Fourth Meeting of the WHO Advisory Group on EVD Response
WHO HQ
14:00–15:30, 22 December 2014

Participants:
Members
Professor Awa Coll Seck, Minister of Health (Senegal)
Ms Nyaradzai Gumbonzvanda, General Secretary, World YWCA, Switzerland (Zimbabwe)
Dr Luiz Loures, Deputy Executive Director, UNAIDS (Brazil)
Professor Cheikh Ibrahima Niang, Cheikh Anta Diop University (Senegal)

WHO
DG, DDG, Ian Smith, Richard Brennan, Edward Kelley, Nahoko Shindo, Ibrahima-Soce Fall, Alex Gasasira, Xing Jun, Munjoo Park

Summary of discussion and recommendations:

The following topics were identified for discussion based on inputs from the members and the WHO country office colleagues:

1. Protecting routine health services
2. Cross-border strategy to control EVD
3. Human resources issues for EVD response (continued from last meeting)

DG opened the meeting with a brief update on her recent visit with the UNSG to Guinea, Liberia, Sierra Leone and Mali. The purpose of the visit was to better understand the situation in the affected countries, demonstrate solidarity with the governments and people on the front lines, and continue advocating international support to the affected countries. The mission included meetings with the presidents of the affected countries, health workers, Ebola survivors and relevant partners working on the ground, as well as visits to Ebola treatment facilities.

The presidents of the affected countries are all aware of the complexity of the EVD control and fully committed to fight against the disease. DG emphasized the need for better coordination and dialogue between the governments and relevant partners working in the field including local and international NGOs. She pointed out that planning and allocation of resources such as ETCs and lab facilities should be made in consultation with the national authorities of the affected countries. DG reiterated the importance of early case finding and treatment, as well as community engagement in a respectful and culturally sensitive manner. Survivors’ experience could be used to fight against the disease in the community and eliminate stigma. DG also stressed that there is no room for complacency and urged the international community to remain vigilant.

The members congratulated DG on the successful joint visit and suggested a mission briefing be arranged on the joint visit. They also highlighted the importance to build community trust in their governments, and the need to assess the impact of EVD on health systems in the affected countries.
In terms of national EVD response, Liberia needs to guard against complacency whilst there is an urgent need to scale up response efforts in Sierra Leone. The recent epidemiological data in Guinea is alarming with an increase in the number of cases from the forest area. The effectiveness of contact tracing should be improved as only about 60% of new confirmed cases were identified out of the contact list. DG urged for urgent action to address contact tracing and cross border transmission in Guinea. She emphasized that the successful experience in Nigeria and Senegal was based on 100% contact tracing and community trust, an example which should be followed by other countries.

Dr Edward Kelly then briefed the members on protecting routine health services in the EVD affected countries. WHO’s assessment of health services in the three countries indicated that there has been significant drop in routine health services. A 70% decrease in measles vaccination was reported in September 2014 compared to the same period last year in Liberia, and a 27% drop in institutional deliveries was recorded from May to September 2014 in Sierra Leone.

The members acknowledged that to stop the spread of the disease is the top priority but warned that the EVD outbreak may have serious socio-economic consequences in the long-run. The group advised WHO to boost efforts to restore essential health services including pregnancy, vaccination and HIV services, and strengthen health systems with a more proactive approach. DG stressed that regaining public trust in health facilities is a prerequisite for meeting health-related targets of the MDGs in the EVD affected countries. Clinical trials and vaccine deployment will not be successful if there is lack of community trust in health facilities.

The group pointed out that it is fundamental to understand the social and cultural context in order to establish community trust. Professor Niang’s study in Mali indicated that one of the key challenges in EVD response was community resistance to the contact tracing and monitoring. Listening to communities and providing social support to the affected people and families was found to be most useful. DG suggested that anthropologist support was also needed in other affected countries in order to develop strategies for getting zero case and asked for Prof. Niang’s support in this regard.

On the issue of cross-border strategy to control EVD, Dr Ibrahima-Soce Fall briefed that the cross-border transmission has been a critical feature of the EVD outbreak, and there is urgent need to deploy an integrated response approach, with a common platform for data collection, surveillance, contact tracing, logistics, PPE supply and ETCs. More than a thousand borders in the affected countries are poorly regulated, which significantly hamper effective containment of cases and response efforts.

Prof. Awa Coll Seck shared Senegal’s experience in dealing with cross border transmission noting the complexity and suggested implementing adapted control measures at national and local levels. The importance of mobilizing community group leaders was highlighted based on findings of existing cross-border arrangements at the community level. The group recommended strong cross-border cooperation among countries concerned, well-coordinated surveillance system in the border areas and shared human resources for swift response.

With regards to human resources for EVD response, DG highlighted the current shortage of health workers at district level and WHO’s commitment to deploy more international staff to districts, streamline recruitment process and provide staff training.