



RCCE training for Volunteers of Equatorial Guinea Red Cross Society in Mongomo, Wele-Nzas

Appeal No: MDRGQ003	IFRC Funding requirements: CHF 3 million	
Glide No: EP-2023-000027-GNQ	People [affected/at risk]: 1,225,000 people	People to be assisted: 380,000 people
DREF allocation: CHF 800,000	Appeal launched: 25/03/2023	Appeal ends: 31/12/2023



Training of Community Leaders, Nsok-Somo, Equatorial Guinea

SITUATION OVERVIEW

The Ministry of Health of Equatorial Guinea received reports of a cluster of deaths due to an unknown illness in two north-eastern districts of the continental region of Equatorial Guinea (Nsok-Nsomo and Ebebiyin). A total of nine people died from January 7 to February 6 with symptoms similar to a viral haemorrhagic fever infection.

Samples were collected from the deceased and sent for testing in Dakar, Senegal. One tested positive for Marburg virus disease (MVD). On 13 February 2023, Equatorial Guinea's Ministry of Health officially declared the outbreak¹, marking the first-ever Marburg outbreak in the country. According to government information, initial alerts and deaths were traced back to public events which, according to local religious and cultural customs, brought together several dozen and sometimes hundreds of people. Untraced contacts in the community, rumours and lack of information within the communities could be important transmission levers that need to be urgently managed.

At the request of the Ministry of Health, several agencies deployed to the affected area in Equatorial Guinea to support the set-up of the response, including the Equatorial Guinea Red Cross Society (EGRCS) and IFRC, with an initial DREF allocation. This included setting up

¹ Equatorial Guinea confirms the first-ever Marburg virus disease outbreak, WHO Press Release, 13 February 2023

surveillance systems, case management, infection prevention and control, laboratory capacities, and risk communication and community engagement (RCCE).

Throughout the first month, despite the best efforts of the government and partners, deaths with similar symptoms continued to be reported at the community level, although not confirmed by laboratory tests. According to WHO, since the beginning of the outbreak and as of 21 March, a cumulative number of nine confirmed and 20 probable cases have been recorded in Equatorial Guinea.²

In addition to the province of Kié-Ntem, where the first case was confirmed, there are now four cases in Litoral province and two in Centro Sur province, confirming wide transmission of the epidemic across the country. Contact tracing is not yet reaching all of the new areas where confirmed and probable cases exist, which poses a risk to epidemic surveillance and control.

There are four confirmed cases in Bata, the most populous city in Equatorial Guinea with approximately 300,000 people, which substantially increases the risk profile of this epidemic. National response coordination has been moved to Bata under instructions of the Ministry of Health. This includes all sub-commissions.

The EGRCS and IFRC have mobilised to Bata to support the set-up of the response in the area, while 100 trained volunteers continue to conduct activities in Ebebiyin, Mongomo and Nsok-Nsomo, under the supervision of the local EGRCS branches.

MVD is a highly virulent disease that causes haemorrhagic fever, with a case fatality rate of up to 88%. It belongs to the same family of viruses that causes Ebola virus disease (EVD). Marburg begins abruptly, with a high fever, and severe headache and malaise. Many patients

² Marburg Virus Equatorial Guinea, WHO Press Release, 22 March 2023.

develop acute haemorrhagic symptoms within seven days. The virus is transmitted to humans by fruit bats and spreads among humans through direct contact with the bodily fluids of infected people, surfaces and materials. There is no approved vaccine or antiviral treatment

