



IOM distributed Infection Prevention and Control (IPC) materials such as hand washing buckets and soap to the Sanniquellie checkpoint in Nimba County. © IOM 2016

Highlights

- IOM supported the International Health Regulations (IHR) assessment of four airports and sea ports to evaluate the core capacities needed for detecting and responding to specified human health hazards and events.
- In April, IOM trained an additional 80 screeners who were deployed to checkpoints and points of entry along the Guinea-Liberia border to strengthen surveillance measures to detect and prevent cross-border transmission of Ebola.
- As part of the Epidemic Preparedness and Response Consortium, IOM conducted 23 health facility spot checks in Gbarpolu, Maryland, and Grand Gedeh counties to evaluate case management protocols are in place.

Situation Overview

Liberia remains under heightened surveillance for Ebola Virus Disease (EVD) due to the recent flare-up affecting both Liberia and Guinea. The heightened surveillance period began 29 April 2016 and will continue for 42 days. In Monrovia, two brothers (2 year-old and 5 year-old) with EVD received healthcare in an Ebola Treatment Unit and were released after testing negative several times. Their mother died of EVD en route to a hospital in Monrovia on 31 March 2016.

The rapid response to the flare-up in Liberia has included contact tracing, case finding and investigations, social mobilization efforts, and vaccination with the experimental EVD vaccine. Since 6 April 2016, 223 contacts and 'contacts of contacts' have been vaccinated. IOM is contributing to the rapid response by increasing its surveillance coverage in the three border counties with Guinea and supporting county health teams with case investigations.

On 20 April 2016, delegations from Liberia and Guinea conducted a cross-border meeting in N'Zérékoré, Guinea. The objective of the cross-border meeting was to strengthen surveillance and contact tracing to interrupt the chain of transmission of the EVD outbreak in the two countries. As part of the Liberia delegation led by the Ministry of Health, IOM and other partners discussed the current EVD response in both countries and specific objectives including: establishing an early alert system for case detection, management, investigation and contact tracing; establishing a strategy for information exchange in case of alert or outbreak-related event; and strengthening cross border surveillance. In three months, the next cross-border meeting will be held in Liberia. No new cases have been reported since 5 April 2016. However, efforts to detect, prevent, and respond will continue to be paramount throughout the surveillance period and afterwards.

CONTACTS

PROGRAMME UPDATES



SURVEILLANCE IN BORDER AREAS

Points of Entry (PoE)

The scale-up of border surveillance efforts in response to the EVD flare-up are ongoing in Bong, Lofa, and Nimba — the three counties that border Guinea. In April, IOM **trained and deployed 80 new screeners** to seven checkpoints and eight PoEs in Bong and Nimba counties. In Nimba County, five tents were set up at new checkpoints where health screening will take place. At the high-traffic Ganta PoE in Nimba County, a temporary triage facility is nearly completed. In Bong County, a screening tent has been set up at the Disseh checkpoint. In Lofa County, two new tents have been set up. In addition, IOM is supporting points of entry with Infection Prevention and Control (IPC) materials such as thermoscans, soap, and hand washing buckets.



IOM conducted a monitoring visit to Jorwah PoE in Bong County. © IOM 2016

Community Event-Based Surveillance (CEBS)

The Community Event-Based Surveillance (CEBS) system complements border surveillance activities through a vast network of general community health volunteers (gCHVs) who monitor and report disease triggers to health facilities. In the eight border counties, 12 national NGOs trained gCHVs on how to identify and report triggers – based on signs and symptoms – of fourteen priority diseases and events including polio, cholera, measles, and EVD. This month, IOM **trained 54 gCHVs** in Grand Cape Mount and Gbarpolu counties. As of 17 April 2016, gCHVs are monitoring and reporting disease triggers in 2,734 communities.



IOM trained general Community Health Volunteers (gCHVs) to fill out trigger notification forms in Bong County. © IOM 2016

Assessment of Air and Sea Ports

During the week of 11 April 2016, **IOM supported the International Health Regulations (IHR) core capacities assessment of four airports and seaports**. Led by the Ministry of Health (MoH), the assessment team included representatives from IOM, WHO, CDC, Ministry of Agriculture (Quarantine Officer), Bureau of Immigration and Naturalization, Port Health, Maritime Authority, and the Airport Authority.



The IHR assessment team did a tour of the Spriggs Airport. © IOM 2016

On the first day of the assessment, IOM briefed the team on the IHR assessment tool for core capacities requirements at airports and sea ports. The assessment tool is designed to evaluate each port on core capacities needed for detecting and responding to specified human health hazards and events at PoEs including those of biological (infectious, zoonotic, food safety and other), chemical, radiological, and nuclear origin or source. The three main areas of the

assessment evaluate each port on coordination, routine activities, and response during a Public Health Emergency of International Concern (PHEIC). During the week, the assessment team did tours of the airports and sea ports, followed by roundtable discussions with all stakeholders to go through the assessment. The assessment process also included one-on-one interviews with Port Health officers, nurses stationed at the airport, and quarantine officers.



A roundtable discussion among the IHR assessment team. © IOM 2016

Voluntary Repatriation of Ivorian Refugees

In April, IOM supported the voluntary repatriation of **3,107 refugees to the Ivory Coast**. In Nimba, Grand Gedeh, and Maryland counties, IOM screened refugees' temperatures and ensured hand washing before they crossed the border to Ivory Coast.



EPIDEMIC PREPAREDNESS AND RESPONSE

Under the Epidemic Preparedness and Response (EPR) project, IOM and other consortium members support Liberia's ability to respond to disease outbreaks. This month, the Ministry of Health finalized the national EPR plan and Consortium members, including IOM, will ensure that the county EPR plans are aligned with the national plan to ensure cohesiveness.

As the regional Case Management Technical Lead for five counties, IOM supports the county health teams (CHT) in epidemic preparedness and response. This month, IOM **conducted spot checks at 23 health facilities in Gbarpolu, Maryland, and Grand Gedeh**. The spot checks are designed to evaluate health facilities' case management procedures.

IOM supported the CHTs case investigation of two

suspected EVD cases in Grand Gedeh and Gbarpolu counties. Both cases tested negative for EVD.

IOM participated in the Rapid Response Training of Trainers, held on 13-14 April 2016 in Marghibi County. All fifteen counties of Liberia were represented and the participants will implement the RRT trainings at the county level.



IOM conducted a spot check at the Chief Jallah Health Facility in Bopolu in Gbarpolu County. © IOM 2016

MIGRATION MANAGEMENT

Revision of Aliens and Nationality Act

Under the ACP-EU Migration Action, IOM is supporting the Bureau of Immigration and Naturalization (BIN) with technical assistance to revise the Aliens and Nationality Act. In April, an IOM specialist held meetings with several stakeholders to discuss the necessary revisions to the Act that was approved in 1955, but has not been amended since 1974. Some of the potential revisions include adapting the law to ensure it incorporates Liberia's international legal obligations; clarifying the mandates and responsibilities of BIN; delineating visa categories; and safeguarding against potential statelessness.

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