

INTRODUCTION BY THE SECRETARY-GENERAL'S SPECIAL ENVOY ON EBOLA, DR. DAVID NABARRO

The West Africa Ebola outbreak is extreme and unprecedented. It has brought tragedy into the lives of thousands of families, and caused millions more to fear infection. The consequences have been experienced most intensely by the people of Guinea, Liberia and Sierra Leone, but the anxieties about the wider impacts of this infection have resonated around the world. The outbreak has provided a stark reminder of our global connectivity, our collective fragility and the importance of international solidarity in the face of disease threats.

In the three most affected countries, Ebola has dominated local and national government activity for much of 2014. The outbreak has reduced or halted economic growth and dramatically altered how societies function. It has restricted freedom of movement and people's ability to engage in normal social interaction. It has influenced how business is conducted, when fields are tilled, whether markets can open normally and how families worship. It has had a direct impact on the availability of basic health care and schooling for children.

Thousands of people are involved in the response: patient attendants, nurses and doctors, those who move the sick to hospitals and those who bury the dead. Many are volunteers from abroad; but most are from the affected countries. All are working relentlessly, often under difficult and dangerous conditions, with few opportunities to rest and recharge.

A comprehensive response that rapidly ends this outbreak is important for two reasons. First, it is essential for the social and economic well-being of the people of West Africa. Second, it shows whether the international community is able to tackle and contain such global health threats.

Ending the outbreak will not be easy because the disease is being transmitted in three countries with a collective land area greater than the United Kingdom. They have limited infrastructure, borders are porous, and deep-seated cultural traditions facilitate the spread of the virus.

Our experience of this outbreak so far has repeatedly taught us an important lesson. Success can only be achieved if communities themselves understand the nature of the outbreak and act in ways that reduce their likelihood of becoming infected. The elimination of the virus will only be achieved if those who are assisting with the response work under the supervision of national authorities, work closely together and ensure their



Visiting Bamako on 3 December 2014, the UN Secretary-General's Special Envoy on Ebola, Dr. David Nabarro, assessed that a "very powerful effort" was under way to stop the spread of the virus in Mali. "There is a big engagement of the whole population... the whole of society. The government itself is working very effectively, particularly at the frontiers," Dr. Nabarro said.

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efforts are offered in synergy. This calls for seamless coordination between actors, whether they work in villages and townships, at the level of local government areas, in the national capitals or at the international level.

Success is more likely if there is a continuous supply of needed resources in the right place and at the right time. Finance, skilled people and equipment must be put at the disposal of communities, civil society organizations and governments. Transmission is reduced most rapidly if all concerned respond to any changes in the outbreak by adjusting what they do quickly, collaboratively and in unison. This ability to adjust—together—is a vital element of the response going in to 2015.

National governments are leading the responses. With the support of the international community, their populations are turning the tide. Despite unexpected set-backs and uneven progress, the overall number of new cases each day is declining. There are clear signs that the strategy to stop the outbreak is succeeding.

The Special Envoy and the Global Ebola Response Coalition

To be effective, the global Ebola response needs to be as dynamic as the outbreak. To support the evolution of response strategies, the office of the United Nations Special Envoy on Ebola will continue to convene an active Global Ebola Response Coalition that provides a platform for the exchange of information on actions needed to stop the spread of Ebola and promote swift recovery.

The coalition will help to ensure mobilization of effective people to support the response—helping communities to be confident that they are able to own, act on and end the outbreak; establishing platforms that enable responders to access useful, reliable and timely information; ensuring effective systems to organize functioning local-level coordination; and seeking means to ensure support to responders with a special focus on helping them reduce the risk of ill-health. The Coalition will also contribute to thinking about ways to improve systems for responding to future international health crises.

Coalition partners have the authority and responsibility for public health actions: they recognize that maintaining an effective Ebola response requires continued focus and shared accountability for results. In recent weeks they have sought to align their efforts while supporting a response that is of sufficient scale and quality to end the outbreak.

