

## HIGHLIGHTS

- Phase 3 response implemented in all three countries to achieve and sustain a resilient zero
- Guinea mission to Sierra Leone builds on cross-border cooperation agreements
- Campaign launched in Sierra Leone against the stigmatization of Ebola survivors

## KEY FIGURES FOR EBOLA COUNTRIES

Population in the three countries	20.8 million
Confirmed cases	28,295
Deaths	11,295

## FUNDING

US\$6.6 billion Pledged (Sep 2014 – May 2015)

\$ 4.6 billion received (Sep 2014 – May 2015)



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## Phase 3: a final framework for getting to zero

While case numbers remain relatively low, Ebola Virus Disease (EVD) transmission is ongoing. The overall goal of the response is getting to and staying at zero, yet viral persistence poses a clear threat. The risk of reintroduction in the region is a near-term threat, which has been substantiated by the July 2015 outbreak in Liberia, likely due to virus persistence in a male survivor.

To incorporate new knowledge and tools into the ongoing Ebola response and recovery work to achieve zero cases WHO has recently released the framework for Phase 3 of the Ebola response. This framework follows on from and complements the previous two phases of the response and is expected to run into mid-2016.

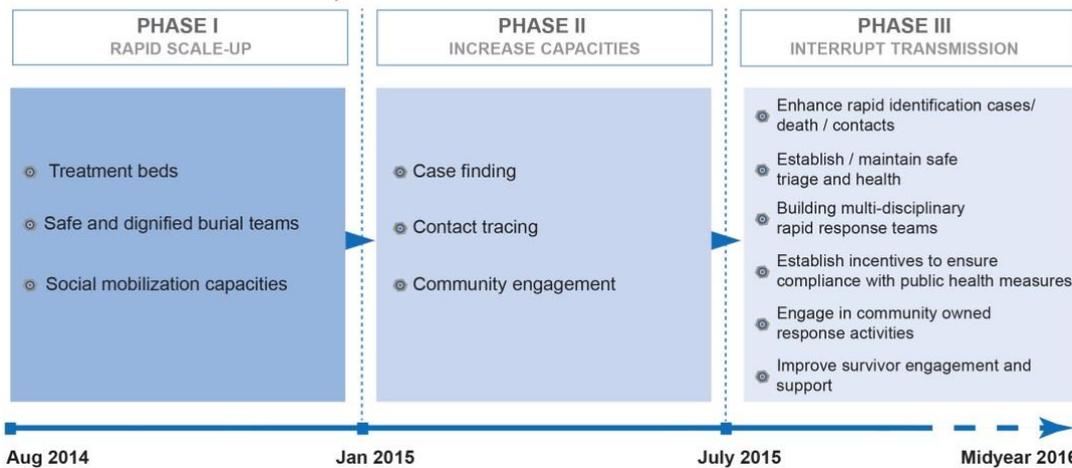
Phase 1 (August – December 2014) focused on rapid scale-up of treatment beds, safe and dignified burial teams and behaviour change capacities and Phase 2 (January to July 2015) was directed at enhanced capacities for case finding, contact tracing and community engagement.

Phase 3 emphasises the importance of understanding and incorporating the concerns of affected communities, households and individuals and ensuring full community engagement in implementation. Along with these considerations, it reflects the need for strong linkages across the response, early recovery and longer term health systems.

### Interrupting transmission

The key objectives of Phase 3 are firstly to accurately define and rapidly interrupt all remaining chains of Ebola transmission, and secondly to identify, manage and respond to the consequences of residual Ebola risks.

The response to Ebola virus disease in West Africa



*One of the keys to successful implementation of the Phase 3 framework is the alignment of the objectives with early recovery efforts for the health sector.*

Under these objectives, key priorities include: risk-based event management; enhanced identification, incentivization and management of cases and contacts; chieftain-led, community-owned, local response; enhanced alert management; regional/zonal rapid response capacity; and improved survivor engagement and support.

