

November Monthly Report: Interagency Stewardship

PROPOSAL TITLE: EBOLA RESPONSE INTERAGENCY STEWARDSHIP					
Strategic Objective to which the Proposal is contributing	Zero Ebola Cases in Guinea, Sierra Leone and across Region (including Liberia)				
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline In the exact area of operation	Target ¹	Progress November	Means of verification and Responsible Org.
Zero Ebola Cases	Guinea, Sierra Leone and Region	3,3,0	0,0,0	0,0,3	WHO situation reports; ECMs, RIECL
MCA [13]					
Output Indicators	Geographical Area	Target	Progress Nov.	Means of verification	Responsible Org.
Stakeholders contribute to the National Ebola Response; stakeholders contribute to the formulation of the Ebola Response Country Operational Plans	Guinea, Sierra Leone	70% stakeholders attend and participate	70%	Reported by Government and UNSGE office	ECMs, RIECL
Cross-border, regional and international coordination maintained; Ebola Response Coordination Board functioning successfully	Guinea, Sierra Leone	70% stakeholders attend meetings	70%	Notes of weekly stakeholder meetings; board meetings	ECMs, RIECL

Key Highlights

- **On 3 and 4 November, a consultation on UNMEER lessons learned was held in Dakar, Senegal.**
- **The ICE Coordination Board meeting was held on 5 November 2015** and focused on addressing the services required by survivors; the strengthening of rapid response capacity; the transition of responsibilities for Ebola-related issues within each government and from WHO to UN resident coordinators (RCs) in 2016.
- **During the week of 22 November, Liberia reported a new EVD flare.** The first-reported case in the cluster, a 15-year-old boy, died on 23 November. Two subsequent cases, the boy's father and younger brother, tested negative twice for Ebola virus on 3 December and were discharged. In addition to the family, 149 contacts had been identified by the end of November, including 10 health workers who had close contact with the 15-year-old prior to isolation. ICE partners worked together to support the Government of Liberia to rapidly respond to the flare.
- **On 26 November a workshop entitled Accelerating the Availability of Vaccines Against Viral Hemorrhagic Fever (VHF) and other Emerging Diseases was convened and opened by H.E. the**

¹ Number of cases in last week of the month

President of Guinea. This workshop brought together a wide range of public and private sector actors in VHF vaccines, including representatives of other Ebola-affected countries (e.g. the Democratic Republic of the Congo, Nigeria, Sierra Leone and Liberia), the UN, academia, national public health institutions and industry.

Regional and International Coordination

On 3 and 4 November, a consultation on UNMEER lessons learned was held in Dakar, Senegal. The meeting was well attended by government officials from the affected countries, regional organizations, NGOs, the UN and other partners. It built on a number of previous consultations and private interviews and was arranged by the Chef de Cabinet's Office and facilitated by the International Peace Institute. Regional Interagency Ebola Crisis Lead (RIECL), Ebola Crisis Manager (ECM) Guinea, and ECM Sierra Leone attended².

The Interagency Collaboration on Ebola (ICE) held the ninth Coordination Board meeting on 5 November. Dr. Bruce Aylward noted that further flares were certain to occur in 2016. He expressed concern that the detection and surveillance capacity is weak in a number of areas with a relatively high risk of flares due to human-to-animal contact and large numbers of survivors. He added that the UN RCs, in partnership with other responders and with WHO technical leadership, will need to be prepared to deal with future cases in the absence of the ECMs.

ECM Guinea presented the survivor-support strategy for Guinea, explaining that the number of survivors in Guinea is relatively small and recognizing the value of harmonising the support strategies of Guinea, Liberia and Sierra Leone. He noted that the Guinea team had identified a need to provide essential support to immediate family members of survivors (in addition to survivors themselves); support mobile health services; and address shortfalls in funding needs through to March 2016. ECM Sierra Leone presented the survivor-support strategy for Sierra Leone, noting a need to ensure that all the services set out in the comprehensive package are available and accessible. On Liberia, Laurent Dufour explained that most of the 1500 survivors in that country's database had Ebola in 2014, with only a small number from 2015. To date, a total of 2400 people had received survivor-support-related assistance. The criteria for people to qualify for survivor-support services was not clear, but the needs of survivors in Liberia are by and large similar at this stage to the needs of Liberians more generally, except for some specific shelter issues that affect survivors more acutely.

