

December 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 December	Means of verification and Responsible Org.
Zero Ebola Cases	Guinea, Sierra Leone and Region	3,3,0	0,0,0	0,0,0	WHO situation reports; ECMs, RIECL
MCA [13]					
Output Indicators	Geographical Area	Target	Progress December	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 29 December, the WHO declared the end of Ebola virus transmission in the Republic of Guinea.** Forty-two days had passed since the last person confirmed to have Ebola virus disease tested negative for a second consecutive time. Guinea entered a 90-day period of heightened surveillance to ensure that any new cases are identified quickly before they can spread to other people².
- **Meanwhile, the Ebola outbreak moved into a third phase, with new cases predicted to be due solely to re-emergence of persistent virus from EVD survivors.** The fact that ten such flares have occurred since March 2015 in all three countries has reinforced the need to ensure full implementation of the Phase 3 strategy to manage the inevitable new flares through 2016³.
- **WHO held a three-level meeting in Congo Brazzaville on 10 and 11 December, attended by the Ebola Crisis Manager for Guinea and the Regional Interagency Ebola Crisis Lead (RIECL).**

¹ Number of cases in last week of the month

² Language from the WHO statement: <http://www.afro.who.int/en/media-centre/pressreleases/item/8252-end-of-ebola-transmission-in-guinea.html>

³ Source: B.Aylward Travel Report eTR951872

Discussions included: planning frameworks for intensified Ebola surveillance in 2016; rapid-response team capacity development; and survivor care, screening, and counselling.

- **The 10th ICE Coordination Board Meeting was held on 17 December.** Discussions focused on future resources to support the work of the UN Resident Coordinators who take over from ICE in January 2016. Plans were confirmed for a further meeting in February 2016 (at the suggestion of Dr. Bruce Aylward) to review progress made since December 2015. Note: meeting now due to take place early March 2016.

Regional and International Coordination

A WHO three-level Ebola Response Meeting was convened on 10 and 11 December 2015 at the WHO African Regional office in Brazzaville by the African Regional Director. It brought together senior WHO HQ, regional and country office staff together with the RIECL and the ECM for Guinea. The primary purposes of the meeting were to accelerate, plan and manage the transition of responsibilities across the three levels of the organization in alignment with the planned transition from response to recovery; to review and address major programmatic risks and outstanding technical issues; and to establish a common plan of work and communications through to the end of Phase 3 (March 2016). RIECL and the ECM for Guinea used the opportunity to update WHO colleagues on the work of other partners and to discuss the support needed for the Ebola affected countries into 2016, including in the areas of intensified Ebola surveillance; rapid-response team capacity development; and survivor care, screening, and counselling⁴. It was agreed that WHO will convene a meeting of country teams and partners in February to look at prevention, detection and response activities. The purpose will be to ensure best practices are shared across the three countries, capacities in place are robust, and any gaps are addressed.

The 10th ICE Coordination Board Meeting was held on 17 December via teleconference⁵. The discussion focused on future resources to support the work of the UN Resident Coordinators (RCs) who take over from ICE in January 2016; and confirmed a plan for a further meeting in February 2016 (at the suggestion of Dr. Bruce Aylward) to review progress made since December 2015. Note: meeting now due to take place early March 2016. Reference was made to the handover matrix developed by ICE, OCHA and RC personnel that showed the movement of responsibilities from ICE to RCs. The meeting also reviewed an overview of survivor support strategy development and a summary of rapid-response plan development for the three countries⁶.

The RCs for Guinea and Sierra Leone and the RC designate for Liberia provided updates on survivor support planning in their respective countries. The RC for Guinea, Seraphine Wakana, advised that the survivor-support strategy in Guinea includes provisions for a comprehensive package that addresses the needs of survivors as individuals and as members of communities and families. She highlighted the shortage of funding available for the strategy. The interim RC for Sierra Leone, Gabriel Rugalema, provided an overview of the semen-testing program underway in that country as part of Project Shield. He also outlined efforts to address the discrepancy between the number of registered survivors and the estimated number. The interim RC in Liberia, Kamil Kamaluddeen, advised that national actors in that country are developing a survivor policy that entails a harmonized package for survivors, a strategy for registering survivors not yet recorded in the national database, and a plan to ensure that survivors have

⁴ Source: B.Aylward Travel Report eTR951872

⁵ Minutes of the ICE Board Meeting, 17 December 2015

⁶ Documents shared by ICE team

access to clinical care and screening.

