THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

MARBURG VIRUS DISEASE (MVD) RESPONSE PLAN

JANUARY, 2025

FOREWORD

The emergence of Marburg Virus Disease (MVD) poses a significant public health challenge, necessitating a coordinated, well-prepared response to mitigate its devastating impacts on individuals, families, and communities. Tanzania is committed to safeguarding the health and well-being of its citizens and recognizes the critical need for robust strategies to detect, prevent, and respond effectively to this deadly disease.

This **MVD Response Plan** represents a collective commitment to global health security and strengthening the health system. It reflects the collaborative efforts of government institutions, health experts, international partners, non-state actors, and community stakeholders to address the threat that MVD poses. The plan emphasizes timely detection via our National Public Health Laboratory, Strengthening the supply chain system, effective case management, infection prevention and control (IPC), Water Sanitation and Hygiene (WASH), Points of Entry (PoE), risk communication, and community engagement (RCCE), underscoring the importance of a whole-of-society approach.

By aligning this response plan with global health standards and best practices, we aim to enhance preparedness and readiness, strengthening early warning systems in the community, fostering public awareness, and mobilizing resources to contain the disease and ultimately building resilient health systems.

We extend our heartfelt gratitude to all individuals and organizations that have contributed to the development of this plan. Your expertise, dedication, and partnership are invaluable as we move forward.

Let this document serve as a guiding beacon for all stakeholders, inspiring collaborative action to protect lives and preserve our nation's health. Together, we can ensure a safer and healthier future for all Tanzanians.

Jenista Mhagama (Mb.)
MINISTER OF HEALTH

ACKNOWLEDGEMENTS

The development of this plan involved different stakeholders from sectors, institutions, agencies and partner organizations. The Ministry of Health extends gratitude to all experts from Government Ministries, Institutions, and partner organizations for their dedicated efforts in completing this plan.

Additionally, we appreciate the technical support provided by the World Health Organization (WHO), CDC Tanzania, Africa CDC, UNICEF, USAID, MSF, IOM and other partners.

Special recognition goes to the Secretariat for the coordination and organization of this plan during the development process.

Dr. Seif A. Shekalaghe
PERMANENT SECRETARY

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SUMMARY OF FUNDS REQUIRED TO IMPLEMENT THE PLAN

SN	TECHNICAL PILLAR	AMOUNT (TZS)	AMOUNT (USD)
1	LEADERSHIP AND COORDINATION	6,663,350,000	2,665,340
2	SURVEILLANCE	6,773,513,000	2,709,405
3	PORTS OF ENTRY	3,089,650,000	1,235,860
4	LABORATORY	11,440,757,902	4,576,303
5	CASE MANAGEMENT AND INFECTION, PREVENTION AND CONTROL (IPC)	7,791,452,000	3,116,581
6	MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)	912,900,000	365,160
7	WATER, SANITATION AND HYGIENE (WASH)	2,612,300,000	1,044,920
8	RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)	2,581,550,000	1,032,620
9	RESEARCH	1,963,500,000	775,000
10	LOGISTICS	4,873,096,509	1,804,851
11	CONTINUITY OF ESSENTIAL HEALTH SERVICES	3,218,874,000	1,287,550
GRAND TOTAL		51,920,943,411	20,613,589

1.0 CURRENT SITUATION

Epidemiologic Overview

The Marburg Virus Disease (MVD) is a highly infectious disease caused by the MVD virus, a member of the Filoviridae family, which also includes the Ebola virus. The virus is transmitted through direct contact with infected people or animals' blood, secretions, organs, or other bodily fluids, and contaminated surfaces and materials. MVD is characterized by sudden onset of high fever, severe headache, and malaise. The incubation period varies from 2 to 21 days. Healthcare workers have historically been infected while treating patients with suspected or confirmed MVD. Burial ceremonies that involve direct contact with the body of the deceased can also contribute to the transmission of the virus. The disease has a case fatality rate (CFR) ranging from 24% to 90% in various outbreaks, making it a significant public health threat. Early optimized supportive care and implementation of rigorous infection prevention and control (IPC) measures in health facilities are essential to improve survival outcomes.

A range of interventions are critical to stop transmission and reduce mortality and morbidity of the disease including timely and appropriate engagement with communities enabling the implementation of a strong surveillance system supported by laboratory services, optimized supportive care in adequate facilities, strengthened infection prevention and control measures in health facilities, safe and dignified burials, all of these being supported by strong operations and logistics services.

History of Outbreak

The MVD was first identified in 1967 during outbreaks in Frankfurt, Germany and Serbia. Since then, MVD has been a significant public health concern due to its potential for outbreaks with high mortality rates and the absence of specific treatments or vaccines. The outbreak was associated with laboratory work using African green monkeys (*Cercopithecus aethiops*) imported from Uganda. Subsequently, outbreaks and sporadic cases have been reported in Angola, the Democratic Republic of the Congo, Guinea, Ghana, Kenya, Uganda, South Africa, Equatorial Guinea, Tanzania, and most recently Rwanda in 2024.

For Tanzania, this is the second MVD outbreak, the first outbreak was reported in March 2023 in Bukoba District Council in the same region of Kagera where there were nine (9) cases and six (6) deaths with a Case Fatality Rate (CFR) of 66.6%.This underscores the need for a robust response to limit the spread and impact.

Situation Overview and Risk Assessment

On 20th January 2025, the country declared an outbreak of Marburg Virus Disease (MVD) in Biharamulo District, Kagera Region. The declaration involved one (1) confirmed case who was under treatment and twenty-five (25) suspects who tested negative for MVD. A total of 267 contacts had already been identified and listed. These contacts are being follow-up for 21 days as per guidelines before they cleared of the disease.

The active case search has been ongoing and The risk of this outbreak is assessed high at the affected area in Biharamulo District since it is located near international borders of Rwanda, Uganda, Burundi and the Democratic Republic of Congo, which are prone to outbreaks hence the need for concerted efforts to contain the situation. The Kagera region has the capability to test and confirm cases of MVD using its existing mobile laboratory and gene sequencing at the National Public Health Laboratory.