Regarding rapid-response capacity, RIECL Peter Graaff explained that both the US and UK governments want to ensure that there is sufficient rapid-response backstopping capacity in place. This would supplement the in-country international capacities coordinated by the WHO country offices. Gabriel Rugalema explained the approach adopted by Sierra Leone, including by identifying the partner responsible for the respective actions. He noted that a simulation exercise is scheduled for November under the auspices of the RC. ECM Guinea presented the proposed rapid-response mechanism in Guinea: MSF, UNICEF, WFP, IFRC/Red Cross and WHO have acknowledged responsibility for key areas of work in support of the national systems, including CDC-Guinea. Laurent Dufour advised that partners in a consortium in Liberia have agreed on responsibilities for rapid-response teams. These include in the areas of leadership and coordination; support services; case finding and contact tracing; case management; and community support. It was agreed that work would continue on strengthening in-country rapid-response capacity that would be tested using simulations. WHO was to define the final

² Source: ICE Situation Report November 26, 2015

composition of international rapid response teams through the operational partners call and coordinate through the GOARN team.

Laurent Dufour presented the plan for the transition from the Incident Management System (IMS) to the regular RC and country team structure in Liberia, noting the IMS has begun to address other illnesses in Liberia, including cholera. Seraphine Wakana explained that, in Guinea, strategic coordination would remain in place through the national coordination cell, as well as through the emergency response team (ERT) and ambassadors' meetings. After March, once OCHA has departed, the UN country team system and national officers will provide such support. The ERT is presently supported by the relevant sectors, clusters and working groups. Gabriel Rugalema advised that, in Sierra Leone, 25 November will be the zero plus 60-day mark. NERC responsibility will transfer shortly thereafter to the Office of National Security; Ministry of Health and Sanitation; and Ministry of Social Welfare, Gender and Children's Affairs. The NERC will continue in a support role until 31 December 2015. UN agencies will provide capacity-development support to the three government entities. More work is needed to ensure the three entities work well together, have sufficient capacity and have effective information management systems.

It was noted that the RCs require additional human resource capacity in their offices to assist with leadership and coordination of Ebola response and recovery activities. Each RC presented their proposal for the next 12 months. The RCs were tasked to develop terms of reference, detailed cost estimates and recruitment timelines for the deployment of Ebola coordination personnel in their offices.

Guinea

In Guinea, the last patient with EVD from the original Ebola outbreak, a baby born to an EVD-positive mother and confirmed to have EVD on 29 October, tested negative for the second time on 16 November. As the baby was born in an Ebola treatment centre, she is considered to have no contacts. The last 69 contacts in Guinea, including 60 high risk contacts that were followed up in Forécariah, completed their 21-day follow-up period on 14 November.³

On 26 November a workshop entitled "Accelerating the Availability of Vaccines Against Viral Hemorrhagic Fever (VHF) and other Emerging Diseases" was convened and opened by H.E. the President of Guinea. This workshop brought together a wide range of public and private sector actors in VHF vaccines, including representatives of other Ebola-affected countries (e.g. the Democratic Republic of the Congo, Nigeria, Sierra Leone and Liberia), the UN, academia, national public health institutions and industry. The two-day conference discussed the experience gained in VHF vaccine research through the current crisis and a potential roadmap for strengthening sub-regional vaccine research, production and regulatory capacity. Dr. Bruce Aylward gave a presentation in the opening session on lessons learned through the West African Ebola Outbreak at the local, national and international levels.

Dr. Aylward joined ECM Guinea and other stakeholders for a working lunch with H.E. President Konde. While the focus of the luncheon was on specific steps that Guinea could take with respect to eventual vaccine self-sufficiency, the forum provided an opportunity to discuss in some detail with H.E. President Konde the current status of the ongoing Ebola outbreak and priorities for minimizing the risk and consequences of a re-emergence from the survivor population. Particular attention was given to

³ Source: ICE Situation Report November 26, 2015
https://www.humanitarianresponse.info/en/system/files/documents/files/151125_ice_sitrep_no11.pdf

sustaining the National Ebola Coordination Cellule through mid-2016 to manage the Phase 3 agenda as the future of that institution is finalized by the new, incoming Government. In the margins of the vaccine meeting, ECM Guinea and RC Guinea met with WHO and other partners to discuss the current outbreak and Phase 3 priorities and the post-2016 transition to the UNCT⁴.

