase One: Center Establishment and EVD Response Support

In its first phase, the CEE will emphasize two primary aims by: 1) creating a permanent and sustainable structure for the CEE, including the strengthening of the Public Health Emergency Operations Center (PHEOC) and 2) playing a coordinating and leadership role within the current EVD outbreak. Priority during this phase will be on concrete actions that will have a positive and immediate impact on CEE creation and outbreak response. With respect to outbreak response, CEE will focus on strategic activities to address specific gaps that have been identified from risk assessments and operational reviews, and play a supportive and supplementary role to not distract from response structures.

In the first phase of development, the CEE will actively engage partners already mounting the response and seek ways in which linkages and existing efforts can be strengthened. The
nature of the linkages between CEE and its partners will evolve as the CEE assumes its leadership role and grows in capacity. While the CEE will work toward innovation, its activities will be rooted in essential foundational practices such as coordination and planning, improving communications and data sharing and workforce development and training.

Phase Two: Center Development and Growth

As the CEE grows, it will acquire additional functions and staff. The longer-term staffing plan will maintain a relatively robust roster of permanent staff within the CEE. This plan will provide the advantage of staff with deep EVD or linked expertise who could be rapidly deployed at central and provincial levels in the event of future outbreaks. Between outbreaks, staff will focus on standardizing processes, documenting bests practices, training, strengthening the surveillance and laboratory systems, monitoring alerts from event-based surveillance systems, building national and provincial capacity, or engaging in research and data analysis amongst other tasks.

Phase Three: CDC-DRC Development

As systems are put in place, and the value of the CEE has been demonstrated through the efficient implementation and coordination of functions to prevent, detect and respond to Ebola, the CEE will begin to transition into the CDC-DRC. Public health functions, such as the EOC, that may have received support from the CEE, can begin to manage new diseases. CDC-DRC will aim to use a 'horizontal approach' to link functions, laboratory and surveillance systems, and strong capacities across the country managed by a sustainable home for public health.

Phase Four: CDC-DRC Strengthening

Expanded public health functions will continue to be strengthened and systems more institutionalized. Moving towards a sustainable and accountable home for public health to prevent, detect and respond to disease outbreaks in the vast country of DRC. This level of functioning will continue to need the strong political will, leadership and buy-in from the public and private sectors, and a commitment in public health investment from the Government of DRC.

CEE, Phase One Implementation Details
In phase one of CEE implementation, the aim is to 1) strengthen and institutionalize the ongoing Ebola response in North Kivu and 2) put in place internal structures to establish the CEE. These activities will lay the groundwork to achieve the medium-term goals of the CEE to build on existing response structures efforts and gradually integrate additional functions by transitioning the commissions of the current response structure into permanent departments. These permanent structures in turn will allow the CEE to transition into a more comprehensive national public health institute, the proposed “CDC-DRC”.

Phase one will operationalize the CEE to contribute to specific key functions, namely strengthening the outbreak strategic coordination team that has been transferred to Goma, that includes the mission to implement an enriched, comprehensive information management strategy, and training of the workforce and community. Components of the national coordination has moved to Goma to be nearer to the outbreak affected areas and a means of improving coordination and leadership. Goma will provide a base for strengthened coordination, and training of staff, and eventually develop into a more comprehensive eastern antenna of the CEE.

The first phase of the CEE will complement current response structures and best practices, including the revised new strategic directions in the third version of the Ebola Strategic Response Plan (SRP3). SRP3 addresses gaps and weaknesses identified in operational reviews from SRP2 and other risk assessments, and proposes new strategic directions.

