

Global Ebola Response Coalition Meeting
1 May 2015
Issues Discussed and Next Steps

The twenty-seventh meeting of the Global Ebola Response Coalition Core Group took place on 1 May. The main points covered in the meeting follow.

Status of the outbreak

1. Participants discussed the status of the outbreak. The cumulative number of people who have been diagnosed with Ebola in the current outbreak is now 26,325. The number of people who have died is now 10,900. The number of people newly diagnosed with Ebola in the seven days to 26 April is 33 (22 in Guinea and 11 in Sierra Leone). Liberia had another seven day period without any new cases.
2. The geographic spread of the virus remains narrow, with only eight districts, counties and prefectures (out of a total of 63) reporting people newly infected with Ebola. Of these, five are in Guinea and three are in Sierra Leone.
3. Notwithstanding these positive geographic developments, there continue to be concerns about the low proportion of people newly diagnosed with Ebola who come from contact lists (i.e. who have been identified as contacts of persons already known to have the disease). This figure has been 27% for Guinea and 50% for Sierra Leone. Additionally, in both Guinea Sierra Leone and, one-third of persons diagnosed with Ebola died in their communities. These continuing trends mean that there is a risk of new flare-ups and it is important to strengthen surveillance capacities to monitor transmission chains.
4. Caution was urged about attributing unexpected cases to sexual transmission, as this mode of transmission is rare. If sexual transmission were common, the overall epidemiology would look very different. Similarly, cross-border issues are not primarily responsible for transmission, although it was recognized continued progress on these issues should be encouraged. The data shows that the main driver of transmission is behaviour. It is important to understand the primary drivers of transmission in order to maintain focus on what is critical for ending the outbreak. Participants also flagged the need for further discussion about the implications of the rainy season, including the biological, programmatic, operational and financial risks.
5. While many were hopeful that Liberia could be declared Ebola-free on 9 May, governmental officials in Liberia have stated that they will remain alert to the risk of reinfection until the outbreak has ended in Guinea and Sierra Leone as well.

Status of the response

6. Participants discussed the status of the response. In Guinea, door-to-door surveillance campaigns were successfully undertaken in Forécariah, resulting in the

identification of critical areas requiring follow-up. Door-to-door campaigns were also carried out in Coyah, where no new cases were identified. A similar campaign is planned for Dubréka, but was deemed not to be necessary in Kindia. Participants also noted that the upcoming elections and political demonstrations in Guinea could pose further challenges for response efforts.

7. In Liberia, high non-Ebola mortality rates were reported for children brought to pediatric hospitals in Monrovia. Participants emphasized the importance of providing access to non-Ebola health care and addressing the measles outbreak. Early recovery efforts will need to enhance coordination on maternal health and the health of young people, as well as scale up life-saving interventions related to malaria, safe delivery, childhood vaccinations, and diarrhoea.

8. IFRC reported that it is moving into recovery and planning a workshop in Dakar from 7- 8 May. Clinical care is being re-oriented and the permanent or temporary closure of a number of Ebola treatment facilities is under consideration. Decisions on the disposition of facilities are undertaken after intensive discussions and negotiations with the Ministry of Health, WHO and the foreign medical team coordination mechanism. Anthropological studies are being undertaken, including a study on the mental impact of the Ebola outbreak on responders. In Guinea, new presidential directives requiring safe burials have stretched the capacity of responders providing safe burial teams.

9. Participants acknowledged the importance of ensuring a smooth transition from UNMEER. Issues relating to coordination during this transitional period and promoting regional preparedness will warrant further discussion in future meetings.

10. It was recognized that the challenge of getting to zero required hard work, particularly since there continue to be new chains of transmission and deaths in the communities. Responder organizations are encouraged to stay engaged and continue with coordination efforts, particular in light of the approaching rainy season.

Data systems and information management

11. Participants discussed the challenges with creating strong interoperable data systems through which widely accessible data can be shared and used to enhance preparedness and the response delivery. A presentation was made by Zenysis, which explained that it sought to solve the problem of reconciling different information systems by building a unifying layer of technology to integrate data from disparate systems without replacing technology. This would allow different organizations to continue to use their own technology, thereby simultaneously enabling more coordination and more decentralization. It was important for data systems to provide tools for data collection, automatic data cleaning and data security.

12. Participants expressed appreciation for a data system that was based on a recognition that organizations already had their own systems and sought to facilitate interoperability with existing systems. While there may be lessons to be drawn from information management during the response (including how to improve the collection of more granular information in real-time), it was suggested that a more immediate task could be examining how to manage information relating to life-saving interventions during the next early recovery phase.

13. Participants also recommended that the current development of health information data systems in West Africa should be based on a long-term vision for a multi-dimensional and persistent system that can serve thousands of communities over the next five years. Such a system would not only gather information from the communities and districts but also disseminate information back out to the communities to promote awareness. The socio-economic and morbidity and mortality databases that have been created in the Ebola response efforts can be built upon. Participants noted the availability of funding to encourage those interested in developing optimal health information data systems.

Summary

14. In summary, the following issues were highlighted:

- There continues to be a need for all to stay focused and engaged to ensure the outbreak is ended.
- There continue to be concerns regarding the proportion of people newly diagnosed with Ebola who come from contact lists and who have died in their communities.
- The international community in Guinea is engaging in a prefecture by prefecture approach and is mindful of the importance of ensuring a seamless UNMEER transition. In re-orienting their programmes, international responders will need to maintain close coordination with national authorities.
- The approaching rainy season will present further challenges, which will be discussed in future meetings.
- Attention to non-Ebola health care needs is critical, particularly in relation to measles, maternal health care and the health care of young people.
- There are ongoing efforts to improve the interoperability of health information data systems and to establish long-term systems that will enhance the capacity of communities to provide and disseminate information.

15. Participants noted the extraordinary contributions of Mr. John Gordon who has headed the GERC Secretariat since its inception and provided exemplary support for 27 meetings.

16. Ms. Phyllis Hwang will assume the responsibilities of the GERC Secretariat and may be contacted at hwangp@un.org or 212-963-1399.