

**Global Ebola Response Coalition Meeting**  
**24 October 2014**  
**Issues Discussed and Next Steps**

The Secretary General's Special Envoy chaired the third meeting of the Global Ebola Response Coalition Core Group on 24 October.

In his introduction the Chair said the Coalition was now finding a rhythm. He was interested in feedback from participants, including ideas about what issues should be covered.

The Chair said that he proposed to make public the notes of the GERC meetings, ensuring that they do not attribute remarks to participants. Because the GERC is both voluntary and informal the Chair does not propose to release the list of participants.

The main points covered in the meeting were:

The **overall operating environment** for the Ebola response remains challenging. Data suggested a continued expansion of cases in affected countries, particularly urban areas. However greater awareness of the disease is starting to have a positive impact on transmission.

**The newly diagnosed Ebola cases** in Mali and New York are of great concern. Good preparedness had helped the Government of Mali respond immediately. Intense contact tracing was underway with a strong effort to identify chains of transmission. WHO is sending a full team, arriving in the next 24 hours. The identification of the New York case was worrying but was also heightening awareness.

On the issue of duty of care to responders with medical needs, real progress has been made on the critical issue of **evacuating international responders who are affected by Ebola**, though there are still some issues to be clarified around eligibility. There were many expressions of gratitude to the Paul Allen Foundation for underwriting some of the costs incurred in evacuating international responders from non-government organizations. On **non-Ebola health care**, services are still being offered by the UN medical services in Freetown, though the facility itself has been closed. It will be reopened again this weekend following the construction of a temporary facility with the help of WFP special operations. In Guinea the French Government has committed to supporting the provision of non-Ebola care for responders. In Liberia non-Ebola medical care options are being developed. And on **Ebola care facilities** for health responders, the US and UK are moving ahead quickly with their facilities in Sierra Leone and Liberia, which should be available in early November. A facility in Guinea is under development.

There was good news on **resource mobilisation**. Contributions to the Secretary General's Ebola Trust Fund had now broken through the \$100m barrier, thanks to latest commitments from the UK and Sweden.

There has been progress clarifying the **financing needs for the epidemic**. The World Bank has agreed to develop a mechanism for tracking Ebola finances. The Chair outlined total financing needs would be revised upwards following the planning conference in Accra. The urgent needs for Ebola-related actions are of the order of \$1.5bn up to March 2015 with a further amount needed if the urgent response continues through 2015. Funds for recovery would need to be added. It seems likely that the total additional needs could reach \$4bn: work is underway to develop a precise figure and ensure that it is fully justified.

**Consistent communications** is an issue which is seen to be important by many. Messages must also be clear and credible. The Chair explained the efforts being made within the UN to establish consistent and effective communication on behalf of the whole Coalition.

There is much interest in intensifying **innovations for Ebola control**. And the Special Envoy's office would be considering some work in this area. The Chair was grateful for the leadership of the US on managing data.

An important meeting on **vaccines** had taken place during the past week, with signs of progress on that front. We looked forward to hearing the detail.

UNMEER updated on **operational planning**. The Accra planning conference had clarified UN lines of operation and aligned those with the UN Agencies responsible. The SRSG had travelled to each of the countries and met both Presidents and other stakeholders. The planning framework would be adjusted to take account of the discussions. It would be circulated early next week.

The Chair reminded the Coalition about plans for the Ebola **dashboard**, which had been discussed on previous calls. This would be the tool to collectively monitor our performance; it would replace other dashboards currently being used. This would be shared in the coming days.

In summary the Chair highlighted: some excellent results we are seeing at country level; financial mobilisation was really happening; the encouraging progress on medevac although some tricky issues remained on in-country care; the vital importance that we continue to coordinate; the important progress with vaccines; and the critical role of social mobilisation activities.

Deliverables for this week would be: i) an update paper on the overall financial picture; ii) the latest version of the Ebola dashboard; and iii) an update on duty of care arrangements.

## Updates

### From the affected countries:

**Liberia** reported on the SRSB visit and the visit by the Chairperson of the AU. Activity was intensifying with an expanding treatment bed capacity. There were signs of positive progress in infections in some areas e.g. Lofa.

**Sierra Leone** had received similar high level visits. Their Ebola Operations Centre had been renamed the National Ebola Response Centre. A senior level CEO had been appointed to the NERC.

**Guinea** reported the arrival of 38 Doctors from Cuba. After orientation they would be deployed to the regions. President Conde had been focused on community engagement. The SRSB visit had gone well.

In **Nigeria** the team of 609 volunteers was now being mobilised through the African Union to the affected countries. The Government was working with partners to ensure volunteers were well prepared and with the AU and ECOWAS to ensure they were optimally deployed.

### From donor organisations/institutions:

The Heads of State of **EU** countries had spent time this week focusing on the Ebola outbreak. The incoming Commissioner had been appointed as the EU's Special Envoy. Important progress had been made at the Council meetings on resource mobilisation, medical evacuation and plans for a donor conference. Well-trained volunteers were needed as was an integrated approach on entry-exit controls.

The **AU Commission** reported on the visit of their Chairperson to the region. This had identified the importance of human resources and keeping borders open. Continued collaboration and coordination was needed, particularly on deployment of personnel. It was suggested funds from African countries be channelled through the AU. Deployment of AU medical teams would continue next week.

The **World Bank** outlined their plans for an integrated approach to foreign medical teams, in terms of: sourcing; training; deployment and evacuation. They were keen to talk to others on this and coordinate.

For the **US**, domestic issues were prominent, particularly the new case in New York. Progress on medical evacuation was important. They were expanding their own medevac capability and had been working closely with the Paul Allen Foundation on the issue. They considered increased provision of training for responders was a key means to prevent the need for evacuation.

The **UK** congratulated the UN on the Accra conference and looked forward to seeing the results. They outlined the new commitments announced by the Prime Minister this week for ECUs, burials and a contribution to the MPTF.

The **Netherlands** had been pleased with the conclusions of the EU meetings. They had increased their own commitment. Their deployment of their marine vessel deployment had been agreed.

**Russia** expressed their support the integrated approach to human resources, as outlined by WB and US. The risk of staff arriving without proper knowledge and skills was high. They were discussing an uplift in their own financial contribution to the Ebola effort, including to the Ebola Trust Fund.

The **AfDB** said their President was visiting Guinea.

**Interaction** highlighted the importance of the medevac discussion. They had some thoughts on messaging, which they would share.

The **Ebola Private Sector Mobilisation Group** [name?] reinforced the importance to the private sector of medevac and in country care. It was precluding travel and reducing further potential economic activity.

**Save the Children** identified non-Ebola health care as a challenging issue where action was needed.

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