2.0 STRATEGIC OBJECTIVES

The primary goal of this response plan is to support the Government of the United Republic of Tanzania to provide the best possible care for MVD patient(s) and halt transmission chains to control the MVD outbreak rapidly and mitigate its impact through effective coordinated global, regional, and national efforts. This will be achieved by implementing comprehensive integrated surveillance, alert management, testing, and contact tracing with prompt isolation, and safe clinical care while protecting healthcare workers and empowering communities to actively engage in outbreak response and control.

The strategic objectives of the MVD response plan are to:

1. **Foster partnerships in the country:** Strengthen multi-sectoral partnerships to ensure a unified and comprehensive response to MVD, leveraging the expertise and resources of government and international partners in alignment with national priorities.
2. **Support implementation of optimized supportive care and adequate Infection Prevention and Control (IPC):** Optimise quality of care, reduce mortality and protect health care workers by providing a safe environment for patients, health care workers and families while adhering to IPC standards.
3. **Inform and engage communities for local action:** Implement risk communication and community engagement strategies to increase awareness of risk factors and protective measures. Involve at-risk and affected populations in health-related decisions, build trust through dialogue, and encourage participation for early detection, reporting and ensuring safe and dignified burials;
4. **Support optimal case investigation and contact tracing:** Strengthen surveillance systems to ensure investigation of cases, timely identification, monitoring of contacts and effective isolation to limit disease transmission;
5. **Enhance cross-border collaboration:** Strengthen partnerships with neighbouring countries for coordinated response and risk reduction;

Guiding Principles

The following guiding principles underpin the strategic objectives and actions outlined in this plan, ensuring a comprehensive, equitable and collaborative approach to MVD response.

- **Coordination and coherence:** Effective MVD response requires harmonized strategies, clear roles, and collaborative efforts across all levels of governance and among all stakeholders.
- **Information sharing and communication:** Facilitate timely, transparent, consistent, and coordinated sharing of information and data across all levels of response, enabling effective monitoring, evaluation, learning, decision-making, and accountability.
- **Joint action and timely resource mobilization:** Encourage joint action and prompt resource mobilization aligned with research and response priorities at all levels, leveraging existing resources efficiently and securing additional support from local and international partners.
- **Country-driven and country-engaged**: Ensure all stakeholders commit to support affected region(s) by coordinating engagements, aligning efforts under “one plan – one budget”, and responding to nationally identified needs. The response be led by national guidance.
- **Community-centric with active community engagement:** Engage communities in MVD prevention and control, ensuring interventions are designed with direct input from communities.

3.0 RESPONSE STRATEGY

The response strategy is structured around eleven key response pillars that will perform the following outlined interventions.

3.1 Leadership and Coordination

1. Support the deployment of the National Rapid Response Team to Region (s) for outbreak investigation and response support.
2. Support the National PHEOC to conduct response coordination for early outbreak containment
3. Support the regional leaders and the Regional PHEOC to conduct response coordination for early outbreak containment
4. Support readiness interventions in leadership (RRT, DMOs, RMO, RAS, RC) and coordination in all regions focusing on 8 identified high-risk and strategic regions
5. Support Frontline Responders with temporal accommodation during outbreak response for early outbreak containment
6. Support the Ministry's high-level officials, visit the site of response for a scenery overview and guide the decisions on the outbreak response for early containment.
7. Facilitate the documentation of the outbreak response and movements response team to the field
8. Equip PHEOC in regions and districts at risk of MVD
9. Establishment/activation and strengthening of regional emergency response team responsible for collecting data from village committees, local health facilities, coordinating actions, overseeing the implementation of health interventions, and ensuring timely integration and coordination with national response authorities/ and systems.
10. Mapping partners capacity and monitoring of resources for the response
11. Evaluate the response outbreak through IAR/ AAR

3.2 Surveillance Pillar

1. Support printing and distribution/dissemination of surveillance tools and provision of internet bundles during the outbreak of VHF disease in Kagera Region
2. Conduct mentorship on alert management, contact tracing to community health workers on detection, identification, report suspected cases and capacity building on the use of e-EBS and Outbreak Management Module
3. Conduct mentorship on alert management, contact tracing and active case search to Health Care Workers detection, identification, report suspected cases and capacity building on the use of e-EBS and Outbreak Management Module
4. Conduct mentorship on alert management, contact tracing to traditional healers on detection, identification, report suspected cases
5. Support tools, devices and infrastructure to support disease surveillance activities.
6. Deployment of FELTP residence and graduate to support surveillance activities
7. Conduct case investigation of all confirmed and probable cases to establish transmission chain and source and prepare printed report for publication to the journal and dissemination sessions
8. Consultancy for improvement of disease surveillance digital system to improve detection, reporting, analysing and contact tracing.
9. Conduct a mortality surveillance/survey- identify any excess mortality related to MVD outbreak in affected councils
10. Support hotline services for early detection and response and EBS

3.3 Points of Entry (PoE)

1. Orient and facilitate staff to support activation of domestic and International exit screening to strategic PoEs
2. Conduct PopCAB to map population mobility and connectivity in Biharamulo and Ngara to inform strategic plan for prevention and control of Marburg
3. Avail high-risk PoEs with computers, tablets, printers to support enhanced screening of travellers

4. Install hand washing at Kabanga, Kyaka, Murusagamba, Kibirizi and points of control of Biharamulo and Isolation Facilities at Rusumo and Kabanga borders to support holding of suspected travellers
5. Install screen rooms (containers) at Kagera (Murusagamba and Kyaka), Kilimanjaro (Tarakea) and Kigoma (Mabamba) to support screening of travellers
6. Provide IPC supplies including chlorine, sprayer pumps, soap and dispensers, sanitizer, PPEs including orientation on their use.
7. Procure 20 Walk Through and 200 Handheld thermoscanners for POE to facilitate entry and exit screening
8. Conduct Cross-Border meetings between URT and the neighbouring countries of the EAC
9. Orientation of Beach Management Unit members in Muleba along Lake Victoria on public health threats using RING (Recognize, Isolate, Notify, Give support) approach

