Travel Report Summary

eTR070390

Basic Information

Date Approved: 08 Jul 2014

Traveller:	FORMENTY, Pierre B.H.	**Travel Request Number:**	TR703153
Supervisor:	PEREA CARO, William Augusto	**Additional TR Number:**	
Traveller Region:	HQ	**Org Unit of Traveller:**	HSE/PED/CED
Travel Dates:	04 Jun 2014 - 07 Jun 2014		
Destination(s):	GUINEA Conakry		

Purpose of Travel: Strategic meeting with the 3 levels of the organization to review the status of the Ebola outbreak response in Guinea and define strategic orientations for the coming weeks.

Travel Categories:

Co-Travellers: briands; chungongs; impoumab

Attachments:

Objectives

This strategic meeting aims at
1. Reviewing the current situation and lessons learned since the confirmation of the Ebola outbreak in Guinea (March 21),
2. Identifying the strategic priorities for the outbreak response in the coming weeks
3. Defining responsibilities at the 3 levels of the organization to ensure optimal coordination.

Brief Summary

The Ebola outbreak started most probably in the region of Guékédou beginning of January 2014.
The event was notified to WHO on March 21 after the laboratory confirmation done by Institut Pasteur Lyon.
Early June 2014, the situation is as follows (as off 4 June):
•328 cases including 208 deaths.
•8 different sites have reported cases including the capital city Conakry. Three sites are not anymore reporting cases (Dabola, Kissidougou, Dinguiraye). New site (Kouroussa) reporting cases on 6 June 2014.
•The outbreak is still evolving with a number of transmission chains not controlled.
•The population is resistant is many places due to local beliefs that the disease does not exist and that deaths are due to another cause. Ln addition some public health measures related to funerals not respectfully implemented have generated open hostility from some communities. Therefore, the implementation of control measures is sub optimal or impossible in many villages.
•In Conakry, some large families/clans affected by the disease are not complying with the contact tracing (less than 50% compliance). Ln addition, many contacts who were attending large gatherings for funerals at the capital city are now back to their home in other parts of the country or in neighboring countries (Guinea Bissau and Sierra Leone).
•Many partners are supporting Guinean National Health Authorities : MSF, COC, Institut Pasteur Dakar, University of Hamburg, etc. However given the length of the outbreak response, some partners are now facing difficulties to maintain the effort.
•WHO has deployed 110 staff so far through GOARN or other expert networks and is also facing difficulties to ensure the tum over.
•The National Authorities have been proactive and transparent at the start of the epidemic. However, they have recently change their communication line. They are announcing only confirmed cases and deaths. This attitude is based on the willingness to simplify communication towards rural communities but also to "minimize" artificially the magnitude of the Ebola outbreak to reassure expatriates working in the mining industry. In addition, the authorities are concerned by the restrictions imposed by Saudi Arabia to the Guinean Muslim willing to attend the Hajj pilgrimage.
•Neighbouring countries are also affected : Liberia (1 death , 11 contacts followed up) and Sierra Leone (79 cases, 6 deaths). Given the intense movement of populations across borders in the region, it is likely that other countries in the subregion will soon report Ebola cases.

The retreat was fruitful, with open discussions on issues of concerns. The group successfully identified priorities and strategized interventions.
The WR organized a meeting with the National Health Authorities and the inter-ministerial committee for the Ebola response where the issue of official communication on numbers was discussed.
It's critical to reduce and stop transmission of the disease. This will only be possible with the full engagement of the population and National Authorities.

Four priorities have been identified for the coming weeks

1. Improve communication and social mobilisation
• Change social mobilisation messages. Make them more simple and focusing on 2 situations only: the funerals and the care of patients;
• Support national health authorities for a proactive and transparent communication (deploy risk communicators);
• Understand and address the cause of resistance from the population in Conakry and in remote villages. Continue and intensify the identification of opinion leaders.It is important to prevent resistance in local population and increase compliance to public health interventions.
• Engage dialogue about risks and preventive measures with private sector especially mining industry

2. Enhance surveillance
• Detect through small morgue at the mosques abnormal death in Conakry to increase early detection of chain of transmission;
• Increase effectiveness of contact tracing by providing compensations and adapting modalities of information gathering;
• Improve software at WHO to enable easy and fast synchronization of various databases.

3. Improve clinical management and infection control in health care facilities
• Continue to deploy Intensive Care experts to support treatment centres. (This intervention when well implemented can reduce mortality by 40%);
• Accelerate training for infection prevention and control focusing on realistic and simple interventions;
• Engage recognized national physicians as trainer of trainers to accelerate sensitization of health care workers on good infection control
practices.

4. Intensify activities at borders and in the subregion
• Foster collaboration with neighboring countries through cross border meeting every 2 weeks;
• Envisage a sub-regional meeting of WR and DPC to increase awareness of the disease and adopt good practices since the very first cases.

Recommendations/Follow-up points

The effectiveness of the interventions will be reviewed regularly in the coming weeks. The criteria of success will be:
• Reduction in the number of new transmission chain
• Reduction in the number of affected places
• Reduction in populations 'resistance to public health intervention (increased rate of contract tracing in Conakry, better acceptance of mobile teams in remote villages)
• Increased communication from the National Authorities about the epidemic

Key persons met/organizations visited

His Excellency the Minister of Health
The Inter-Ministerial Committee for Ebola outbreak control (Ministry of Health, Ministry of Communication and Ministry of Cooperation)

[redacted]

Signatures

Traveller:	**Supervisor:**
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Submission Date & Time:	**Approval Date & Time:**
07 Jul 2014 16:40	08 Jul 2014 08:10