

**Global Ebola Response Coalition**  
**17 July 2015**  
**Issues Discussed and Next Steps**

The thirty-seventh meeting of the Global Ebola Response Coalition Core Group took place on 17 July. The main points covered in the meeting follow.

**Status of the outbreak**

1. Participants discussed the status of the outbreak. The number of people newly diagnosed with Ebola in week 28 ending on 12 July is 30, with 13 in Guinea, 14 in Sierra Leone and 3 in Liberia.
2. In Guinea, there has been an increase in people infected with Ebola in Conakry, accounting for approximately half of the people newly infected with Ebola. This increase is likely the result of the ongoing movement of high risk contacts into the capital city, either to be with family, to seek medical treatment, or to avoid the “cerclage” strategy.
3. In Sierra Leone, a similar increase in the number of people newly diagnosed with Ebola in the capital was observed. The outbreak in Freetown is still not under control and infections are not coming off known contact lists. A positive development has been a decrease in the number of infected people in Kambia and Port Loko, all of whom are coming from known contact lists.
4. While the epidemic curve in Guinea and Sierra Leone remains flat, there have been some encouraging developments. There is an increasing ability to define the number of transmission chains and to link people to those chains. In Guinea, there appear to be three active transmission chains related to past outbreaks in Boké, Forécariah and Dubréka. In Sierra Leone, there are three transmission chains in Kambia, Port Loko, and Magazine Wharf. These transmission chains also appear to have decreased substantially over the last few months.
5. As a result of the more detailed understanding of the transmission chains, there is an improved ability to understand the risks, to identify and quantify the contacts, and to monitor how many people newly diagnosed with Ebola are coming off of known transmission chains. In each country, it is possible to identify the missing contacts and to find them before they become symptomatic.
6. In Liberia, two of the three people newly infected with Ebola are from Margibi county, and one is from Montserrado. At present, this flare is believed to have originated from a survivor, although this has yet to be confirmed.

## Status of the response

7. Participants discussed the status of the response.
8. In Guinea, the response continues to be challenged by the movement of contacts and of people infected with Ebola. More attention is being placed on enhancing the quality of surveillance and analysing new trends. UNICEF noted significant improvements in community engagement. In Boké and Forécariah, efforts have been made to improve access to basic services, medical facilities during quarantine phase and access to potable water. A more complex challenge will be to adjust these strategies for the urban areas of Guinea, as well as Sierra Leone and Liberia, where majority of the newly infected people are now located.
9. In Sierra Leone, concern was expressed about an incident in which some people diagnosed with Ebola had fled from the Ebola treatment units, highlighting problems with the management of the centre and the need for psycho-social care. OCHA reported on an innovative new facility called the “House of Hope” established in Kambia with the support of the community leaders. This facility is cordoned off but is constructed in a manner that allows quarantined persons to be visible and to have access to their community, thereby demystifying the quarantine process. The facility provides 24-hour care under conditions that emulate normal life.
10. In Liberia, there is a need to maintain diagnostic capacity in the capital. WHO noted that the example of Liberia highlighted the importance of maintaining resources and sufficient capacity for active case finding in the affected countries even after they reach zero cases.
11. MSF highlighted a number of challenges for the response. Community fatigue is on the increase. The diversity of communities poses challenges for community engagement. There is a need to improve the quality of investigation, contact tracing and monitoring in “silent districts that currently are not reporting people diagnosed with Ebola. The public health system has been damaged by the epidemic and there is a need to re-open public health facilities to provide non-Ebola health care. Strict protocols for screening and triage should be put in place. There is a need to provide mental health care to survivors and to restore the trust of communities in the public health services. Similarly, WFP emphasized that the delivery of services need to improve so that patients and individuals under quarantine feel that they are the number one priority.
12. In Guinea-Bissau, cross border collaboration is maintained with Guinea and health screening is in place at the various entry points. A technical working group has finalised the structure for the Emergency Operations Centre, which has been approved by the Ebola commissioner for Guinea-Bissau. The Ministry of Health expects to identify the location for this Centre by next week. Work is underway for establishing a system for swabbing dead bodies. Collaboration is underway with WFP to resolve challenges related to logistics. Paul Allen Foundation announced its support for preparedness in Guinea-Bissau. This includes building the capacity of local health

officials in Guinea-Bissau, facilitating exchanges with counterparts in Liberia, supporting training for Infection Prevention and Control (IPC) and pre-positioning equipment and supplies for an Ebola Treatment Unit in Guinea-Bissau.

### **Update on recovery**

13. Participants discussed the International Ebola Recovery Conference, which consisted of technical consultations on 9 July and the high-level segment on 10 July. Participants highlighted the strong participation by the affected countries, the African Union, development banks, donor countries, private sector, civil society and non-governmental organisations (NGOs). Participants commended the significant pledges and expressions by partners of their readiness to remain engaged in recovery efforts. There was a strong turnout in the various side events focused on strengthening community resilience and coordination, innovation, and stimulating the public/private sector engagement on data management.

14. UNDP expressed its appreciation for the team effort which contributed to the success of the conference. Preliminary estimates of the pledges totalled USD \$ 3.4 billion. Discussions on 9 July provided depth to the national and regional plans that were presented on 10 July. UNDP indicated that it intended to follow-up, to ensure that commitments are met and that the resources provided will be put to good use.

15. Other participants shared the following observations on the conference:

- The Islamic Development Bank expressed its solidarity with the three governments in future recovery efforts. The Bank requested further details of the amounts that were pledged. Participants noted that these figures will be shared once they have been confirmed.
- UNICEF noted the strong engagement of civil society and NGOs needs to be continued into the recovery phase, including in working towards mutual accountability.
- USAID expressed its appreciation for the efforts of all in achieving a successful conference. USAID observed that participants in the conference were galvanised and reaffirmed its commitment to be part of this international effort.

### **Summary**

16. In summary, the following issues were highlighted:

- In the current phase, the focus is increasingly on transmission chains. With a detailed investigation of these chains, an understanding of outbreaks is getting more precise.
- The difficulties with contacts constantly on the move contribute to the new flares. Finding missing contacts is exceedingly important, to ensure that contacts can be rapidly diagnosed and brought into treatment when they become symptomatic.

- The quarantine process needs to be implemented as effectively as possible. Significant work has been undertaken to create incentives, including by improving access to services.
- Emphasis on community engagement and ownership has led to the development of innovative solutions such as the establishment of the “House of Hope” in Sierra Leone.
- It is essential to ensure strong public health systems and stay focused on non-Ebola health services and services for survivors.
- More work is needed on support for Guinea-Bissau and the maintenance of capacity in Liberia.
- Following the International Ebola Recovery Conference, it is important that partners continue to show their solidarity and commitment as the recovery process begins.

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