   Install mobile travelers screening facilities in 10 identified points of control at districts with high risk of MVD

3.4 Laboratory Pillar

1. Support operations of the deployed Mobile laboratory at Kagera region
2. Support specimen transportation to testing laboratories (NHPL in Dar and Kagera Region)
3. Procure Reagents and consumables for sample collection and detection of the Marburg cases
4. Support staff who perform specimen collection, handling and transportation at Marburg Treatment Unit (MTU) and other sample collection sites
5. Support laboratory waste management costs
6. Procure mobile laboratory units
7. Procure POC laboratory machines such as I-STAT machines and cartridges etc., commodities, reagents and consumables
8. Conduct training to 150 Laboratory professionals and couriers on sample management

9. Conduct training to additional 100 Laboratory professionals for testing VHF from affected region(s) and high-risk regions

3.5 Case Management and IPC Pillar

1. Support Case management Teams during response including referral of patients
2. Support printing and distribution of case management and IPC guidelines and SOPs to ensure availability at Marburg Treatment Centres and other health facilities
3. Technical Support and supervision of case management and IPC teams (I.e screening, triaging and isolation) in treatment centers and other health facilities in Kagera and other high-risk regions
4. Conduct workshop to update the MVD survivor guide.
5. Support workshop to revise the resuscitation protocol, ensuring alignment with best practices and incorporating measures to minimize healthcare worker exposure to infections.
6. Procurement of Medical and IPC supplies and Equipment
7. Renovate and equipe of Isolation Unit at affected region(s) and high-risk region
8. Renovate and equip of Mortuary at affected region(s) and high-risk region

3.6 Mental Health and Psychosocial Support (MHPSS)

1. Support MHPSS coordination,
2. Support provision services to frontline workers, people in MTU and relatives of affected families, reunification with the clients and their families, distribution of food and non-food items to the affected families and follow-up.
3. Facilitate availability of emergency food and non-food materials to 300 clients in affected district(s)
4. Purchase Psychotropic Drugs
5. Conduct orientation to MHPSS team members on Public Health Emergency
6. Procurement of Tents
7. Refurbishment of isolation centres for contacts' isolation in affected region(s) and district hospitals

3.7 Water, Sanitation and Hygiene (WASH)

1. Support technical Regional and District WASH team to supervise, Monitor, and Evaluate WASH interventions in affected Districts
2. Facilitate payment of staff on environmental disinfection in community settings, Safe and dignified burial services in affected district(s)
3. Facilitate national team to conduct technical support on WASH interventions (decontamination, safe burial, sanitation and hygiene assessment and follow-up)
4. Mentorship and orientation of Environmental Health Officers on the implementation of decontamination and safe burial
5. Installation of permanent sanitation and hand washing facilities in public places (CTCs, schools, fishing areas, public auction markets etc.)
6. Construction of standard incinerators at the identified healthcare facilities
7. Support waste management
8. Drilling and lining of boreholes to ensure availability of reliable water supply in healthcare facilities and high-risk communities
9. Procurement and installation of water storage tanks
10. Procurement of decontamination equipment and supplies to support response in Kagera and preparedness in neighbouring Regions
11. Create awareness and conduct mobilization campaigns in schools and households on handwashing with soap in relation to Marburg outbreak in the affected districts
12. Printing and dissemination of WASH IEC Materials and MVD/EVD Standard Operating Procedures (SOPs) for safe contamination as well as for safe and dignified burial

3.8 Risk Communication and Community Engagement (RCCE)

1. Facilitate availability of RCCE equipment to conduct timely and sustainable on-ground community engagement sensitization using mobile PA and cinema shows to promote recommended public health preventive measures against MVD.
2. Conduct technical working sessions to develop/review/adopt tailored multimedia SBC messages and materials to be disseminated to community tied channels such as social media and community radios and prints

3. Pretest and produce multimedia MVD SBC messages and materials for dissemination
4. Develop standard talking notes, communication and message guide and FAQs on MVD for uniform communication
5. Print and distribute public awareness materials (posters, brochures and other print materials)
6. Procure airtime for dissemination of audio and audio-visual MVD awareness materials through social media, 5 national radio and TV and 5 community media houses in 6 regions and support media call-ins expert sessions.
7. Record and disseminate best practices, positive community stories and testimonies focusing on efforts to encounter misinformation related to MVD.
8. Prepare and issue regular Press Releases to the public on on-going situation and response measures
9. Orient key representatives of Community groups/social mobilizers and community influentials especially, representatives of PWD, School health teachers, bodaboda representatives, traditional healers, ADDOs, bus owners, religious leaders, community leaders and representatives of media houses, CHWs, hotel receptionists, fisheries, CHWs to sensitize community and promote recommended MVD preventive measures
10. Capacitate RCCE experts on do's and don'ts during live interactive sessions through media and community gatherings to address stigma and infodemics related to MVD
11. Conduct media seminars for journalists and editors to correct report MVD-related information
12. Facilitate RCCE experts during live interactive sessions through media and community gatherings to address stigma and infodemics related to MVD
13. Conduct extended advocacy PHC meetings at regional level
14. Revitalize village and ward health committees in three councils of Kagera regions
15. Capacitate and support operationalization of Afya Call center and social media RCCE taskforce on U-report, talkwalker to address infodemics and aid clarification of rumors and public concerns related to MVD
16. Conduct implementation research and surveys including social anthropological surveys, KAP studies among affected and at-risk communities to understand

behavioral determinants for emerging and reemerging MVD outbreaks and inform response measures

3.9 Research

1. Conduct social science and behavioral research on MVD.
2. Undertake mental health and psychological research studies.
3. Conduct Knowledge, Attitudes, and Practices (KAP) studies on MVD.
4. Study care-seeking behaviors related to MVD.
5. Perform epidemiological research on the transmission dynamics and risk factors of MVD at national and regional levels.
6. Research environmental risk factors and contamination linked to MVD.
7. Examine clinical characteristics such as presentation, severity, and outcomes of these diseases.