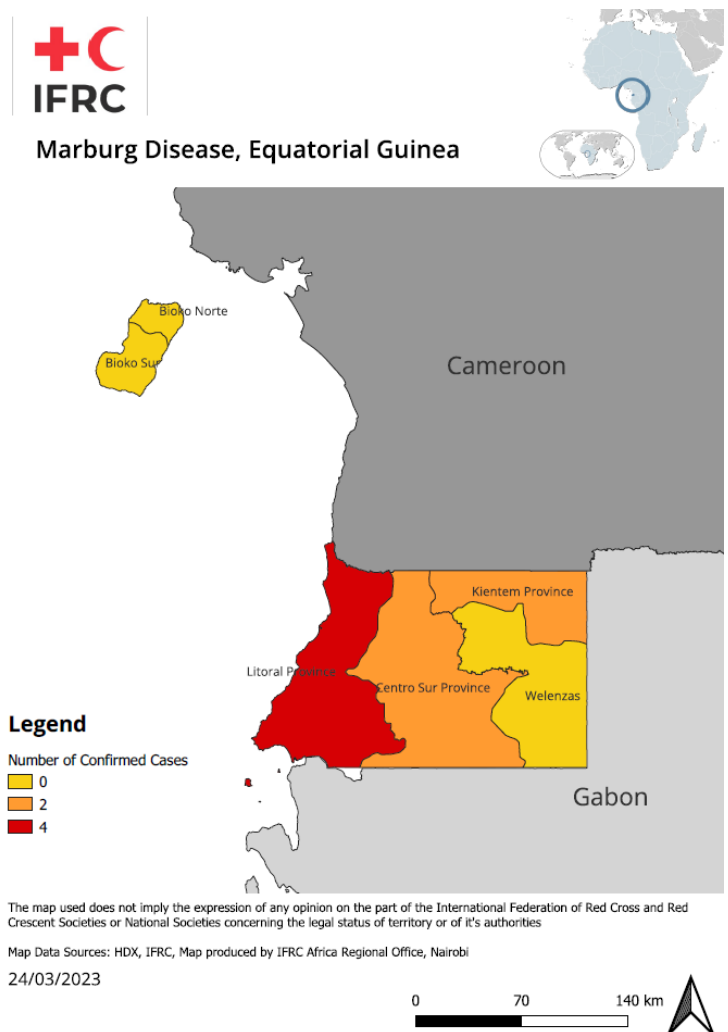
for the virus. However, supportive care - rehydration with oral or intravenous fluids and treatment of specific symptoms improves chances of survival.

TARGETING

Equatorial Guinea, with a total population of 1,225,000 million, has two regions (the island region and the mainland region). Marburg cases have now been confirmed in all four provinces of the mainland region: Kié-Ntem (183,664 people), Wele-Nzas (192,017 people), Litoral (367,348 people), and Centro Sur (141,986 people),³ with a total population of approximately 885,000. However, the entire population of the country is considered at risk given the constant movement between the mainland and the islands, and poor surveillance and contact tracing. The health risk posed by this disease extends beyond Equatorial Guinea to the sub-region, as the four affected provinces share a border with Cameroon and Gabon. Family links and the trade routes between these countries should be taken into account in the chain of transmission. In response, the IFRC has launched two DREFs for MVD preparedness in both countries, particularly in districts bordering Equatorial Guinea.

The EGRCS and IFRC response will focus directly in the affected areas:

- Bata city and its surroundings (Litoral Province), being the most populated urban area with approximately 290,000 people, and four confirmed cases, represent the highest risk of transmission.
- The towns of Ebebiyin (Kié-Ntem Province) and Mongomo (Wele-Nzas Province), each with approximately 35,000 people. Most of the population in these border towns have links with Cameroon and Gabon.
- The local villages of Nsok-Nsomo (Kié-Ntem Province) and Evinayong (Centro Sur) are rural areas of about 10,000 people. Despite the reduced risk of infection, these areas pose challenges to



³ Population number refers to 2015 census

contact tracing and community mobilisation.

Beyond the current affected areas, preparedness and prevention activities undertaken by EGRCS staff and volunteers will take place in at-risk areas, particularly in the most populous urban centres.

The Operational Strategy to reach the proposed targets will involve strong investments in community engagement, with EGRCS volunteers working especially via traditional leaders (community and religious), local authorities, as well as local radio briefings and community focus group discussions.

PLANNED OPERATIONS

Through this Emergency Appeal, the IFRC aims to support the EGRCS in the response to the MVD outbreak. The response strategy is embedded in the government's plan to eradicate the epidemic, which focuses on the following pillars: 1) Coordination; 2) Surveillance; 3) Laboratory; 4) Case Management; 5) IPC (including Safe and Dignified Burials); 6) Logistics; and 7) RCCE. The EGRCS and IFRC are part of the country coordination structures and will specifically contribute to RCCE (including health promotion and prevention) and safe and dignified burials (SDBs). Indirectly, volunteers will also expand the existing surveillance capacity at the community level, by supporting active case finding. In addition, the EGRCS and IFRC will contribute to the psychosocial support plan being developed and volunteers will be trained to assist their peers, family members of the deceased, or infected persons. Prevention of sexual abuse and exploitation, gender protection and inclusion, and duty of care and security of field actions by staff and volunteers is a core component of the response.



Health & Care including Water, Sanitation and Hygiene (WASH) *(Mental Health and Psychosocial Support/Community Health)*

The EGRCS is part of the RCCE sub-committee and has mobilised volunteers in the initial affected communities, engaging people in health promotion and disease prevention activities via risk communication and community engagement and collecting, analysing and responding to community feedback to deepen the understanding of communities and partner with them to respond to their needs.

- ☒ In addition, the EGRCS will train and mobilise community leaders and authorities to inspire trust in the communities of prevention measures and appropriate behaviours amid the epidemic. Specific focus group discussions will be held continuously in communities to clarify any doubts, misconceptions and stop the spread of erroneous information.

