

Global Ebola Response Coalition Meeting
27th March 2015
Issues Discussed and Next Steps

The twenty fourth meeting of the Global Ebola Response Coalition Core Group took place on 27 March. The main points covered in the meeting follow.

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 24,927. The number who have died is now 10,338. The number of people newly diagnosed with Ebola in the 7 days to 22 March, is 79, which is the lowest number for any 7 day period during 2015; the figure fell from 150 in the preceding 7 days. This week's total reflects reductions in Guinea (95 to 45) and Sierra Leone (55 to 33). Liberia this week reported its first person infected with Ebola for 21 days.

3. There are some positive indicators underlying this encouraging trend which give some cause for optimism. The geographic spread of the virus is narrowing further, with only ten districts, counties and prefectures of the total of 63 reporting people newly infected with Ebola: 6 in Sierra Leone, 3 in Guinea and 1 in Liberia.

4. In Guinea the proportion of people newly diagnosed with Ebola, who have been identified as contacts of persons already known to have the disease, has risen from 28% to 38%. Two thirds of persons diagnosed with Ebola were linked to known chains of transmission. Responders continue to report that they have better access to communities. The number of unsafe burials (at 26) is a cause for concern. But 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, has fallen to 7 in the last 7 days.

5. In Sierra Leone, the further and encouraging fall in the numbers of people newly diagnosed with the disease is accompanied by a number of positive indicators. The proportion of people newly diagnosed with Ebola, who have been identified as contacts of persons already known to have the disease, has risen to an impressive 84%. There were no reports of unsafe burials in this 7 day period. Also two thirds of persons diagnosed with Ebola were linked to known chains of transmission. 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, was 7 (of a total of 56 deaths) in the last 7 days.

6. In Liberia, authorities in Liberia are actively pursuing all contacts of the newly infected person.

7. Participants discussed the **status of the response**. In Guinea, there is concern there continue to be pockets of resistance in Forecariah. There is also a concern that people are not always obeying important protocols e.g. hand washing. The ETCs in Conakry – particularly to the West, continue to work at high capacity. Cross border

work by MSF between Forecariah and Kambia continues. MSF are handing over their 250 bed ETC in Monrovia to the Ministry of Health.

8. March 27 marked the start of the 3 day “stay at home” campaign in Sierra Leone. In areas of low transmission, the core message was around complacency and a robust maintenance of the protocols e.g. hand washing, which will prevent new transmissions. In the areas of higher transmission these same messages are being delivered alongside a process of active case finding. There is a possibility further stay at home events, on consequent Saturdays, might follow. It is felt that the numbers of chains of transmission might be decreasing in Sierra Leone. Plans for a national measles campaign will be laid out soon for May, with guidance from WHO to identify necessary risk mitigation measures.

9. An anti-stigma campaign “Words Against Ebola” has been initiated by IFRC. It is an unbranded contribution designed for use by the wider response community. The information is available from the IFRC website (<http://wordsagainstebola.org/>). It is important all of the responder community act to prevent stigma in any form.

10. A report by ACAPS, an organisation dedicated to improve the assessments of humanitarian needs in complex emergencies, which considers the impact of Ebola on health sector utilisation in Sierra Leone, was recommended to the responder community (http://acaps.org/img/documents/t-acaps_ebola_impact-health-service-utilisation-sierra-leone_25-march-2015.pdf). The report provides a rich analysis of the impact of Ebola on those non-health services.

11. The **MSF report “Pushed to the Limit and Beyond”** was discussed and appreciated. Five key points were highlighted from the report: i) it provides additional depth to the Ebola conversation, particularly as a means to inform the various lessons learned exercises underway; ii) it offers a very self-aware perspective of the role MSF itself played in the response. Such humility is a healthy part of the process of learning; iii) although it is largely a retrospective, the report also offers useful insights in looking forward. It has a strong basis in the epidemiology of the outbreak and provides a core understanding of that; iv) it offers some extremely useful advice and understanding on the non-medical elements of the response, so the political, economic and social elements; and v) the report pays an important and worthy tribute to all those who have lost their lives in the global ebola response, which they have done unselfishly and for the greater good.

12. Participants discussed the **Medevac Fund established by the Paul G Allen Family Foundation**. The Fund enables access for responders to important medevac services (briefing document shared earlier in the week). This facility has played an extremely important part in the reassurance given to the responder community, that they would have medevac support in the event they needed it. The operations of the facility assume all responders have insurance coverage and the Fund meets any shortfall between the cost of the insurance coverage and the full cost of medevac. About 50% of the \$2.5m available in the Fund has been disbursed to date. The Fund is also in discussion about how it can support in-country movement of any

responders infected with the Ebola virus, including discussing with WFP how it might support their efforts to enhance in country capacity. The Foundation welcomes ideas on how it can support in country capacity.

13. Preparation for the **Ebola events at the upcoming World Bank Group/IMF Spring Meetings** (April 17-19) was shared with participants. There are two specific events to be held in the margins of the Spring Meetings: i) a 90 minute high level event “Ebola the Road to Recovery” will take place on the morning of 17 April. This will be chaired by the World Bank President with the UN Secretary General in attendance. The Heads of State of the three affected countries will attend and to present their national and regional recovery plans. The event will build on the 3 March discussions in Brussels and will include some initial concrete commitments and actions to demonstrate the support from development partners to the country and regional plans; and ii) a more health focused technical event to be co-chaired by the World Bank, WHO, AfDB and USAID, which will consider more specifically the countries health sector development plans and prospects for donors to support them. The main themes for the day will be: i) getting to zero; ii) restarting essential health services; iii) strengthening health systems; and iv) regional surveillance.

14. This meeting is another important step in the sequence of high level international meetings on Ebola and an opportunity to build on the conclusions of the Brussels Conference, as well to look ahead to important upcoming international events on Ebola, including the proposed UN Conference in July. There was interest to ensure that the plans presented have been widely consulted upon within the countries e.g. with NGOs and with communities, and are in content inclusive of a broad perspective. And also that any plans addressed issues of reform and mutual accountability. Achieving the right balance between the various streams of work in addressing the challenges of Ebola would be important, so having synergy between the effort on getting to zero, the safe recovery of essential services and on longer term development. It will be important to monitor any shift in behavioural and social patterns as the communities affected by Ebola return to normalcy and to understand how the resilience of those and other communities can be strengthened as a result.

15. **In summary**, the following issues were highlighted: i) the status of the outbreak, particularly in Sierra Leone, continues to improve with a number of positive indicators; ii) but continued vigilance in all locations across the affected countries remains paramount, as was shown to be important in Liberia; iii) in Guinea the indicators are more mixed and the response continues to work intensively to increase community involvement; iv) research into the utilisation of non-Ebola health care in Sierra Leone suggests some cause for alarm; v) the MSF report will be important in informing the lessons learned studies; vi) measles vaccination campaigns will begin soon and guidance around that has been updated; vii) inclusiveness and accountability in the recovery planning process are important as we look ahead to the Ebola events in the margins of the World Bank meetings; viii) safe recovery of essential services is extremely important in facilitating the process of getting to zero; ix) the UN meeting to be hosted by the UN Secretary General in

July is seen as an important step in the sequence of international meetings; and x) the next meeting of the GERC would take place on 10 April.
