Second Meeting of the WHO Advisory Group on EVD Response
WHO HQ
14:00 – 15:30, 17 November 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)
Professor Jean-Jacques Muyembe, University of Kinshasa (DR Congo)
Professor Cheikh Ibrahima Niang, Cheikh Anta Diop University (Senegal)
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, Ian Smith, Bruce Aylward, Keiji Fukuda, Sylvie Briand, Guenael Rodier, Alex Gasasira, Mary Kay Kindhauser, Xing Jun, Dick Thompson, Faith Mclellan, Raman Minhas, Munjoo Park
UN: David Nabarro, Chadia Wannous

Summary of discussion and recommendations:
The DG opened the meeting by introducing the recent EVD cases in Mali imported from Guinea and invited discussion with the following questions:

• How do you see the Mali situation?
• What’s the best approach to contract tracing? Does traditional way of contact tracing work? And do we need to stratify?
• How do we engage communities with Ebola response?

Members of the group welcomed and appreciated country participation and endorsed their continuous participation to future meetings of the group, so as to better inform discussion of the group and enable a more decentralised approach to providing guidance to countries with an aim of finding local solutions to local problems.

There is a general consensus that effective community engagement is critical for the success of EVD response, and contract tracing should be community-oriented with due consideration of the socio-cultural and political context.

Despite the challenges in conducting contact tracing, including limited resources, stigma and logistic issues, the group recommended 100% of contacts to be traced and followed up for 21
days, regardless of disease burden or geographical locations. Payment of contact tracers and supply of ambulances is of particular importance for the success of contact tracing, and efforts should also be made to ensure sufficient resources are available to support contact tracing activities.

The availability of Ebola Treatment Centers (ETCs) and Community Care Centres (CCCs) with good standards of care could encourage people to actively participate in contact tracing, which could be one of the topics for discussion by the group in the next meeting. WHO will provide an update on EVD treatment including vaccine development and clinical trials for the next meeting.

The group stressed that community involvement for contact tracing has additional benefits, such as behaviour change for prevention and elimination of stigma. For community to be fully engaged with EVD response, it is fundamental to involve local leaders from various groups and support them to endorse participation of community workers. Members of the group also highlighted the important role of women in EVD response.

As the chain of EVD transmission is clearly imbedded in the chain of cultural behaviour and social relationships, it is critical to understand the social and cultural aspects in analysing chains of transmission, stopping and preventing EVD transmission. The group highlighted the importance of understanding the cultural background of each community and recommended that WHO guidelines be adapted and operationalized based on local context.

The members advised WHO to provide support to Mali as a priority and ensure that anthropological aspects are taken into account in response strategy.

It was also advised that WHO should look into the recovery of health systems and provision of essential health services during post-Ebola period.