

Global Ebola Response Coalition
11 December 2015
Issues Discussed and Next Steps

The fifty-seventh meeting of the Global Ebola Response Coalition Core Group took place on 11 December. The meeting focused on (a) the status of the outbreak, (b) the progress of the response, and (c) survivors' access to essential care.

Status of the outbreak

1. Participants discussed the status of the outbreak. Sierra Leone declared the end of human to human transmission on 7 November. Its 90-day period of intensive surveillance is scheduled to end on 5 February 2016.
2. Guinea will complete its 42-day countdown to the declaration of the end of Ebola transmission on 29 December 2015, and end its intensive surveillance period on 27 March 2016.
3. In Liberia, there have been no new infections associated with the recent flare and the observation of remaining contacts will end on 12 December. Liberia is expected to complete its 42 day countdown on 15 January 2016.
4. Over the last six to nine months, there have been approximately 10 flares in the three countries resulting from introduction of the virus from the survivor population, averaging about one per month. WHO anticipates that additional flares will likely emerge into 2016.

Progress of the response

5. Participants discussed the progress of the response. There has been impressive progress in getting capacities in place for detection, surveillance, rapid response, survivor care and screening capacity. However, simulations and after-action analyses have revealed gaps in capacities. In mid-February 2016, WHO will convene a two-day meeting to examine the implementation of Phase III, to promote further alignment and harmonization, and to discuss best practices. The aim of this meeting will be to ensure robust capacity to finish Phase III in March. WHO will also work on providing information on the progress made with the implementation of Phase III.
6. In Sierra Leone, the Office of the Resident Coordinator met with the President on 9 December to discuss transition, rapid response planning and survivors. The President was please with the progress made on transition from the Inter-agency Collaboration on Ebola mechanism to the Resident Coordinator's office, including the establishment of the Ebola Cell within the Resident Coordinator's office. The President spoke of plans to establish a national ambulance system and to continue the national emergency line established for Ebola to be

used for all emergencies including national disasters. The National Ebola Response Centre (NERC) has been phased out and oversight over Ebola matters is undertaken by the Office of National Security and Ministry of Health, with support from the Ministry of Social Welfare, Gender and Children Affairs. Assets donated to the NERC will be transferred to successor Ministries. A rapid response capacity plan formulated by 20 international partners, under the United Nations leadership, is being set up and an initial version of this plan was presented to the President and the Chief Medical Officer.

7. In Guinea, President Condé will be inaugurated on 14 December and the new government will be established shortly thereafter. Within the UN system, the responsibilities for survivors and rapid responsibilities will be transitioned from the Office of the Ebola Crisis Manager to the Office of the Resident Coordinator (RC) by end of December 2015.

Update on vaccines

8. WHO provided an update on vaccination trials. There are two clinical trials of the Merck Vaccine VSV-EBOV being conducted in Guinea. In the first trial, 1,200 health care workers were vaccinated in the first half of 2015, and an additional 800 health care workers have been vaccinated during the latter half of the year. The second trial is the ring vaccination, whereby the vaccine is administered to contacts and contacts of contacts. Based on the data presented and recent epidemiological developments in Guinea, the Data Safety and Monitoring Board has concluded that the trial will continue in Guinea until the beginning of January 2016.

9. It is recognized that efforts will be needed to ensure access to the vaccine, including access for high-risk contacts of survivors. WHO is helping the Government of Guinea to prepare clinical trial protocols to immunize high risk contacts of survivors. This trial would be implemented by the Ministry of Health with the support WHO and other partners, including the London School of Hygiene and Tropical Medicine. A total of USD 1.2 million is needed to implement the study which is intended begin in January 2016. Similarly, in Sierra Leone, the Center for Disease Control is considering the vaccination of high risk contacts. In Liberia, WHO has also provided documentation to the National Institute of Health and the Government so that they can adapt their Partnership for Research on Ebola Vaccines in Liberia (PREVAIL) protocol to include ring vaccination. MSF will also be preparing a protocol so that other countries in West Africa or elsewhere in Africa can undertake a ring vaccination trial should a new outbreak emerge. Since the vaccine is not yet registered, its use will need to be under a clinical trial protocol. These protocols will be submitted to countries at risk of Ebola for pre-approval. For these protocols, a sufficient supply of vaccines is anticipated.

