

**Global Ebola Response  
Coalition Call  
10 October 2014**

Key Points emerging from the discussion

The Global Ebola Response Coalition is a group involving all actors—Government, international organisations, NGOs, and the private sector—participating in the Ebola response. It will attempt to *leverage synergies, assess resources, monitor implementation, and align communication across actors*.

**Anthony Banbury**, SRS UNMEER, stressed six key points from the Mission’s perspective in West Africa: the importance of information; the regional nature of the crisis; support needed to and alongside national structures; the need for more ETUs with workers and systems to manage them; the links between strategic level and operational planning; and the importance of community engagement through a decentralized response to the crisis.

The **UK** and others stressed the importance of community care centres as these increase in number and form the backbone of the initial healthcare response, and the **World Bank** highlighted that it was important to ensure that these centres provided quality care and were not perceived as “holding centres”. Social mobilisation and information dissemination will be key to centres’ success; **UNICEF**, **UNFPA**, and others are already carrying out large-scale social mobilisation exercises, targeting the “affected, not just the infected”.

**MSF** noted the sharp increase in admissions in Guinea, where the outbreak had previously seemed to be abating. **WHO** highlighted the importance of ensuring 70% of patients were identified and 70% of burials were carried out safely by the 60-day mark of the response (60-70-70) in order to bend the curve of the outbreak in the region.

All GERC members stressed the importance of establishing a formal *Medevac mechanism*, with many emphasising the importance of establishing standardised protocols and policies for those responders who will be joining the effort at this stage, including robust training mechanisms.

The **Deputy Secretary-General**, Chair of the GERC, emphasised that the four principles that will guide the response in the next weeks will be *speed, action, cooperation and teamwork, and people at the centre*.

Requests and identified needs

**Stephen Gaojia**, Incident Manager in Sierra Leone, noted that *resource mapping on the ground* was integral to supporting Government responses. **China** suggested that a *strategic framework on operational needs* should be consistently evaluated.

The **UK**, **UNMEER**, and others stressed the importance of planning that *drives a decentralised response to the outbreak, based in communities*.

**USAID** highlighted that all actors should ideally be working from a *shared set of data*, with individual agency planning *aligned around the 30-60-90 plan if possible*.

**IFRC** noted the continuing shortage of *body bags*.

**UNFPA** and **Save the Children** highlighted the importance of robust provision of *non-Ebola-related healthcare services* for responders, and for citizens of the three most affected countries.

Several GERC members noted that *insurance provision* for responders (life, health/injury, safety, malpractice, and Ebola care if possible) is lacking. *Centralised purchase of equipment*, and of policies, could assist in this regard (**Save the Children**).

**OCHA** invited all donors and responders to *report their contributions* to OCHA's Financial Tracking Services division, in order to improve data on contributions.

**David Nabarro** and **UNMEER** stressed that *the Multi-Partner Trust Fund remains severely underfunded*. The MPTF will allow for responsive funding of emerging priorities, including the current special logistics operation.

Most GERC members stressed the remaining gap in *Medevac provision*, and the importance of establishing a *systematic process for medical evacuation or best-quality in situ care for responders*. **UNICEF** and **WFP** stressed the importance of providing best-quality healthcare for *national staff* as well as international staff, and **Interaction** likewise called for ensuring that *NGO operational responders* are included in Medevac SOPs.

*Robust training procedures* need to be in place for all incoming responders.

#### Offers of assistance and GERC capacity

The **Mo Ibrahim Foundation** may be able to provide support for *securing insurance for responders*. They also have a strong *political and cultural network* in the region, which is at the disposal of GERC Members.

The companies of the **Private Sector Ebola Mobilization Group** may be able to *run outreach and social mobilization campaigns* in their areas of operation in partnership with other GERC members.

**OCHA** has a number of *information products* available, including its “Who Does What Where” report.

#### Actions

The next GERC call will take place on *October 17, at 8.30 New York; 12.30 West Africa; 14.30 Geneva*.

In the coming weeks, priorities for GERC Members will be:

- Continuing scale-up of support in Sierra Leone, Guinea, and Liberia, including through community engagement and community health responder scale-up
- Agreement on medical evacuation, *in situ* care, and Ebola treatment issues
- Intensified resource mobilisation for the global response, in particular through the MPTF
- Clarity on training, SOPs, and increased influx of responders (Foreign Medical Teams/Volunteers)
- Clarity on information tracking and standardisation of data
- Joint work on messaging and communications
- Increased involvement from the private sector and strengthened partnerships between GERC members

GERC Members can provide *any updates of their response efforts, or any requests for assistance or resources from other GERC members*, in advance of the next GERC call by e-mail to [mariadelmar.galindo@undp.org](mailto:mariadelmar.galindo@undp.org)

## **Annex—Participants in the call on October 10, 2014**

Mr. Jan Eliasson, Deputy Secretary-General  
Mr. Stephen Gaojia, Sierra Leone Incident Manager  
Mr. Abdulsalami Nasidi, Nigeria Incident Manager  
The Rt Hon Justine Greening, Secretary of State for International Development, UK  
Mr. Jimmy Kolker, U.S. Department of Health and Human Services  
Ms. Nancy Lindborg, Assistant Administrator for the Bureau for Democracy,  
Conflict and Humanitarian Assistance (DCHA), USAID  
Ms. Inger Damon, Incident Manager for the Ebola 2014 Response,  
U.S. Centre for Disease Control and Prevention  
Ms. Melanie Walker and Dr. Olusoji Adeyi, World Bank  
Mr. Claus Sorensen, Director-General, Humanitarian Aid and Civil Protection (ECHO)  
Dr. Luis Sambo, Regional Director for Africa, WHO  
Dr. Brice de la Vigne, Médecins Sans Frontières  
Ms. Joelle Tanguy, International Federation of the Red Crescent  
Mr. Sam Worthington and Mr. Joel Charny, Interaction  
Mr. Michael von Bertele, Save the Children UK  
Ms. Hadeel Ibrahim, Mo Ibrahim Foundation  
Ms. Nancy Powell, U.S. Department of State  
Ms. Christine Fages, Ambassador, Coordinator of the Inter Ministerial Ebola Task Force, France  
Mr. Ray Chambers, Special Envoy on the MDGs  
Mr. Niu Shuqiang, Director-General of the Health Emergency Response Office of the National  
Health and Family Planning Commission of China  
Dr. Gregory Taylor, Chief Public Health Officer, Public Health Agency of Canada  
Dr. Chris Elias, President, Global Development Program, Bill and Melinda Gates Foundation  
Mr. Alan Knight, Ebola Private Sector Mobilization Group  
Mr. Anthony Lake, Executive Director, UNICEF  
Dr. Margaret Chan, Director-General, WHO  
Dr. David Nabarro, Special Envoy on Ebola  
Mr. Anthony Banbury, Special Representative, UNMEER  
Ms. Ertharin Cousin, Director, World Food Programme  
Dr. Babatunde Osotimehin, Executive Director, UNFPA  
Ms. Kyung-wha Kang, Assistant Secretary-General, OCHA  
Mr. Victor Kisob, Director, Ebola Liaison Office