The Ebola Envoy will work with Coalition partners on five areas during the 2015 response phase:

- First, the Envoy will continue to analyze the flow of resources into the response, establishing what is needed and where, as well as what has been disbursed and to what impact. A revised Overview of Needs and Requirements for the UN system and partners is being prepared with the Office for the Coordination of Humanitarian Affairs. This will be synchronized with government-led Ebola Recovery Assessments coordinated by the UN Development Programme. The Secretary-General's Ebola Trust
- Fund is a critical financing mechanism, offering flexibility and responsiveness to address new and existing priorities. Maintaining this flexibility while directing available funds to where they are most needed is the core benefit of the Fund. The high demand for resources available in the Trust Fund from implementing partners indicates the perceived value of this instrument and the need for continued generosity from contributors.
- Second, as the capacity of the Coalition partners to collect data increases, it is imperative that they are promptly analyzed and information is made available to all relevant partners. Where data standards exist, they must be followed. The Ebola Envoy will promote the development of standards for Coalition partners to collect and share useful data.
- Third, as survival rates increase and new therapeutic tools become available, responders will be enabled to efficiently share and consider new insights, methods and techniques. The Envoy will invite Coalition partners to share their clinical experiences.
- Fourth, key innovations in vaccines, diagnostics and therapeutics may have profound implications for financing, planning and implementing the response. The Envoy will assure that knowledge of these developments is widely shared among Coalition partners.
- Fifth, the story of the Ebola outbreak is becoming more nuanced and complex. The Envoy will encourage the communication teams of coalition partners to develop narratives, to share them and to disseminate their experiences widely. This will encourage a wider appreciation of the response and greater trust in the responder community.

As the outbreak evolves, the needs of Coalition partners will also evolve. The Envoy will seek to continuously understand these evolving needs and support the efforts of Coalition partners to meet them.

What has happened? Between early June and mid-September 2014, the number of cases of Ebola in Guinea, Liberia and Sierra Leone was growing exponentially, doubling approximately every three weeks. It was clear that a massive response was needed to build on the early and continuing efforts of Médecins sans Frontières and the Red Cross and to get ahead of the virus by reducing the number of persons infected by each person with the disease to a ratio of less than 1.0. This would be achieved most rapidly through scaling up three activities: mobilizing communities to be at the centre of the response; ensuring that those with the disease were able to rapidly access effective treatment (instead of remaining at home or travelling around infecting relatives and neighbours); and providing a rapid, safe and dignified burial to those who died to minimize the risk of others being infected through funeral rites.

These elements—changed behaviour within communities, fully staffed units for treating people with Ebola, and ensuring safe and dignified burials—have been the foundation of the response since May 2014, and have been stepped up dramatically from mid-September. By 14 December, the number of beds in Ebola treatment centres was over 2,000, compared to less than 350 in mid-August, when patients were being turned away because of lack of capacity. The number of available beds now exceeds the number of Ebola patients recorded each week, though treatment capacity is unevenly distributed in all three most affected countries. The average delay between the onset of symptoms and starting treatment has dropped to four days, thus reducing opportunities for transmission. Many households and communities have been reached by social mobilization agents, and their religious and traditional leaders have been trained on the disease and how to control it. Capacity to carry out safe burials has increased considerably. By 14 December, approximately 250 burial teams, each with adequate funding, transport and protective equipment, were covering all but a small number of districts (compared with approximately 20 in early August).

There is strong evidence that when comprehensive measures to interrupt transmission have been undertaken—including careful case finding and contact tracing—they have had a dramatic effect in bringing the incidence of transmission towards zero. The overall disease reproduction rate fell from around 1.4 in September to below 1.0 in December. The epidemic curve has reached a plateau and is starting to decline in some places. As the response advances, there is increased emphasis on the provision of non-Ebola health services, safety nets for those made poor by the outbreak and its control, food security and preparing for recovery. Actions are also under way to improve preparedness in countries that are currently Ebola-free, especially those that border on the three most affected. Senegal, Nigeria and Mali have taken steps with the support of the international community to treat isolated Ebola cases as they occur and to prepare themselves to prevent wider outbreaks.

