

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

The thirteenth meeting of the Global Ebola Response Coalition Core Group took place on 9 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 21,315, with over 10,000 of those now in Sierra Leone. Overall there is progress being made but many challenges still remain. In Mali, we are approaching 42 days since the last case, which is a very positive sign. In Liberia, overall numbers continue to fall week on week. However there are still concerns around Monrovia, with infections widely dispersed and chains of transmission not clearly identified. In Sierra Leone, the outbreak is clearly slowing. There are positives in terms of available capacity and district level activity, with a shift to strengthened contact tracing. But there is a need to utilise capacity better to bring the epidemic under control and the need for vigilance remains: the average time for cases to be isolated remains too high at 5.5 days. In Guinea, there are some positive signs, with a week on week reduction in overall cases for three consecutive weeks. Also the area on the Mali border is quieter in terms of case numbers. The overall case burden is shifting from the Forestiere region to areas around Conakry. A prefecture on the border with Cote d'Ivoire is causing concern with a recent flare of new cases.

3. There is a continued and clear evolution in **the response** strategy, towards a greater focus on district level activity and an adjustable approach. There is much evidence of stronger cooperation between responders, which is enabling more effective collective impact and results. New treatment capacity in Guinea will be an important contribution to the response there. In Sierra Leone, District Ebola Response Centres are playing a key role in strengthening coordination and facilitating cooperation. It is important to leverage the significant improvements we are seeing in capacity, so that they are fully used by the population and achieve maximum impact. The District-level expertise should be used to support the 2015 phase of the response, with strengthened contact tracing and case finding. Faith based organisations are playing an important role to create an enabling environment. It is hoped that pipeline challenges in the provision of PPE have been addressed and that opportunities for efficiency through joint procurement are maximised.

4 The issue of **health worker infections** is critical in the response, with health workers making great personal sacrifices in the interests of others and sometimes becoming infected. The numbers of infections continue at an unacceptably high level and there is a need to provide as much protection as possible to this group. Air transport for infected health workers from rural counties in Liberia to Monrovia continues to be a problem. Non-Ebola health facilities need greater attention, as the provision of these services may represent a significant source of infection for health workers. Skills and materials for Infection Prevention and Control are urgently

needed in all health facilities. There should be greater equity in the treatment facilities available for health workers, be they national or international. More investigation is needed to define the circumstances associated with health worker infections, recognising the high risks that are faced by all concerned. Vaccines will play an important role in the prevention of health worker infections; informed consent protocols will be key, as will simplifying the follow up processes to people who receive the vaccine. A review of the UK case of a health worker infection is nearing completion and will inform the evidence base. The complexity and diversity of the working environment in Ebola facilities, as well as varying levels of experience and expertise among workers, present particular challenges in managing health worker exposure within the “red zone” of treatment units. Standardisation of operating procedures is extremely important to manage risk, but needs to be done in a way that ensures a patient centred approach.

5. Effective **coordination at district/county/prefecture level** is a key component of the Ebola response. This coordination must be clearly supporting the efforts and structures of the national Governments as well as the local authorities. UNMEER has an important role to play in facilitating the coordination of the international effort, particularly at local level; as UNMEER’s human resources shift to county, district and prefecture levels, the emphasis on local level coordination and adjusted responses is increasing. The contribution of better data-driven operational platforms, receives increased attention as a means to support better coordination. A subset of coalition partners – led by WHO – will be invited to work on this. In February 2015 a Congressional forum is planned to help identify ways to establish a common operating platform for more coordinated efforts. Leaders in the technology field are being requested to participate in a process to develop a communications infrastructure that will support the platform.

6. The Special Envoy highlighted to the Coalition his plan to share an **Outlook report** in the coming week or so, which would capture reflections on the response so far and offer some thoughts about the challenges ahead. With a purpose of developing a common advocacy platform as we move forward.

7. **In summary**, the Chair highlighted from the meeting: the rich supply of new information about the progress of the outbreak; the clear emergence of a Phase 2 (2015) response, focusing on coordinated and adjusted district level responses and community engagement; the importance of mechanisms to protect health workers from infections; the need to prevent reinfections leading to new chains of transmission; the requirement for enabling factors to be in place to facilitate coordinated and adjustable local level responses; the importance of effective coordination mechanisms and for those to be evolved in support of Phase 2 activities; and the value of this Coalition forum to advance collective effort and identify evidence-based approaches.

8. It was agreed there should be a discussion at the **next GERC meeting** on the issues that will be addressed at the special session of the WHO Executive Board on Ebola – scheduled for January 25th 2015.