### **Phase 3 response activities**

Each of the three main Ebola affected countries in West Africa is already undertaking activities on the planning and implementation of Phase 3. Liberia has seen key Ebola partners working on planning and identifying critical activities as well as working with donors to identify and fill funding gaps. In Guinea, joint planning has taken place between UN agencies, NGOs and the Red Cross Movement to ensure efforts to get to zero remain in place and risks of further infections are minimized. Key priorities are reinforcing surveillance systems and ensuring care for Ebola survivors. Sierra Leone is tackling Phase 3 by focusing on breaking all transmission chains in the country. New cases are rapidly identified and isolated by multi-disciplinary Rapid Response teams from the National Ebola Response Centre (NERC).

### **Early recovery efforts**

One of the keys to successful implementation of the Phase 3 framework is the alignment with early recovery efforts for the health sector. These efforts include four interconnected areas: effective infection prevention and control within a wider context of patient safety; strengthened integrated disease surveillance and response capacities (IDSR) as part of enhancing the resilience of local health systems; safe reactivation of a basic package of essential health services in affected countries; and rebuilding of short-term health workforce capacities as a foundation for sustainable health workforce strengthening. WHO and partners will continue to work alongside Guinea, Liberia and Sierra Leone to achieve and sustain a resilient zero.

More information on the Phase 3 framework can be found here: [Ebola response phase 3: Framework for achieving and sustaining a resilient zero](#)

## **Cross-border cooperation**

Porous borders are still posing a challenge to border surveillance in Guinea, Sierra Leone and Liberia. Since Liberia's President Ellen Sirleaf Johnson declared the border open again in February 2015, cross-border movements have increased. As the three countries move forward out of the emergency response stage to recover and strengthen health systems, strengthening cross-border disease surveillance and monitoring at entry points along the borders remain key priorities to get to zero.

### **Cross-border mission from Guinea to Sierra Leone**

On 14 - 15 September, a delegation of EVD key partners led by Guinea's Ebola Crisis Manager (ECM) - Abdou Dieng - and National Coordinator for the Ebola Response - Sakoba Keita - visited Sierra Leone. The visit reciprocates the visit to Guinea led by Sierra Leone's National Coordinator for the Ebola Response at the beginning of June. The mission travelled to the active transmission areas of Kambia and Freetown, and met with the National Coordination and all key Ebola partners engaged in the Ebola response in Sierra Leone to exchange views on the lessons learnt from the response. The visit concluded with the signature of a Memorandum of Understanding (MoU) on cross-border cooperation between the local authorities of the district of Forécariah in Guinea, and the district of Kambia in Sierra Leone.

In March 2015, the Governments of Guinea and Sierra Leone signed a MoU providing for a national level supervision of cross-border Ebola interventions, enforcement of Ebola quarantines in the border communities, and the adoption of best practices with a focus on community ownership.

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## Cerclage: better control of transmission

The mission also attended key meetings, such as the Development Partners, during which the National Ebola Coordinator presented the two key surveillance strategies implemented in Guinea - the “Cerclage” Strategy and the vaccine trial.

In June, following the meeting of the Presidents of Guinea and Sierra Leone to find a common strategy to implement the border surveillance measures of the MoU, Guinea had employed the “Cerclage” strategy to better control the Ebola transmission through contacts research in the active areas of transmission for 21 days, preceded and followed by social mobilisation sessions. This strategy also entailed limiting the movement of the population living in those areas, and assisting them with free treatment and food supplies for the period covered.

## Vaccine trials extended to Sierra Leone

In March, the Guinean Government and several partners launched a Phase III vaccine trial in Guinea to test the VSV-EBOV vaccine - developed by the Public Health Agency of Canada - for efficacy and effectiveness to prevent Ebola. The trial strategy, called “ring vaccination”, involves the identification of a newly diagnosed Ebola case – the “index case” – and the tracing of all his/her contacts. The contacts or any other people at risk are vaccinated if they give their consent. The results of the trial conducted on more than 7,600 people indicated that VSV-ZEBOV has an efficacy rate of 75 to 100 per cent. Following the successful findings of the Guinea Ebola vaccine trial, in August the Government of Sierra Leone asked WHO to extend the Guinean Ebola Ring Vaccine Trial using the ring vaccination strategy to Sierra Leone as a move to stop the transmission across the region.

## Cooperation to continue

Some differences between the operational responses were noted by the participants of the mission. Guinea’s Ebola Crisis Manager (ECM) noted that Sierra Leone imposes an absolute restriction of movement during quarantine period, while in “Cerclage” people have a limited freedom to move in the area to work, go to school, etc. The ECM also added that in Guinea each prefecture will have at least one Epidemiologic Treatment Center to assist both Ebola and non-Ebola patients. The African Development Bank will provide funding to build 21 new Centers, while the UN system will build six.

