

## September 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 <sup>1</sup>	Progress September 30, 2015	Means of verification and Responsible Org.
Zero Ebola Cases	Guinea, Sierra Leone and Region	3,3,0	0,0,0	4,0,0	WHO situation reports; ECMs, RIECL
<b>MCA [13]</b>					
Output Indicators	Geographical Area	Target	Progress October	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 and Sierra Leone	70% stakeholders attend meetings	70%	Notes of weekly stakeholder meetings	ECMs, RIECL

### Key Highlights

1. The Guinea National Coordinator and the Ebola Crisis Manager led an **inter-agency cross-border mission to Sierra Leone** to meet with counterparts and share lessons-learned on Guinea's approach to quarantine and Ebola vaccination trials.
2. ECMs worked with WHO Country Representatives convened consultations with national authorities and ensure their agreement on **national-level priorities and principles for Phase 3** of the Ebola response
3. ECMs worked with WHO Country Representatives worked with local partners to adapt the Phase 3 to the national context and to determine **implementation responsibilities in country**

<sup>1</sup> Number of cases and deaths last week of the month

4. ECMs worked with OCHA and partners on the **establishment and coordination of Rapid Response Teams** with the aim of producing operational protocols and a matrix indicating who will do what
5. ECMs worked with WHO and partners to agree with national structures on how and when to **adjust policies in line with risk levels**
6. ECMs worked with ICE agencies to ensure they **completed their estimates of financial needs** for October 2015 to March 2016, using country-level agreements on phase 3 strategy and framework as a basis for these estimates.
7. **RIECL visited Sierra Leone from September 15-18. RIECL supported the work of ECM Guinea in discussions with key (diplomatic) partners** to review the election preparations and (the need for) contingency planning for the Ebola response efforts during the election period<sup>2</sup>.
8. **RIECL represented the UN**, and in particular the UN contribution to the Ebola response in West Africa, at the “Global Health Security Agenda: 2015 High-Level Meeting” in Seoul.

### **Regional and International Efforts**

RIECL represented the UN, and in particular the UN contribution to the Ebola response in West Africa, at the “Global Health Security Agenda: 2015 High-Level Meeting” in Seoul<sup>3</sup>. He participated in a number of plenary sessions and co-chaired the session on Ebola response with Tom Frieden of CDC, presented on “current Ebola context and transition” (what lessons can be learned from the Ebola response when operationalizing the global health security agenda) at the side-meeting “beyond Ebola – planning for success, measuring progress” organized by the US Government.

### **Cross-Border Coordination**

On 14-15 September, the National Coordinator and the Ebola Crisis Manager led an inter-agency cross-border mission to Sierra Leone to meet with counterparts and share lessons-learned on Guinea’s approach to quarantine and Ebola vaccination trials<sup>4</sup>. The delegation included the Ebola Coordination Center Guinea, Conde Mamadou Negro; UK Ambassador to Guinea Catherine Inglehearn; Center for Disease Control and Prevention, CDC, Guinea Benjamin Dahl; OCHA Guinea, Nazzarena Ferraro; and Special Assistant to ECM Guinea, Swanny Roy.

The delegation joined a meeting of the Ebola Development Partners on September 15<sup>5</sup>. At the meeting with the Ebola Development Partners the National Ebola Coordinator in Guinea, Sakoba Keita made a comprehensive presentation on the Strategy “Cerclage” and Vaccine experience in Guinea. The presentation covered three points: 1) Epidemiology situation 2) Cerclage Strategy and 3) Vaccine trial. Areas of discussion between the teams from Guinea and Sierra Leone: the notion of limiting the movement of contacts in the “Cerclage” in Guinea and limiting the movement through quarantine, the experience of vaccine trial in Guinea and also preparedness for the future. The ECM Guinea explained that quarantine is a new concept for the mission that has never been implemented in Guinea. In this regard, the main difference is that in the quarantine period (three weeks) there is absolute restriction of movement while in “Cerclage” people have freedom to move in the area. (e.g. people have right to farm, kids go to school) . Nevertheless the aim is the same.

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<sup>2</sup> Source: P.Graaff Travel Report eTR111646

<sup>3</sup> Source: P. Graaff travel report eTR111382

<sup>4</sup> Source: ICE Situation Report No.7

<sup>5</sup> Source: Ebola Development Partners Meeting, September 15,2015

The NERC of Sierra Leone commented that it is in their interest to know more about Guinea's experience in reprogramming of resources and establishing permanent structures for respond to any future outbreaks. The National Ebola Coordinator in Guinea noted the idea on having Temporary (Epidemiological) Treatments Centers was to avoid mortality of patients, by creating closest facilities to patients and control the diseases. In addition, Ebola Treatment Centers were having no patients and they decided to close them. ECM Guinea clarified that if treatment centers are within the framework of Ebola Response there is a possibility to be flexible and to allocate funds to invest in infrastructure.

The National Ebola Coordinator in Guinea added that in the country started the response with many restrictive measures but this was leading to humanitarian problems, so they revised the measures to be more acceptable to the communities. "Fear makes people hide". WHO/RC proposed to discuss also community ownership/engagement which requires more resources and needs to be properly evaluated for future responses. ECM Sierra Leone suggested continuing the discussion on the Guinea presentation in the next meeting to address all the different issues raised.