Detailed epidemiological analyses suggest that there are several micro-outbreaks, each with varying intensity, each at a different stage of evolution, and each with the potential to flare up unexpectedly if not properly managed. Geographic patterns of transmission are shifting, with cases now spread over a wider geographic area.

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“ We have not taken sufficient account of community involvement in the crisis, especially in the aspect of compliance with customs. This disease interferes with some of our customs, such as burial rites, group meals, etc. It was therefore necessary to have community participation. At first it was too professional and actions were misinterpreted and led to violence. Now that we have corrected this, we are reducing the reluctance. If we had done that since the beginning, we would have taken much less time to make an impact.

Sakoba Keita,

Head of Guinea Emergency
Operations Centre

Although capacity to treat those who are infected and to stop transmission is on the increase, utilization has been uneven. Many deaths are still unreported, and communities in some areas are still reluctant to adopt safe burial practices or seek treatment. The virus is lurking close by and in coming months it may make a comeback if we become complacent and let down our guard. It is always possible that it will be re-introduced into places from which it has been eliminated. The response must therefore be adjusted carefully and quickly to the realities of each community and location, as well as to information about the incidence of infection. Communities must be encouraged to own and lead the response: we must be ready to support them, responding quickly to flare-ups, detecting the emergence of new chains of transmission quickly and enabling them to be contained before they escalate.

DIFFERENT STAGES OF THE OUTBREAK

What kinds of adjustments are needed and how are they implemented? The first step in making adjustments is to distinguish between different stages of the outbreak that are being seen in the 60 or so districts, counties and prefectures of the affected countries. Identifying the particular stage in any one district helps all concerned to work out the most effective response, the precautions that they must take, and how to ensure that actions in each location are aligned for the best effect.

STAGE 1:

Intense transmission: Numbers of new cases are increasing day-by-day, illness is widespread and those who have Ebola are unable to quickly access effective treatment. There is more fear than understanding of the disease. This is the situation that was faced in many parts of the affected countries in September 2014. It requires rapid scale-up of facilities, resources and personnel to isolate, treat and bury safely.

STAGE 2:

Slowed transmission: Numbers of new cases each day are constant or starting to reduce: this may be associated with community engagement, accessible treatment, new cases being quickly detected and contacts being traced. The response can be adjusted at any time if there is a sudden increase in transmission.

STAGE 3:

Getting to zero: Numbers of new cases each day are approaching zero. Those involved in the response should be confident that they know most of the chains of transmission and that any new cases come from known contacts; there are very few unexpected flare-ups.

STAGE 4:

Maintaining zero: Numbers of new cases remain at zero over a period of several weeks. Transmission is stopping in an increasingly wider area and re-introduction is prevented through vigilant action by communities and surveillance-based health systems; revival of health services and the recovery of economies and societies is advanced.

Some areas of western Sierra Leone and parts of Guinea are still experiencing intense transmission, and not all people with Ebola are accessing treatment. Slowed transmission is now seen in other parts of Sierra Leone, most of Liberia and parts of Guinea. In some parts of Liberia, communities are “getting to zero”, although there are continuing anxieties about re-importation—including across the borders between countries.

FIVE KEY REQUIREMENTS FOR SUCCESSFULLY ADJUSTING THE RESPONSE

There is just one goal: ending the outbreak. The initial response in 2014 with its focus on behaviour change, treatment beds and safe, dignified burials led to a reduction in numbers of cases. The 2015 phase of the response focuses on finding and tracing all chains of transmission, treating all those who are infected, and achieving zero cases throughout the region. It also focuses on the safe resumption of services essential for living, on strong national capacities for health security, and on ensuring that societies can respond to future outbreaks.

Throughout the three countries, responses are now being adjusted according to different stages of the outbreak. They require well-performing, flexible and rapidly deployable resources. There are five key requirements for the 2015 phase to succeed and contribute to reaching the single goal of zero cases throughout the region.

