

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

The fifty-first meeting of the Global Ebola Response Coalition Core Group took place on 30 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 situation 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 in its sixth consecutive week without any new reports of transmission and hopes to declare the end of the outbreak on 7 November.
2. In Guinea, there were three people newly diagnosed with Ebola in week 43 that ended on 25 October. All three cases were from the sub-prefecture Kaliah in Forecariah – one was a 25 year old mother who died in childbirth, and the other two cases were her children: a 4 year old girl and a 10 year old boy. There are over 360 contacts under follow up in Guinea, of which 140 are considered high-risk. There is concern that 200 contacts identified in the past 42 days remain untraced.
3. WHO stated that the possibility of getting to and sustaining zero by the end of 2015 remains strong. WHO is currently establishing mechanisms to ensure that early detection and quick response measures are in place to halt any new emergence of the virus from nature or survivors. There are risks associated with the close proximity of communities to animal reservoirs of Ebola in more than 20 countries in Africa. At a meeting of the Advisory Group on the Ebola Virus Disease Response, Liberia, Sierra Leone and Guinea announced that they have put in place concrete plans for surveillance, early detection and quick response to stop any new infections contracted from nature or survivors. This includes the establishment of a rapid response team that can be mobilized within 24 hours to a site of infection.
4. WHO provided updates on the Scottish nurse who has been convalescing from Ebola. The virus has been cleared from her blood and is decreasing in the central nervous system. Her health has significantly improved. WHO expects to soon issue guidance on how to address cases of people who exhibit systems similar to those of the nurse.

Progress of the response

5. Participants discussed the progress of the response. In light of the recent flare ups in Liberia and Sierra Leone, participants underscored the importance of rapidly responding to any possible flare ups within 24 hours, and swiftly treating the index case to contain it at the first generation.

6. Sierra Leone: The atmosphere remains positive as the country gears up to declare the end of the outbreak on 7 November. Planning is also underway in the country for the National Remembrance Day on 5 February 2016 to mark the end of the enhanced 90-day surveillance period and to allow the country to grieve for those who have died in the past year. A task force has been established to manage the transfer of responsibilities from the NERC to the relevant Ministries, including those responsible for health, sanitation, national security, social welfare, gender and children's affairs. This transfer may occur possibly as early as 60 days following the declaration of the end of the outbreak. The Interagency Coordination on Ebola is also working to handover its coordination responsibilities to the Resident Coordinator and the UN Country Team. The Resident Coordinator reported that different workstreams have been reviewed by the key agencies, to look at the capacities in-country and to discuss who will be responsible for surveillance, points of entry, case detection, rapid and efficient response, care and their reintegration of survivors, and capacity development. Follow up meetings will take place with partners to gauge capacity needed from now until June 2016.

7. Guinea: WHO added that the investigations are ongoing to determine the source of infection of the Ratoma case in Conakry of October 13, and whether it was linked to a re-emergence of the virus from survivors.

Care for survivors

8. Partners are committed to ensuring that survivors are able to access comprehensive health care and appropriate support. The three countries have refined their survivor programs to ensure that survivors are registered, screened, and given regular counselling and support. The Advisory Group on the Ebola Virus Disease Response recommended that WHO should work with development partners to develop a protocol for a multi-country, longitudinal study to examine transmission, viral persistence and mitigation of risk in survivors and to provide incentives for survivors to participate in the study. Some countries have already indicated their interest in providing technical and financial support for the long-term care of survivors.

9. Participants emphasized that the registration, screening, counselling and care for survivors needs to be integrated with other components of survivor care (including countering stigmatization, socio economic requirements, etc.) as part of a comprehensive package of services for survivors in the short and medium term. It will be important to define which survivors will be covered by this program, and to ensure they do not suffer stigmatization and exclusion within their communities. A coordination meeting of the Interagency Collaboration on Ebola next week which will take these discussions forward.

10. In Sierra Leone, progress has been made on the comprehensive package for Ebola survivors. Project Shield which aims to provide counselling and semen testing services has already been launched in two districts of the Western Area (Port Loko and Bombali) and will be rolled out nationally in the coming weeks. Survivors are being provided with identity cards. Among the survivors, the data indicates a gender breakdown of 43 % male and 57% percent female. As for age distribution, 4% are between the age of 0 to 5 years; 25% are between the

age of 6 to 18 years; 44% are between the age of 19 to 35 years; 26% are above the age of 36 years.

