Eighth Meeting of the WHO Advisory Group on the EVD Response
TC, Upper SHOC Room, WHO HQ
14:00 – 15:30, 20 March 2015

Participants:

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)
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 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)

WHO/UN
WHO: DG, DDG, Bruce Aylward, Alex Gasasira, Jean-Marie Dangou, Anders Nordstorm, Emmanuel Musa, Anshu Banerjee, Pierre Formenty, Christopher Dye, Scott Pendergast, Sylvie Briand, Edward Kelly, Cathy Roth, Xing Jun, Munjoo Park, Mary K. Kindhausser, Mary-Anne Land
UN: Chadia Wannous

Summary of discussion and recommendations:

DG opened the meeting and welcomed members of the group.

A brief update of current situation in three countries was provided by Dr Formenty.

- Total number of cases 23,666 including 14,603 deaths as of 19 March.
- Liberia has reported no new confirmed case over last 3 weeks since the last patient was released on 3 March. Intensive surveillance system is on-going and more than 300 samples are tested every week.
- In Sierra Leone, 52-60 new confirmed cases/week have been reported over last 3 weeks in 6 districts. More than 1,200 samples are tested every week.
- Guinean forest area completed 21 days since the last confirmed case. Transmission seems limited in Conakry and other 3 districts with more than 100 confirmed cases last week. Surveillance needs to be improved and 350-400 samples are tested per week.
Dr Heymann (Chair) introduced the two topics for the meeting: 1) WHO strategic plan for Ebola 2015, and 2) Strategy and criteria for elimination, together with specific questions to be answered, and invited members to provide comments.

**WHO strategic plan for Ebola 2015**

The group agreed that the current version of the strategic plan was very clear and comprehensive, and the key issue should be how to operationalize the plan. It was emphasized that strategic objectives 1 and 2 were critical in phase 2 of the Ebola response and heightened surveillance should be maintained until the end of outbreak. Meanwhile, it was pointed out that community engagement should be emphasized in the plan, and pertinent indicators on need to be included in the results framework, as a crucial part to finish the outbreak. The unique role of women’s groups in community engagement efforts was highlighted, which could be a topic of future discussion.

WR Guinea reported that national strategy for community engagement was developed and various activities for community engagement in the country were implemented following Prof. Niang’s anthropological mission in Guinea. Recognizing the increasing contribution of WHO in community engagement and the work done so far, the group strongly recommended that WHO should play a much greater role in taking this important piece of work forward. Consultation with UNICEF which is the leading agency on community engagement, may therefore be necessary.

The group highlighted the urgent need for conducting operational research in order to evaluate the effectiveness of response measures taken so far and assess the impact of investment. It was suggested that WHO should lead this work, with emphasis on connection between medical science and socio-anthropological aspects, which should be extremely useful for response to future public health emergencies.

Members stressed the need for data-sharing particularly in the final stage of elimination, and the importance of enhanced surveillance. It was advised that good supervisors should be deployed to ensure implementation of the plan. The group also advised that information on allocation of financing and human resources should be included in the plan.

WHO Secretariat informed the group that preparatory work to implement the plan in the countries was being done and work on the operationalization of the plan will be briefed at the group’s next meeting. As per request by the group, information on capacity building efforts in the African countries will be provided by the WHO Secretariat.

The group also suggested shortening the list of indicators by bringing relevant indicators together and focusing on the most critical areas. Upon suggestion by the Chair, 4-5 indicators will be selected by the WHO Secretariat, against which progress will be monitored by the group.

**Strategy and criteria for elimination**

With regards to the question about 90 days of enhanced surveillance, the group advised that the period should be flexible and could be adjusted depending on a number of factors such as chains of transmission and geographical areas. Members pointed out the urgent need to have public clarity on the criteria of elimination and end of outbreak, as any misinterpretation or miscommunication in the countries could have a negative impact on community confidence. DG reiterated that criteria for elimination should be
‘socialized’ and the right messages should be communicated to the countries and the media using clear terms.

Given the potential risk factors including hidden chains of transmission and sexual transmission, one possible option was to declare ‘interruption of transmission’ when a country has elapsed 42 days since the last case is tested negative twice; and to declare that ‘outbreak has stopped’ after a further 90 days from end of the 42-day period. In any case, countries should continue intensified surveillance for additional 3 months after 42 days since the last case, but the period may need to be extended until all countries have completed their 42 day requirement. WHO Secretariat will submit a proposal in this regard also taking into account lessons from Mali, for the group’s endorsement.

The role of genetic sequencing in Ebola control was discussed. It was noted that since there has been no change in the genetic sequence of the virus, the role of genetic sequencing is relatively limited and may not be relevant for guiding Ebola control measures in real time or declaration of elimination.

The group also expressed concern over stigma attached to Ebola survivors, in particular male survivors due to sexual transmission. This issue is highly sensitive and efforts are being made by WHO to find sensible ways of dealing with the survivors. There was a strong suggestion to have Professor Jean-Jacques Muyembe available for the group’s future discussion on the role of survivors in Ebola response and recovery phase.