

Global Ebola Response Coalition
20 November 2015
Issues Discussed and Next Steps

The fifty-fourth meeting of the Global Ebola Response Coalition Core Group took place on 20 November. The meeting focused on (a) the status of the outbreak, (b) the progress of the response, and (c) survivors' access to essential care.

Status of the outbreak

1. Participants discussed the status of the outbreak. On 7 November, Sierra Leone declared the end of Ebola transmission and entered a 90 day period of heightened surveillance. Sierra Leone has reached its 55th day since the last person twice tested negative for Ebola.
2. In Guinea, the last known infected person (a newborn girl in Conakry) tested negative for the second time on 15 November. The 42-day period for counting down to the end of transmission in Guinea commenced on 16 November.
3. In Liberia, confirmation was received on 19 November that a 10-year old boy has been diagnosed with Ebola. He showed symptoms on 14 November, was admitted to a health facility on 17 November and has been subsequently transferred to the ELWA hospital in Monrovia. Epidemiological investigations and genetic sequencing are being undertaken to understand the origin of the virus. He has no obvious history of contact with a survivor, no obvious travel history, no contact with burials nor any other known risk factors for Ebola. The working assumption at this stage is that the transmission may be the result of reintroduction from a convalescing population. The two siblings of the boy are also symptomatic and are currently being tested. The parents of the child are being observed in the ELWA hospital.

Progress of the response

4. Participants discussed the progress of the response. WHO commended the impressive response of the incident management system in Liberia to the report of the person newly diagnosed with Ebola, with partners working quickly under the leadership of the Government to undertake contact identification and tracing. To date, there have been seven instances of the reintroduction of the virus from survivors in the three affected countries, three in Liberia, one in Sierra Leone and three in Guinea. These developments highlight that even when a transmission chain has been interrupted, a reintroduction of the virus from the survivor population can occur. While the vast majority of the survivors are already negative due to the time elapsed since their infection, the virus can persist in some individuals and cause flares.
5. The three countries will need to maintain a capacity to prevent, detect and respond to any residual virus. On prevention, it will be important to ensure that survivors are educated with the latest information on persistence, are well-equipped to reduce exposure to family

members, can be screened if symptomatic and can access basic care. On detection, work is ongoing in all three countries to build surveillance capacity, to find suspect cases, to swab dead bodies and to detect any events. On rapid response, the establishment of rapid response teams is ongoing.

6. In Liberia, the Deputy Minister of Health noted that Liberian authorities had been prepared for the possibility of a re-emergence, given the awareness of residual persistence of the virus in survivors. During the 90-day heightened surveillance period, it will be necessary to continue testing dead bodies and live patients and make sure that infection, prevention and control (IPC) measures are in place in hospitals. In response to the new report, government authorities have taken appropriate actions including triggering the protocols for contact listing at the home, hospital, and school where the boy was enrolled. The Ebola Treatment Units remain open and staff and logistics are available. The need for the continued engagement of UN partners at senior levels was highlighted.

7. The Resident Coordinator is working with the incident management system in Liberia and coordinating the efforts of the UN and partners. A clear “unity of command” amongst the actors on the ground was observed. The turnover in international health workers in the past year has created challenges for maintaining institutional memory and highlights the importance of having Standards Operating Procedures (SOPs) in place.

8. In Guinea, MSF reported that the three week old baby who recently tested negative twice for Ebola has responded well to the treatment given to her in the MSF facility in Nongo, Conakry. As she is the first newborn to have recovered from Ebola, she is continuing to receive specialized care before release and remains under isolation. The Ebola Crisis Manager (ECM) in Guinea emphasized the need to remain vigilant as the country aims to end transmission, which is likely before the end of the year. Work is continuing to transition tasks from the ECM to the Resident Coordinator and this is expected to be completed by the end of 2015. Progress has been made on the strategy on the rapid response mechanisms, a safety net for survivors, the expansion of laboratory facilities for rapid testing, and the establishment of a national coordination structure.

9. In Sierra Leone, the enhanced period of surveillance will be in place till 5 February 2016. A “National Day of Thanksgiving” will be held on 21 November in the presence of religious leaders. The President will use this event as an opportunity to encourage sustained vigilance. Key actors in the National Ebola Response Centre will be stepping down and handing over their functions to the Office of National Security and the Ministry of Health and Sanitation. A simulation exercise is scheduled from 23 to 27 November under the leadership of the Office of National Security. The process of preparing this simulation exercise has demonstrated gaps in consultation. Work to build a rapid response capacity is underway with the collaboration WHO, OCHA and other UN agencies, international organizations, and non-government organizations. At present, there is capacity in place to deploy up to 85 people to respond to one report of an Ebola transmission. However, an optimal capacity would be able to handle three outbreaks.

