Eleventh Meeting of the WHO Advisory Group on the EVD Response
TC, Lower SHOC Room, WHO HQ
14:30 - 16:00, 21 August 2015

Members
Co-chair: Professor David Heymann, Head and Senior Fellow, Centre on Global Health Security, Chatham House, UK (USA)
Co-chair: Dr Sam Zaramba, former Director-General of Health (Uganda)*
Professor Awa Coll Seck, Minister of Health (Senegal)
Dr William Foege, former Director, Centers for Disease Control and Prevention (USA)
Ms Nyaradzayi Gumbonzvanda, General Secretary, World YWCA, Switzerland (Zimbabwe)
Dr Luiz Loures, Deputy Executive Director, UNAIDS (Brazil)*
Professor Jean-Jacques Muyembe, University of Kinshasa (Democratic Republic of the Congo)
Professor Cheikh Ibrahima Niang, Cheikh Anta Diop University (Senegal)
Professor Peter Piot, Director, London School of Hygiene and Tropical Medicine, and Chair, WHO consultation on the science of EVD (Belgium)*
Dr Mike Ryan, Consultant and former WHO Director of Outbreak Alert and Response (Ireland)*
Dr Viroj Tangcharoensathien, Senior Adviser, Ministry of Public Health (Thailand)*
*Unable to attend the meeting

WHO/UN
WHO: Margaret Chan (DG), Bruce Aylward (Special Representative), Keiji Fukuda (ADG), Emmanuel Musa (Deputy WR Liberia), Mamoudou Djingarey (Deputy WR Guinea), Joaquim Saweka (WCO Guinea), Margaret Lamunu (WCO Sierra Leone), Richard Brennan, Ana Maria Henao-Restrepo, Nathalie Broutet, Scott Pendergast, Xing Jun, Munjoo Park
UN: Chadia Wannous

Summary of discussion and recommendations:
DG opened the meeting and welcomed members of the group. Dr Heymann (Chair) asked relevant WHO country offices and HQ response team to provide updates of the current situation in three countries and a global update.

There have been 3 confirmed cases per week for 3 consecutive weeks. In Sierra Leone, the number of cases has dropped significantly, and no case has been reported in the past 14 days. All three cases in Guinea are registered contacts and now receiving treatment in Ebola treatment centres. In all three countries, response has improved remarkably, with continuing enhanced surveillance as required in the WHO Phase 3 strategy. However, there is still significant risk of further transmission particularly in capital cities with dense population and the rainy season has made response even more challenging. In
order to get down to zero case, measures should be taken to identify residual risks through active search and respond to cases rapidly. Emergency SOPs are urgently needed to guide response activities at this stage, and relevant infrastructure should be put in place in order to ensure EVD response as well as provision of routine health services.

Members of the group congratulated the countries for the tremendous work done and progress made so far and highlighted the need to continue to be vigilant with particularly attention paid to community deaths that are still occurring. It was noted that the response capacity established in the countries could well serve the purpose of response to future disease outbreaks, while there is also the need for preparedness and capacity building for countries bordering the three affected countries.

In order to ensure continuous funding for response efforts in the countries despite the significant reduction in the number of cases, it would be important to map out the needs at national and subnational levels and approach potential donors in a creative manner. It is also critical to find out ways on how to implement the many recommendations made.

Vaccination has been well accepted by the communities in general, but there are still gaps in terms of communication, and more proactive and sensible measures are needed to better reach out to the communities.

A summary of the recommendations of this initial discussion includes:

1. concentration of training and simulation exercises in border countries;
2. determining how to ensure that good community practice and engagement (e.g. safe burials) can be strengthened and sustained in the future;
3. conducting more community level social and behavioural research for better ability to influence practice and personal skills (e.g. sexual negotiation); and
4. mapping of capacity strengthening needs to provide guidance to development donors.

Dr Heymann introduced pre-selected topics for discussion at this meeting: 1) Ebola virus disease in pregnancy, 2) EVD Persistence Study, and 3) EVD Vaccine trials.

A WHO interim guidance to address the screening and triage, and the application of infection prevention and control (IPC) in EVD management of pregnant women was presented. Although not a very large group of women were concerned, the guidance was developed in order to make implementation more pragmatic. Members highlighted the need to have established mechanisms in place to implement recommendations in different settings, as well as the need to look at the psychological aspects of the pregnant women concerned, including possible stigma related to disclosure of personal information. It was noted that experiences and lessons in dealing with HIV/AIDS patients should be learnt to avoid making similar mistakes. The lack of strong evidence on EVD transmission in pregnancy needs to be communicated clearly so as to mitigate stigma against the pregnant women concerned and possible rejection by the community.

With regards to the EVD persistence study, so far there has been relatively high acceptance of survivors to enroll in studies, as they wanted to know their status. Despite that the current knowledge that the Ebola virus is persistent in semen for long period of time, there has not been much information on the infectivity of semen and the mechanism of sexual transmission. Given the high number of survivors, much more cases would have been seen so far, had sexual transmission been a major mode of transmission. Members
of the group expressed concerns about the limited number of research activities conducted so far, and highlighted the need for more research to be done in order to gather sufficient scientific evidence to inform the guidance on sexual transmission, due to the sensitivity involved. Until then, the current guidance on sexual transmission should remain interim, and at the same time, clear and consistent messaging that Ebola is not a sexually transmitted disease as no conclusive evidence exists yet, should be communicated to the general public to avoid misinterpretation or stigma against the survivors. Other recommended measures included engaging and empowering women to negotiate safe sex; training survivors as community mobilizers and agents; and mapping survivors and identifying their needs.

An update on EVD vaccine trials was provided, including progress so far as well as next steps. The group was in principle supportive of what has been done, and at the same time appreciated the difficulty to draw any conclusions at this stage due to the low number of cases and contacts. They therefore encouraged relevant trials to continue, and acknowledged the value of vaccines to be used as an incentive to find contacts. The group highlighted the need to communicate better and clearly that vaccine is one of the options and not a magic solution to the outbreak; and it is therefore critical to continue with contact tracing, timely treatment and safe burials. It was also noted that community resistance still exists in some areas and hence better communication would be needed to convince the communities that vaccine is not associated with deaths that may have happened in the community at the same time of the trials. The group didn’t feel it was within their expertise to provide relevant advice on the regulatory process as requested, but acknowledged that overall the current vaccine trials are moving in the right direction.

Dr Heymann thanked members for their time and advice, and asked WHO Secretariat to plan for the next meeting of the group with proposed topics for discussion.

Follow up points:

- WHO Secretariat will identify topics on which guidance from the Advisory Group will be sought, particularly priority issues to be addressed in the implementation of the Phase 3 strategy.
- Plan to be made with regards to the future of the Advisory Group in lead up to count-down to zero case.