3.10 Logistics

1. Refurbishment of storage facilities for pre-positioning of emergency commodities in 8 identified high risk and strategic regions
2. Storage and distribution cost of procured commodities from respective pillars

3.11 Continuity of Essential Health Services

1. Develop assessment and monitoring tools to assess the continuity of essential health services at National, Regional, District and Community level
2. Assess the continuity of essential health services in Kagera Region and other high-risk regions including Private and Faith based facilities
3. Conduct supportive supervision and mentorship to ensure health facilities maintain essential services and quality standards
4. Orient Private and Faith-based healthcare facilities on swiftly adjusting and redistributing the allocation of healthcare personnel
5. Refurbish infrastructure to accommodate essential services compromised by the outbreak
6. Swiftly adjust and redistribute the allocation of healthcare personnel by reallocating roles and responsibilities, including shifting tasks and delegating duties across the workforce.

4.0 CONCEPT OF OPERATION

4.1 Event Grading and Activation

Based on grading criteria on the National Multi-Hazard Public Health Emergency Response Plan (2024) a single case of MVD is a national emergency, hence the response will be activated at level 3. The Ministry of Health will lead the response at the national level, supported by WHO and other partners. The Chief Medical Officer (CMO) will be the Incident Manager (IM), however, in her capacity may decide to appoint a competent subject matter expert to be the Incident Manager.

4.2 Activation Protocol

- CMO shall inform the Permanent Secretary on the activation level and Incident Management Structure (IMS)
- Permanent Secretary shall inform the Minister responsible for Health
- CMO shall convene an urgent IMS meeting to inform about the Activation
- PHEOC shall prepare and facilitate dissemination of official activation notification to;
    - All IMS members
    - MoH Management
    - Partners
    - Relevants stakeholders
- PHEOC shall share activation report to PMO and PORALG
- Conduct situational awareness to produce Common Operation Picture (This will be done through Rapid Risk Assessment)
- Develop Response Plan
- Resource Mobilization for the response

4.3 Command and Control

Command and Control of the response shall be as per section 4.2 of the National Multi-Hazard Public Health Emergency Response Plan (2024)

4.4 Coordination during Response

Coordination of the response shall be as per section 4.3 of the National Multi-Hazard Public Health Emergency Response Plan (2024). Meeting schedule shall be as detailed in annex

4.5 Incident Management System (IMS)

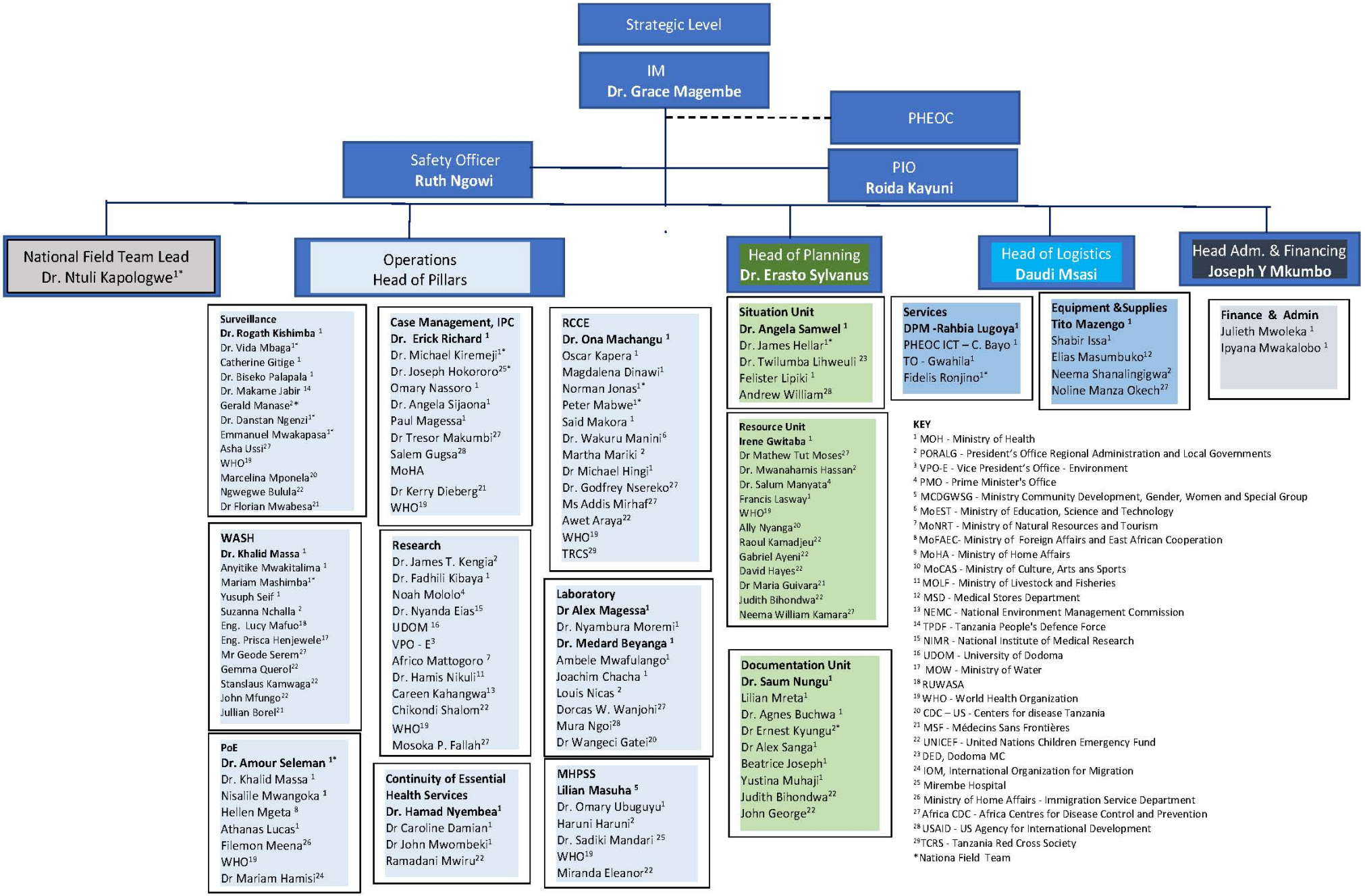
The mechanism and platform for coordination will use the Incident Management System (IMS). This system shall be linked to the existing government structure at the respective levels. The IMS has five core functions; Management, Planning, Operations, Logistics, Finance and Administration (Figure 1). The roles of each Core Function of the IMS shall be as per section 4.4 of the National Multi-Hazard Public Health Emergency Response Plan (2024).