REQUIREMENT 1:

Useful real-time information and data: The use of live and real-time data can facilitate an understanding of on-the-ground requirements. Affected communities need to be able to access public health services staffed by people expert in case finding, supportive treatment, contact tracing and surveillance. Getting these services to where they are needed calls for reliable up-to-date information based on careful analysis of available data about the state of the outbreak, its progression within each locality, responses under way, gaps that must be filled and resources that can easily be redeployed.

REQUIREMENT 2:

Building trust: Members of the affected communities are the primary source of information about the evolution of the outbreak and they are the primary actors in the response. Building trust between responders and communities is critically important. The collective experience to date is that, without full community engagement, people who are ill will not come forward for diagnosis and treatment. Contacts will refuse daily check-ups to see if they themselves become ill (indeed, they are likely to run away and hide). Unsafe funerals will take place and lead to new chains of transmission. People will be scared and resist control measures. The response works when communities—through their leaders—are in a position to “own” both the outbreak and the response, to plan for themselves and to implement their plans.

REQUIREMENT 3:

Skilled people where they are most needed: To date, external support has been concentrated on medical teams to staff Ebola Treatment Units.

“The challenges going forward are threefold. One is to stop exponential increase, wherever it pops up. Two is to get to zero by tracing every strain of transmission. Three is to strengthen places not prepared in and around the affected countries.

Tom Frieden,

Centers for Disease Control and Prevention

These are still necessary but now they need to be supplemented by people with complementary skills deployed in each locality, staying there for weeks at a time and able to adjust services in response to communities' needs. Those working in each district should be able to ensure that the right services are provided when and where they are needed.

They need to be able to:

- negotiate with and establish trusting relationships between communities and responders;
- find out what is happening with regard to the outbreak;
- undertake data analysis and epidemiology;
- establish accepted and efficient systems to coordinate responders;
- establish and maintain contact tracing and surveillance systems;
- ensure that people receive the best possible care—for Ebola and other health and livelihood challenges;
- identify gaps in essential services and make sure they are promptly filled;
- sustain the ability to react rapidly when information about flare-ups is received.

REQUIREMENT 4:

Effective coordination: Well-organized systems for coordination are needed at the local level to enable all involved in the response to adjust their actions in line with available information. Responders should be coordinated in ways that enable professional teams to be assembled at district level and to ensure that services get to where they are needed. Led by national governments and supported by international experts, the coordination service should apply to all responder organizations working in each community and location. In the coming weeks, more teams will be established in each local government area—over 60 teams in all. The United Nations system—working through UNMEER and engaging with affected governments and international partners—has a central role to play in ensuring coordination and alignment of the international response.

REQUIREMENT 5:

Supporting the responders: All involved in the response need coordinated logistical, human resources, communications, material and financial support to mount an effective, flexible and decentralized response. It is essential to offer continued support to the responders, paying particular attention to their comfort and safety, as they continue to offer services for people with Ebola. That entails strong logistics support and protocols both for the prevention of infection and for ensuring that those who become ill—either with Ebola or with other conditions—can access optimal care.

In conclusion...

Ebola has presented the world with an unprecedented challenge, and a unique opportunity. It has revealed flaws in our international and regional public health mechanisms, and the limited capacities within nations to deal with shocks. It has also drawn together an unprecedented coalition that, if it stays focused and committed, will help the Ebola-affected countries to tackle the outbreak and build back better health systems. It will contribute to systems that enable us to be safer and better off in the face of disease threats.

It is never easy to appreciate where we have come from and where we are headed when we are in the midst of a long and uncertain journey. This is especially the case when matters are as challenging and difficult as this Ebola outbreak. The following sections of this *Outlook* take us back to the beginning of the outbreak and provide perspectives from partners in the Global Ebola Response Coalition on their role, both now and going forward. I am grateful for their contributions and hope all readers will find the *Outlook* a useful resource as we work together on the 2015 phase of the response.

Unloading of PPEs donated by the
Government of Japan to UNMEER.
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