11. Participants heard an update on the eye care services for survivors in Sierra Leone and more broadly in West Africa. In order to build capacity among health care providers in country, educative tools and materials and uveitis treatment protocols have been distributed in mobile and stationary clinics. These documents have recently been translated into French for use in Guinea.

12. In Guinea, MSF stated that treatment is being provided to three new Ebola patients in Nongo, Conakry. Two children have been given the Z-Mapp drug, based on compassionate use. MSF will also be providing psycho-social care in Nongo. In Forecariah, MSF will be handing over their responsibilities. MSF has also been conducting malaria-prevention activities, including the distribution of mosquito nets and antimalarials. In Sierra Leone, MSF continues to operate a clinic for survivors.

Other business

Update on the “Retour d’Expérience” convened in Paris on 29 October

13. The French Government hosted a international conference to invite feedback on the Ebola response, on 29 October in Paris. Discussions took place through five roundtable discussions on the international response to future crises, International Health Regulations, operational research related to Ebola, coordinating response efforts on the ground and economic development. There were participants from the government of the three affected countries, the United Nations, WHO, the European Union, ICRC, MSF, Red Cross and various other institutions and NGOs. A summary of the conclusions of the discussions will be circulated. The following conclusions were noted:

- On responding to crises, the aim of the international partners is to support and empower, rather than to act as a substitute for, national and local actors who are the first responders. There is a need for a pre-planned system with clear leadership and participation of local actors, NGOs and other groups.
- On the International Health Regulations, participants discussed the need to fully implement the Regulations and strengthen health systems at all levels. The Government of France and WHO will organize a meeting in March 2016 to continue the examination of issues related to the IHR.
- On operational research, participants discussed the importance of beginning such research as early as possible before or at the start of a crisis and to collaborate with institutions in the affected countries that are supporting survivors.
- With respect to coordination, participants noted the need for national coordinators to be based close to local communities that are at risk, and to be sensitive to the local cultures in each country. A proactive two-way communication strategy is needed to enhance ownership.

- On economic development, participants underscored the need to maintain basic services during crises and the importance of collaborating with the private sector to maintain business continuity.
14. The Office of the Special Envoy on Ebola is working with OCHA and other partners to revise the “Overview of the Needs and Requirements” for the UN system and partners which should be circulated by early November.
15. The high level roundtables to evaluate the implementation and impact of the UNMEER are advancing with the third round table scheduled for 3-4 November in Dakar. Thereafter, the International Peace Institute will produce an evaluation report which will be made available to others who are concurrently examining ways of working in international health crises.
16. The Advisory Group on the reform of WHO’s work in outbreaks and emergencies had its first face to face meeting on 26-27 October. Its first report is due to be given to the WHO Director General shortly. Advisory Group will aim to finalize this report in early November.

Summary

17. In summary, the following issues were highlighted:

- The quality of the work on the response must be maintained, in line with the recommendations of the WHO Advisory Group on the Ebola Response.
- Contacts of people with Ebola must not be lost. This will require thorough follow-up of transmission chains so that zero can be achieved and sustained despite the risk of recurrence and reemergence from the animal reservoirs or survivors.
- Rapid response capacity to mobilize within 24 hours and strong support for survivors is needed. Survivors need to be registered and followed up regularly with high quality scientific capacity, clinical care, screening, psychosocial support, and socio-economic support. There is a need to avoid any potential stigmatization or exclusion of survivors.
- In Guinea, there are uncertainties as to whether one person newly diagnosed with Ebola is linked to the Ratoma chain or a reintroduction.
- In Sierra Leone, work is underway to prepare for 7 November, which will mark the end of the 42 day period after the last Ebola infection in the country. This will be followed by 90 days of enhanced surveillance, which will be marked on 5 February 2016 with a national day of remembrance. The NERC will begin handing over its responsibilities to the Ministries.
- To support survivors, a comprehensive package for support is being developed in Sierra Leone. Project Shield will be rolled out nationally within the next weeks.
- The health of the Scottish nurse discussed last week has improved significantly; the virus has cleared from her blood and is clearing from other parts of her body. The information about her case will enable others to assess similar cases in the future.
- MSF has reported that two babies in Ebola Treatment Units have in Conakry have

received the Z-Mapp drug on compassionate grounds.

- A report was given on the outcomes of the one-day conference in Paris, emphasizing that coordination at the national level must involve local communities, and noting that the discussion on the International Health Regulations to be led by France and WHO will be reflected in a conference in March 2016.

Office of the UN Secretary-General's Special Envoy on Ebola
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