

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

The nineteenth meeting of the Global Ebola Response Coalition Core Group took place on 20 February. The main points covered in the meeting follow.

2. Participants discussed the current **epidemiological situation**. The cumulative number of people with Ebola is now at 23,366. The number of people newly diagnosed with Ebola in the last 7 days is 131; it was 145 in the preceding 7 days. This week's total reflects a slight increase in the number of people with Ebola in Liberia (from 4 to 5), a fall in Sierra Leone (76 to 74) and Guinea (from 65 to 52). There has been a real intensification in recent efforts for the Mission Critical Areas of case finding, contact tracing, community mobilisation and provision of essential services, including an important increase in human resource capacity within the affected communities.

3. It is significant that in Guinea the last diagnosis of Ebola in a person from the Forest region, was more than a week ago. The outbreak in Guinea is presently centred in and around Conakry, where there are multiple chains of transmission. Few of those who are newly diagnosed have previously been registered as contacts of people with Ebola. In Sierra Leone, there is a serious outbreak in the Aberdeen area of Freetown, which has now reported 20 people with the disease. There are concerns that those who have been in contact with them are now dispersed within the region – perhaps encouraged to move away by the application of quarantine in the area. People with Ebola are reported from ten districts in Sierra Leone: this represents a large geographical area. The plan is to reduce the number of Districts reporting people with Ebola before the rains begin. In Liberia, people have been diagnosed with Ebola this week in Margibi County: these are the first people diagnosed outside Montserrado County after an interval of several weeks. The new cases are people known to have been in contact with others who had Ebola.

4. Participants discussed the state of the **response**. It was noted the SRS of UNMEER has initiated a scale-up of the response in the greater Conakry area of Guinea (also known as Ba Guinea), dispatching a team of qualified specialists to encourage the better integration of operations at district level. However, further help is needed in the form of qualified French-speaking epidemiologists and anthropologists. Capacity for community engagement is also being expanded within this scale-up. Urgency is needed given that there is incomplete knowledge of the chains of transmission in Guinea; also the lack of engagement from some communities and variations in people's knowledge, both hamper the response. The scale-up includes intensified efforts to build trust between communities and responders, stronger community engagement and effective communications which are important elements of the evolving response in Guinea. This includes building on local political and religious networks. Enhanced coordination of contact tracing efforts will also be needed.

5. It was noted that any quarantine of people and communities has to be done in ways which do not inhibit the contact tracing effort. Any quarantine needs to ensure all essential services are provided to the quarantined individuals and groups and people's human rights are protected. Options for strengthening coordination at all levels are being developed, including the better use of information technology and common databases. A discussion on means to improve data management will be included in a future meeting of the GERC. This issue will also be discussed at a US Congressional forum in the coming week.

6. It is important to guard against complacency in behaviour as the profile of the epidemic changes. Too frequently burial and funeral practices are unsafe. Continued building of both formal and informal networks for sharing of information from anthropological studies is extremely important.

7. The main conclusions of the review by Save the Children of the infection of a UK NHS staff member in their Kerry Town facility were shared with meeting participants. The review had not been able to identify the cause of infection but it was felt most likely to have resulted from use of atypical PPE, in combination with the varying protocols applied in different facilities. The key lesson is the importance of standard protocols, that are strictly followed. The meeting of Foreign Medical Teams in Geneva 17th – 19th February was summarised: main issues covered included means for (a) maintaining the development of FMTs, (b) better utilizing their services in the current outbreak and (c) sustaining the focus on ending transmission of the virus.

8. Planning for the **3 March Conference in Brussels** was continuing. The focus of effort in the conference will be on engendering high levels of political support for getting to zero, including strengthening preparedness and prevention; and laying out the processes to return the affected countries to a positive path of social and economic development. Workshops on the Ebola Recovery Assessment are underway in each of the three countries: these will inform conference planning. There will be exploration of the means through which national Ministries of Finance will cope with the flow of new funds, as part of the continued support from the international community. The meeting will expect greater clarity on the availability of funds for the overall Ebola response, what funds spent so far have achieved and an analysis of financing gaps. These will inform the identification of the additional resources which are needed to achieve our collective objectives. An outcome document is being developed to capture key messages from the Conference. It was clarified that several NGOs have been invited to the Conference and others would be welcome if they make an approach in quick time.

9. Participants discussed the **role of the private sector in the Ebola response**, focusing on how to maximise the impact of their engagement. A document is being prepared which aims to communicate ways in which businesses can help. This will offer suggestions about the role of the private sector in the current status of the outbreak and the response. Key issues to be considered include: lessons from businesses' responses to HIV; the private sector's consistent physical presence in

communities; the capacity of businesses to help with early identification of non-Ebola conditions earlier e.g. malaria; the contribution of businesses to successful recovery; the opportunities from using peer to peer engagement; potential for supporting border issues through private sector networks; and the operational (rather than financial) nature of business engagement. The EPSMG welcomes feedback on its thinking to date, and would like to encourage more thinking on the issue. It is important to note that the continued engagement of the private sector companies, despite the commercial difficulties they face, represent a net contribution to the response.

10. **In summary**, a number of concerns were noted: (i) whether there is sufficient intensification of the response in areas with continued transmission; (ii) whether the communications effort is adequate; (iii) the extent to which there are the right people in the right places; (iv) whether the evidence base confirms coordination at the local level; (v) issues around the quality and implementation of quarantine arrangement. There are two areas more clarity is needed: a) on the role of the private sector, and the Coalition should work together to achieve that; and b) the relationship between the various phases of the work, where the linkages are being more clearly defined.

11 The main strategic challenge continues to be identifying and maintaining a commonly understood and accepted balance between completing the response (“getting to zero”) and the safe revival of basic services, on the one hand, and the desire of the countries - and their people - to implement economic recovery and longer-term development.

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