The IMS is a temporary and flexible model operating during response to Public Health Events and will not replace any existing organizational structure at all levels. It will be activated for response actions and deactivated at the end of the response.

4.6 Emergency Response Phase Out: Scaling Down and Deactivation

Phase out of the response shall be as per section 4.5 of the National Multi-Hazard Public Health Emergency Response Plan (2024)

NATIONAL IMS STRUCTURE, MARBURG DISEASE OUTBREAK, KAGERA, JANUARY, 2025



KEY

[1] MOH - Ministry of Health
[2] PORALG - President's Office Regional Administration and Local Governments
[3] VPO-E - Vice President's Office - Environment
[4] PMO - Prime Minister's Office
[5] MCDGWSG - Ministry Community Development, Gender, Women and Special Group
[6] MoEST - Ministry of Education, Science and Technology
[7] MoNRT - Ministry of Natural Resources and Tourism
[8] MoFAEC- Ministry of Foreign Affairs and East African Cooperation
[9] MoHA - Ministry of Home Affairs
[10] MoCAS - Ministry of Culture, Arts ans Sports
[11] MOLF - Ministry of Livestock and Fisheries
[12] MSD - Medical Stores Department
[13] NEMC - National Environment Management Commission
[14] TPDF - Tanzania People's Defence Force
[15] NIMR - National Institute of Medical Research
[16] UDOM - University of Dodoma
[17] MOW - Ministry of Water
[18] RUWASA
[19] WHO - World Health Organization
[20] CDC – US - Centers for disease Tanzania
[21] MSF - Médecins Sans Frontières
[22] UNICEF - United Nations Children Emergency Fund
[23] DED, Dodoma MC
[24] IOM, International Organization for Migration
[25] Mirembe Hospital
[26] Ministry of Home Affairs - Immigration Service Department
[27] Africa CDC - Africa Centres for Disease Control and Prevention
[28] USAID - US Agency for International Development
[29] TCRS - Tanzania Red Cross Society
*Nationa Field Team

5.0 RESOURCE REQUIREMENTS

Budget overview

The estimated budget for two (2) months of the response is TZS 51,920,943,411.00 (USD 20,613,589.32) as detailed below:

DETAILED BUDGET FOR RESPONSE TO MVD DISEASE IN KAGERA REGION FROM JANUARY-MARCH 2025

S/N	Activity	Total (TZS)	Total (USD)
LEADERSHIP AND COORDINATION			
1.1	To support the deployment of the National Rapid Response Team to Region (s) for outbreak investigation and response support.	300,670,000.00	120,268.00
1.2	To support the National PHEOC to conduct response coordination for early outbreak containment	447,600,000.00	179,040.00
1.3	To support the Regional leaders and the Regional PHEOC to conduct response coordination for early outbreak containment	520,500,000.00	208,200.00
1.4	To support readiness interventions in leadership (RRT, DMOs, RMO, RAS, RC) and coordination in all regions focusing on 8 identified high risk and strategic regions		
1.4.1	Conduct orientation of regional level multidisciplinary RRTs	394,200,000.00	157,680.00
1.4.2	Conduct five days training to RHMT and advocacy to leadership on IMS in high risk regions; Kigoma, Katavi, Geita, Mwanza, Tabora Arusha, DSM and Dodoma	335,460,000.00	134,184.00
1.4.3	Deployment of National team to support readiness assessment, verification of readiness intervention and set immediate corrective measures in 8 high risk regions	175,200,000.00	70,080.00
1.4.4	To conduct simulation Exercise to test the readiness on Alert Management, Notification and Activation process	107,800,000.00	43,120.00
1.5	To support Frontline Responders with temporal accommodation during outbreak response for early outbreak containment	441,000,000.00	176,400.00
1.6	To support the Ministry's high-level officials visit the site of response for scenery overview, and guide the decisions on the outbreak response for early containment.	490,000,000.00	196,000.00

S/N	Activity	Total (TZS)	Total (USD)
1.7	To facilitate the documentation of the outbreak response and movements response team to the field		
1.7.1	To support the documentary during outbreak response	153,600,000.00	61,440.00
1.7.2	To facilitate documetation team to finalize the report	23,220,000.00	74,928.00
1.7.3	To facilitate documentation process	19,600,000.00	91,509.91
1.8	Equip PHEOC in region and districts at risk of MVD	3,000,000,000.00	1,304,347.83
1.9	To strengthening Village Health Committee for outbreak readiness and coordination at Kagera Region	254,500,000.00	101,800.00
TOTAL LEADERSHIP AND COORDINATION		**6,663,350,000.00**	**2,665,340.00**
SURVEILLANCE			
SN	**Activity**	**Total-TZS**	**USD**
2.1	Support printing and distribution/dissemination of surveillance tools and provision of internet bundles during the outbreak of VHF disease in Kagera Region	17,500,000.00	7,000.00
2.2	Conduct mentorship on alert management, contact tracing to community health workers on detection, identification, report suspected cases and capacity building on the use of e-EBS and Outbreak Management Module	1,009,680,000.00	403,872.00
2.3	Conduct mentorship on alert management, contact tracing and active case search to Health Care Workers detection, identification, report suspected cases and capacity building on the use of e-EBS and Outbreak Management Module	1,307,285,000.00	522,914.00
2.4	Conduct mentorship on alert management, contact tracing to traditional healers on detection, identification, report suspected cases	685,440,000.00	274,176.00
2.5	Support tools, devices and infrastructure to support disease surveillance activities.	1,482,000,000.00	592,800.00
2.6	Deployment of FELTP residence and graduate to support surveillance activities	199,920,000.00	79,968.00

