

Global Ebola Response Coalition Meeting 14 | 16 January 2015: Issues Discussed and Next Steps

The fourteenth meeting of the Global Ebola Response Coalition Core Group took place on 16 January. The main points covered in the meeting follow.

2. The meeting discussed the current **epidemiological situation**. The cumulative number of Ebola cases recorded is 21,408. There is now a common view amongst all epidemiologists that incidence of Ebola (the number of new cases per week) is reducing week by week across the region. The number of confirmed cases for the last 21 days: in Liberia is 35; in Guinea 202; and in Sierra Leone 695. Most cases in Liberia continue to be in the city of Monrovia and in Grand Cape Mount County, where capacity has been strengthened so as to better enable local response teams to identify people with Ebola and to identify the chains of transmission. Work is underway to examine why there has been a flare up in this county in recent weeks. In Sierra Leone, the incidence of new cases is now declining but there is still transmission of the virus in many Districts, and few of the new cases are coming from lists of people known to have been in contact with existing cases. This is particularly the case in the city of Freetown and in Port Loko District. In Guinea, the epidemiological situation is complex and cause for concern: although overall numbers are falling, cases are dispersed across an extremely wide geographical area, and intense transmission continues in some areas e.g. around Conakry. The very wide dispersion of cases is a particular worry regarding transmission to neighbouring countries.

3. In terms of **the response**, the recent visit of the SRSB and Special Envoy to the affected countries allowed them to see at first hand the increasing strength of the response, as well as the extremely high level of commitment being demonstrated by all of those involved. The week on week falls in case incidence is extremely important but needs to be seen alongside many instances of new cases flaring up, with the sources of these flare ups often not on contact lists. The numbers of new cases being identified, which are not on contact lists, remains a serious concern. It indicates effective surveillance, contact identification and contact tracing continues to be a weakness in the response and must be a priority for the second phase. It is important to have flexible response capacity, to ensure that capacity exists in the areas where needs are high. Social mobilisation and awareness activities need continuing attention, particularly in Guinea and especially in areas of active transmission. As a general principle, the qualitative as well as the quantitative dimensions of the response must be considered. This will be enhanced by the continued deployment of additional epidemiological and social science capacity across the districts, counties and prefectures. Some communities continue to be reticent about engaging (and participating) in the response - particularly in Guinea: it is essential district-level responders have the skills needed for managing reticence.

4. The two key factors contributing to continued spread are: (a) unsafe burial practices (communities see the application of traditional burial rites as so important that they continue to pursue them despite the risks); (b) people with Ebola

continuing to spend time in their homes after symptoms have appeared (the time interval between onset of symptoms and patients receiving treatment is improving but – at around 5 days or more in some areas – is still too long).

5. Despite the continuation of the outbreak, the Governments of the affected countries are starting to develop plans for recovery of basic services (health care, education, food systems, markets). It is important this is done in a prudent and safe manner, given the ongoing risk of disease. A longer term multi-agency process to support Governments with their Ebola Recovery Assessment is also underway, involving World Bank, EU, African Development Bank and Economic Commission for Africa, and led by UNDP.

6. The **African Union** continues to deploy significant numbers of health workers to the affected countries, with at least 500 volunteers coming from Nigeria, Ethiopia, Uganda and Kenya: a further support programme has been established by the West African Health Association under the aegis of ECOWAS. An Ebola event is planned on 29 January during the AU Summit, to be co-chaired by the AU Chairperson and the UN Secretary General. It will focus on the present situation while also examining recovery issues (incorporating findings from the Ebola Recovery Assessment). The event will also focus on plans to establish an African Centre for Disease Prevention and Control.

7. During their recently completed **visit to the region** (5th – 13th January), Ismail Ould Cheikh Ahmed, Bruce Aylward and David Nabarro identified several issues that need concerted action in order to increase the effectiveness of the overall response: i) systems for the better collection and analysis of data, both on the epidemiology and on the anthropology of Ebola; this is needed to permit the better tracking of chains of transmission; ii) greater engagement of communities in the response – through the three phases of negotiation, mobilization and partnership - so as to increase trust between communities and the response; to reduce reticence and to encourage adoption of lower-risk behaviours; iii) better identification of professionals experienced in public health, epidemiology and social mobilization to work at district, county and prefecture levels; these should be people who will earn the respect of the responders in their area and will work in cooperation with national coordinators: there is a need to identify a critical mass of these people to be posted to all 60 local areas; iv) as capacities improve, well-managed active coordination is a prerequisite for effective action, including analyses – and filling – of gaps; and v) there is a continuing need for systems that enable responders to be supported and kept safe, so as to reduce Ebola infections and other health risks amongst that group.

8. During this visit they appreciated the very high levels of commitment and strong morale among all the responders, starting with the Presidents. They: witnessed the importance of flexible and adaptable funding mechanisms to stimulate more effective action by responders; appreciated the important role played by the Multi Partner Trust Fund; gathered the absolute need for all concerned having a shared concept of what a **district level focus** means in practical terms; and

recognized that complacency could lead to the return of high transmission levels (so continued vigilance everywhere is absolutely vital).

9. WHO shared with the meeting plans for the **Executive Board Special Session on Ebola**, which will take place on 25 January in Geneva. This is only the third Special Session of its kind. It will consider two things: what further action is needed to stop the outbreak; and what reforms are needed to make the world better able to deal with public health emergencies in the future. There are papers on the WHO website covering both issues. The WHO Director General is making five proposals to the Executive Board: i) legitimise the role of WHO in dealing with such emergencies, with a strong operational function; ii) reform the systems and structures to enable this to happen; iii) enhance the overall capacity of the organisation for emergencies; iv) establish a new funding mechanism for the organisation's work in emergencies; v) strengthen mutual accountability. A resolution covering these proposals is being prepared by Member States. The Special Session will be webcast.

10. One issue to be addressed at the Special Session is the optimal timing for, and nature of, the analysis of lessons learned in the Ebola response. It is not yet clear how participants in the Special Session will seek to link their assessment of the Ebola response, and their proposals for institutional reform of WHO. It is seen to be important that any reviews of the response are independent of the institutions involved in the response.

11. The **Outlook 2015 report**, which is designed for use by the Global Ebola Coalition and includes reflections from the Special Envoy as well as a collation of the results from interviews conducted with coalition members, is now available (to be found at <https://ebolaresponse.un.org/global-ebola-response-outlook-2015>). Coalition participants are invited to indicate whether the document is useful and credible, or whether changes are needed in subsequent documents of this kind (indeed, whether there are errors of fact or interpretation that need correction in this document).

12. Participants in the GERC calls will be invited to take part in a **short survey**, to help assess whether the forum is serving well the purposes of all of the participants.

13. The revised UN system **Overview of Needs and Requirements** document is close to completion, will be circulated in the coming days and will be released within a week.