

Global Ebola Response Coalition Meeting
24th April 2015
Issues Discussed and Next Steps

The twenty sixth meeting of the Global Ebola Response Coalition Core Group took place on 24 April. The main points covered in the meeting follow.

THE OUTBREAK AND THE RESPONSE

2. Participants discussed the **status of the outbreak**. The cumulative number of people who have been diagnosed with Ebola in the current outbreak is now 26,093. The number who have died is now 10,821. The number of people newly diagnosed with Ebola in the 7 days to 19 April, is 33, a slight decrease from 37 in the preceding 7 day period. This week's total reflects a reduction in Guinea (28 to 21) and a slight increase in Sierra Leone (10 to 12). Liberia had another 7 day period without any new cases; 9 May will mark the end of the 42 day period since the death of the last person diagnosed as infected with Ebola.

3. The epidemiology indicates a plateauing of numbers of people newly infected with Ebola, at around 30 per week. This has been the case now for three consecutive weeks. There was a similar plateau in January for a number of weeks, at between 100 and 150 cases, which suggests a stepwise reduction in numbers of infected persons.

4. The geographic spread of the virus remains narrow, with eight districts, counties and prefectures reporting people newly infected with Ebola of the total of 63: four of these are in Sierra Leone and four in Guinea. The information about distribution of people with Ebola by geographic location is now more granular, including analysis at the sub-district and chiefdom level in Sierra Leone, and the sub-prefecture level in Guinea. Given the continued distribution of cases in the geographical band spanning the border between Guinea and Sierra Leone, there is continued attention to cross border activity, particularly between Forecariah in Guinea and Kambia in Sierra Leone.

5. In Guinea, the majority of the people newly infected with Ebola in the last 7 days were in Forecariah prefecture (18 of 21). This high figure is an outcome of the door to door surveillance programme which took place there last week.

6. In both countries with people newly infected, there continue to be concerns about the relatively small proportion of people newly diagnosed with Ebola who come from contact lists (i.e. who have been identified as contacts of persons already known to have the disease). This figure has been 46% for Guinea (slightly up from 44%) during the 7 day period to 19 April and 44% in Sierra Leone (down from 67% in the preceding period). The latest data for the number of people who have died in their communities and who have been confirmed as suffering from Ebola disease through samples taken at the time of death, is more encouraging. This has fallen slightly in Guinea (from 8 to 7) and remained at 3 in Sierra Leone.

7. Participants discussed the **status of the response**. There is felt to be an increasingly clear idea of what needs to be done to achieve the target of zero cases in all three countries. But there needs to be a continued focus on maintaining an intense and sensitive response in the areas where disease transmission is occurring. There also needs to be a focus on early recovery - safe, accessible, resilient and trusted services for health, education and livelihood support. One of the main challenges to ending the outbreak continues to be the reticence of sections of local populations to engage in the response - as a result of mistrust between communities and responders. This is being addressed through a comprehensive integration of the lines of action, particularly linking the community engagement work with work on contact tracing and case investigation.

8. Episodic violence has been experienced in Guinea and is being closely monitored and remedial actions identified, including through active engagement with community leadership. A mobilisation and sensitisation programme in Coyah prefecture is underway, similar to that undertaken in Forecariah 2 weeks ago.

9. There remain concerns around the issue of hazard pay for national responders, particularly as the management of treatment facilities transitions from international responder groups to the Government authorities e.g. in Liberia.

10. Trials of plasma from survivors as a treatment for people with Ebola are being continued by MSF in their Donka facility in Conakry: they have reached 92 patients with no severe side effects to date.

11. In Sierra Leone, there are some particular challenges for the response in Kambia district, as a function of: i) the geographical remoteness of some communities; ii) pockets of resistance to full engagement with the response; iii) cross border issues, including the differing standards applicable on both sides of the border for e.g. safe burials. Possible cases of infection by sexual transmission are being monitored, including the potential for those to generate stigmatisation. Active monitoring of pregnant women in quarantined house is taking place in the Western Area of Sierra Leone. Support to case management for measles in Sierra Leone is under discussion. Initial progress following the reopening of schools is encouraging.

UNMEER TRANSITION

12. In Liberia the transition process of UN leadership of the response from UNMEER to UN Agencies is on track and will be completed by end May. Also work is ongoing through training and other activities to develop more resilient response structures at the local level.

