

Global Ebola Response Coalition
23 October 2015
Issues Discussed and Next Steps

The fiftieth meeting of the Global Ebola Response Coalition Core Group took place on 23 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. The situations in Liberia and Sierra Leone remain positive. Liberia declared the end of the outbreak on 3 September and continues to be stable. Sierra Leone is heading towards its sixth week without any new reports of transmission and hopes to declare the end of the outbreak on 7 November. In Sierra Leone the search for two missing high-risk contacts continues.

2. In Guinea, there were three people newly diagnosed with Ebola in the week that ended on 18 October. Two people were from Forecariah and their infections were related to the ongoing chain of transmission in Ratoma sub-prefecture, in Conakry. The third person was also from Ratoma: genetic sequencing of the virus isolated from him suggests that his infection is not related to ongoing chain of transmission in Ratoma. Rather, it seems more closely related to a now extinct chain of transmission from the southeastern part of the country.

3. WHO described the situation of a person in the UK who has Ebola: she was initially infected with Ebola in Sierra Leone 9 months ago, treated at the Royal Free hospital in London and survived after receiving intensive treatment. Approximately 10 days ago, she experienced high fever, headaches, nausea and vomiting. She received a provisional diagnosis of meningitis and tests of cerebral spinal fluid indicated a high viral load; her blood also tested positive for Ebola, albeit with a lower viral load. Following treatment with steroids and an experimental medicine, the viral load in her cerebral spinal fluid has decreased and her blood tests have been negative. WHO emphasized this case was extremely unique and should not be understood to signal that survivors can transmit the virus through casual contact. However, the case is significant as it suggests that viral persisting in immunologically protected sites such as the central nervous system can leak into the bloodstream. Also, it has raised awareness that meningitis and neurological disorders can be among the conditions facing Ebola survivors. Participants commended the willingness of the patient to allow the details of her condition to be made public in the interests of promoting awareness and advancing knowledge.

Progress of the response

4. Participants discussed the progress of the response. They emphasized the need for systematic vigilance across all districts, prefectures and countries in the three affected countries. The level of vigilance is currently not as high as is desirable. There is a substantial amount of work needed to expand laboratory testing of samples from the living and swabs

from those who have died to ensure that silent areas really are Ebola-free.

5. Clarification was provided as to the significance of a declaration of zero cases, given that there may be a re-emergence or re-introduction of the virus from the survivor population. The count-down to zero tracks the number of days since the last case in a chain of transmission. If there is a new emergence due to the re-introduction of the virus from a survivor, this event may represent a new flare and would not necessarily negate the achievement of zero cases. The goal for the end of 2015 is to stop all of the original transmission chains.

6. Participants noted that key elements in the Ebola response are also key elements in the Global Health Security Agenda initiative (GHSAs). As these capacities are strengthened, countries participating in the GHSAs are expected to move towards greater compliance with the International Health Regulations.

7. Liberia: The Deputy Minister of Health commended the strength of the continuing partnerships in his country that are related to the Ebola outbreak. He reported on recent meetings with parts of the UN System (convened by the UN Resident Coordinator), and other partners, during which priorities for support were identified. Vigilance is maintained; swabbing of dead bodies and the testing of these samples have continued. The backlog of samples awaiting testing within laboratories in country is reducing.

8. Guinea: Participants noted that while there has been some violence in Guinea following the first round of the recent presidential elections, the response effort has continued and contact tracing has been sustained. Preliminary results indicate that President Alpha Condé won the majority in the first round. A decision from the electoral courts is pending as to whether a second round of voting is required. The response to the recent cases has been robust – a micro-cerclage has been put in place to address the recent cases. Work is ongoing to put in place a strategy for rapid response in 2016. Within the UN system, the transition of responsibility for coordination - from the Ebola Crisis Managers to Resident Coordinators – is being implemented.

9. Sierra Leone: The surveillance system has been functioning well in Sierra Leone and there are effective programmes for taking swabs from dead bodies and testing them for Ebola. The National Ebola Response Centre is undertaking a lessons learned exercise, and has identified the national- and district-level stakeholders - from Government and partner organizations - who are expected to take part in it. They include Ebola response workers, local community leaders, paramount chiefs and people from businesses. A steering group has begun planning for a national day of remembrance, tentatively scheduled for 5 February 2016. It was recalled that in the beginning of the outbreak, many of those who died of Ebola were buried in the district of Kailahun. One of the issues to be examined by the steering committee is how to provide information to families whose loved ones were buried far from their homes and how to facilitate closure for these families. Districts are expected to play a lead role in remembrance activities.

10. A task force has also been established to manage the transition of national responsibility for the response - from the National Ebola Response Centre (NERC) to the relevant Ministries and inter-Ministerial bodies (including those responsible for health, sanitation, national security, social welfare, gender and children's affairs). A comprehensive plan will be developed before 7 November. The President has decided that the NERC should hand over its responsibilities by 25 November. Assuming that the positive situation is maintained the requirement for safe and dignified burials will end on 7 November. Swabs will continue to be taken from dead bodies, and will be tested, through 2016 - with a review of the continuing need for the practice in June 2016.

11. As countries move forward with transitioning from their emergency structures to more routine processes, the UN system is planning for the transition of responsibilities from the Ebola Crisis Managers to UN Country Teams, under the leadership of Resident Coordinators. OCHA will maintain their presence and remain engaged in the three affected countries to assist with these transitions.

