

Global Ebola Response Coalition
4 September 2015
Issues Discussed and Next Steps

The forty-third meeting of the Global Ebola Response Coalition Core Group took place on 4 September. The main points covered in the meeting follow.

Status of the outbreak

1. Participants discussed the status of the outbreak. There were three people newly diagnosed with Ebola in week 35 (ending on 30 August), with two in Guinea and one in Sierra Leone.
2. In Guinea, the reports of transmission involved a 9 month old girl in Dubréka and a 13 year old girl in the Ratoma prefecture of Conakry. In Sierra Leone, the report of transmission related to a woman from the Tonka Limba area in Kambia. Investigations are ongoing to determine whether the transmission was due to contact with a survivor or to a transmission chain that had been missed. Given that the woman was sick for several days at home before she died, it is anticipated that further people will be reported as infected as a result of contact with her.
3. Participants noted significant progress with respect to areas in Guinea and Sierra Leone where the outbreak had previously been difficult to manage. In Forécariah, the last 95 contacts were released and 21 days have passed since the most recent report of transmission. In Sierra Leone, the number of days since the last report of transmission was 42 for Port Loko and 21 days for the western area of Freetown. These developments demonstrate that the outbreak is coming under control areas where it has been particularly intense.
4. On 3 September 2015, Liberia reached 42 days without any new reports of Ebola transmission. Participants noted that this milestone could not have been achieved without the coordinated efforts of the local health workers, the national response team based in Monrovia and fanning throughout the country, the international partners, and civil society organizations in Liberia.

Progress of the response

5. Participants noted that several of the persons recently diagnosed with Ebola represent a high risk for the initiation of new transmission chains, and that it seems highly likely that the response will have to continue at least to the end of 2015. When people are reported as newly infected with Ebola, it is essential that careful incident management is undertaken so as to limit the number of responders who converge on communities to contribute to the response.

6. Hasty reductions in the numbers of people involved in the response in areas where there have been no cases for several months should be avoided since the capacity for rapid responses to flare-ups depends on being able to access expertise from throughout the affected countries. Participants heard the current response described as “better than ever”.

7. Some of the new elements spelt out in Phase 3 of the response strategy are already in place – forward operating bases, the introduction of ring vaccination, effective event management, careful attention to missing contacts, gene sequencing to define transmission chains, and the systematic use of anthropology to encourage community ownership. Latest details of the Phase 3 strategy will be distributed to the GERC participants.

8. Studies indicate that the Ebola virus can persist in semen even after nine months, albeit at diminishing levels over time: continued studies of the infectivity of survivor semen are needed to assess infectivity. The risk that new transmission chains are initiated by survivors is low, but is real and must be properly managed. It will be important to inform survivors of their status so that the risks can be understood and managed. Participants highlighted the need to intensify engagement with survivors, improve the network of facilities for survivors and ensure that survivors are not stigmatized.

9. UNICEF reported that it has continued to provide assistance in relation to water, hygiene and sanitation, particularly to support quarantined zones and schools that are starting up in Liberia and Sierra Leone.

10. Participants emphasized the need for prudence when discussing the use of the Ebola vaccine in Guinea, noting that there are challenges with explaining to people why they may have tested positive for Ebola even when they have vaccinated. There are concerns that - with election campaigns beginning next week - political campaigning may lead to Ebola being raised in an unconstructive manner and discussions with opposition leaders are underway.

11. A vaccination team has been sent from Guinea to Kambia in Sierra Leone to start the WHO vaccination trial in Sierra Leone. A forward operating base and logistical arrangements are being put in place in Kambia to ensure a robust response to the most recent report of transmission. Some participants suggested that the quarantine measures to be imposed should be proportionate so as not to impede high-quality contact tracing is not undermined. It was agreed that the identification of contacts should be the top priority.

12. In Liberia, the end of the 42 day countdown was marked with more solemnity, reflecting an increased understanding of the virus and a recognition that heightened surveillance is required for the next 90 days. The incident management team will

remain intact, and activities to check temperatures at the borders, to maintain community engagement, to encourage good handwashing practices and to test semen will continue.

Recovery initiatives

13. Participants emphasized the importance of combining the work toward a resilient zero with the transition to early recovery. UNFPA is working with the Ministries of Youth in the three affected countries to support the development of youth empowerment programmes. In Guinea, capacity building workshops were held to provide training in leadership, communications and behavioral change for Ebola survivors. Similar activities are also being undertaken in Liberia.

14. The Advisory Committee of the Ebola Multi-Partner Trust Fund has indicated that it is looking for strategic approaches to support the physical health and livelihoods of survivors.

Any other business

15. The European Union will be having a lessons learned event from 12 – 14 October in Luxembourg. This will focus on how the Ebola epidemic impacted on the EU itself, rather than on how the EU responded to the outbreak.

16. The National Academy of Medicine is serving as the Secretariat for an expert Commission on a Global Health Risk Framework for the Future. As part of this process, a workshop on the Global Governance for Health met in London, on 1-2 September. In her remarks to the workshop, the WHO Director-General Chan highlighted the weaknesses of the International Health Regulations. She noted that WHO's ability to respond to outbreak was hampered by the absence of national detection and response capacities, as well by weak preparedness and response capacities in the international community.

17. The members of the Global Health Security Agenda will be holding their second high-level meeting next week in Seoul from 7 – 9 September. It is envisaged that one of the outcomes of this meeting will be the adoption of a joint statement to define the future direction of the Agenda and to affirm the commitment of the participating countries to respond to health security threats.

Summary

18. In summary, the following issues were highlighted:

- All three affected countries have reached significant milestones, as areas previously considered to be hotspots have not reported transmissions for many

weeks. With the completion of the 42 day countdown period in Liberia, the sense of progress is accompanied by a commitment by partners to remain engaged and support heightened surveillance for 90 days.

- The response is better than ever, better coordinated and more strategic.
- Under the Phase 3 of the response strategy framework, the focus in the coming months will be on interrupting chains of transmission and managing residual risks.
- Careful incident management will be essential for avoiding the crowding of villages with too many responders.
- Avoid hasty drawdown of capacity in silent areas.
- The persistence of the virus in survivors means that attention needs to be paid to providing care and counselling to all survivors and avoiding stigmatisation.