



REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Sixty-fourth session

Cotonou, Republic of Benin, 3–7 November 2014

Provisional agenda item 14

**EBOLA VIRUS DISEASE EPIDEMIC IN WEST AFRICA:
UPDATE AND LESSONS LEARNT**

Report of the Secretariat

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INTRODUCTION

1. Ebola virus disease (EVD), otherwise known as Ebola haemorrhagic fever, is a severe illness with a case fatality rate that can be as high as 90%.¹ It is caused by the Ebola virus that was first isolated in 1976. The virus is transmitted by direct contact with the body fluids (including blood and sweat) and tissues of infected people and animals, while febrile and at post-mortem. Although the reservoir of the Ebola virus is not fully known, it is believed that fruit bats are its sources.² Infection can occur through contact with these fruit bats or through infected animals such as chimpanzees, gorillas and forest antelopes (dead or alive).³

2. Past outbreaks of EVD have occurred primarily in remote villages in Central and West Africa, near tropical rainforests, specifically in the Democratic Republic of Congo (1976, 1977, 1995, 2007, 2008-2009 and 2012), Côte d'Ivoire (1994), Gabon (1994, 1996-1997, 2001-2002), Republic of Congo (2001-2002, 2003, and 2005), Sudan (1976, 1979, and 2004) and Uganda (2000-2001, 2007-2008, 2011, and 2012). EVD outbreaks can wreak havoc on families and communities. However, infection can be prevented or controlled through adherence to recommended protective measures in health care settings, in communities, especially at mass gatherings, in homes, funeral rites and burial ceremonies. No specific medicines or vaccines are currently available for use. Symptomatic Ebola patients require intensive supportive care.

3. The WHO Regional Committee for Africa adopted the IDSR Strategy⁴ in the African Region at its Forty-eighth session in September 1998 in Harare. The goal of the strategy was to improve epidemic preparedness and response by creating an enabling policy environment, increasing intersectoral collaboration, strengthening health systems and increasing financial resources. Other related strategies⁵ have also been adopted by the Regional Committee. Health security, including epidemic preparedness and response, is also one of the leadership priorities of WHO as set forth in the WHO Twelfth General Programme of Work 2014–2019.

4. Since the first Ebola Virus Disease cases were reported from the the region of Nzerekore of Guinea in March 2014, five other countries in West Africa — Liberia, Mali, Nigeria, Senegal and Sierra Leone — have been affected by the EVD epidemic. This epidemic has escalated to unprecedented levels, affecting countries beyond the African Region namely, USA and Spain and causing interruptions to trade and travel mostly in Sierra Leone, Guinea and Liberia. The cumulative total number of cases and deaths reported in the current EVD epidemic in West Africa, as of 24 October 2014, stood at 11 802 and 4169 respectively. These figures include 446 cases and 252 deaths among health workers.

¹ World Health Organization. Ebola viral disease: fact sheet. Geneva, Switzerland: World Health Organization, 2014. Available at <http://www.who.int/mediacentre/factsheets/fs103/en>. <http://www.who.int/mediacentre/factsheets/fs103/en/>.

² Leroy EM, et al. Fruit bats as reservoirs of Ebola virus. *Nature* 2005; 438: 575–6.

³ World Health Organization. Technical Guidelines for Integrated Disease Surveillance and Response in the African Region, 2nd Edition, 2010, WHO Regional Office for Africa, Brazzaville, Republic of Congo.

⁴ Resolution AFR/RC48/R2, Integrated epidemiological surveillance of diseases: Regional strategy for communicable diseases. In: *Forty-eighth session of the WHO Regional Committee for Africa, Harare, Zimbabwe, 31 August to 4 September 1998, Final report*, Brazzaville, World Health Organization, Regional Office for Africa, 1998 (AFR/RC48/15) pp. 5-6.

⁵ WHO. International Health Regulations (2005) AFR/RC56/INF.DOC/2, 31 July 2006; Resurgence of Cholera in the WHO African Region: current situation and way forward AFR/RC57/3, 16 July 2007; Strengthening outbreak preparedness and response in the African Region in the context of the current Influenza Pandemic AFR/RC59/12, 16 June 2009; Emergency preparedness and response in the African Region: current situation and way forward AFR/RC60/11, 18 June 2010; Framework document for The African Public Health Emergency Fund AFR/RC61/4, 28 June 2011; Disaster Risk Management: A strategy for the health sector in the African Region AFR/RC62/6, 27 July 2012.

