

Global Ebola Response Coalition
13 November 2015
Issues Discussed and Next Steps

The fifty-third meeting of the Global Ebola Response Coalition Core Group took place on 13 November. The meeting focused on (a) the status of the outbreak, (b) progress of the response, and (c) survivors' access to essential care.

Status of the outbreak

1. Participants discussed the status of the outbreak. The situation in all three affected countries remains positive. As of 13 November, Liberia reached day 70 of its 90-day intensive surveillance period. On 7 November, Sierra Leone declared the end of Ebola transmission and entered a 90 day period of heightened surveillance.
2. In Guinea, there is one known chain of transmission in Forecariah, but it has not given rise to any new people with Ebola in the last two weeks. There are a number of high risk contacts, but the period of their follow-up will shortly end. If there are no new diagnoses of Ebola reported in the coming days, this will be the first time since the beginning of outbreak that there is no contact under active follow up in West Africa. Searches for one missing high risk contact are continuing in Guinea.

Progress of the response

3. Participants discussed the progress of the response. As a re-emergence of the virus can be expected, there is a need to ensure that countries have sufficient capacity for prevention, detection and rapid response. Prevention will require developing comprehensive registries of survivors in each country. Survivors will need information on viral persistence and risks of possible transmission to close contacts. Prevention will also require the establishment of laboratories, referral sites and facilities to provide basic services for survivors, with a capacity to operate into 2016. Measures for detection in all three countries will reflect new surveillance standards and will be in place through 2016. The Interagency Collaboration on Ebola (ICE) is working with all three countries to ensure that they can maintain a robust rapid response capacity through the end of next year. Future ICE situation reports will be report on the progress made on these three priorities.
4. Guinea: The National Ebola Response Coordinator and the Ebola Crisis Manager will visit Forecariah on 14 November to end movement restrictions on the final group of contacts under follow-up. Work is ongoing to maintain a rapid response capacity and to handover responsibility from the Ebola Crisis Manager to the Resident Coordinator. MSF continues to provide care to the last person diagnosed with Ebola, a 17 day old baby girl in a Ebola Treatment Center in Nongo, Conkary. She has received experimental treatment on compassionate grounds. MSF operations in Forecariah have closed and its ETC in Nongo will be handed to national authorities in the beginning of December, but MSF will remain available to

assist after that date if required.

5. Sierra Leone: On 7 November, the President of Sierra Leone gave the keynote address at the ceremony to mark the end of Ebola transmission in the country. The President outlined the top priorities, including dealing with public health emergencies, sustaining the current response capacity, ensuring a resilient zero, and engaging survivors. He also provided a roadmap of three key activities that are planned over the coming months. A national thanksgiving day will be commemorated on 21 November to remember those who lost their lives during the outbreak and recognize the sacrifice of health workers. A national day of recognition of Ebola response workers is scheduled for 18 December during which the workers will be presented with national awards. A national day of remembrance scheduled on 5 February 2016 to mark the end of the 90-day period of enhanced surveillance. Planning is underway for these events, including the identification of the venues and the participants.

6. There is ongoing work to facilitate the transition of responsibilities from the NERC to the Office of National Security, Ministry of Health and Sanitation and Ministry of Social Welfare, Gender and Children's Affairs. As part of the transition process, the Office of National Security will conduct a three-day simulation exercise on 23 November. The ICE is collaborating with the Government to ensure that rapid response capacity is in place.

7. Liberia: On 2 December, Liberia will complete its 90 day active surveillance period. After the 90 day period is completed, the Incident Management System (IMS) will transition into the Integrated Disease Surveillance and Response (IDSR) mechanisms. Health care workers at all levels (facility, county, and national level) are being trained to manage and implement IDSR responsibilities. Work is underway to build capacity for maternal and newborn health, to provide epidemiological training to surveillance officers in counties and districts, to validate national rapid response plans and to administer routine and supplementary vaccines. The previously-reported backlog in the testing of laboratory samples has been completely reduced and samples can now be tested within 48 hours.

