Sixth Meeting of the WHO Advisory Group on the EVD Response

11:00 – 12:30, 5 February 2015

Participants:

Members
Co-chair: Professor David Heymann, Head and Senior Fellow, Centre on Global Health Security, Chatham House, UK (USA)
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, Jean-Marie Dangou, Daniel Kertesz, Emmanuel Musa, Florimond Tshioko, Edward Kelley, Pierre Formenty, Christopher Dye, Cathy Roth, Xing Jun
UN: David Nabarro, Chadia Wannous

Summary of discussion and recommendations:

Dr Heymann (Chair of the meeting) introduced topics for this meeting: 1) Reopening of health care facilities, and 2) Criteria for declaring the end of Ebola outbreak. He asked the WHO Secretariat to update the group on the current status of the outbreaks in each of the three most affected countries.

Dr Aylward presented a brief overview of the EVD outbreaks. A total number of 22,500 cases have been reported so far and there has been an overall declining trend in the incidence of cases. However, an update of weekly case incidence was seen in all three countries for the first time this year, with 124 new confirmed cases reported last week, majority of which are from Sierra Leone. Continued community resistance, increasing geographical spread in Guinea and widespread transmission in Sierra Leone, together with the rise in incidence presented significant challenges to EVD response, particularly with the upcoming rainy season.

Dr Dangou, Dr Musa and Dr Kertesz then provided updates on the reopening of health care facilities in each of the three most affected countries. Guinea: Health facilities weren’t closed but there has been drop in the number of visits to health facilities. A recovery plan has been drafted by the government with a step-wise approach of rebuilding health centers and re-staffing. 140 young doctors currently doing surveillance in the field will be integrated in the health workforce. Liberia: Most health facilities were
shut down with only a few functioning. An assessment conducted of 11 main hospitals/health centers indicated that none was able to meet relevant standards for Infection Prevention and Control (IPC) and triage. Relevant training on IPC, triage, lab, PPE is being conducted and the health facilities will be reopened in a phased manner. So far, there has been steady improvement in the utilization of health services, in particular child vaccination; Sierra Leone: The outbreak is still widespread in the country, and there is no formal transition plan yet. There has been no official closing of public health facilities, but many health workers have been working at ETUs. The focus now is on strengthening IPC in ETUs and repurposing ETUs in an effort to rebuild health system in the country.

Dr Kelley updated the group on the key findings from country assessments on reopening of essential health services post Ebola in the three affected countries, which have experienced decreased utilization of health-care services due to a steady decline in the confidence of communities in the health system, as well as a significant loss of critical human resources for health. In an effort to support the affected countries in restarting essential health services in the context of the Ebola outbreak, WHO is developing an Integrated Resource Package which serves as a single source of comprehensive technical information to support action and implementation. The Package, with emphasis on immediate priority action areas, contains five main pieces, namely IPC; Reproductive, newborn and Child Health; Health Workforce; Malaria and Water, Sanitation and Health and waste management.

Members of the group appreciated the difficulties in re-establishing essential health services in the affected countries, highlighting the requirements on resources and human capacities, as well as the capacity needed of country offices in order to support national authorities in this process. Ebola response should be managed carefully among competing government priorities, and it is critical to find the right balance. In areas with existing transmission, Ebola response should remain to be the top priority and it is important to make sure that health services provided are safe in order to reduce to the risks of Ebola transmission. While health system recovery is high on the political agenda, the recovery piece should be phased in carefully and proper communication is needed in order to get across the right message.

With the inherent risks in re-opening health care facilities, many of which have yet to meet relevant standards for IPC and triage, the re-establishment of essential health care services should be properly located in the recovery of the health systems. At this stage, it may be still early to divert too much effort to recovery issues, and measures should be in place to reduce the risks in providing essential health services with well-established IPC standards, and make sure that systems are well-functioning for surveillance, early warning etc. Members emphasized the need to make this point clear at the upcoming High-level Conference on Ebola to be held in Brussels early March.

It was reiterated that in the overall agenda of Ebola response, re-establishment of essential health services, and long-term development of health systems in the affected countries, the relevant WHO country offices play a crucial role, and should be well structured and further strengthened in order to be better equipped to support the countries concerned. Members also stressed the need to look into the issue of redeployment of health workers working at ETUs and their integration into health systems.

Dr Aylward then gave a brief update on the Criteria for declaring the end of Ebola outbreak, highlighting the need to consider the validity of using the standard criteria for declaring an Ebola virus disease outbreak over, i.e. to wait for 42 days (twice the maximum 21 day incubation period for Ebola) following the second negative test of the last case, in the context of the three most affected countries, given the
widespread and intense transmission, the large proportion of cases not on contact lists, the need to improve quality of contact tracing, and concerns regarding sexual transmission as well as resistance in affected communities. The update was complemented by specific information on the incubation period for the current Ebola outbreak, as well as the lack of evidence of asymptomatic infections presented by Dr Dye and Dr Formenty respectively.

A summary of the surveillance systems in place at the peripheral level of the health system in the affected countries were presented by the country offices concerned. Although a strong system for contact tracing has been established at the district level with support from external partners, finding of cases is still passive in many places and a formal and systematic active case finding mechanism has yet to be established. The vertical surveillance system established for Ebola should be integrated into the traditional surveillance system in an effort to strengthen IDSR in the long term. Cross-border surveillance should be strengthened with the movement of people across national borders and clear guidelines are needed in this regard.

Members of the group were overall confident with validity of the standard criteria of 42 days which they think should remain as the criteria for declaring Ebola-free for the three most affected countries, but at the same time stressed the need to have heightened surveillance for the subsequent months to ensure that no clandestine chains of transmission exist, together with early warning system, active case finding, and a facility-based screening and triaging system in place.

In the longer term, the established surveillance systems should be integrated into the IDSR where all affected and at risk countries should have the capacity to investigate rapidly suspect Ebola cases and should have confirmed access to appropriate laboratory diagnostic capacity (recognizing this may be in another country).

Dr Heymann congratulated WHO on behalf of the advisory group, and commented that WHO is now on top of what’s going on in terms of Ebola response. In summary of the group’s discussion, he emphasized the importance to keep the focus on Ebola response and not to divert too much to recovery; the incubation period of 42 days remains to be valid, while the 42 days criteria for declaring Ebola free for the three most affected countries should have a surveillance/reporting element in it. It was also suggested that vaccine trials should be linked with surveillance activities for synergy; and in view of the importance of building a strong surveillance system in the affected countries, that the group discuss surveillance at the next meeting.

DG informed the group of a paper being drafted by WHO which contains the three critical elements - Ebola response, re-establishment of essential health services, and long-term development of health systems in the affected countries, and highlighted the importance of working together with all partners to manage different pieces of work, in order to avoid duplication in building a strong surveillance system. She also mentioned about the important meetings coming up and a potential request to UNSG initiated by Chancellor Merkel in consultation with ECOWAS leaders, to do an evaluation of WHO’s role in Ebola response and in the UNMEER structure.