

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

The Secretary General's Ebola Envoy chaired the eighth meeting of the Global Ebola Response Coalition Core Group on 28 November. The main points covered in the meeting follow.

WHO updated on the **latest epidemiological situation**. There are two notable elements in the latest trends: i) Sierra Leone is close to moving past Liberia as the country with the most total Ebola cases; ii) based on data for the last 21 day cycle, Guinea, at nearly 400 cases, has for the first time reported more cases than Liberia. In addition to substantial case growth, a number of people with Ebola are not under treatment or isolation, especially in Sierra Leone. The risk of further entry of the virus into Mali remains high. In Mali, however, with 21 days passed since the first case in Keyes, it seems that chain of transmission has ended; and although there has been a third generation case following the second major infection, in Bamako, this is from a contact who had been traced and indicates that the Malian authorities have a good grip on this transmission chain.

On the **response strategy**, there is evidence that the response is catching up with the virus: progress in Liberia and parts of Sierra Leone confirm this. But we are still focusing the balance of effort on dealing with the consequences of the virus (build and bury). Having caught the virus in some locations through the current strategy, to get to zero we also need significant effort to undertake more aggressive case finding, surveillance and then contact tracing (find and trace). This will need more capacity at district level to facilitate that and to eventually stop transmission. Flexibility will remain key, through mobile teams and rapid response capability. The Governments of the affected countries are amplifying their activities. We are seeing progress on medevac capability, and in robust exit screening procedures.

A number of **challenges** were identified. The need for aggressive surveillance and contact tracing needs to be matched with caring for those who are found to be infected. There are concerns about levels of isolation capacity available in Freetown. Consistent access to air transport is a constraint to movement of international responders. Treatment Centres need more support from the logistics clusters. There is a critical need to reopen primary and other health care facilities. It was observed that the progress with the AU contribution of health workers was of high priority and more information was welcomed by Coalition participants. Clarity is requested on points of contact with UNMEER for the responder community. Food insecurity was increasing and information on this will be shared.

On the **operations of treatment centres**, clarity is needed on the policy and protocols in some core areas with a prevailing sense of a lack of guidance and mentoring. Particular issues of concern were in: the choice of PPEs; clinical approaches; and decontamination protocols. The strengthening of local networks of responders is part of the solution. Perceptions by communities about quality of care

in treatment centres, as they are seen by those communities as places where both patients and health workers are at risk of death, is an issue of growing concern for responders.

The Chair provided an update on **communications**, as we approach the 60 day point of the UN system-wide Ebola response. The move towards a greater emphasis on district level working would be a key element of the messaging, stressing the importance of greater specificity around district level interventions. It will be necessary to tailor the response according to the nature of the disease on the ground. In adapting our responses to local circumstances, major factors will include (a) the places where the response is undertaken, be they rural, urban or border and (b) the pattern of the disease. A set of common communications messages for this 60 day point would be shared with the group. The Chair updated that the Information Centre on Ebola (ICE) was operational and key outputs would include a website and daily messaging; this capability would support the work of the Coalition and wider communications efforts.

In summary, the Chair thanked all for their participation. He noted: the evolution of the strategy and the importance of clarity and common understanding on the way forward; the importance to establish local networks of responders; the issue of air transport for responders as an important constraint which we should be addressed; that contact points on UNMEER would be useful and that would be made available to the Coalition; food insecurity was increasing and we needed to monitor that; Mali was an ongoing concern for many in the Coalition, and; aligned communications would be a priority in the week ahead: our collective capacity in that area was expanding.

Key **deliverables** for the week would be: i) a written note to be circulated on the deployment of AU health care workers; and ii) a note containing some suggested core messages around the 60 day point of the implementation of the Ebola response strategy.

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