The ECM suggested continuing the discussion over the surveillance measures used in Guinea to establish permanent structures to respond to any future outbreaks.



Mrs Catherine Inglehearn, Ambassador of the United Kingdom to Guinea, Dr Sakoba Keita, National Coordinator for the Ebola Response, and Dr Mamadou Condé, from the Guinean National Coordination. Credit: Coordination nationale de lutte contre Ebola, Guinée.

## Scheme to help survivors in Sierra Leone

In August, the Government of Sierra Leone announced an integrated comprehensive scheme to help Ebola survivors better cope with medical complications and stigma experienced by many who have recovered from the viral disease. Under the plan, survivors will be offered medical and psychosocial care targeting families and

*The delegation of EVD key partners led by Guinea National Coordinator for the Ebola Response signed a memorandum of understanding on cross-border cooperation*

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communities. They will also receive livelihood support, vocational training, formal and non-formal education to help them resume normal life.

WHO experts are part of a technical working group designing the plan which requires US\$ 3.7 million just for the clinical part. Only one million dollars have been made available so far.

### Fighting stigma

During the launch of the scheme, President Ernest Bai Koroma said that Ebola survivors represented the best hope for victory against the epidemic, commending them as heroes in the war against Ebola. He unveiled a billboard showing survivors in Freetown. Several such billboards will be put up across the country as part of a campaign against the stigmatization of survivors.

“When you embrace and support them, you will not be infected,” said the president, calling on communities and the general public to integrate survivors. Ebola has claimed over 3,000 lives in Sierra Leone since May 2014.

### Around 4,000 survivors

Ebola survivors are estimated to be around 4,000 in Sierra Leone, although the exact number is difficult to determine as many individuals who were infected went through their disease without being diagnosed, and were later found to be Ebola antibody positive. Further analysis is hoped to help determine the exact number of survivors.

The government defines an Ebola survivor as an individual who has been confirmed Ebola positive by a laboratory, treated at an Ebola Care Center, developed antibodies and subsequently discharged from the center, whereby he received a survivor certificate.

The five locations with most survivors per district are Western Urban Area (750); Port Loko (494); Bombali (452); Western Area Rural (274) and Kailahun (234). An estimated total of 1,579 children in Sierra Leone are survivors, many of which have now lost one or both parents to the disease. According to the latest figures, 4,300 have lost one parent and 2,000 both.

### “Post-Ebola syndrome”

Many survivors across the three Ebola affected countries have developed, months after their recovery, a number of health complications and common clinical sequels known as “post-Ebola syndrome” which doctors and other Ebola specialists so far know little of. These include eye problems which can lead to a permanent loss of vision, joint pains, fatigue, hearing problems, mental health issues, neurologic disorders as well as nutritional issues. More than 25 percent of survivors have experienced some degree of change in eyesight, according to WHO, with many now close to being blind.

Aside from physical symptoms there are also complex psychosocial effects, mainly due to losing family members. Other social consequences include stigma, amid pervading fear. In addition, economic impact is also significant, as many survivors have lost livelihoods such as employment or the inability to work.



In Sierra Leone, several billboards have been put across the country as a part of the campaign against the stigmatization of Ebola survivors. Credit: OCHA.

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### Hope for full reintegration

In Moyamba, in Sierra Leone, an assessment conducted by Médecins du Monde revealed that 47 per cent of survivors reported multiple loss of a family member, 42 per cent loss of livelihoods and 15 per cent felt discouraged, experienced abnormal behavior, unhappiness and trauma.

The Ministry of Social Welfare, Gender and Children's Affairs social welfare program has included Ebola survivors and has started making electronic cash transfers to the most vulnerable households in Sierra Leone, although many survivors need special health and psychological needs.

Health partners hope for a reintegration process that will allow survivors to go beyond the "survivor" label and to get back to the life and livelihoods they enjoyed before the Ebola crisis.



Linda H., 40 years old, is a health worker and Ebola survivor. Her husband died from EVD. As a single parent, she will have to go on with her three children. Credit: OCHA.