

**Global Ebola Response Coalition Meeting**  
**2 January 2015**  
**Issues Discussed and Next Steps**

The twelfth meeting of the Global Ebola Response Coalition Core Group took place on 2 January. The main points covered in the meeting follow.

2. The meeting discussed the **latest epidemiological situation**. The total number of reported Ebola cases is now more than 20,000, with over 8,000 reported deaths. In Liberia, the decline in numbers of new cases reported each day is continuing, even in the areas where there have recently been increases. On 31 December there were **no** new reported cases in Liberia. In Sierra Leone, the Western Area Surge is having a positive impact. In areas where numbers of cases were – until recently – increasing, numbers of new cases are stabilising or even falling. Guinea remains the country of greatest concern, with widespread transmission across 20 prefectures of the country; with intense transmission in the capital area particularly. The first diagnosed case in the UK has resulted in substantial contact tracing.

3. There are encouraging signs as a result of **the response**, in terms of decreasing cases but also in increased capacity. In terms of treatment beds capacity, there are 3.5 beds per patient in Sierra Leone, 2 beds per patient in Guinea and 14 ETU beds per patient in Liberia. France announced the imminent opening of two new Treatment Units at strategic locations in Guinea. There are a total of 254 safe burial teams. Therefore capacity is in place to meet the targets of 100% cases isolated and 100% safe burials during January. There are however two problems which prevent achievement of those targets: i) the capacity is not geographically dispersed enough to achieve full effect; and ii) peoples behaviours are not always supporting the objectives of the response. Some people with suspected Ebola are still not presenting to ETUs for treatment, or – if they die – the funeral rites for some are still unsafe. Community mobilisation and social awareness activities continue to encounter reticence in some areas; UNICEF will be hosting a meeting which will include anthropologists working on the response on 12 January, to consider ways to build trust and reduce reticence. Save the Children will be issuing a report on lessons learned from the case of the UK Ebola-infected health worker who worked at the Kerry Town facility. The US Government is embarking on a process to make specific high level requests for assistance with the response by President Obama and Secretary Kerry. The US welcomes detailed requests from those in the Coalition to facilitate those asks. It is important to remember the private sector as a route for encouraging community level engagement.

4. Some **key challenges** are: i) information management to enable effective local decision making: operational decisions are more robust where the levels of knowledge are stronger. Issues of data transparency, blanks spots where information is limited and definitional issues are all adding to the challenge. A more robust information management architecture is needed; ii) adapted response strategies at district and community level, with communities fully lined up behind them, including strong surveillance, case finding and contact tracing to limit the spread of the

disease from new cases as they arise; iii) borders present particular problems in preventing transmission and means to address those are needed; iv) the need to get the right people with the right skills in the right places, quickly – senior field epidemiologists and field crisis managers; v) as we move forward we need to ensure integration between the Ebola health response and the non-Ebola response systems: managing the build-up in health system capacity as the numbers of Ebola cases fall.

5. The Ebola Envoy marked the **departure of Tony Banbury** as SRSO for UNMEER by expressing the gratitude of the Coalition for his contribution to the Ebola response, for his tireless effort, dedication, leadership and resultant impact on the outbreak. He welcomed Ismail Ould Cheikh Ahmed as the new SRSO.

6. A session on **looking ahead to 2015**, covered a number of pieces of work which would have resonance with the Coalition: i) participants were updated on the process to capture the evolution in strategic thinking on the Ebola outbreak, through publication by WHO of a “white paper” called Getting to Zero. This paper updates the strategic thinking in the WHO Ebola Response Roadmap from September. Although being led by WHO, this important work is supported by others and will have relevance to all in the Coalition. The paper would be circulated in the coming week; ii) the UN Secretary General’s report to the General Assembly after 90 days of the UNMEER, which is now being prepared; iii) an Outlook report, written for the Coalition and being prepared by the Office of the Special Envoy, is nearing completion. This document will seek to illustrate achievements of the collective of responders, as well as challenges ahead. It will be published in mid-January; iv) the process to update the Overview of Needs and Requirements for entities within the UN system (this was originally released on September 16<sup>th</sup> 2014); and v) UNDP is working with partners to develop a framework for recovery, which will support the efforts of the Governments of the affected countries to identify their longer term needs and lay a strong foundation for reaching their goals. This process is called the Ebola Recovery Assessment and Terms of Reference for the work will be circulated to the Coalition in the coming days.

7. All of these documents are being made available to different audiences in coming weeks: the Office of the Ebola Envoy seeks to ensure that they are consistent with each other with regard to questions of strategy and the manner of implementation

8. **In summary**, the Chair highlighted the evidence of falling case numbers in Liberia and now Sierra Leone, but noted that there are still flare ups in these countries which require quick and decisive responses. There is continued concern about the widespread distribution of cases in Guinea; increasing treatment capacity and community engagement will be important there. Strategic approaches are being re-thought and re-synchronised, emphasising strengthening local capacity, with the support of highly capable human resource inputs. Lesson learning on the clinical care side will be important as we continue to see large numbers of health worker infections. Medevac capacity has been strengthened, with WFP securing access to a helicopter with the necessary evacuation facilities.

9. Areas which will be a **focus for the work** of those who support national responses, include:
- mechanisms to ensure the availability of real time data to support decision making at local level;
  - identifying and deploying people with the right experience to support local level coordination;
  - ensuring the best possible support for the logistical needs of, and medical care for, responders – including infection prevention and control, in-situ treatment and medevac;
  - making sure coordination mechanisms are inclusive and strongly support the collective effort;
  - continued efforts for resource mobilisation and greater precision on financial and human resource needs;
  - capturing revised strategic thinking, through the Getting to Zero paper, and the status of the outbreak through the Special Envoy's Outlook report.
10. In addition to circulating the Terms of Reference for the Ebola Recovery Assessment, meeting notes from the recent meetings in New York of the private sector groups will be circulated to the Coalition.

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