The EGRCS will continue to invest in the capacity of volunteers through training in epidemic control, community-based health and first aid as well as psychosocial support to assist peers, health staff and family members. Four teams will be also trained and provided with the necessary materials to conduct SDBs.

Protection and Prevention *(Protection, Gender and Inclusion (PGI))*



- ☒ In epidemics, specific groups in communities are greatly exposed to protection risks, especially women, children, and the elderly. It is, thus, essential that EGRCS and IFRC staff and volunteers are able to uphold the best standards of protection, including prevention of sexual abuse and exploitation. The training of volunteers

and staff will be carried out to understand their role and responsibility in mitigating, identifying, and responding to protection risks and cases.

PGI minimum standards will be applied to outreach activities in communities as well as awareness raising sessions and materials.

Enabling approaches

The sectors outlined above will be supported and enhanced by the following enabling approaches:



Coordination and partnerships

The IFRC and EGRCS have established a counterpart system for this response, with clear roles, communication, and coordination arrangements, to ensure seamless decision-making processes at strategic, operational, and technical levels. The IFRC will facilitate EGRCS engagement and coordination with the government and all other entities involved in the response, and also gauge the interest of Participating National Societies in an attempt to bring additional expertise and resources available through a Federation system approach.



IFRC Secretariat services

The IFRC secretariat has developed a complete risk register of this operation, including adequate mitigation measures. All services provided are geared towards appropriately managing risk. IFRC teams will ensure support in operations coordination, public health in emergencies, and RCCE. Other services include the financial and logistics management of the operation, planning, monitoring and evaluation and reporting as well as duty of care to staff and volunteers.



National Society Strengthening

The IFRC conducted a rapid assessment of the operational capacity and support service systems to ensure effective coordination of the operation. This analysis focused on the administrative, financial, human resources, and logistical procedures of the EGRCS. A National Society development in emergencies (NSDiE) plan of action has been drafted to accelerate compliance in these areas. The operation will also support building the capacity of the EGRCS, especially in digitalising their work, setting up their offices in branches, and increasing their fleet.

The planned response reflects the current situation and is based on the information available at the time of this Emergency Appeal launch. Details of the operation will be updated through the Operational Strategy to be released in the upcoming days. The Operational Strategy will also provide further details on the Federation-wide approach which includes response activities of all contributing Red Cross and Red Crescent National Societies, and the Federation-wide funding requirement.

RED CROSS RED CRESCENT FOOTPRINT IN COUNTRY

Equatorial Guinea Red Cross Society



Core areas of operation

Number of staff:

26

Number of volunteers:

500

Number of branches

16

The National Society has about 26 employees, 500 volunteers and is divided into a national headquarters (Malabo), five provincial committees, 10 district committees and one municipal committee. Due to instability, the EGRCS has experienced challenges in carrying out its mandate. Staff and volunteers need support from the IFRC in different managerial areas, as well as technical capacity building. Nevertheless, the National Society has remained active in disaster response (Bata explosion), the COVID-19 response, as well as supporting the public with first aid services.

The support of the IFRC will entail the deployment of staff from the Yaoundé cluster delegation, as well as surge deployments from its roster of experts, including support for the NSDiE action plan.

IFRC Membership coordination

Currently, there are no IFRC members present in Equatorial Guinea. However, the IFRC will leverage the support from its members in this response, as well as contributing to the strengthening of the National Societies. In addition, the Spanish Red Cross and German Red Cross have so far supported the deployment of surge teams to Equatorial Guinea.

Red Cross Red Crescent Movement coordination

The ICRC has no presence in Equatorial Guinea. Communication with the ICRC is held via the cluster offices in Yaoundé. Equatorial Guinea is covered by the ICRC through its regional delegation for Central Africa based in Yaoundé. The Head of delegation is accredited to Gabon, Equatorial Guinea, Sao Tomé and Principe and Cameroon.

External coordination

The Ministry of Health has established a daily partners coordination meeting for this response with participation from Red Cross Red Crescent partners. Currently, the WHO, UNICEF, Africa CDC, and US CDC are supporting the response in different pillars.

After 31 December 2023, response activities to this disaster will continue under the IFRC [Equatorial Guinea Country Plan](#) for 2024. The IFRC Country Plans show an integrated view of ongoing emergency responses and longer-term programming tailored to the needs in the country, as well as a Federation-wide view of the country's action. This aims to streamline activities under one plan, while still ensuring that the needs of those affected by the disaster are met in an accountable and transparent way. Information will be shared in due time, should there be a need for an extension of the crisis-specific response beyond the above-mentioned timeframe.

Contact information

For further information specifically related to this operation, please contact:

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For In-Kind donations and Mobilisation table support:

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Reference



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