A meeting of the Ebola Emergency Response Team was held on 11 November⁵. The items discussed included a briefing on the epidemiological situation; a briefing on the political situation by ECM Guinea; a debriefing of the meeting of the ICE Board in Dakar by ECM Guinea; the planned coordination structures for 2016 by the UN RC; the implementation mechanisms and resource mobilization for the Strategy of Recovery and Resiliency post-Ebola by UNDP; and the future of the UNHAS service for Guinea. The meeting noted the Guinean National Strategy in Support of Survivors of Ebola was due to be submitted for validation to the National Coordinator in mid-November following a final technical meeting of the key players involved in operational assistance to the survivors that took place on 9 November.

In a discussion on resources it was noted that the total cost of PAPP (Priority Action Plan 2015/2017 Post-Ebola) is high at US\$ 2.6 billion. The framework for implementation of the PAPP includes a Consultation and Coordination Framework that is supported by the Permanent Secretariat, which coordinates the work of eight thematic groups. The Strategy and Development Office (BSD) and service units (Delivery Units) respectively coordinate policies and project implementation. A key challenge is the mobilization of sufficient resources, including the difficulties of translating into actual resources pledges already made. Among the options for resource mobilization suggested by UNDP was the establishment of a National Trust Fund for the Recovery Programme and Resilience. Discussions are ongoing on this. At the end of the discussion, OCHA suggested inviting a senior permanent secretariat at the next meeting of the ERT to present the operating mechanism of consultation and coordination framework between the government and development partners. OCHA has also offered to make a presentation on the linkages between plans and coordination structures of the transition phase and the recovery phase.

The continuity of service for UNHAS in 2016 was raised by WFP's Representative. In Guinea, 52 humanitarian organizations use UNHAS services. The operation of UNHAS requires \$ 5.5 million from January to June 2016. Given failure to find the required funding, WFP proposes to reduce the UNHAS service within 6 months. Members of the ERT all agreed on the need to keep air passenger capacity and a helicopter (for areas without airports) to cover transport needs, medical evacuations, transport cargo, etc. The withdrawal of UNHAS would be detrimental especially if Guinea faces a new flare. The ERT also noted that in the case of removal from service, replacement UNHAS aircraft will take some time, which may be detrimental to a rapid response. The ECM said he would request the Office of the Special Envoy, Multi-partner trust fund and other donors to contribute to maintaining the UNHAS service at least for the first three months of 2016.

Guinea ECM held a meeting with ambassadors in November. The meeting covered the epidemiological and political situations. ECM Guinea updated the group on the ICE Board Meeting in Dakar earlier in the month and explained that there were three discussion topics. First, on 31 December 2015 the ECM office will close and UN RC will become the interagency coordination lead for Ebola (as is also occurring in Liberia and Sierra Leone. Second the need to improve services for the 1279 people in Guinea who are classified as survivors. He noted half of all survivors are in the Forest Guinea area. Third, the need to

⁴ Source: B.Aylward Travel Report eTR119713

⁵ Minutes of ERT, November 11 2015

strengthen rapid deployment teams: a new strategy is being put in place that is planned to be completed by the next ICE Board meeting to be held 8 December 2015 in Conakry.

Liberia and Regional Efforts

In November, the Liberian Ministry of Health (MoH) in collaboration with partners kicked off the training of key County Health Teams (CHT) and District Health Teams (DHT) in border counties, as part of the national Integrated Disease Surveillance and Response (IDSR) strategy, including the community events-based surveillance (CEBS) module. During the reporting period, cross-border community meetings were held in ten districts of the five border counties as well as Yomou Prefecture in Guinea to build capacity of community leaders, community focal points and general Community Health Volunteers to facilitate community events-based surveillance⁶.

Sierra Leone

On 7 November, ECM Sierra Leone marked the occasion of the declaration of the end of the Ebola Outbreak in Sierra Leone at zero plus 42 days with a speech written with the support of all ICE partners on the themes of rejoice, remember, reflect and resolve⁷. In the speech she highlighted the following areas for future action to ensure the gains obtained through the Ebola response are sustained:

“The impact of the epidemic has been tremendous. We must collectively commit to ensuring that the gains obtained through the Ebola response are sustained.

