

Global Ebola Response Coalition
22 May 2015
Issues Discussed and Next Steps

The thirtieth meeting of the Global Ebola Response Coalition Core Group took place on 22 May. The main points covered in the meeting follow.

Status of the outbreak

1. Participants discussed the status of the outbreak. The number of people newly diagnosed with Ebola in week ending 17 May was 35, with 27 in Guinea and 8 in Sierra Leone. Although these numbers reflect a disappointing increase from the total of 9 from the previous week, this fluctuation can be expected as part of the nature of the bumpy road to zero.
2. The increase in the number of people newly diagnosed with Ebola was accompanied by an increase in the number of infected areas. There are now 6 districts and prefectures reporting people newly infected with Ebola, 3 in Sierra Leone (Western Area Urban, Port Loko and Kambia) and 3 in Guinea (Dubréka, Forécariah and Boké).
3. In Sierra Leone, the people newly diagnosed with Ebola are coming from known contact lists and linked to areas known to have transmissions. A small number of people have died in their communities. Despite the increase in numbers, Sierra Leone is considered to be continuing on the road toward zero cases because of the chains of transmission are known.
4. In Guinea, 16 of 27 people newly diagnosed with Ebola came from areas that had not previously reported transmissions for some time. The transmissions now span the coast of Guinea from Boké to Dubréka to Forécariah. In Boké, a prefecture on the coast of Guinea and along the border of Guinea-Bissau, there is concern that persons who had come in contact with someone diagnosed with Ebola may have returned to Guinea-Bissau.

Status of the response

5. Participants noted that there continues to be a crisis of health systems in the affected countries and one possible resource may be the West African diaspora, in particularly those in the medical profession. IOM has been working to map the medical professional diaspora from Sierra Leone and to examine ways to bring them in as part of the solution for the healthcare worker gap. The involvement of the diaspora has also been helpful for enhancing the effectiveness of community engagement in response efforts.
6. Participants highlighted the need to provide adequate funding for WFP logistics to ensure that helicopters can continue to transport personnel and supplies, particularly during the rainy season. The demand for WFP services has expanded, as

the geographic scope of response activities has expanded. WHO described how the recent transport of one individual from a border area north of Boké for testing at the Coyah center required a day and a half of travel.

7. Liberia. Pediatric and other health services in Monrovia are limited and an expansion of bed capacity is needed. The Liberian President has reiterated the importance of remaining vigilant and sharing the expertise and supplies of Liberia. Liberia is working to intensify its surveillance systems and address non-Ebola health care issues, such as the immunization of children and the distribution of mosquito nets.

8. Sierra Leone. Participants reported that in the Moa Wharf area there remain challenges in establishing good contact and networks. A measles campaign is ongoing.

9. Guinea. New transmissions were expected because there had been a high number of persons diagnosed with Ebola who were not coming from known contact lists. There will be four priority areas going forward. Firstly, it will be important to ensure a rapid response capacity so that investigations can be carried out in the areas with new transmissions and response strategies can be adjusted. Secondly, it will be necessary to maintain highly sensitive surveillance systems in order to detect transmission chains more rapidly and find people infected with Ebola who have not previously been reported. This surveillance would be carried out through alert systems (passive surveillance) and engagement with communities (active surveillance). Thirdly, an ongoing focus on case investigations is critical in order to understand transmission chains. Fourthly, continued community engagement and building trust will be important so that people who have been infected with Ebola will be reported; this will include strengthening networks with tribunal leaders, traditional healers, body washers and imams.

10. The intensification of efforts in Guinea has included the deployment of the surveillance teams to Boké and Kamsar. Door to door campaigns will be initiated in Dubréka and are ongoing in Forécariah. Participants highlighted the need for medical health workers to fill gaps following the recent departure of Cuban and African Union doctors; towards this end, the redeployment of doctors from other parts of Guinea is being considered. Efforts are also underway to strengthen the cross-border surveillance and preparedness in Guinea-Bissau, including by mobilizing Portuguese-speaking health workers. Participants highlighted the need to deploy diagnosis kits to facilitate the rapid testing of bodies or patients for the Ebola virus.

Secretary-General's International Ebola Recovery Conference

11. UNDP reported that the Secretary-General will be hosting an International Ebola Recovery Conference in July, in cooperation with the three affected countries of Guinea, Liberia and Sierra Leone. The African Union, the African Development Bank, the European Union and the World Bank will be partners in the conference. The affected countries will have an opportunity to share their detailed national and

regional recovery strategies. The conference will emphasize the clear linkages between the ongoing response efforts and recovery.

12. The conference will consist of a high-level segment on 10 July, which will include presentations by the three affected countries, a statement by the Secretary-General and a session for pledges to be made in support of recovery. A day of technical consultations will be held on 9 July, organized along the four themes outlined in the Ebola Recovery Assessment. The organization of the conference will also include participation by the private sectors and NGOs. It is hoped that governments will make new financial commitments to support national and regional recovery strategies. It was noted that the timeframes for the recovery plans of the three countries need to be aligned and work is ongoing to encourage such alignment.

13. It was emphasised that the Secretary-General's conference will only raise money for the countries to support recovery. At the same time, participants noted the need to articulate with precision the resources needed by the UN system and partners to end the outbreak and support early recovery efforts.

Summary

14. In summary, the following issues were highlighted:

- The road to zero cases in Sierra Leone and Guinea remains bumpy. In Guinea, efforts have been made to expand door-to-door campaigns, strengthen cross-border surveillance and increase active case-finding.
- Non-Ebola health care issues are being addressed in Liberia and elsewhere, but will require more attention. The involvement of West African medical professional diaspora is one possibility for addressing gaps in the health care systems.
- The Secretary-General's International Ebola Recovery Conference will provide a forum for donors to pledge contributions to support the national and regional recovery plans of the Ebola affected countries. The conference will also give space to the private sector and NGOs to articulate their roles in recovery. It will be important for the timeframes of national and regional recovery plans to be aligned prior to the conference.
- At the World Health Assembly, there have been a number of presentations and side-events about Ebola, examining why the systems of national governments and the international community have been so stretched by the Ebola outbreak and how can improvements be made to ensure a better response in the future. These discussions will continue as the various lessons learned exercises move forward.