

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

The thirty-first meeting of the Global Ebola Response Coalition Core Group took place on 29 May. The main points covered in the meeting follow.

Status of the outbreak

1. Participants discussed the status of the outbreak. The total number of people diagnosed with Ebola to date is 27,040. The number of people newly diagnosed with Ebola in the week ending 24 May was 12, with 9 in Guinea and 3 in Sierra Leone. This weekly total is a decrease from the previous week's total of 35.
2. In Guinea, transmissions are spanning a broad geographic area, with three prefectures reporting people diagnosed with Ebola: Boké, Dubréka, and Forécariah. These prefectures cover the area from the border with Guinea-Bissau to the border with Sierra Leone. The pattern of the transmission indicates that efforts need to be concentrated in Forécariah. There are still multiple sub-prefectures in Forécariah with complex transmission chains and deaths in the communities. A second challenge in Guinea is the emergence of the transmission in areas that had not previously reported transmissions for some time (e.g. Boké, Dubréka and Fria). These flares require a rapid response and a concentration of resources, thereby diverting full attention from Forécariah. There is a possible risk of undetected transmission in Conakry; the possibility of undocumented transmission chains is currently being investigated.
3. In Sierra Leone, the virus is primarily concentrated in the West Urban Area, in waterfront communities with significant deprivation and poor public services. Deaths in the communities and flares will continue to be challenges in Sierra Leone.

Status of the response

4. In Guinea, a second door-to-door campaign was undertaken in Forécariah and affected communities were provided with food and cash support. A similar campaign is planned for Dubréka. Teams have been sent to Boké and Fria to map out new transmission chains. Guineans are awaiting a decision as to whether they will be allowed to undertake the pilgrimage to Mecca. Last year, Saudi Arabia imposed a travel ban on citizens from Liberia, Guinea and Sierra Leone seeking visas to make the pilgrimage to Mecca because of the Ebola outbreak.
5. Participants reported instances in Guinea in which family members have washed out the mouths of the deceased so that individuals would not test positive for Ebola. This behaviour highlights the determination of communities to sustain their traditional practices and underscores the need for responders to be sensitive to the tensions being faced by these communities. The mobile nature of the communities also presents challenges for contact tracing in Guinea.

6. Participants emphasized that water, sanitation and hygiene (WASH) services are essential for getting to zero. There is no infection prevention and control without water and hygiene.

7. Participants noted ongoing difficulties with cash flow, and these difficulties are compromising the response. While certain challenges such as the rainy season lie outside of the control of the responders, participants expressed concern that the problem of insufficient resources has persisted notwithstanding the urgency of getting to zero. Participants also reported difficulties in recruiting health personnel given other humanitarian crises in other parts of the world.

Non-Ebola health care challenges

8. In the context of the work led by national authorities on their recovery plans, WHO has focused on infection prevention and control; expanding from Ebola surveillance to greater disease surveillance; reactivating essential services, including work on immunization and vaccination, malaria, reproductive and maternal health, HIV and tuberculosis; and transitioning the health workforce from emergency roles to regular health care ministry roles. A measles immunization campaign in Liberia was completed on 14 May, exceeding the target of 600,000 children. Measles immunization activities have also been conducted in Guinea and Sierra Leone. Efforts have also been undertaken with respect to malaria, including the distribution of mosquito nets in Liberia and long lasting insecticidal nets (LLIN) in Guinea. WHO has also been addressing concerns about the disruption of maternity services as a result of Ebola.

9. MSF continues to participate and support mass vaccination campaigns. It highlighted the need to restore reproductive health services and surgical services. Developing mobile capacity through the operation of mobile clinics will be important for expanding non-Ebola health services.

10. UNICEF noted that getting the trust of the communities means extending the availability of non-Ebola health services, supporting infection prevention and control, training health workers and providing essential commodities to enable interventions in malaria, pneumonia and other diseases. UNICEF is supporting measles and polio campaigns. Health facilities surveys in Sierra Leone indicate a need for emergency obstetric care.

11. In Sierra Leone, participants noted that there is a clear recovery plan with two elements. First, there needs to be a strong system to detect, respond to and prevent future outbreaks. Secondly, essential services need to be back up and running. Participants also reported challenges of getting health workers back.

12. Participants noted the need to focus on quality of interventions in geographical areas, and to sustain cross-border operations. Additionally, it will be important to have reliable indicators to help guide early recovery.

Any other business

13. Participants discussed preparations for the Secretary-General's International Ebola Recovery Conference and the continuing work on refining the timeframes and content of national recovery plans.

14. The Director of the Secretariat of the Secretary-General's High Level Panel on the Global Response to Health Crises invited participants to join a community of practitioners to provide input to the Panel on topics for research and to share ideas on their areas of expertise.

15. Information on the resource requirements of the UN system and partners to end the outbreak is currently being compiled. Work is also beginning on the tracking of contributions by donors and the use of these resources by the UN system and partners for the Ebola response; this work will lead to the issuance of "Resources for Results IV" in the coming weeks.

Summary

16. In summary, the following issues were highlighted:

- The outbreak is continuing in Guinea and Sierra Leone, and work in these countries on contact tracing and rapid response to flare-ups remains intense.
- In Guinea, there is anxiety about the outbreak continuing during the time of the pilgrimage to Mecca. The persistence of unsafe burial practices underscores the continuing need for community engagement.
- With respect to non-Ebola health care, some of the priorities identified included:
 - Re-establishment of facilities
 - Return of health care workers
 - Conduct of immunization and vaccination campaigns
 - Restoration of maternity, reproductive, paediatric, surgical and mobile services
- Support for water, sanitation and hygiene is essential to infection prevention and control.
- In refining recovery plans, it will be important clarify the relevant timeframes and requested resources. The private sector and NGOs are expected to play important roles in recovery.
