

**Global Ebola Response Coalition**  
**21 August 2015**  
**Issues Discussed and Next Steps**

The forty-first meeting of the Global Ebola Response Coalition Core Group took place on 21 August. The main points covered in the meeting follow.

**Status of the outbreak**

1. Participants discussed the status of the outbreak. There were three people newly diagnosed with Ebola in week 33 (ending on 16 August) in Guinea. There were no new transmissions in Liberia or Sierra Leone.
2. In Guinea, one person recently diagnosed with Ebola had spent some days driving his taxi while he was symptomatic. Another person diagnosed with Ebola had travelled from Conakry to seek treatment from a traditional healer in Dubréka, before dying in the community. These instances demonstrate that while the situation in Guinea is positive, it is still not under control. There are still high-risk contacts in the community who may start new chains of transmission. It is important to focus on chains of transmission, to follow each contact and to persist over time.
3. In Forécariah, the genetic sequencing of a recent transmission suggests that a new transmission chain may have been initiated by a survivor.

**Progress of the response**

4. Participants highlighted the need to implement triage and rebuild confidence in the health care systems. They discussed the issues relating to survivors, including debilitating physical conditions, financial difficulties, and stigmatisation. To ensure that survivors can receive the free medical care to which they are entitled, it will be necessary to raise awareness about the availability of such services, support transportation for survivors who live far from capitals, and issue durable survivors' certificates. Mechanisms for replacing lost certificates are also needed.
5. In Guinea, there is concern that with the lower numbers of transmissions, people are no longer giving Ebola the focus and attention that it deserves. There is a continued need to improve on the quality of the response and maintain technical support for the response. MSF is working with community leaders to dispel myths about survivors and promote their social acceptance. UNICEF is supporting community engagement and cerclage strategies, including by training the police to stop unsafe burials and the illegal transport of dead bodies. UNICEF is also continuing with the provision of non-Ebola healthcare services, including meningitis immunisation.
6. In Liberia, MSF has supported survivors by conducting home visits and opening

a clinic on the grounds of its paediatric hospital in Monrovia to provide medical care to Ebola survivors. The main conditions presented by survivors are joint pain, eye problems and psychosocial needs, including a disproportionately high incidence of depression and post-traumatic stress disorder.

7. In Sierra Leone, President Koroma travelled to Tonkolili to release a group of people under quarantine and the remainder of quarantined individuals are expected to be released in the coming days. In the Western Area, Operation Safeguard was recently launched and will continue for three months. There will be a focus on active case-finding using a multi-sectoral approach in seven areas where there had been recent transmissions. An aggressive approach to the response will be maintained even though no transmissions in the last 14 days. The Ebola ring vaccine trial in Guinea will be expanded to Sierra Leone if there are new reports of transmission.

8. Dr. Jalloh of FOCUS 1000, an NGO based in Sierra Leone, reported on the preliminary findings of its Fourth Follow-Up Study on Public Knowledge, Attitudes and Practices Relating to EVD Prevention and Medical Care (“KAP 4 Survey”). According to the KAP 4 Survey conducted in July 2015, a majority of respondents demonstrated comprehensive knowledge of Ebola prevention and transmission, and expressed confidence in the health care system. However, respondents also reported an increasing rejection of safe and dignified burials, a fear of riding in ambulances and a perception that Ebola is no longer a threat. FOCUS 1000 also reported that the Sierra Leone traditional healers’ union has been actively monitoring communities and secret shrines to discourage the use of traditional healing. Since the involvement of the traditional healers’ union in the response, there have been no reports of transmission chains linked to traditional healing.

9. At present, Sierra Leone has the largest Ebola survivor population among the affected countries. WHO, UNICEF and other partners are looking at how to provide comprehensive and integrated services to survivors, in particular, the availability, affordability and accessibility of such services. MSF is planning on opening a survivor clinic in Freetown and has started an outreach programme in Tonkolili to locate survivors and provide medical care and mental health support. The Ebola Crisis Manager in Sierra Leone cautioned that services and clinics established for survivors should not be labelled as being associated with survivors, in order to avoid stigmatisation.

10. The KAP4 Survey indicates that levels of stigma and discriminatory attitudes against Ebola survivors have remained the same since December 2015. Survivors have reported financial difficulties, as a result of loss of jobs and business. Fear of the persistence of the Ebola virus in survivors and the possibility of sexual transmission have led to the abandonment of survivors by their spouses and partners. These findings highlight the importance of refining the public messaging on sexual transmission of the Ebola virus to clarify that casual contact with survivors does not lead to transmission.

11. The International Medical Corps reported on its ongoing preparedness efforts in Mali, Guinea-Bissau and Côte d'Ivoire. In Mali and Guinea-Bissau, rapid response teams and health workers are being trained to screen and identify potential transmissions and work in an Ebola Treatment Unit, if necessary.

### **Any other business**

12. The WHO Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response will be meeting on 24 -25 August. The meeting will be significant given the widespread interest in the implementation of the International Health Regulations.

13. The Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences will convene its second meeting on 26 August.

14. The fourth report in the series, Resources for Results, has been finalised. This report provides an overview of resource mobilisation in connection with the Ebola outbreak.

### **Summary**

15. In summary, the following issues were highlighted:

- This is an exciting moment, as the end of the outbreak is increasingly visible. At the same time, this is an extremely dangerous moment, as resurgence may occur if vigilance is not maintained. Readiness matters everywhere, including in the silent districts and the neighboring countries.
- The response continues to be better adapted. In Sierra Leone, there is multi-sector case-finding under Operation Safeguard and strong community ownership of the response with the involvement of the traditional healers. Guinea is also adopting sophisticated approaches to contact tracing and focused social mobilization.
- Survivors need support as they face stigma and discrimination from their communities and their partners. They need comprehensive and integrated services, linking livelihood support and clinical care.
- Research on a number of fronts -- clinical, social science, vaccine trials -- has been critical in moving the response forward.
- Political leadership has been seen in the efforts to maintain stability in Guinea prior to the elections, as well as in the travels by President Koroma to celebrate milestones in the response in different districts, while stressing that continued vigilance is key. There needs to be a recognition that many months of continued vigilance is required beyond the 42 day period after the last case.