Third Meeting of the WHO Advisory Group on EVD Response
WHO HQ
14:30–16:30, 8 December 2014

Participants:

Members
Co-chair: Dr Sam Zaramba, former Director-General of Health (Uganda)
Co-chair: Professor David Heymann, Senior Fellow, Centre on Global Health Security, Chatham House, UK (USA)
Dr William Foege, former Director, Centers for Disease Control and Prevention (USA)
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

WHO/UN
WHO: DG, DDG, Bruce Aylward, Keiji Fukuda, Alex Gasasira, Daniel Kertesz, Harouna Djingarey, Nahoko Shindo, Mary Kay Kindhauser, Xing Jun, Dick Thompson, Munjoo Park
UN: David Nabarro, Chadia Wannous

Summary of discussion and recommendations:

The DDG opened the meeting and introduced the two topics for discussion by the group:

1. Strategy on countdown to zero EVD cases;
2. Quality and standards of EVD treatment and care.

Dr Sam Zaramba (Co-Chair) then invited the WRs of Liberia and Sierra Leone to provide a brief overview of the country situation with focus on the two topics.

DG reiterated that the three-pronged approach outlined in the Roadmap remains valid and that a “Strategy on countdown to zero cases” will be part of the ongoing process of fine-tuning strategic emphasis.

It was agreed that the strategy should be derived from epidemiological data and information on safe burial, contact tracing, isolation and treatment. Improved capacity at district/prefecture level for data collection, standardized reporting with essential indicators, and empowerment of district/prefecture data collection teams with constant supervision were highlighted as high priorities, and there is a particular need for more emphasis on community level surveillance and contact tracing as well as community empowerment.

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1 Combination of adapted interventions for the intense transmission areas, rigorous outbreak response in newly infected areas, accelerated preparedness (Reference: http://www.who.int/csr/resources/publications/ebola/response-roadmap/en/)
2 No EVD case in Guinea, Liberia and Sierra Leone for at least 42 days.
The group recommended that WHO disseminate the existing biweekly summary with key parameters and continue to improve the information management system. It was also noted that community is the best source of information and that local leaders and women’s groups could play a significant role in EVD control. The importance of understanding the socio-cultural aspect of each community to interrupt chains of transmission was highlighted.

A critical element of this strategy is to ensure capacity at the subnational level, through various approaches to mobilizing human resources, including:

- Internal surge to ensure staffing at country level for the longer term
- New operational measures to streamline the WHO deployment process
- Support from GOARN and foreign medical teams
- International assistance through a wide call for 3–6 month deployments
- Recruitment and deployment of national staff

The group agreed that there should be no alternative option to achieving zero case and that strategic emphasis should be placed on: case-finding and contact tracing; community engagement; district capacity and presence; and information management. It was also advised WHO should include intermediate milestones, lessons learnt from Mali, Nigeria and Senegal, and preparedness status in a white paper on strategic approach.

It was pointed out that improving clinical care plays a role in controlling the epidemics and there is an urgent need for operational research on the standards of care, in particular the role and extent of electrolyte supplementation and antiviral drugs. WHO should further collaborate with various partners through its networks in this regard and share findings and recommendations.

Members of the group also expressed concern on the disruption of routine health services in the affected countries, which is to be discussed at the group’s next meeting.