With regard to rapid response planning, Dr. Bruce Aylward advised that the recent outbreak in Monrovia obviated the need for a simulation in Liberia at this time, as the response provided an opportunity to assess the strengths and weaknesses of the response. These insights will be used to refine the rapid response plan. He added that Sierra Leone has held two simulations, though there is still some work to be done in Guinea to ensure that agencies fully understand their roles and responsibilities. He advised that a simulation exercise in Guinea is tentatively planned for January 2016. Operational partners are yet to explicitly commit personnel to rapid-response capacity, but have expressed agreements of intent to backstop critical functions at the institutional level, should the need arise. Dr. Aylward added, however, that he received very strong commitments from members of the GOARN Steering Committee about their willingness to mobilise within 72 hours to backstop teams. He advised that this arrangement, when combined with WHO's capacity, should be satisfactory. Special Envoy Nabarro suggested there needed to be written commitments from agencies by mid-January, and offered his assistance to obtain them.

SE Nabarro provided an overview of the status of the Ebola Multi-partner trust fund (MPTF), advising that the total amount received stands at US \$160 million and the amount disbursed at US \$147 million. He advised that the priorities for the remaining funds are transition support (US \$1.8 million), survivor support, maternal health, and support for vaccine trials. He added that the MPTF Advisory Committee met on 16 December, and that he will continue to oversee the fund into 2016. He estimated that the fund will remain open until at least September 2016. OCHA's Annette Hearn advised that OCHA intends to set up a financial tracking system to monitor contributions to phase 3 of the response. She explained that the system will track the contribution of resources by country, agency, and donor. It is expected to be online in a matter of weeks. The Office of the Special Envoy's Matthew Willis briefed on the development of the Resources for Results 5 report, which is due to be finalised and published shortly. He noted that, despite initial appearances, analysis of donor contributions and agency spending across the three affected countries reveals funds have been distributed fairly evenly.

The RIECL Peter Graaff invited the RCs to provide an update on the status of deployment of coordination personnel to their offices. RC Guinea advised that the handover of tasks is proceeding without difficulties in Guinea: a handover meeting with the ECM is scheduled for 22 December, and she expects to have additional coordination personnel in place in early January. RC Sierra Leone reported that the transition is going smoothly in Sierra Leone: he will inherit a staff member from the ICE team (a secondment from WHO) and will complete the recruitment process shortly thereafter. RC Liberia advised that the transition has already taken place in Liberia, and that there are no problems related to integration or coordination. Regarding regional leadership and coordination, Nana Toure-Sy informed the RCs that they should expect to soon be called on to develop and present country plans in person to the Regional Director's team. WHO's Bruce Aylward noted that "we are now working under the RCs' direction" in the three countries, but will remain deeply involved in phase 3 of the response.

Guinea

On 22 December a meeting of the Ebola Emergency Response Team (ERT) was held. The meeting covered the latest epidemiological situation; a debriefing on the WHO three level meeting in Brazzaville and the meeting of ICE; and the transition of coordination structures for the Ebola response into 2016. With regards to the transition of coordination structures it was agreed that the ERT and inter-cluster

group would transition to the structure that existed before the ERT, namely the Inter-Agency Standing Committee.⁷

Guinea ECM held a meeting with ambassadors on 9 December attended by the Ambassadors of the EU, France, Germany, Japan, the USA and Russia. The group discussed the epidemiological and political situation, and ECM Guinea highlighted three important areas moving forward. The first area is ensuring the successful management of the Ebola outbreak in 2016 using the structure in place at the RC. Second, the need to address the issue of survivors and the attendant risk of future flares, which will require continued monitoring. He also noted that Guinea has the advantage of having the smallest number of survivors, and that most contacts have been vaccinated. Third, with the majority of teams leaving Guinea at the end of the year, a strategy is being put in place to ensure rapid-response teams are able to deploy to the field. It was also noted that the national coordination cell will become a kind of agency within the Ministry of Health, and will deal with epidemics including Ebola moving forward⁸.

