

Global Ebola Response Coalition Meeting
6 February 2015
Issues Discussed and Next Steps

The seventeenth meeting of the Global Ebola Response Coalition Core Group took place on 6 February. The main points covered in the meeting follow.

2. The meeting discussed the current **epidemiological situation**. The cumulative number of cases of Ebola is now around 22,500. Although the trend over the first 4 weeks of 2015 has been a steady reduction in the number of new cases per week, the last week has seen an increase from 99 to 124 reported new cases. This volatility of incidence figures for new cases, suggests the response is now moving into areas where the behaviours are most engrained and where people's reticence about engaging in the control effort is greatest. The number of new cases has gone up across the most affected countries: in Sierra Leone from 65 to 80, in Guinea from 30 to 39, in Liberia from 4 to 5.

3. The geographical distribution of new cases has also broadened. 16 Local Government Areas (LGAs) reported new cases in the previous 21 day period. 19 LGAs reported new cases in this 21 day period. Lola prefecture in Guinea, which borders Cote d'Ivoire and Liberia, has seen a flare-up of new cases. International teams have been despatched to the area seeking ways to minimize spread. New cases have also been reported from Kenema and Koinadugu districts in Sierra Leone: these districts had previously been free of new cases for a few weeks. In Monrovia, two chains of transmission have been identified and there is evidence of movement of contacts from the city to other locations within Liberia.

4. The common pattern in each area that reports flare-ups, is unsafe practices which lead to spread of Ebola Virus Disease by people who are in contact with an infected person. For example: (a) those who are unwell are not reporting that they have symptoms until they have been unwell (and symptomatic) for several days; and (b) when people with Ebola die and the funeral practices are those associated with the risk that the disease is transmitted, new transmission chains are likely to occur. These unsafe practices are still happening and have caused several of the current series of flare-ups.

5. People who attend funerals and become infected may travel large distances before they display signs of illness, sparking new chains of transmission distant from the initial point of infection: contact tracing has shown that infected people have travelled from Conakry north to the borders between Guinea, Mali and Senegal.

6. Linking the epidemiology to data on people's behaviours is an important means for fine-tuning responses in areas with intensive transmission. UNICEF reports that two important trends are identified in a recently-completed Knowledge, Attitudes and Practices survey in Sierra Leone: i) general awareness about the threat posed by Ebola, as well as about its transmission and means to prevent it, is high; however, ii) communities where awareness is much lower remain: mounting an

effective response is more challenging in these locations. Surveys also indicate that the time intervals between a service being requested and the response can still be too long. This applies to ambulance services for people who are ill and burial teams for those who die. More information on this survey will be circulated to participants in the Coalition meetings.

7. Discussion of the overall **response**, suggest that this week there are more new cases coming from contact lists, with 100% in Liberia (up from 50% last week), 50% in Sierra Leone and Guinea (up from 20% and 30% last week respectively). However there are still chains of transmission that are not properly understood and this makes the task of reaching zero particularly difficult. The arrival of the rains in April/May will significantly complicate the challenge of ensuring an effective response. This suggests the need for an intense effort before the rains begin, in order to reduce the current geographical spread of the disease.

8. Recovery efforts must focus on the “safe” provision of basic services and support the overall effort to reach zero as quickly as possible. Ensuring safe non-ebola health care continues to be a concern - particularly primary health care designed for women and children. For the return to a situation where these health services are provided to a high standard, it may be necessary to map the current capacities to determine where needs are most acute and good services are not available. It is important that there is continued attention to reproductive health both in the context of the response and initiatives to encourage recovery. Attention should also be given to the prevention and treatment of malaria, with the rainy season approaching. Important guidance has been issued by partners on protocols for safe and responsible returns to school.

9. The response can only extend to hard-to-reach areas if there is powerful community-level ownership, both of the disease itself and of the behaviours needed to reduce the risk of transmission. Preparedness in the countries that surround those most affected is critically important and must receive the necessary attention.

10. Participants in the meeting indicated that for them the present priority is a successful and effective response: this focus must be maintained and attention should not be diverted to the challenges of speeding up economic and societal recovery. A balanced approach is needed.

11. The meeting discussed the **warning signs** which indicate the difficult road that countries face in getting to zero new Ebola cases: i) knowledge about the transmission chains - in each geographical area, and in each of the affected countries – is a critical element of efforts to achieve zero cases: ii) effective management of the cross border and inter country movement of contacts is also important; and (iii) an effective, active surveillance system is needed across the whole of the affected countries to identify people who might have Ebola and to confirm when the goal of zero transmission is reached.

12. The initiation of comprehensive contact tracing is a big challenge, particularly when people are anxious about being put on contact lists, which prevent them moving around as they wish. Indeed, concerns about the possibility that restrictions will be placed on people's movements can actually encourage people to avoid being put onto contact lists and to move away. Handling these anxieties across borders requires effective coordination between LGAs and across national boundaries. Such efforts are people-intensive and are expensive. This means that there is a critical need for continued funding if these intensive inputs are to be sustained.

13. Evidence from earlier Ebola outbreaks, indicates the probabilities of the emergence of Ebola in the 12 months after the announcement of zero transmission in an outbreak to be as high as 30% (i.e. it occurs in one out of three outbreaks): the probability of re-emergence within 24 months of the end of an outbreak is one in two. This confirms the absolute need for strong and sustained surveillance efforts. It also underlines the importance of ensuring synergies between the efforts put into the response and into the safe reactivation of essential services.

14. In summary, the priorities for this phase of the response include: reliable detection of new cases; investigation of causes; enumeration of contacts; tracing of contacts; and surveillance of both contacts and the wider population. To have this capacity and have it working in all locations, across the three affected countries, there needs to be a focus on 8 activities: i) making sure people with the right skills are in the right places at the right times; ii) strong operational platforms, which ensure those people have the support they need; iii) managed processes of coordination, to ensure there are inclusive and effective mechanisms for bringing people together for a shared purpose; iv) organisations that work together at the local level accept to be coordinated; v) persistent systematic all-round surveillance to find transmission chains and make sure they are fully observed; vi) ensuring that basic services (e.g. health and education) are re-started in a manner which is fully safe for workers and users; vii) enabling areas that are free of the disease to be fully prepared (and protected); and viii) and underpinning it all, is continued strong support for the effective strengthening of community engagement.

15. The UN system and partners will contribute fully to more intense and effective local-level coordination of responders. The organizations concerned will require continued funding if they are to sustain their efforts and move towards zero transmission. This includes replenishment of the Secretary General's Ebola Response Trust Fund: a document on future priorities for this Fund will be shared.

16. Issues for possible discussion at future GERC meetings include: (a) the recently completed review of the policies and protocols at Kerry Town treatment facility; and (b) lessons learned on approaches to community engagement (through documentation from UNICEF).

17. Finally, participants were thanked for their responses to the **online survey**: conclusions had been circulated in advance of the meeting. In summary, the GERC is seen as a valuable forum: responders provided a strong endorsement of the current

structure and content of GERC meetings. Some adjustments have been suggested and will be implemented.
