First Meeting of the WHO Advisory Group on EVD Response
WHO HQ
14:00 – 15:30, 15 October 2014

Participants:

Members
Co-Chair: Professor David Heymann, senior fellow, Centre on Global Health Security, Chatham House, UK (USA)
Professor Awa Coll Seck, Minister of Health (Senegal)
Dr William Foege, former Director, Centers for Disease Control (USA)
Ms Nyaradzayi Gumbonzvanda, General Secretary, World YWCA, Switzerland (Zimbabwe)
Dr Luiz Loures, Deputy Executive Director, UNAIDS (Brazil)
Dr Mike Ryan, Consultant and former WHO Director of outbreak alert and response
Dr Viroj Tangcharoensathien, Senior Adviser, Ministry of Public Health (Thailand)

WHO/UN
WHO: DG, DDG, Bruce Aylward, Keiji Fukuda, Mary Kay Kindhauser, Xing Jun, Dick Thompson, Faith McLellan
UN: David Nabarro, Chadia Wannous

Summary of discussion:

The DG briefed the group on the current situation in West Africa and noted that it is more than simply a public health emergency, with major social, economic and political impacts. She discussed the UN-led coordination mechanism, WHO senior staff member roles, and other groups that have been established to advise on scientific issues, vaccines, and therapeutics. These groups should complement and brief the others.

DG described the purpose of the meeting, highlighting the fact that this is a pre-meeting of the group, with the Terms of Reference and membership of the group to be formalized in the future.

The DG noted that the objective is to establish the group as an advisory committee, which would entail the completion and analysis of a Declaration of Interests (DOI) form, and the members’ names and recommendations being made public.

The group noted the need to learn from Nigeria and Senegal, where the outbreaks
are expected to be declared over soon. Dr Coll Seck briefed the group on factors important in their containment and control efforts in Senegal. She highlighted the following:

- strong political leadership
- early response
- reinforced surveillance systems, especially at borders
- social mobilization and community involvement
- resource mobilization at country level, with purchase of needed supplies as part of preparedness
- partnerships, especially in the area of preparedness
- communications, especially involving journalists and community radio networks
- social and economic needs, including money, food, and psychological support
- humanitarian corridor for logistic support
- help for survivors.

Because the Ministry of Health has many other health issues to address, it has established a centre for operations and emergencies, which is in charge of monitoring and coordination.

The group noted that there is potential confusion about the definition and criteria with regards to declaration of the end of an outbreak, and that this needed to be clarified and communicated clearly. DG responded that relevant criteria has been publicized on WHO website.

The group also requested information including a description of how all the coordination mechanisms fit together; the rationale behind strategic approach of 70% (treatment), 70% (safe burial) in 60 days; best practices for cross-border surveillance; advice on immigration and travel and screening; the use of therapies used in other infectious diseases; and the recommendations of the Emergency Committee.

Participants noted a range of issues for which strategic direction is needed. These included:

- WHO leadership in all major areas (contact tracing, safe burials etc.), with contact tracing to be a major part of WHO strategy documents for the containment of Ebola
- community mobilization, linked to desired outcomes, first by getting febrile patients out of the community and into care centres while at the same time pilot testing the effectiveness and feasibility of other patient management possibilities including community care centres
- potential role of survivors in advocacy, awareness, and decreasing stigma
- how to get media to understand the extraordinary nature of the event
- success stories from Nigeria and Senegal to be made widely visible to counteract negative media coverage and criticism
- provision of salaries, food, material supplies, and access to services for people in isolation
- incentives (safety net) for families, beyond food and supplies, including death
benefits

- incorporating social, cultural, and anthropological factors into changes in our practices, e.g. safe burials that can still incorporate some traditional cultural elements, in partnership with other organizations (e.g. World Council of Churches, Islamic leaders)
- mapping of faith-based organizations that can help with community involvement, social mobilization (also using lessons learned from polio vaccination campaigns)

The group will meet by teleconference every 2-4 weeks.