### **Liberia**

Key Ebola partners in Liberia<sup>6</sup> – CDC, IRC, OCHA, OFDA, UNICEF, and WHO – worked on Phase 3 planning and identified the minimum critical activities required in the plan. These activities have been shared with donors and partners for the purpose of identifying and filling funding gaps which are expected to be below US\$5 million for the period September 2015 – March 2016. Work is ongoing to ensure all of the key elements required for the implementation of Phase 3 capacity in Liberia, especially at sub-national level, are fully in place within the shortest time possible.

On 16-18 September, the Liberian Ministry of Health, IOM and WHO conducted an assessment mission to Lofa and Nimba Counties in order to strengthen community- based events surveillance in the context of the integrated disease surveillance and response (IDSR) operations<sup>7</sup>. The mission targeted county authorities, county health teams and civil society representatives. In addition, UNFPA and county health teams visited bordering health facilities in Lofa and Gbarpolu Counties to ensure strong border surveillance and to maintain and improve proper screening at crossing points.

### **Guinea**

UN, NGOs and the Red Cross Movement finalized their joint planning for Phase 3 of the response in Guinea, which entails ensuring that ongoing efforts to get to zero remain in place, while also aiming to minimize risks for further infections by reinforcing surveillance systems and ensuring care for Ebola survivors<sup>8</sup>.

Guinea held the regular monthly meeting of ambassadors attended by the ambassadors of Germany, USA, EU, France, UK, Japan and Russia and also attended by the UN Resident Coordinator. The meeting discussed the epidemiology, the political and security situation and the plan for the roll out of Phase 3 of the Ebola response strategy.

RIECL supported the work of ECM Guinea in discussions with key (diplomatic) partners to review the election preparations and (the need for) contingency planning for the Ebola response efforts during the election period<sup>9</sup>.

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<sup>6</sup> Source: ICE Situation Report No.7

<sup>7</sup> Source: ICE Situation Report No.7

<sup>8</sup> Source: ICE Situation Report No.7

<sup>9</sup> Source: P.Graaff Travel Report eTR111646

ECM Guinea organized a working dinner with the key UN agencies to discuss the transition of WFP's operations with Cesar Aroyo of WFP. The discussion focused on how to maintain those components of the supply system with utility after the Ebola response and mainstream these into the relevant government structures.

ECM Guinea visited the Labe region of September 4-6 to verify how the issue of Ebola was being handled in the context of the election and to make sure that the health and administrative authorities were continuing with efforts to end the outbreak. He also reviewed the situation on the ground to confirm epidemiological surveillance was accurate<sup>10</sup>. He was reassured on both accounts that systems were operating as planned.

## **Sierra Leone**

In September Sierra Leone was actively trying to break all transmission chains and achieved this in most districts. Recent cases in Kambia and Bombali were quickly supported by multi-disciplinary Rapid Response teams from the NERC as well as the commencement of the ring vaccination trail<sup>11</sup>.

ECM briefed the Ebola Development Partners on the transition from response to early recovery<sup>12</sup> and she noted that the President has indicated his desire to have the capability transferred to MOHS and ONS to deal with any future outbreak. The President was briefed two weeks ago (Aug 26) by the Technical Transitional Working Group on systems, structures, processes and SoPs between MoHs and ONS at national level and at district level. They were looking into transferring capabilities from the current NERC into MoHs and ONS.

At the Ebola Development Partner Meeting on September 29<sup>13</sup> the ICE Advisor (on behalf of ECM Sierra Leone) noted the President's desire to ensure survivor care, including proving a message to the nation on anti-stigmatization. However, he was unable to provide this statement before he left for the General Assembly. The ICE Advisor also updated the group on the strong collaboration between Kambia and Forecariah; there was an MoU signed in March, as part of border collaboration, there was another MoU signed between Koinadugu and its neighbouring prefecture in Guinea. A meeting is taking place among seven districts bordering Guinea and Liberia; in terms of silent districts, as in the case of Bombali where no case was reported for over 150 days, it is important to monitor the situation closely; since there was no secondary case, the validity of EVD case was again challenged; it is in this regard Dr. Kamara presented to the Bombali leadership, and shared the same presentation at this meeting.

RIECEL visited Sierra Leone from September 15-18<sup>14</sup>. He met key interlocutors, including HE the President, the NERC leadership and partners to review progress in the response and the implications of recent cases in Kambia and Bombali in terms of focus and approach. He also visited Makeni (Bombali) to discuss the most recent case with responders on the ground. He concluded the most recent cases in Kambia and now Bombali show a vastly increased capacity to quickly and decisively mount a full scale operation aimed at interrupting transmission soonest (not beyond the index case plus one additional generation). This is all the more impressive since the overall approach in Sierra Leone, with household level quarantine for entire villages or neighbourhoods, is particularly taxing compared to the systems

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<sup>10</sup> Source: A.Dieng Travel Report eTR112405

<sup>11</sup> Source: ICE Situation Report No.7

<sup>12</sup> Source: Ebola Development Partners Meeting, September 8, 2015

<sup>13</sup> Source: Ebola Development Partners Meeting, September 29, 2015

<sup>14</sup> Source: P.Graaff Travel Report eTR111643

used in Guinea and previously in Liberia. He also observed the partners in Makeni work in an integrated manner. Having a senior UN coordinator on the ground who works well with the UK lead clear has added value and should be considered best practice.

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