EBOLA INNOVATION SUMMIT

13. Participants discussed the **Ebola Innovation Summit** which took place in San Francisco on Tuesday 21 March 2015. This event was hosted by the Paul G. Allen

Family Foundation, the Skoll Foundation and USAID. The event included a self-selected mix of persons interested in innovative approaches to prevention, preparedness and response: from the private sector, NGOs, Governments, multilaterals, philanthropy and academia. The Summit brought them together to share ideas and solutions in relation to the Ebola outbreak and identify how those solutions might strengthen resilience and wider public health activities. The four main activities covered were: data system strengthening; diagnostics; social mobilisation; and emergency infrastructure and logistics. The Paul Allen Foundation will consider funding of various initiatives emerging from the discussions, on which discussion has followed after the event. It is possible a similar event may follow in West Africa.

14. A number of powerful communications films were used at the Summit which participants might be interested in. These included: i) the I Survived Ebola series, which can be found at <http://isurvivedebola.org/>; ii) a short documentary film called "Body Team 12", which follows the work of a Red Cross burial team and which has just won Best Short Film at the 2015 Tribeca Film Festival and will be on general release soon; and iii) a film called Unseen Enemies (<http://www.unseenenemyfilm.com/the-film/>) on global pandemics, which will premiere on CNN in the Autumn.

IMF AND WORLD BANK SPRING MEETINGS

15. Participants discussed the Ebola focused events which took place in the margins of the **IMF/World Bank meetings** between 16 and 18 April 2015. Taken together these meetings considered three things: i) the challenge of getting to zero; ii) the restoration of essential health services; and iii) focus on resilient health system development as an integral part of economic development. It identified the interconnected nature of all three in order to meet immediate needs and protect against future shocks.

16. While commending the countries for their well developed plans, the meetings also identified some areas for further improvement e.g. the need for a stronger emphasis on results and the internal coherence in the costing assumptions. The three year financial need in the three countries was identified at USD2.2bn. It was noted it would be important to relate closely the funding needs and the absorptive capacity of the three countries but also the necessary extractive capacity (speed of disbursement) of the donors, which would need to be higher than had previously been the case. Regional surveillance capacity was also an important issue covered during the meetings, including through the establishment of African CDC capacity. The full statement of the convening partners can be found [here](#).

INTERNATIONAL CONFERENCE ON EBOLA RECOVERY

17. Events in the margins of the Spring Meetings were an important stepping stone to the International Conference on Ebola Recovery, which has been convened by the Secretary General and is scheduled for 10 July 2015 in New York. This

Conference will build on the conclusions of the events around the Spring Meetings, including the various financial pledges which were made. The time horizon for the UN Conference is explicitly 12-18 months in order to identify the priorities for early recovery and ensure those priorities receive the necessary funding. The important role of the Mano River Union in providing an important regional perspective was noted. It was also noted that it will be important to ensure full complementarity between the UN Conference and the possible AU Conference in Malabo, Equatorial Guinea, also planned for July.

SUMMARY

18. **In summary**, the following issues were highlighted: i) there is still an active Ebola outbreak, which seems to have plateaued at around 30 cases per week; ii) insufficient numbers of cases are coming from known contact lists; iii) this confirms the uneven road to zero, which requires continued focus and intensity in the response, particularly given the impending arrival of the rainy season; iv) it is important for the intensity of the response to be sustained and not to be distracted, an issue expressed strongly by the three Presidents in their interactions in Washington; v) the response needs to continue to be taken forward with all of the responder groups working closely together in a mutually supportive and sensitive way: it should reflect the importance of safe early recovery of essential services; vi) as well as focusing on the response, there is a continuing need to maintain support for basic health services and non-Ebola care; longer term recovery is also important to the countries; vii) events at the IMF/World Bank Spring Meetings provided an important step in the process to define the national and regional plans and elicit initial financial support to their implementation with USD 1 Billion committed; viii) the International Conference on Ebola Recovery to be held in New York on July 10 will be an important next step in the current sequence of international events; and ix) the Ebola Innovation Summit was another significant event, focusing on innovative means to support the response and strengthen the recovery and building of more resilient health systems: the follow up process is extremely promising and many valuable contacts were made at this well organized event.