- *The energy put in the strengthening and recovery of the health system in Sierra Leone should be commensurate to that invested in the response, as should the resources and funding.*
- *There should be no return to traditional practices that have a harmful impact on health.*
- *More than 4000 survivors in Sierra Leone need special care. The Comprehensive Package must be implemented in a timely manner to ensure these heroes get the support they deserve and that access to the services are monitored carefully.*
- *Women have played a unique role in the response and Sierra Leone has generated an acclaimed Ebola Virus Disease response gender model using maternity services as an important entry point. Going forward, gender dimensions should always be integrated right from the onset of a response to an emergency.*
- *Over 11500 children are victims or orphans because of Ebola. With the closure of schools, at least 14000 adolescent girls became pregnant during the outbreak, which is three times higher than a normal year. Government action has already ensured that these girls can continue with their formal education and make the best lives for themselves and their children. This programme should become a stepping stone to an inclusive education system going forward, where all Sierra Leonean children can finish their primary and secondary education.*

We can build on these gains; let us resolve to set in place programmes that will support sustainable psychosocial wellbeing of the Sierra Leonean people. Rejoice, remember, reflect, act with resolve.”

The combined Ebola Frontline and Development Partner meeting was held on 17 November. The main areas covered were a briefing on rapid-response team planning and an update on care for survivors by WHO. Rob Holden from WHO had been leading inter-agency support for rapid-response team planning,

⁶ Information taken from ICE Situation Report November 4, 2015

https://www.humanitarianresponse.info/en/system/files/documents/files/151104_ice_sitrep_no10.pdf

⁷ See full speech text in separate document.

and presented an update. Given that NERC/DERC capabilities were likely to be disappearing in the near future, an inter-agency group consisting of 17 agencies and organizations came together to see what capabilities are available throughout 2016 from the inter-agency group to respond to re-emergence of EVD. The aim is to respond to three simultaneous events and contain it within two generations of transmission. The plan will be presented to the UNCT on 19 November, for final endorsement.

Based on available resources, the team concluded there is capacity to deal with one event. Once one event is confirmed, this will trigger the surge capacity either at the regional or international level to be on stand-by, and which may be called on to support other events. A lead agency or organization is responsible for the oversight of each functional area. Operational organizations were able to respond to the last event quite effectively, so another element of focus is now how to shorten the response time in the next event.

Reviewing the requirements for rapid-response capacity relative to other countries, it appeared that the requirement for support has been heaviest in Sierra Leone. In terms of the regional dimension (e.g. Mano River Union plan), there is some understanding of the capabilities for cross-border operation; however, it will be necessary to engage with MRU to ensure inter-operability. It was recommended that quarantine based on the risk-based investigation should be implemented so that the resources are used more efficiently and effectively. However, if organizations manage to improve the quality of contact listing and monitoring then quarantining will not be necessary. A number of Standard Operating Procedures (SOPs) need to be reviewed by pillars; OCHA said it would circulate key SOPs for review.

Regarding survivors, the discussion focused on the fact that the speed of implementing the Comprehensive Package of Essential Services (CPES) has not been satisfactory. The meeting discussed the current free health care already provided to survivors: 10 survivor clinics in 8 districts offer free services, and for other specialized hospitals that survivors are referred to, once it exceeds the minimum cost threshold, implementing partners step in to support the survivors to ensure that they receive the treatment they need. However, the registration is incomplete, not all the services are provided, and a resource gap remains. Given post-EVD syndrome lasts at least 2 years into convalescence, CPES is supposed to last for 2 years. The Ministry of Health has assigned a dedicated focal point who is a doctor to look at clinical aspect of the survivors care. The budget for survivor care will also be partially covered by the government ministries (e.g. re-integration into education system by the Ministry of Education). It was agreed the Ministry of Social Welfare, Gender and Children's Affairs should also appoint one focal point, which will cover both aspects of the survivors care.

Meanwhile Project Shield aims to address the risk of re-emergence of EVD through body fluids of the survivors, in particular semen. WHO put forward a series of recommendations regarding this residual risk, and the President has requested that action be taken to address this risk. The actions required include acceleration of the registration/verification of survivors, counselling on safe sex practices, and testing of semen. Registration and verification is ongoing; the counselling system is established; and the lab in Makeni has been validated for semen testing. The approach to counselling is similar to that for HIV. The meeting agreed that it is important to address how the responders can ensure psychosocial and livelihood support in the phase 3 and 4 of Project Shield, at least in those three districts with the highest number of survivors⁸.

⁸ Minutes of Combined Meeting provided by OCHA

In November there were reports of a possible positive Ebola test result in Kono district. A rapid-reaction team, initiated by WHO HQ and led by Rob Holden with the support of other partners, was deployed to the area. While the incident was subsequently found to be a false alarm, participants commented positively on the speed with which the response team was mobilised.

ECM Sierra Leone concluded her secondment to WHO in November 2015, and RIECL took over her duties.

ENDS