Twelfth Meeting of the WHO Advisory Group on the EVD Response  
TC, SHOC Room, WHO HQ  
13:30 - 15:00, 28 October 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), Anarfi Asamoah-Baah (DDG), Bruce Aylward (Special Representative), Alex Gasasira (WR Liberia), Amadou Bailo Diallo (WCO Guinea), Zabulon Yoti (WCO Sierra Leone), Richard Brennan, Pierre Formenty, Christopher Dye, Xing Jun, Munjoo Park  
UN: Chadia Wannous

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

Three confirmed cases were reported from Guinea in the week to 25 October, all of which are registered high-risk contacts of 1 of the 3 cases reported in the previous week from the same village in the sub-prefecture of Kaliah, Forecariah. Sierra Leone reported zero cases for a sixth consecutive week, and will be declared to have stopped EVD transmission chains on 7 November if no further cases are reported. All contacts linked to the 2 most recently active chains of transmission in Sierra Leone (Bombali and Kambia) have completed 21-day follow-up. In Sierra Leone, the last case to receive treatment was
confirmed free of EVD after a second consecutive negative test on 25 September. Robust surveillance measures are essential to ensure the rapid detection of any reintroduction or re-emergence of EVD in currently unaffected areas. Liberia has so far stopped EVD transmission.

Members of the group congratulated the countries for the tremendous work done, and highlighted the need for improvement on registration for survivors. They also emphasized the importance of implementation of national plans and the need for funding in order to ensure sustainable arrangement to implement relevant policies and plans.

Dr Heymann introduced pre-selected topics for discussion at this meeting: 1) Plans and Status for Ebola Survivor Screening & Counselling, 2) Post-transmission Surveillance Strategy for Ebola in 2016 in the 3 West African Countries.

Dr Formenty gave a brief introduction on the topic of survivor screening and counselling. There has been growing evidence of new transmission in survivors with persistence of EVD virus longer than expected, up to 9-12 months. Yet the mode of transmission has been difficult to prove. Programmes are in place in the affected countries for the last two months to support survivors, and so far the risk of transmission seems to be decreasing. The survivors have access to a service package after registration.

Members of the group were impressed with the depth of studies and applauded the efforts and progress made so far. They expressed satisfaction that we now could see the end of the outbreak. Yet we can’t miss the opportunity to better understand the virus, and therefore longitudinal studies should be conducted in this regard. The group recognized the challenge of having the survivors come back for testing, and advised that relevant incentives would be needed. There is general consensus among the group regarding the need for long-term sustainable studies/researches on survivors.

The group expressed concern with regards to the sustainability in the registration and management of survivors, particularly the need to identify financial resources to support the ongoing measures in the long term. They also highlighted the need for social support for survivors in addition to financial incentives to ensure acceptance by survivors, as well as the need to conduct emotional studies in this regard.

Dr Dye introduced the post-transmission surveillance strategy that has been developed, the goal of which is to achieve and sustain a resilient zero by interrupting the remaining chains of transmission (now probably restricted to Guinea) and by rapidly detecting and stopping new emergences (i.e. from nature or survivors).

The group inquired about the possibility of hiring survivors in the surveillance programme, as well as a reward/incentive system for collecting information. Since community deaths are still occurring, community responders should be trained, so that they are adapted to local context. There is also a need to address the social-economic impact, and to better understand the reason why people are running away from the medical services provided. The group also highlighted the need for specific initiatives to ensure that measures are taken to deal with cases moving across the borders.

The group stressed that programmatic measures should be in place to respond to future outbreaks. Dr Aylward responded that all three countries will have capacity with concrete plans for the next 12 months to deploy rapid response teams within 24 hours, thanks to commitment of partner agencies, and with
support from international rapid response teams. Relevant plans with costing have been built into the proposals submitted to the World Bank.

DG thanked the members for their advice and informed the group that survivors issues have already been incorporated in the recovery plans for the affected countries. She supported the idea to conduct longitudinal studies on survivors, and also stressed that relevant partners should keep their promises for funding.

Dr Heymann thanked members for their time and advice.

**Key recommendations:**

- Longitudinal studies on virus persistence in survivors should be conducted.
- Financial incentives and social support should be provided for survivors, and resources should be identified to support the ongoing measures in terms of registration and management of survivors.
- National plans and policies should be implemented, with necessary funding to ensure sustainability.
- Programmatic measures should be in place to respond to future outbreaks.