S/N	Activity	Total (TZS)	Total (USD)
2.7	Conduct case investigation of all confirmed and probable cases to establish transmission chain and source and prepare printed report for publication to the journal and dissemination sessions	522,060,000.00	208,824.00
2.8	Consultancy for improvement of disease surveillance digital system to improve detection, reporting, analysing and contact tracing.	285,600,000.00	114,240.00
2.9	Conduct a mortality surveillance/survey- identify any excess mortality related to MVD outbreak in affected councils	217,400,000.00	86,960.00
2.1	Support hotline services for early detection and response and EBS	40,668,000.00	16,267.20
GRAND TOTAL FOR SURVEILANCE		**6,773,513,000.00**	**2,709,405.20**
PORTS OF ENTRY			
S/N	**Activity**	**Total (TZS)**	**Total (USD)**
3.1	Orient and facilitate staff to support activation of Domestic and International exit screening to strategic PoEs	549,400,000.00	21,377.43
3.2	Conduct PopCAB to map population mobility and connectivity in Biharamulo and Ngara to inform strategic plan for prevention and control of Marburg	150,000,000.00	60,000.00
3.3	Avail high risk PoEs with computers, tablets, Printers to support enhanced screening of travellers	300,000,000.00	120,000.00
3.4	Install hand washing at Kabanga, Kyaka, Murusagamba, Kibirizi and points of control of Biharamulo and Isolation Facilities at Rusumo and Kabanga borders to support holding of suspected travellers	600,000,000.00	240,000.00
3.5	Install screen rooms(containers) at Kagera (Murusagamba and Kyaka), Kilimanjaro (Tarakea) and Kigoma (Mabamba) to support screening of travellers	400,000,000.00	160,000.00
3.6	Provide IPC supplies including chlorine, sprayer pumps, soap and dispensers, sanitizer, PPEs inclusing orientation on their use.	200,000,000.00	80,000.00

S/N	Activity	Total (TZS)	Total (USD)
3.7	Procure 20 Walk Through and 200 Handheld thermoscanners for POE to facilitate entry and exit screening	500,000,000.00	200,000.00
3.8	Conduct Cross-Border meetings between URT and the neighbouring countries of the EAC	100,000,000.00	40,000.00
3.9	Orientation of Beach Management Unit members in Muleba along Lake Victoria on public health threats using RING (Recognize, Isolate, Notify, Give support) approach	90,250,000.00	36,100.00
3.1	Install mobile travelers screening facilities in 10 identified points of control at districts with high risk of MVD	200,000,000.00	80,000.00
GRAND TOTAL FOR PoE		**3,089,650,000.00**	**1,235,860.00**
LABORATORY			
	Activity	**Total (TZS)**	**Total USD**
4.1	Support operations of the deployed Mobile laboratory at Kagera region	792,608,000.00	317,043.20
4.2	Support specimen transportation to testing laboratories (NHPL in Dar and Kagera Region)	720,000,000.00	288,000.00
4.3	Procure Reagents and consumables for sample collection and detection of the Marburg cases	773,711,030.00	309,484.41
4.4	Support staff who perform specimen collection, handling and transportation at Marburg Treatment Unit (MTU) and other sample collection sites	1,631,411,030.00	652,564.41
4.5	To support laboratory waste management costs	200,000.00	80
4.6	Procure two Mobile laboratory unit	6,757,346,592.00	2,702,938.64
	NPHL-BSL3 maintenance	113,000,000.00	45,200.00
4.7	To procure POC laboratory machines such as I-STAT machines and cartridges etc., commodities, reagents and consumables	356,481,250.00	142,592.50
4,8	Conduct training to 150 Laboratory professionals and courriers on sample management	180,000,000.00	72,000.00
	Conduct training to additional 20 Laboratory professionals for testing VHF	116,000,000.00	46,400.00
GRAND TOTAL FOR LABORATORY		**11,440,757,902.00**	**4,576,303.16**
CASE MANAGEMENT AND INFECTION, PREVENTION AND CONTROL (CM & IPC)			

S/N	Activity	Total (TZS)	Total (USD)
S/N	Activity	Total (TZS)	Total (USD)
5.1	Support Case Management Teams with Allowance during response including referral	1,933,200,000.00	773,280.00
5.2	Support printing and distribution of case management and IPC guidelines and SOPs to ensure availability at Marburg Treatment Centres and other health facilities	75,000,000.00	30,000.00
5.3	Technical Support and supervision of case management and IPC teams (I.e screening, triaging and isolation) in treatment centers and other health facilities in Kagera and other high-risk regions	328,452,000.00	131,380.80
5.4	Conduct workshop to update the MVD survivor guide.	34,900,000.00	13,960.00
5.5	Support workshop to revise the resuscitation protocol, ensuring alignment with best practices and incorporating measures to minimize healthcare worker exposure to infections.	34,900,000.00	13,960.00
5.6	Procurement of Medical and IPC Suplies and Equipment	2,685,000,000.00	1,074,000.00
5.7	Renovate and equipe of Isolation Unit at affected region(s) and high risk region	1,350,000,000.00	540,000.00
5.8	Renovate and equip of Mortuary at affected region(s) and high risk region	1,350,000,000.00	540,000.00
GRAND TOTAL FOR CM & IPC		**7,791,452,000.00**	**3,116,580.80**
MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)			
6.1	To support MHPSS coordination	128,560,000.00	51,424.00
6.2	To support provision services to frontline workers, people in MTU and relatives of affected families, reunification with the clients and their families, distribution of food and non-food items to the affected families and follow up.	750,000,000.00	300,000.00
63.3	To purchase Psychotropic Drugs	2,500,000.00	1,000.00
6.4	To conduct orientation to MHPSS team members on Public Health Emergency	28,840,000.00	11,536.00
6.5	Procurement of Tents	3,000,000.00	1,200.00
GRAND TOTAL FOR MHPSS		**912,900,000.00**	**365,160.00**
WATER, SANITATION AND HYGIENE (WASH)			
S/N	**Activity**	**Total (TZS)**	**Total (USD)**
7.1	To suport technical Regional and District WASH team to supervize, Monitor and Evaluate WASH interventions in affected Districts	159,600,000.00	63,840.00