8. Building on its extensive networks at the community level, IFRC is collaborating with community and religious leaders in Guinea to encourage community resilience, continued engagement and early detection. One activity will be to encourage the reporting of a suspicious death in the family or an unusual cluster of deaths observed in the community. IFRC is also working with community and religious leaders to organize the testing of dead bodies. The response capacity of IFRC to support safe and dignified burials will be maintained. One challenge that was noted was the absence of a structured referral system; if an unusual event was reported, it was unclear which health facility would have the infection and prevention control capability to be able to handle such a case. The importance of mapping health facilities was emphasized.

9. UNICEF affirmed its commitment to remain engaged in all three countries, to support survivor care, the build-up of rapid response capacities, and the provision of basic health services.

Care for survivors

10. Partners discussed the support that can be accessed by survivors. WHO is preparing guidelines on the care needs of survivors. The document outlines a framework for clinical and primary care for survivors. The guidelines remain in draft form and feedback from a diverse number of partners is still being sought. Separately, a document on an operational framework for survivor care is also being finalized and will be discussed in-country in early December.

11. In Sierra Leone, the mapping of services available for survivors, the training of advocates and provision of care has been undertaken as part of Project Shield, which has been completed in three districts of Western Area, Port Loko and Bombali. The testing of semen of survivors is expected to commence shortly. MSF is operating survivor clinics in Tonkolili and Freetown. MSF stressed the need to provide Ebola survivors with timely care for their psychological, mental and physical needs, including joint pain, chronic fatigue, hearing difficulties, eye problems, and stigmatization.

12. In Liberia, efforts are underway to ensure that a comprehensive package for survivors, including socio-economic and psycho-social care, continues to be developed and can be accessible by survivors. In Guinea, there is continued work on the strategy for survivors.

Other business

13. A Senior Advisor on Partnerships on Health and Health Care from the World Economic Forum (WEF) reported that he will be working to build upon the cooperation between the public and private sectors in the Ebola crisis to examine how health systems can be strengthened and better synergy between business and governments can be achieved. The project will aim to create platforms for concrete synergy between companies on the ground and governments. Mali, Guinea, Liberia, and Nigeria have been identified as partners; Kenya and Sierra Leone may also join. The project will be presented at the WEF on Africa, which will be held in Kigali, Rwanda in May 2016. The Chair stressed the important role of civil society (faith groups, traditional leaders, local governments and NGOs) in such partnerships.

14. The Secretary-General's High Level Panel on the Global Response to Health Crises will be meeting in Geneva next week to finalize its report on recommendations on health security.

15. The Advisory Group on the reform of WHO's work in outbreaks and emergencies is finalizing its first report. The full text is now available at http://www.who.int/about/who_reform/emergency-capacities/face-to-face-report.pdf?ua=1

16. The revised Overview of Needs and Requirements (ONR III) has been circulated to participants of the Global Ebola Response Coalition. A fifth version of Resource for Results will also be prepared to report on the resources that have been contributed and how these resources have been spent.

17. The meetings of the Global Ebola Response Coalition will continue through December, with the last meeting on 18 December.

Summary

18. In summary, the following issues were highlighted:

- The situation in Liberia remains positive, and it is currently on its 70th day of heightened surveillance.
- Sierra Leone achieved a momentous milestone on 7 November as it declared the end of Ebola transmission and entered a 90 day period of heightened surveillance. The President outlined a roadmap of key events to commemorate those who have suffered, as well as on the work that lies ahead to encourage vigilance.
- Guinea is about to reach a significant milestone, as all contacts are expected to shortly be released from follow-up.
- There is still a need for all concerned to remain alert to the possibility of re-emergence of the disease in both Liberia and Sierra Leone after the end of transmission. Partners are encouraged to follow the posture adopted by IFRC to ensure capacity to detect on unusual events.
- It will be important move forward with prevention, detection and rapid response capacity, while ensuring survivors have access to care and the recovery of health systems. Attention to medical and psychosocial needs of survivors is required and capacity for providing this care will be needed through 2016. The key functions of health systems, including maternal health care, need to be in place and accessible to all who need them.

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