Care for survivors

12. In Guinea, a group has been working with the government to develop a strategy for the "guéris", those who are cured of Ebola. This strategy will be discussed at the next meeting of the Coordination Board of the Interagency Collaboration on Ebola.

13. In Sierra Leone, the availability of comprehensive care for survivors remains a high priority for the President. On 17 October, the President addressed the country to affirm his support for survivors. He encouraged the population and partners to have empathy for them, and stressed the need to fast-track the implementation of the Comprehensive Care Package for Ebola Survivors. He acknowledged the risks associated with viral persistence in semen and noted that Project Shield will be rolling out across the country to address these risks. Ensuring that survivors have access to services that address clinical sequelae of Ebola, as well as challenges associated with viral persistence, and both psychosocial socio-economic consequences of infection, is a high priority for the Sierra Leone Ministry of Health and Sanitation.

14. Representatives from the Ministry reported that work is underway to consolidate the comprehensive package of essential services for Ebola survivors as a nationwide programme implemented through multiple stakeholders. Several of the ongoing activities to support survivors were described: the International Medical Corps is providing survivors' care in the Western Area; UNICEF is facilitating the reintegration of survivors in school; Partners in Health is working on eye care; MSF is operating survivors' clinics in Freetown and Tonkolili and conducting outreach; UNDP is providing livelihood support; and OCHA is mapping out the services available for survivors. An implementation unit for this Comprehensive Care Programme is being developed through collaboration between relevant ministries and partners, and will be operational shortly.

15. In Liberia, partners met recently to develop a mechanism for collaborative and coordinated action to ensure that survivors and orphans .access to comprehensive support services. The partners were briefed on the latest information about viral persistence and sought to build consensus on priorities, to map out current availability and accessibility of services for survivors and to define a comprehensive care package that they could be enabled to access. Quantitative and qualitative sources of data were analyzed to identify the needs of survivors and assess the extent to which they are being met. Three categories of need were identified – (i) health care services (eyecare, obstetric care, men’s health and mental health), (ii) psycho-social support (individual and group counselling), and (iii) economic empowerment of survivors (education, scholarships, job creation, and small business grants).

16. All Governments and partners are committed to enabling all survivors to be able to access comprehensive health care and appropriate support services within the context of ensuring that all people in communities affected by the Ebola outbreak are able to access the services they need.

Other business

17. A number of lessons-learned exercises are taking place:

- From 12 – 14 October in Luxembourg, the EU held a conference entitled “Lessons learnt for public health from the Ebola outbreak in West Africa – how to improve preparedness and response in the EU for future outbreaks”.
- The UN General Assembly has requested the UN Secretary-General to conduct a lessons learned exercise on UNMEER and this is now being undertaken in conjunction with the International Peace Institute. A roundtable discussion involving Member States was convened last week on 15th October and another roundtable involving UN principals was held on October 22nd. A third roundtable is expected to take place in West Africa early in November.
- On 29 October, in Paris, the French Government will be convening a conference to collect feedback from national and international stakeholders on the management of the Ebola crisis, with the aim of producing recommendations for managing future health crises.
- On 2 November in Washington DC, the Council on Foreign Relations will be hosting a workshop entitled “The Future of the WHO: Lessons Learned and Priorities for Institutional Reform”.

18. It was also noted that the Advisory Group on the Reform of WHO’s Work in Outbreaks and Emergencies will be having a face-to-face meeting next week in Geneva, from 26-27 October.

19. Denis Gilhooly of the Global Health Innovations Task Force announced that a dialogue on information systems and disease outbreaks would be convened at Windsor Castle from 2-4 November. He can be contacted at denis.gilhooly@gmail.com for further information about this event.

Summary

20. In summary, the following issues were highlighted:

- In Guinea, there has been an unexpected new report of Ebola infection that appears to be unrelated to the ongoing Ratoma-Forecariah transmission chain. Analysis has been possible because new sequencing technology is allowing a better understanding of whether new infections are linked to existing transmission chains or are re-introductions of the virus.
- There is continuing potential for the political context in Guinea to contribute to reduced efficiency of the effort to end the outbreak: so far the response is solidly on track thanks to the ongoing work of the Cellule de Coordination.
- Within Sierra Leone the 42 day countdown to zero cases is well advanced with the hope that this will be achieved on November 7th. Vigilance is still needed in view of the possibility of re-introduction of the virus as a result of viral persistence. President Koroma of Sierra Leone has been raising public awareness about survivors, and different partners are working together to address survivor issues.
- Other initiatives in Sierra Leone include a lessons learned exercise, preparations for a national day of remembrance and planning for transitioning of responsibilities from the National Ebola Response Centre to the routine government structures, while maintaining resilient systems for local and national health security.
- In Liberia there has been welcome progress in reducing the backlog of samples (from dead body swabs) that remain to be tested. Partners are working closely with Government to support the establishment of comprehensive services for survivors. Government and partners in Liberia are also ensuring that rapid response capacity stays in place.
- Rapid response capacity and access to comprehensive care for all survivors (health services, psycho-social support and economic empowerment) are priorities for government and partners in all three countries.
- The experience of the patient with Ebola meningitis in the UK is a reminder that Ebola continues to surprise all involved in the response: participants appreciate her willingness to ensure that others learn from her experiences.