5. The epidemic has been compounded by the spread of the virus from sparsely populated rural areas to densely populated urban towns. During the same period, EVD outbreak unrelated to the West African epidemic has been reported from the Democratic Republic of the Congo (Boende, with 67 cases and 49 deaths).

6. This document highlights the situation of the EVD epidemic; summarizes its timeline and actions being taken; identifies the main issues and lessons learnt and; proposes actions for accelerated EVD response and preparedness.

CHRONOLOGY AND EPIDEMIC RESPONSE AND PREPAREDNESS

7. A cluster of unexplained suspected cases of Viral Haemorrhagic Fever were reported from the region of Nzerekore in Guinea on 13 March 2014 by Guinean health authorities. A joint field team from the Ministry of Health and WHO were deployed from 14 to 20 March 2014 to investigate this outbreak. A first teleconference involving the three levels of WHO—Country Office, Regional Office, and Headquarters— was held on 18 March 2014 to review the situation and prepare additional response to the epidemic. On 21 March 2014, the Ebola epidemic in Guinea was laboratory-confirmed and an official notification was sent by the Ministry of Health to WHO on 21 March 2014. At the time of notification 49 cases including 29 deaths had been reported.

8. Subsequent retrospective case-finding by WHO identified a two-year old child from a remote Guinean village of Meliandou as the first probable case of the current Ebola virus disease outbreak. This case had occurred in late December 2013, three months before the notification of EVD cases to WHO in March 2014. The village is located in the *Forêt* area of Guinea bordering Liberia and Sierra Leone — an area where people are impoverished, with health infrastructures under-developed, or severely damaged due to years of civil unrest.

9. The first confirmed case in Liberia was officially reported to WHO on 31 March 2014. Following a timely response, this initial outbreak was contained and no new cases were reported for 50 days after the last case was discharged on 14 April 2014. Ebola was reintroduced into Lofa County, Liberia, on 29 May and then spread to Monrovia on 6 June 2014. The virus subsequently spread to West Point, a crowded urban area where 70 000 people live in conditions of very poor hygiene and sanitation.

10. The first confirmed EVD case in Sierra Leone was reported from a government hospital on 26 May 2014. As in Guinea, the virus spread into the capital city, Freetown, where it took advantage of overcrowded living conditions and fluid population movements to affect large numbers of the population including doctors and nurses— thereby affecting health response capacity.

11. By 23 July, the epidemic had worsened and affected three countries with 1093 cases and 660 deaths. Subsequently the virus spread to Nigeria, Senegal, USA, Spain and recently to Mali, (see details of the chronology of events in the annex of the document).

12. In response to the epidemic, WHO urgently implemented a series of actions at the country, regional and headquarters levels. The Regional Office urgently reprogrammed approximately US\$ 600 000 from its own internal funds and deployed 482 staff and consultants to the affected countries. In addition, US\$ 756 129 was disbursed from the African Public Health Emergency Fund (APHEF) for the immediate response pending the availability of external funding from partners.

WHO has since the beginning of the epidemic mobilized a total of 124 million dollars from various partners and agencies.

13. The Regional Director sent an official communication to Ministers of Health and WHO country representatives on 26 March concerning the EVD preparedness and the strategic actions to be taken to combat the outbreak. This was followed by a special session on EVD during the 15th ECOWAS ministerial meeting held in Monrovia, Liberia, from 11 to 12 April 2014. With the epidemic spreading and the need to adopt a region-wide strategy, WHO convened a two-day emergency meeting of ministers of health of the affected countries and other selected countries and partners, in Accra, Ghana, from 2 to 3 July 2014. The meeting provided an opportunity for participants to share experiences on the epidemic in the sub-region; discuss key issues regarding the containment of the EVD epidemic in West Africa; and agree on appropriate interventions for preparedness and control of the epidemic. The meeting called for the creation of the Sub-regional Ebola Operations and Coordinating Centre and adopted a common inter-country strategy calling for accelerated response to the Ebola epidemic in West Africa.