On 29 December WHO declared the end of Ebola virus transmission in the Republic of Guinea. Forty-two days had passed since the last person confirmed to have Ebola virus disease tested negative for the second consecutive time. Guinea subsequently entered a 90-day period of heightened surveillance, due to expire on 27 March, to ensure that any new cases are identified quickly before they can spread to other people.

ECM Guinea concluded his secondment from the World Food Program to WHO on 30 December, handing over his duties to the RC and WR Guinea. He travelled to New York and Geneva to debrief on his mission from 28 November to 7 December⁹.

Sierra Leone

A combined meeting of the Ebola Frontline and Development Partners was held on 1 December. The discussion covered a briefing on the recent flare in Liberia and response from the RIECL; an update on inter-agency support for rapid-response; and a briefing from the International Organization for Migration (IOM) on the health-screening process in Sierra Leone.

Rob Holden, the inter-agency focal point for rapid-response team planning, noted that detailed work has been done and a number of agencies are involved in the process. Over the last month, progress was made in several areas, notably in more clearly defining roles and responsibilities, and lines of reporting. The goal is a flexible, agile rapid response capacity able to deploy immediately on the detection of a new case or other trigger. The group now has a good understanding of where there are critical issues and challenges. A walk-through of the response plan was done on 11 November with heads of organisations, and discussion in the meeting focused on the key issues that arose from that exercise, particularly with regards to leadership at the national and district level. According to the plan, the RC convenes the response team, and appoints an appropriate incident commander in the event that the team is deployed. Incident commanders will be appointed according to their leadership abilities, rather than technical expertise. OCHA has drafted and circulated a set of required competencies for comment.

⁷ Minutes of the ERT, December 22 2015

⁸ Minutes of Meeting with Ambassadors, December 9 2015

⁹ ECM Guinea Travel Report eTR119347

Other issues discussed included the future use of quarantine facilities in response to flare-ups of new cases, and the identification of some critical gaps in the capacity to isolate and treat new cases. As per current plans, standing treatment and isolation capacity will be located in Freetown.

At the end of December, the RIECL handed over duties as acting ECM Sierra Leone to the RC and WR Sierra Leone. However, it was agreed between WHO and UN Development Programme that one member of the Sierra Leone ICE team (special advisor) was retained and seconded from WHO to the RC from January to March 2016. This position is due to be funded from funds remaining under the Interagency Stewardship Project managed by WHO.

Liberia and Regional Efforts

The end of Ebola transmission in Guinea marked an important milestone in the Ebola outbreak in West Africa. The original chain of transmission started two years ago in Gueckedou, Guinea in late December 2013 and drove the outbreak which spread to neighbouring Liberia, Sierra Leone and seven other countries. The declaration marked the first time that all three countries – Guinea, Liberia and Sierra Leone – have stopped transmission linked directly to the original outbreak. However, in addition to transmission directly linked to the outbreak, there have been approximately 10 small Ebola outbreaks (or flares) documented between March and November 2015. These appear to have been due to the re-emergence of virus that had persisted in individuals who had survived a prior infection. WHO used the occasion of the end of transmission in Guinea to warn that, in rare cases, viral RNA can still be detected in the semen of some male survivors for as long as 12 months after the onset of symptoms¹⁰.

As discussed in meetings of the ICE team in December, all key stakeholders are working with the Governments of Liberia, Sierra Leone and Guinea to help ensure that survivors have access to medical and psychosocial care, screening for persistent virus, as well as counselling and education to help them reintegrate into family and community life, reduce stigma and minimize the risk of Ebola virus transmission. At the same time, 2016 will see the three most-affected countries implementing a full health sector recovery agenda to restart and strengthen key public health programmes, especially maternal and child health, while continuing to maintain the capacity to detect, prevent and respond to any flare-up of Ebola¹¹.

ENDS

¹⁰ Language from the WHO statement: <http://www.afro.who.int/en/media-centre/pressreleases/item/8252-end-of-ebola-transmission-in-guinea.html>

¹¹ Ibid