

**Global Ebola Response Coalition**  
**2 October 2015**  
**Issues Discussed and Next Steps**

The forty-seventh meeting of the Global Ebola Response Coalition Core Group took place on 2 October. The meeting focused on (a) the status of the outbreak, (b) progress of the response, and (c) care for survivors.

**Status of the outbreak**

1. Participants discussed the status of the outbreak. There were four people newly diagnosed with Ebola in week 39 (ending on 27 September 2015); all of them were from Guinea.

Guinea

2. All four of the people newly diagnosed with Ebola are from Forecariah. They are not related to the previous transmission chains from Forecariah but are part of the second generation of transmissions related to the girl from Conakry who died in Forecariah last week.

Sierra Leone

3. Sierra Leone is currently at 19 days since the last report of transmission. The last transmission chain in Bombali will soon be out of the high risk period.

**Progress of the response**

4. There are currently two active transmission chains, one related to the Bombali outbreak in Sierra Leone and a second in the Ratoma area of Conakry in Guinea. The risks going forward continue to be the movement of people from known areas of infection and the re-introduction of the virus due to viral persistence in the survivor population. The management of these risks requires the full implementation of Phase 3, which calls for continuing heightened surveillance through 2016, the maintenance of the rapid response teams and putting in place measures to care for survivors, screen survivors and to inform them of their status.

5. In Guinea, there is an intensive house-to-house search in Ratoma, Dixinn, and Forecariah, to look for potentially missed contacts, to reinforce infection prevention and control in health clinics and to boost community awareness. The presidential elections in Guinea are scheduled to take place on 11 October. A decision will be taken in mid-November on closing the vaccine trials; in the meantime, the vaccination of frontline workers will be discontinued at the end of October.

6. In Sierra Leone, there has been a process of assessing the readiness and capabilities of the silent districts, where there have been no recent reports of transmission. There are

anxieties about the roll-out of vaccine trials.

7. In Liberia, a meeting on surveillance strategy will be held from 5-6 October. This meeting will also include people from Guinea and Sierra Leone, to examine new surveillance technologies, including rapid diagnostic tests. Liberia has backlogs of samples in laboratories that need to be tested.

8. Participants were informed that the Center for Infectious Disease Research and Policy at the University of Minnesota and the Wellcome Trust formed a team of senior experts in November 2014 to assist in the development of an Ebola vaccine. The goal of the team is to provide a fresh perspective on issues such as funding, research, development, vaccine efficacy, effectiveness determination, licensure, manufacturing and vaccination strategy. The team has produced reports on accelerating the development of Ebola vaccines. The team also produces a monthly bibliography of news articles and reports on Ebola. Information about the team and its reports can be found at <http://www.cidrap.umn.edu/ongoing-programs/ebola-vaccine-team-b>

9. A query was raised about the laboratory requirements that are anticipated over the next 6 – 12 months. It was agreed that this issue would be discussed during the next meeting of the Global Ebola Response Coalition.

### **Care for survivors**

10. WHO discussed a pilot study involving male Ebola survivors. The study indicated that 65% (26 of 39) tested positive for the Ebola virus within the first three months following the onset of the Ebola, 26% (11 of 45) tested positive during months 4 – 6, and 26% tested positive during months 7 – 9. In recent months, there have been several instances in which the re-introduction of the virus has been linked to exposure to the bodily fluids of survivors. It was recognized that semen testing must be accompanied by the provision of clinical support for survivors.

11. Guinea is organizing a meeting on survivors in Kindia next week. There is great interest in this meeting from people in Sierra Leone. It will be important to facilitate the sharing of lessons and best practices amongst all three affected countries. Participants observed that in Guinea, the strategy for survivors is not very advanced and its focus appears to be on the survivors from the last six months. Questions remain as to how survivor programs will be financed. Specialists from Montreal and Paris may be available to provide francophone assistance with eye care issues in Guinea, if needed.

12. In Sierra Leone, participants stressed the importance of investments in health care and protection for survivors. Efforts are needed to reduce stigma, promote community sensitization and expand access to care. At present, survivors in Sierra Leone have limited access to health care. The implementation of semen testing must be sensitive to the potential for stigmatizing male survivors. A comprehensive care package for survivors should be rolled out at a nation-

wide level.

13. A representative from FOCUS 1000 discussed the results of a recent study of survivors and various focus groups in Sierra Leone. The study indicated that survivors receive strong support from their families and religious communities but experience challenges with broader integration into the community. Survivors who live in communities that do not have many survivors are more likely to experience loneliness and discrimination. There is a strong perception that survivors pose a threat to an Ebola-free environment, since they can transmit Ebola through sexual intercourse. Participants emphasized the importance of clear guidelines and messaging on survivors and sexual transmission of Ebola. While survivors and their partners may require targeted information and interventions to understand the risks of sexual transmission, disseminating such information to the general public may lead to more stigmatization of survivors. Public messaging should emphasize that the risk posed by survivors is limited to very specific circumstances and this risk diminishes over time. Family members and religious leaders can help shape perceptions by discussing how interactions with survivors in the home and in places of worship do not pose risks.

### **Other business**

14. The French Foreign Ministry will be organizing a meeting on 29 October in Paris to draw lessons on creating a better environment and procedures for handling health crises in the future.

15. UNDP reported on its follow-up to the International Ebola Recovery Conference on 9 and 10 July. The amount that has been pledged for recovery totals \$5.24 billion. UNDP has been working with the governments on the implementation of their recovery plans and strategies within the framework UN Country Teams, led by the Resident Coordinators. UNDP has also been supporting the government on strengthening their aid-coordination mechanisms and establishing country-level funding mechanisms.

### **Summary**

16. In summary, the following issues were highlighted:

- There are two active transmission chains, with the one in Conakry posing a greater risk.
- There are still risks going forward. Surveillance and rapid response teams should be maintained through 2016.
- Clear strategies for supporting survivors (including the provision of health care and screening), as well as financing for such strategies, are needed. Francophone ophthalmologists are available to work in Guinea.
- The presentation on viral persistence in male survivors highlighted that exposure to bodily fluids pose limited risks. It will be important to develop positive examples of cohabitation, peer support networks and messaging guidelines. Excessive focus on semen testing without emphasizing that risks through sexual transmission are limited

may contribute to stigmatization.

- The future of the vaccine trials was discussed. There are also ongoing examinations of various issues relating to vaccines (including financing, implementation, science and ethics) by expert teams.
- The discussions on survivors and vaccines will continue in upcoming meetings on surveillance strategy in Monrovia (5-6 October), and on survivors in Kindia (5-7 October).
- UNDP reported that work is ongoing to obtain greater clarity on the pledges for recovery, as well as on the recovery structures and funding mechanisms.

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