Two weaknesses that were identified in the operational review of SRP2 are 1) weak communications, information sharing and decision making between the sub-coordination groups and the strategic coordination commissions, and absence of a detailed workplan setting out in detail for all actors who does what, where, when and how; 2) weak information management system for the response, with fragmented databases, incomplete information and information in silos (SRP3 Report). Phase one of the CEE aims address these specific weaknesses to strengthen the EVD response, through support of the following SRP3 strategic activities:

6.1 – Strengthening coordination of the multisectorial response at different levels  
6.2 – Strengthening the information management system and linking to section  
6.15 – strengthening workforce coordination and training through the establishment of the CEE  
7 – Monitoring and Evaluation Plan
The Strategic Coordination based in Goma utilizes an Emergency Operations Centre (EOC) that monitors the implementation of the operations via links with the EOCs of the sub-coordination teams, and direct contacts with the teams of the health zones. The Kinshasa-based EOC currently supports the collection and dissemination of data and information, facilitates communication with the Strategic Coordination in Goma, and coordinates surveillance/epidemiology commission meetings. Phase 1 of CEE operationalize will include developing and strengthening the national PHEOC, which will eventually become a part of a comprehensive program of public health emergency preparedness and planning. A phased approach to reach a fully functional PHEOC will be utilized to achieve a goal-oriented response to public health emergencies and unity of effort among response stakeholders. The role of the national-level PHEOC will be assessed in the context of the ongoing current EVD response to support the coordination of information and resources for efficient and effective response.

**CEE Objectives, Phase One**

Objectives for CEE phase one during the implementation of SRP3 include:

1. **To establish, and start up CEE operations**
   1.1. Identify and hire key staff. See Annex 1.
   1.2. Create physical/office space
   1.3. Develop administrative structures and processes
   1.4. Establish a strong leadership team
   1.5. Strengthen Kinshasa-based national public health emergency operations center (EOC)

2. **To improve coordination between the national-level and the response Strategic Coordination in Goma**
   2.1. Establish a *cellule de suivi and evaluation* (from *cadre de mise en oeuvre*) at the national level to support implementation of the *cadre de mise en oeuvre* strategy.
   2.2. Strengthen key infrastructure, critical procedures and operational support mechanisms need to support the response on all fronts.

3. **Provide central-level coordination and strategic direction**
   3.1. Engage stakeholders and partners
   3.2. Execute and monitor response budget
   3.3. Support data-driven decision-making through deeper analysis of data produced from the outputs in the information management strategy

4. **To strengthen coordination mechanisms at various levels within the multi-sectoral Ebola response:**
   4.1. Support the implementation of the *Ancrage de la riposte dans l’organisation et le fonctionnement du système de santé à tous les niveaux* plan, that aims to increase participation, engagement and empowerment of health structures and stakeholders at all levels of the health system in the current Ebola outbreak.
   4.2. Support the implementation of the Ministry of Health-led “*Cadre de Mise en Oeuvre*” plan to improve monitoring of activities under SRP3, tracking of pillar-specific activity budgets,
and coordinate response operations and support response pillars at the sub-coordination level.

4.3. To integrate in the national action monitoring unit (formerly Planning Unit) to ensure effective coordination between the Strategic Coordination in Goma, and the national level.

5. **To strengthen public health workforce capacity:**
   5.1. To rapidly develop capacities of an effective, sustainable EVD workforce through the implementation of the Surveillance Training to Enhance Ebola Response and Readiness (STEER) program in affected and high-risk health zones.
   5.2. To support the capacity building objectives of the *Encrage de la riposte dans l’organisation et le fonctionnement du système de santé à tous les niveaux* plan.

6. **To strengthen EVD response information management**
   6.1. Implement revised information management strategy with support by OCHA, WHO and partners.
   6.2. Assign information management officers and other data management specialists to the Center for Data Analysis and sub-coordination.
   6.3. Strengthen capacity of Ministry of Health data managers.

7. **Initiate processes for institutionalizing response strategies**
   7.1. Develop SOPs and guidelines.
   7.2. Establish a repository of all plans and create linkages with concurrent efforts.
   7.3. Conduct thematic operational research and documentation of best practices.
   7.4. Support the planning and conducting of operational reviews and/or after action reviews.
   7.5. Explore mechanisms and initiate processes for the transfer of software, tools, and databases to a secured platform.

