

Global Ebola Response Coalition Meeting
21 November 2014
Issues Discussed and Next Steps

The Secretary General's Ebola Envoy chaired the seventh meeting of the Global Ebola Response Coalition Core Group on 14 November. The main points covered in the meeting follow.

WHO updated on the **latest epidemiological situation**. The picture remains variegated, with a number of areas (in Liberia and parts of eastern Sierra Leone) where the strategy to isolate and bury safely is leading to the numbers of new cases falling. But in other areas where the response capacity is still growing, we are seeing the virus continue to be ahead of the response. This is happening in e.g. the eastern parts of Guinea, which is also threatening the further entry of the virus into Mali. It is important to read the signals from what the virus is telling us about its movements and for the response to take note.

In terms of the **response strategy**, it is clear that in some locations we are seeing a clear evolution of the strategy, from what was characterised as a Phase 1, to a Phase 2. Phase 1 being a focus on isolation and safe burial and Phase 2 a focus on case finding, contact tracing and marked by hunting the virus down at district level. This new phase did require a continued evolution of the strategy and this was happening in a number of locations. UNMEER outlined their planning to flex presence at the district level, under the auspices of the national structures and the establishment of rapid response capabilities. In Mali there are a range of activities underway, including establishment of a formal UNMEER presence and also of an Emergency Operations Centre. Response capacity in Mali is growing and readiness expanding, through e.g. training and more effective cross border control. GERC participants shared their concerns about developments in Mali.

A number of **key challenges** were identified. Some of these were a function of the multi-dimensional operating context and multi-stakeholder nature of the response, e.g. on key policy and protocol issues around treatment centre operations. It is felt that clearer articulation of the capacity gaps and sectoral gaps is needed. There is also a need to better understand the interventions which will elicit the desired behaviour changes, to reinforce the collective approach. Gender disaggregated data were requested. The nutritional status of survivors was noted as being of increasing concern.

WHO updated on the **status of vaccine development**. There were two lead candidate vaccines which were in clinical evaluation. These were being prioritised as a result of the extremely positive results in animal trials. In both cases Phase 1 trials were underway with around 250 candidates. Phase 3 trials in West Africa (in all affected countries) would start in December 2014 and January 2015. Results of the safety of the vaccines would be available in April or May 2015. Discussions are ongoing with GAVI on the issues of financing, allocation and deployment. MSF confirmed they had trials underway in three of their treatment centres. Affordability

and availability are key issues as we move forward. Identification of a vaccine will enable us to have a safer, faster response; it should not alter our strategy for case finding, isolation and safe burials.

There was a short discussion on **long term recovery and renewal**. The Chair updated on his current thinking. There is an important link between managing risks and planning for contingencies now, and the scale of longer-term recovery and revival needed in the future. If the first is adequately dealt with at this time, it will be much less of a challenge to ensure rapid recovery in the longer term. UNDP is pursuing work on this issue and the meetings with representatives of the most affected countries had indicated that this long term focus is starting now - and needs to be comprehensive. A range of stakeholders will be involved. GERC participants were encouraged to contribute to the development of thinking in this area, including on the specific issue of mapping who was doing what.

A few **upcoming Ebola-related events** were announced. An EU meeting of Ebola Ambassadors would be convened in Brussels on December 9, to consider immediate challenges as well as longer term issues. Also, the Director General of WHO, in collaboration with the World Bank, African Development Bank and the West African Health Organisation, is convening a high level Ministerial event in Geneva on December 10 and 11 to discuss the importance of building resilient health systems.

In summary, the Chair thanked all for their participation. He noted we are seeing the shape of the outbreak evolving and the nature of the response adapting to this evolution. All in the coalition seek to keep people at the centre of the response and to respect the principle that international responders work in support of local and national authorities. The linkages between the various strands of the response are being strengthened at all levels. The progress on vaccines was extremely important and it should be seen as complementary to the ongoing strategy to stop and treat the outbreak. The strand of work on the longer term recovery was extremely important but this was just the start and the Coalition Core Group will follow up on this in coming weeks.

* * *