10. On transition in Sierra Leone within the UN system, the Resident Coordinator's office will take over the coordination role and have reinforced staff and competencies. Work is progressing to initiate a Disaster Management Cell in the Office of the Resident Coordinator to coordinate the transition and recovery activities around Ebola. The plan for a rapid response capability was adopted by the UN Country Team on 19 November. WFP confirmed the availability of its helicopter services for the next three months, which may be renewed, upon review in January 2016. The current flight schedule will be maintained up till 31 December 2015 and thereafter, at least one inter-capital flight per week between the affected countries will be maintained.

Survivors' access to essential care

11. WHO reported that its essential service delivery framework has been drafted based on the clinical guidance prepared by WHO. WHO is developing digital tools for facilitating service delivery for survivors and maintaining longitudinal electronic medical records.

12. In Sierra Leone, survivor care and support is led jointly by the Ministry of Health and Sanitation along with the Ministry of Social Welfare, Gender and Child Affairs. OCHA is working with the Ministries to improve the matrix used to gather information on survivors. The registration process of all the survivors is still ongoing. Once data has been gathered with this new tool, OCHA will then analyze the information, map it and then provide the information to the broader partners' network. This information will enable partners to fill gaps, avoid overlaps and improve coordination. OCHA is also training technical focal points to ensure that sustained capacity will be in place even beyond OCHA's presence. Additionally, it was reported that Project Shield will begin semen testing starting 1 December.

13. In Liberia, OCHA reported that the Resident Coordinator and the Ministry of Health agree on that cash transfers to survivors should not be prolonged, in order to avoid dependency; rather, it is important to have a national policy for support to survivors in place. The exchange of experiences on this issue from Guinea and Sierra Leone will be helpful. The Ministry of Health has deployed teams to different regions to see which additional health facilities could provide medical care for survivors. Currently most of the clinics with dedicated service for Ebola survivors are in Monrovia. It is important that these services be made available to counties that have high numbers of survivors.

14. USAID recently completed a visit to the three countries to examine programs focused on recovery and survivors and to consider how to support issues such as medical services, clinical care, psychosocial support, social protection, governance and civil society. It was emphasized that in the development of policies, survivors should not be separated out from the rest of the population, as this would result in stigmatization. The Islamic Development Bank reported that it has been involved in discussions on how to support survivors in Sierra Leone. The Chair noted that the WHO focal point involved in the coordination of support to survivors is Lisa Thomas and she can be contacted at thomasl@who.int.

Other business

15. The Senior Advisor on Partnerships on Health and Health Care from the World Economic Forum reported that on 16 November, the Chair of the Managing Board approved the new global challenge for health that will be taken on by the Forum as a major programme of work. A special session will be organized to explore a new consortium for vaccine innovation to support an accelerated response to the next dangerous pathogen. Four major pharmaceutical partners, international organizations, governments and research institutions are engaged in the development of the vaccine consortium.

Summary

16. In summary, the following issues were highlighted:

- In Liberia, partners have mobilized quickly to undertake contact tracing and respond to a new report of 10 year old boy diagnosed with Ebola.
- Sierra Leone is continuing it with its period of heightened surveillance and will be convening a National Day of Thanksgiving on 21 November.
- Guinea recently began its 42-day countdown, after the last person tested negative for Ebola for the second time on 15 November.
- Partners are focused on building rapid response capabilities and a system of care that is accessible to all survivors. The optimal level of rapid response capacity to deal with three outbreaks at any time has not been achieved. There are anxieties about the continuation of air travel services.
- Turnover in international partners has presented challenges for ensuring adequate capacity and maintaining institutional memory.
- Within the UN, there are intense efforts to transition responsibilities from the ECMs to the Resident Coordinators. The capacities in the offices of the Resident Coordinators are being built up and OCHA is working to develop information tools.
- Several donors have indicated that they are examining the gaps to understand how recovery and survivors can best be supported.

Office of the UN Secretary-General's Special Envoy on Ebola
23 November 2015