8. **Strengthen national-level Public Health Emergency Operations Center (PHEOC)**
   8.1. Review, revise and/or develop a strategic plan, operational plans, contingency plans, standard operation procedures, concept of operations (CONOPS) plan or other emergency plans.
   8.2. Recruit staff to meet responsibilities of PHEOC functional areas utilizing an Incident Management System.
   8.3. Secure necessary EOC systems and infrastructure needs, and space, for phase 1 operationalization.
## Annex 3 – Operational Plan

Please see Excel document for full plan and editing capability. Will update graphic once operational plan is filled out.

### Operational Plan for Establishing the CEE

**Date:** February 24, 2019

<table>
<thead>
<tr>
<th>Activity</th>
<th>Person responsible</th>
<th>Budget</th>
<th>Budget source</th>
<th>Milestone</th>
<th>Target date</th>
<th>Progress indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1: To establish, and start up CEE operations</strong></td>
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<td>1.1 Identify and hire key staff</td>
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<td>1.1.1 Identify minimum staffing needs</td>
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<td>1.1.2 Develop staff profiles and position descriptions</td>
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<td>1.1.3 Create staffing-effective staffing strategy</td>
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<td>1.1.4 Implement staffing strategy</td>
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<td>1.1.5 Provide necessary equipment, trainings and tools</td>
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<td>1.1.6 Evaluate staffing plan and define any issues</td>
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<td>1.1.7 Monitor staffing needs and project for phase 2</td>
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<td>1.2 Create CEE offices/physical space</td>
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<td>1.2.1 Identify physical space</td>
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<td>1.2.2 Determine infrastructure needs</td>
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<td>1.2.3 Develop budget for physical space/equipment needs</td>
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<td>1.2.4 Procure supplies, technology and equipment</td>
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<td>1.3 Develop administrative structures and processes</td>
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<td>1.3.1 Develop SOPs CEE functioning</td>
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<td>1.3.2 Identify funding needs</td>
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<td>1.3.3 Develop budget</td>
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<td>1.3.4 Finalize operational plan and develop indicators</td>
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<td>1.3.5 Develop process for monitoring plan</td>
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<td>1.4 Establish strong leadership team</td>
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<td>1.4.1 Hire a focal point</td>
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<td>1.4.2 Establish a steering committee</td>
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<td>1.4.3 Leadership skills development</td>
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<td>1.4.4 Identify focal points for liaisons/secondees</td>
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<td>1.4.5 Develop MOUs for international partner secondments</td>
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**Objective 2: To improve coordination between the national-level and the response Strategic Coordination in Goma**

2.1 Establish a cellule de suivi and evaluation in Kinshasa

- Identify members
- Develop TOR

2.2 Strengthen key infrastructure, critical procedures and ops support mechanisms

**Objective 3: Provide national-level coordination and strategic direction**

3.1 Engage stakeholders and partners

- Map partner activities
- Convene regular strategic meetings
- Disseminate information internally and externally
- Mobilize resources

3.2 Execute and monitor the response budget

- Monitor budget in alignment with Cadre de Mise en Oeuvre
- Provide status of funds reports to partners

3.3 Support data-driven decision making

- Utilize IM strategy outputs to inform strategy revisions
- Refine role of CNC

**Objective 4: To strengthen coordination mechanisms at various levels within the multi-sectoral Ebola response**

4.1 Support the implementation of the Encrage de la riposte plan

4.2 Support the implementation of the Ministry of Health-led “Cadre de Mise en Oeuvre” plan

4.3 To integrate in the national action monitoring unit (formerly Planning Unit) to ensure effective coordination

**Objective 5: To strengthen workforce capacity**

5.1 To rapidly develop capacities through STEER

- Develop operational plan for STEER
- Mobilize resources
- Develop deployment plan for trained individual

5.2 To support the capacity building objectives of the Encrage de la riposte plan