

**Global Ebola Response Coalition**  
**27 November 2015**  
**Issues Discussed and Next Steps**

The fifty-fifth meeting of the Global Ebola Response Coalition Core Group took place on 27 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 has reached its 62nd day since the last person twice tested negative for Ebola.
2. In Guinea, the 42-day period for counting down to the end of transmission in Guinea commenced on 16 November.
3. In Liberia, there were three people newly diagnosed with Ebola in the week ending 22 November. A 15-year old boy tested positive for Ebola after admission to a health facility in Monrovia on 19 November. He was then transferred to an Ebola Treatment Centre along with other members of his family. The boy's brother and father subsequently tested positive for Ebola. On 23 November, the 15-year old boy died. Investigations and genome sequencing are being undertaken to establish the origin of infection. At present, the mother is believed to be the source of infection and there are indications that the mother may have been exposed to the virus in 2014 or may have received a blood transfusion in the past month. More than 100 contacts have been identified so far, including ten health workers who had close contact with the 15-year old boy.

**Progress of the response**

4. Participants discussed the progress of the response. In Liberia, contact tracing continues to be priority and previously missing contacts have been located. A recent survey on vaccination indicated that there is significant resistance from communities, including health workers, to receive vaccination. Social mobilization efforts will need to be increased to overcome this reluctance to accept vaccinations. The swabbing of dead bodies is increasingly accepted due to increased availability of rapid testing.
5. The International Medical Corps (IMC) noted that the most recent flare-up in Monrovia appears to be under control, and that the government of Liberia demonstrated strong leadership in the response. However, concern was expressed that a number of counties are either not reporting, or are reporting that no samples have been taken or tested. Meanwhile, a number of counties have recently shown discrepancies between reported suspect cases and the number of samples tested – highlighting weaknesses in the surveillance system. These gaps

in the surveillance system stemming from complacency and lack of accountability mechanisms to maintain infection prevention and control (IPC) standards in a number of facilities.

6. IMC further highlighted the need to review case definitions and their application in a “post-outbreak” context. Case definitions that are not well-adapted to the national epidemiological context can delay access to care for non-Ebola patients, and provide an unrealistic standard to implement outside of an outbreak context. The inconsistent application of case definitions by health providers is leading to variations in workload and practice. Case definitions need to be well understood and applied consistently to be effective.

7. In Guinea, President Condé convened a conference from 27 to 29 November, aimed at increasing awareness about vaccine treatments against Ebola. The President will be inaugurated for his second term on 14 December and a new government will be formed soon thereafter. Transition activities are underway to handover responsibilities from the Ebola Crisis Manager (ECM) to the Office of the Resident Coordinator, as well as from the National Coordination Cell to the Guinean Center for Disease Control (CDC). Arrangements for coordinated action, rapid response capacity to address possible flare ups and the provision of care to survivors will require high-level political involvement.

8. In Sierra Leone, the National Security Coordinator and Chief Medical Officer have begun to co-chair meetings of the National Ebola Response Center (NERC). An Ebola focal point in the Resident Coordinator’s office has been established to assume the responsibilities of Interagency Collaboration on Ebola (ICE). UN agencies, NGOs and other partners are working to develop a backstopping capacity for the national emergency plan, to maintain in-country capability to respond to potential flare ups and remain accountable for the plan through 2016. The Office of National Security completed a week-long simulation exercise with strong engagement both from international and national partners. The participation of the President in this exercise demonstrated the importance that he placed on maintaining capacity.

### **Survivors’ access to essential care**

9. WHO reported that the documents of clinical care guidelines oriented towards primary care which could be implemented is being finalized. Secondary documents will be connected with referral services. A draft should be available by 2 December.

10. In Guinea, work is ongoing to finalize and implement the survivor strategy in the coming week, which will require the involvement of traditional healers.

11. In Sierra Leone, it is expected that semen testing as part of Project Shield will begin by 1 December in three priority districts where the largest numbers of recent survivors are present – Western Area, Port Loko and Bombali. A wide range of survivor-related support activities are ongoing. The Project Implementation Unit co-led by the Ministry of Health and Ministry of Social Welfare will coordinate the survivor agenda.

12. In Liberia, the International Medical Corps urged that strategies for survivors need to be unified, consistently applied and take into account sustainability considerations, survivor physical access constraints, and realities around stigma. Mobile survivor services can bring stigma if they show up at survivor's doors. For survivor services to be sustainable and accessible, these services need to be integrated into routine care and referral pathways. Survivor-oriented efforts need to be refocused at the national levels, and funders should be more consistent and more reliable in both the short- and long-term. The International Medical Corps also highlighted the importance of finalizing protocols and guidelines on clinical care and post-EVD syndrome, so that training and application by general Liberian health practitioners can proceed and consistency in service delivery can be promoted, thereby reducing the risk of exposure related to persistent virus.

13. A new approach for supporting survivors was discussed, whereby registered survivors would be mentored on a regular basis by telephone or through in-person consultations to make them aware of available services. The mentoring would be undertaken based on the consent of the survivors and with care to make sure that the survivors will not be stigmatized. This mentoring approach, which would focus on individual survivors rather than service providers, is used in a variety of programs for people with severe disabilities and deteriorating health conditions. The mentoring approach has been effectively used by Partners in Health and GOAL in Sierra Leone.

### **Other business**

14. A representative of the Ebola Private Sector Mobilization Group (EPSMG) noted that the private sector had played a constructive role during the Ebola response by introducing temperature checks and good hygiene practices in the workplace. These practices should be continued, not just in response to Ebola, but to promote good health in general. The role of the private sector and EPSMG should be captured in ongoing lessons learned exercises. He expressed an interest in keeping the private sector engaged in recovery in a creative way.

### **Summary**

15. In summary, the following issues were highlighted:

- Following the recent flare-up in Liberia, there are challenges in understanding the source of the infection. Efforts are underway to re-establish contact tracing.
- Sierra Leone is undertaking a transition of responsibilities to ensure that the country is ready to respond to possible flares and has completed a simulation exercise with participation by the President.
- In Guinea, arrangements to transition from the National Coordination Cell will continue once the new president has been inaugurated and forms a new government. The President has recently convened a conference to raise awareness about vaccine treatments against Ebola.
- Concerns were raised about gaps in the performance of surveillance systems due to

- complacency and lack of accountability, and inconsistent application of case definitions.
- Access to care for survivors remains an ongoing challenge. Enhanced mentoring systems are already in place and will be expanded more widely. The WHO guidelines on clinical care for survivors are expected to be made available by next week.
  - Good hygiene practices in the workplace are essential not just as part of the Ebola response, but should be continued to help promote good health in general.

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