

Global Ebola Response Coalition Meeting
13 February 2015
Issues Discussed and Next Steps

The eighteenth meeting of the Global Ebola Response Coalition Core Group took place on 13 February. The main points covered in the meeting follow.

2. The meeting discussed the current **epidemiological situation**. The cumulative number of cases of Ebola is now at 22,999. The number of new cases in the last 7 days has risen for the second successive week, from 124 to 145. This includes a slight reduction in Liberia (from 5 to 4), and in Sierra Leone (80 to 76) but an increase in Guinea (from 39 to 65). In Liberia all cases are coming from Monrovia and from a single chain of transmission, which is quite well defined. In Sierra Leone, we anticipate cases could increase again following the identification of a significant new chain of transmission in the Aberdeen area of Freetown; there are already 14 confirmed cases in that chain. In Guinea, the numbers of new Ebola cases are driven by incidence in 2 areas: Forecariah and in Conakry. Only 15% of these new cases are from registered contacts. It was noted that the main geographical areas of current high transmission in Guinea and Sierra Leone, are contiguous.

3. In discussion of the **response**, it was noted that “the hard part has been done but the very, very hard part is still ahead”. The issue of the physical security of responders is paramount: there have been a number of security incidents, particularly in Guinea, during the last 7 days. Some of these incidents are connected to rumours circulating locally in relation to the re-opening of schools (one is a concern that disinfectant sprayers are transmitting agents that cause Ebola Virus disease).

4. There is a need to re-establish the general disease surveillance system and laboratory testing capacity, given concerns about a possible measles outbreak in Liberia. A phased approach is being taken to increasing access to non-Ebola health care, starting with safe reopening of facilities, in ways that increase the confidence of workers and patients so that they sense it is safe to return to their facilities. Plans for the transition of existing Ebola treatment facilities will be considered at the appropriate time.

5. There is a real push by the UN Agencies to develop additional capacity - for example, capacity for Ebola surveillance. The push must happen now in order to take advantage of the window of opportunity before the rainy season begins. Capacity for rapid responses to flare ups, which can be deployed quickly to areas of intense transmission, is an increasingly important part of the response: speed is of the essence when it comes to preventing the establishment of new chains of transmission.

6. It is important that the potential contribution of the private sector in this phase of the response be understood and defined. Businesses can contribute to confidence building with local populations, to communication of information,

surveillance and contact tracing, as well as to rapid responses in cases of flare ups. They can also contribute to the safe revival of essential services. It is proposed that in its next meeting the Coalition works with the Ebola Private Sector Management Group to help us all appreciate their potential contribution.

7. Concern was expressed about the perception of a misalignment between the sense of optimism about the diminution of the outbreak and the reality of the present situation: an outbreak that continues and is by no means under control. There are also concerns around the intense attention that the response demands, when responders are being engaged in discussions about, and planning for, recovery. All participants stressed the need to remain intensely focused on a synergized, localised and intensified response to the outbreak, so that there is continued progress to zero cases as quickly as possible. It would be extremely unfortunate if responders – distracted by other topical issues or international crises – inadvertently contribute to an escalation of the outbreak.

8. On social mobilisation, UNICEF highlighted the increasing knowledge base about issues relevant to social mobilisation. This is now serving as an important evidence base for the response: in geographical areas with higher intensity of transmission, the levels of knowledge about Ebola and its means of transmission are comparatively low. It is important not to assume that, in all areas, increased knowledge will be associated with communities' full engagement in the response, especially where people's anxiety is high. Trust between the populations and the responders is critical for a successful outcome.

9. An operational framework for social mobilisation has been developed which aligns with the evolution of the response, and links behavioural information more coherently and closely to the epidemiology. It is important to synchronise increased communications with improved services. To implement this framework, responders expect to strengthen anthropology and social science capacity at district level and to ensure that the capacity is used to help adjust the response to local realities. In this way the response can be better adapted to the degree of reticence in a community.

10. Standards for future social mobilisation operations will be developed in ways that pull together responders' experiences of working with reticent communities: these will be shared through responder networks.

11. Participants discussed plans for the **Brussels Conference** on 3 March. Getting to zero will be one of two main issues at the Conference. The other will be on prevention, preparedness and recovery. Maintaining focus on the Ebola response, with the increasing focus on other prominent global issues, is a continuing challenge. On the section of the Conference that will address recovery, it is planned that the conclusions of the Ebola Recovery Assessment exercise will be shared and discussed. It is planned there will be three sessions in the afternoon, one on each country. These sessions, to be presided over by the respective Presidents, will consider both the response and planning for the recovery. A wide spectrum of representation has been invited to the Conference: participants suggested that community

representatives be invited. One product of the conference will be a joint declaration by the Co-Chairs.

12. Participants suggested that the response be a core theme of the Conference, to reflect the remaining challenges with getting to zero. There were concerns that a strong focus on the recovery might serve as a distraction. It was accepted that the current Conference plan may not reflect this priority, partly because when the Conference was first discussed, it was felt the balance of need at this point would be for recovery rather than the response. This has not proved to be the case. In light of this, the EU will reconsider the balance in the Agenda between the response and the recovery and adjust as necessary. It was also suggested a clear articulation of the funding needs for Ebola would be an important component of the Conference.

13. A preview was provided of the **meeting of international responders** (also known as “Foreign Medical Teams”) to be held in Geneva on 17-19 February. This meeting will be attended by well over 100 groups, which represented about 95% of the foreign medical teams operational in the field. Invitation remains open for the event for any who aren’t yet signed up. The meeting will be operationally focused, jointly led by national Ministries of Health from affected countries and WHO. It will include 2 days on the response, considering: i) how international responders can support the path to zero new cases; ii) improving quality of care and infection control and updating on research and development; and iii) maximising the use of the international responder capacity (people and structures) which is currently in place, including safe reactivation of services. The third day will look to the future and consider how experiences with the Ebola response can feed into and inform the deployment of international responders in similar responses which might arise in the future.

14. **In summary**, it was noted: i) this is a very delicate moment in the response: although there has been dramatic improvement in the incidence levels until recently, incidence is definitely increasing again, with significant amounts of transmission of which we have little knowledge; ii) populations, for a mix of reasons, are indicating increasing degrees of anxiety, as well as reticence to engage with the response; iii) an intensification of effort is clearly necessary in response to the evolution of the outbreak but this has to be done with huge sensitivity, both to the pattern of the disease and to the anxieties of communities. How to achieve this balance will be discussed during the next meeting of the GERC; iv) also to be discussed further, is the offer made by the Ebola Private Sector Mobilisation Group to provide what support it can to the evolving response, and for guidance about what form that support can most usefully take; v) there is a significant messaging challenge, with on the one hand a feeling that the response is done and we need to turn attention to recovery, and at the same time big worries at the way the outbreak is evolving, including having a clear understanding about its progression; vi) the meeting on international responders next week will be extremely important given the wide range of critical issues to be addressed; and vii) ongoing discussions around planning for the EU Conference will be important, including to maintain an appropriate focus on both the response and the recovery.

15. The Chair thanked Heidi Findlay for her support to both him and to the broader Coalition and noted she would be departing the Special Envoy's team on 13 February. John Gordon is the point of contact for all issues related to the GERC.