S/N	Activity	Total (TZS)	Total (USD)
7.2	To facilitate payment of staff on environmental disinfection in community setting, Safe and dignified burial serives in affected district(s)	132,600,000.00	53,040.00
7.3	Facilitate national team to conduct technical suport on WASH interventions (decontamination,safe burial, sanitation and hygiene assessment and follow up)	206,800,000.00	82,720.00
7.4	Mentorship and orientation of Environmental Health Officers on the implementation of decontamination and safe burial	104,000,000.00	41,600.00
7.5	Installation of permanent sanitation and hand washing facilities in public places (CTCs,schools,fishing areas, public auction markets e.t.c)	800,000,000.00	320,000.00
7.6	Construction of standard incinerators at the identified healthcare facilities	250,000,000.00	100,000.00
7.7	Driling and lining of boreholes to ensure availability of reliable water supply in healthcare facilities and high-risk communities	240,000,000.00	96,000.00
7.8	Procurement and installation of water storage tanks	60,000,000.00	24,000.00
7.9	Procurement of decontamination equipment and supplies to suport response in Kagera and preparedness in neighbouring Regions	404,300,000.00	161,720.00
7.1	Orientation to community health workers and community members, promotion of WASH practices, WASH IPC protocols and distribution of supplies to promote Hygiene practices in crowed areas, schools, market	255,000,000.00	102,000.00
GRAND TOTAL FOR WASH		**2,612,300,000.00**	**1,044,920.00**
RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)			
S/N	**Activity**	**Total (TZS)**	**Total (USD)**
8.1	Facilitate availability of RCCE equipments to conduct timely and sustainable on-ground community engagement sensitization using mobile PA and cinema shows to promote recommended public health preventive measures against MVD.	563,500,000.00	225,400.00
8.2	Conduct technical working sessions to develop/review/adopt tailored multimedia SBC messages and materials to be disseminated to community-tied channels such as social media and community radios and prints	23,160,000.00	9,264.00
8.3	Pretest and produce multimedia MVD SBC messages and materials for dissemination	16,140,000.00	6,456.00

S/N	Activity	Total (TZS)	Total (USD)
8.4	Develop standard talking notes, communication and message guide and FAQs on MVD for uniform communication	21,410,000.00	8,564.00
8.5	Print and distribute public awareness materials (posters, brochures and other print materials)	71,900,000.00	28,760.00
8.6	Procure airtime for dissemination of audio and audio-visual MVD awareness materials through social media, 5 national radio and TV and 5 community media houses in 6 regions and support media call-ins expert sessions.	168,400,000.00	67,360.00
8.7	Record and disseminate best practices, positive community stories and testimonies focusing on efforts to encounter mis-information related to MVD.	50,700,000.00	20,280.00
8.8	Prepare and issue regular Press Releases to the public on on-going situation and response measures	6,000,000.00	2,400.00
8.9	Orient key representatives of Community groups/social mobilizers and community influentials especially, representatives of PWD, School health teachers, bodaboda represenitives, Traditional Healers, ADDOs, bus owners, religious leaders, community leaders and representatives of media houses, CHWs, hotel receptionists, fisheries, CHWs to sensitize community and promote recommended MVD preventive measures	304,500,000.00	121,800.00
8.1	Capacitate RCCE experts on does and don't during live interactive sessions through media and community gathering to address stigma and infodemics related to MVD	41,655,000.00	16,662.00
8.11	Conduct media seminar to journalists and editors to correct report MVD related information	24,795,000.00	9,918.00
8.12	Facilitate RCCE experts during live interactive sessions through media and community gathering to address stigma and infodemics related to MVD	169,200,000.00	67,680.00
8.13	Conduct extended advocacy PHC meetings at regional level	5,700,000.00	2,280.00
8.14	Revitalize village and ward health committees in three councils of Kaera regions	42,060,000.00	16,824.00
8.15	Capacitate and support operationalization of Afya Call center and social media RCCE taskforce on U-report, talkwalker to address infodemics and aid clarification of rumors and public concerns related to MVD	351,270,000.00	140,508.00

S/N	Activity	Total (TZS)	Total (USD)
8.16	Conduct implementation research and survey including social anthropological surveys, KAP studies among affected and at-risk communities to understand behavioral determinants for emerging and reemerging of MVD outbreaks and inform response measures	99,750,000.00	39,900.00
8.17	To support renovation and establishment of the National Infodemic Management Center	600,000,000.00	240,000.00
8.18	Develop infodemic management guide	21,410,000.00	8,564.00
GRAND TOTAL FOR RCCE		**2,581,550,000.00**	**1,032,620.00**
RESEARCH			
S/N	**Activity**	**Total (TZS)**	**Total (USD)**
9.1	1. Microbiological Characterization of the Marburg Virus causing an outbreak in Kagera region in 2024 2. Investigation and characterization of MVD pathogens in possible hosts mammals in Biharamulo District, Kagera	637,500,000.00	255,000.00
9.2	3. Implementation research of the Community-based outbreak investigation and response (COIR) model to understanding of the sources, risks, and transmission patterns of the Marburg Viral Disease in Kagera region 4. Modeling the trends of the MVD epidemic vis-a-vis interventions, predict future trends and project the risk of possible spread in new areas in Tanzania	637,500,000.00	250,000.00
9.3	1. Investigation of socio-anthropological factors and their impact on Marburg Viral Disease spread, the current response and future prevention 2. Mental and Psychological consequences on MVD patients'relatives and community.	382,500,000.00	150,000.00
9.4	3. Clinical Analysis of the Marburg Viral Disease in patients admitted in CTUs Kagera 4. Mental and Psychological consequences on Marburg Viral Disease patients	153,000,000.00	60,000.00
9.5	1. Cost Utility Analysis of the spending in Marburg outbreak in Kagera, Tanzania	153,000,000.00	60,000.00
GRAND TOTAL FOR RESEARCH		**1,963,500,000.00**	**775,000.00**
LOGISTICS			
S/N	**Activity**	**Total (TZS)**	**Total (USD)**