10. A representative from the Center for Infectious Disease Research and Policy (CIDRAP) of the University of Minnesota recalled that at present, there are at least three different Ebola vaccines under development. Manufacturers will need incentives and funding to continue to invest in this area. A long-term challenge will be to ensure that resources will be available to fund research and maintain a stockpile of vaccines. WHO reported that options for supporting research and development will be presented during the World Health Assembly (WHA), so that

the costs of research will not be borne by industries alone and so that governments and the public sector will have greater stewardship over this process. The World Economic Forum in January 2016 will also provide an opportunity to examine ways to encourage manufacturers to develop and establish a stockpile of vaccines.

11. A representative from the International Medical Corps acknowledged the leadership of WHO during the response and the efforts of MSF to facilitate the work of other organizations, by helping to train teams during the beginning of the outbreak. He highlighted the importance of ensuring continuity, aligning funding strategies and continued presence to avoid gaps in the operational capacity.

Survivors' access to essential care

12. WHO noted that there are the discrepancies between the actual number of survivors who are estimated and those who are registered. The definition of survivors should be considered, and include serology. WHO further noted that for men who are screening positive in the semen testing, the promotion of safe sexual practices needs to be reinforced. The draft interim guidance on clinical care has been circulated to the GERC participants and is in the process of being finalized.

13. In Sierra Leone, the President expressed concern about the pace of survivor registration and mapping and instructed this should be completed next week. Semen testing of survivors has been implemented in the three districts of Western Area, Port Loko and Bombali, and will be rolled out in Kambia, Kono and Tonkolili in early January 2016. Eye testing and care of over 2,000 survivors has been conducted, through the support of the Paul Allen Foundation through Partners in Health. The United Nations and donors will be meeting next week to discuss the strategic issues and resource mobilization for survivor projects, including the Comprehensive Package for Ebola Survivors.

14. In Liberia, the Deputy Minister of Health has called for an inter-ministerial task force to draft a policy on survivors. External partners will support the process.

Other business

15. On 10 December, the meeting of the Advisory Group on the Reform of WHO's work in Outbreaks and Emergencies took place. The Director-General reported on actions that have been taken to implement these reforms. The Advisory Group will have a teleconference on 22 December, and a face-to-face meeting on 7-8 January 2016. An information session on the implementation of the reform is scheduled to take place on 24 January 2016 preceding the WHO Executive Board meeting on 25 January.

16. Participants discussed the continuation of the GERC through January 2016, albeit with more limited frequency. This will allow participants to identify challenges and ensure alignment with the implementation of Phase III.

Summary

17. In summary, the following issues were highlighted:

- The current state of the outbreak remains stable, with no new reports of transmission in the past week. In the past six to nine months, ten flares have arisen from re-emergence of the virus from survivors.
- There is strong rapid response capacity, but simulations have demonstrated that there are still gaps in capacity.
- In Sierra Leone, the President is seeking to build on practices and assets donated during the Ebola, to establish a national emergency hotline and national ambulance system. Progress has been made in semen testing and eye testing in Sierra Leone.
- WHO and MSF are preparing clinical trial protocols to continue ring vaccinations in Guinea and elsewhere in Africa, if needed.
- New arrangements are needed for access for finance for vaccine development. This will be examined further in the upcoming meeting of the World Economic Forum which aims to improve on public private partnerships on outbreaks.
- There is a need to maintain continuity and consolidation of strategies of government, donors and partners. It is important to make sure that the protocols remain in place, despite high turnover of personnel and shortages of resources.

Office of the UN Secretary-General's Special Envoy on Ebola
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