S/N	Activity	Total (TZS)	Total (USD)
10.1	Refurbishment of storage facilities for pre-positioning of emergency commodities in 8 identified high risk and strategic regions	3,500,000,000.00	1,400,000.00
10.2	Storage and Distribution cost of Procured commodities from respective pillars	1,373,096,509.00	549,238.60
TOTAL FOR LOGISTICS		**4,873,096,509.00**	**1,804,850.56**
CONTINUITY OF ESSENTIAL HEALTH SERVICES (CES)			
S/N	**Activity**	**Total (TZS)**	**Total (USD)**
11.1	To develop assessment and monitoring tools to assess the continuity of essential health services at National, Regional, District and Community level	38,034,000.00	15,213.60
11.2	To assess the continuity of essential health services in Kagera Region and other high-risk regions including Private and Faith based facilities	195,730,000.00	78,292.00
11.3	To conduct supportive supervision and mentorship to ensure health facilities maintain essential services and quality standards	796,080,000.00	318,432.00
11.4	To orient Private and Faith-based healthcare facilities on swiftly adjusting and redistributing the allocation of healthcare personnel.	545,550,000.00	218,220.00
11.5	To Swiftly adjust and redistribute the allocation of healthcare personnel by reallocating roles and responsibilities, including shifting tasks and delegating duties across the workforce.	1,143,480,000.00	457,392.00
11.6	To Refurbish infrastructure to accommodate essential services compromised by the outbreak	500,000,000.00	200,000.00
GRAND TOTAL FOR CES		**3,218,874,000.00**	**1,287,549.60**
TOTAL BUDGET FOR MVD RESPONSE PLAN		**51,920,943,411.00**	**20,613,589.32**

5.0 MONITORING AND EVALUATION

Monitoring, reporting and evaluation

The MVD response will utilize health information system for the systematic collection of data on specified indicators to provide leadership and responders on the extent of progress and achievement of objectives in line with the funds allocated for the response. Data from all response pillars will be collected in a daily basis and shared to the leadership and responders for review and decision making. Below are key performance indicators for the MVD response:

Response Pillar	Indicator	Target
Coordination	Complete coordination system is established and functional at all levels; National, Regional and District level	100%
	Coordination meetings of MVD response pillars at National, Regional and District conducted at least three times a week with involvement of partners	100%
	Proportion of funding requirement of the national response plan mobilized	70%
	Weekly regular briefings convened/situation updates provided	100%
	Sitreps at National, Regional and District level developed and disseminated widely	100%
Surveillance	Proportion of alerts verified within 24 hours of alert notification	100%
	Proportion of verified alerts full investigated within 24 hours	100%
	Percentage of new confirmed cases from verified alerts	100%
	Percentage contacts listed eligible for follow-up successfully followed up during previous 24 hours	100%

	Percentage of new confirmed cases previously listed on contact lists	100%
Laboratory	Percentage of laboratory results for specimens from suspected, probable, and confirmed cases available within 12 hours	100%
Case management	Case fatality ratio for all confirmed cases admitted into MVD Treatment Units	< 25%
	Proportion of deceased suspected and confirmed cases for which safe burials were conducted	100%
	Proportion of households disinfected within 24 hours among households in connection with a community death	100%
IPC	Percentage of health facilities receiving IPC mentorship	100%
	Percentage of health facilities with an IPC score above 80%	100%
	Number of healthcare workers infected	0
RCCE	Proportion of district with greater than 80% of villages reached with interpersonal community engagement activities	100%
MHPSS	Percentage of families of confirmed and probable cases receiving protection and psychosocial support	100%
	Proportion of hospitalized patients that received psychological care	100%
Operation Support and Logistics	Number of stockouts amongst essential items	0%
	Proportion of treatment centres with infrastructures meeting national requirements	100%

5.0 ANNEX

SCHEDULES FOR KAGERA MARBURG DISEASE OUTBREAK MEETINGS, JANUARY 2025

Table No. 1: Overall Meetings Schedule

S/N	Meeting Name	Members	Chair	Day	Time (24 Hrs Format)
1	Pillar	Pillar members	Pillar leads	Table No. 2	Table No. 2
3	IMS	IMS Functions and Pillar members	IM	Wednesday	1200 Hrs
3	National Task Force	Pillar leads, Sector representatives, and Partners (high-level)	Chair – CMO Co-Chair – WR	Friday	1000 Hrs

Table No 2: Pillars Meeting Schedule

S/N	Pillar Chair	Pillar/Function	Day	Time (24 Hrs Format)
1	Dr Erasto Sylvanus	Coordination/Planning	Tuesday	Any time before 1400hrs and submit a written report to Coordination before 1600hrs
2	Dr Alex Magesa	Laboratory	Tuesday	
3	Dr Khalid Massa	WASH	Tuesday	
4	Dr. Rogath Kishimba	Surveillance	Tuesday	
5	Dr. Ona Machangu	RCCE	Tuesday	
6	Dr. Chacha Mangu	Research	Tuesday	
7	Lilian Msuha	MHPSS	Tuesday	
8	Dr Amour Seleman	PoE	Tuesday	
9	Dr Erick Richard	Case Management & IPC	Tuesday	
10	Dr. Hamad Nyembea	CEHS	Tuesday	
11	Daudi Msasi	Logistics	Tuesday	