14. In addition, Heads of State and Government of the Economic Community of West African States (ECOWAS), during their Summit meeting in Accra in July 2014, decided to adopt a regional approach to containing and managing the EVD epidemic and directed that a Solidarity Fund be established. The Mano River Union Heads of States also held a summit in Conakry on 1 August 2014 with the participation of the WHO Director-General. Similarly, the African Union Executive Council and other sub-regional economic communities, namely SADC, EAC, CEMAC, joined in the effort by organizing meetings to prepare for response and containment of the Ebola epidemic.

15. In line with the recommendations of the aforementioned Accra Ministerial Meeting on Ebola, WHO established in July 2014 a Sub-regional Ebola Operations and Coordinating Centre in Guinea to coordinate the EVD response. WHO staff from all the three levels of the Organization were deployed to the Centre. Given the continuing escalation of the epidemic with widespread and intense transmission in the affected countries and based upon the advice of the International Health Regulations Emergency Committee, the WHO Director-General declared the EVD epidemic a Public Health Emergency of International Concern and, on 8 August 2014, issued recommendations to prevent further international spread of the epidemic. Subsequently, WHO released the Ebola Response Roadmap on 28 August 2014 with the goal of stopping Ebola transmission in the affected countries within 6-9 months and preventing further international spread.

16. Concerned by the worsening situation in the West African sub-region, the United Nations Secretary-General and the UN Security Council declared the EVD epidemic as a threat to international peace and security on 18 September 2014. It was the second time in its history that the UN Security Council passed a resolution on health (the first was on HIV/AIDS). On 19 September 2014, the UN General Assembly and UN Security Council approved resolutions (General Assembly: 69/1; Security Council: 2177) creating the United Nations Mission for Ebola Emergency Response (UNMEER). Subsequently, the UN established the United Nations Mission for Ebola Epidemic Response (UNMEER) in Accra, Ghana, on 29 September 2014, to coordinate and support the response.

17. A planning meeting of the UNMEER was held later, bringing together the United Nations Secretary-General's Special Envoy, the United Nations Secretary-General's Special Representative

for UNMEER and the Executive Directors of UN agencies. The meeting agreed on actions to be undertaken to effectively control the epidemic.

18. With regards to the non-affected countries and based on the advice of the WHO Regional Director to the Ministers of Health in March 2014, a three-day consultation with partners was held in Brazzaville from 8 to 10 October to assess their level of preparedness, agree on the required tools and plan further support to countries. Furthermore, WHO has disseminated preparedness and outbreak response guidelines and tools, provided guidance, coordinated the updating of national response plans, and deployed multidisciplinary teams to accelerate the control of the epidemic and strengthen the core capacities of national health workers. Support has also been provided for the countries to set up appropriate treatment centres, including facilities for the isolation of cases in order to minimize spread. Clinical case management and laboratory training were conducted for 30 countries to strengthen the capacity of their national health workers in preparedness and response.

MAIN ISSUES AND LESSONS LEARNT

19. ***Uniqueness of the epidemic.*** The current epidemic is the first major EVD epidemic reported in West Africa and it is the first time the epidemic has spread to capital cities. It is also the largest, most severe and most complex Ebola epidemic ever. The number of cases and deaths to date far exceeds those from all past outbreaks combined. Between 1976 and 2012 about 2420 cases and 1580 deaths were documented — much lower than the current number of cases and deaths. Unlike in prior epidemics, all capital cities in the three hardest-hit countries have experienced large increases in the number of cases. Moreover, the Ebola virus infected many health care workers who now account for nearly 8% of the total reported cases, higher than has been observed in previous epidemics. The duration of the epidemic is also unique in that previous Ebola outbreaks generally ended within 2 to 5 months. In the current epidemic, the virus has been circulating for at least 11 months.

20. ***Community awareness, cultural beliefs and practices.*** The size of the epidemic has led to fear, panic, denial, mistrust and rejection of proposed public health interventions. This situation is fuelled by deep-rooted cultural beliefs and practices regarding care for the sick and the dead and has contributed to a high exposure of communities to the Ebola virus. Some communities also consider that health care workers are interfering with their established cultural practices. Furthermore, there has been limited engagement of communities by health workers. Instances where health workers engage with opinion leaders, especially local traditional, religious and political leaders, to find locally-adapted and acceptable solutions has been limited.

21. ***Weak health systems capacity in the affected countries.*** Due to longstanding neglect and the negative consequences of years of civil conflict, the health systems of the three hardest-hit countries have generally been weak to withstand the shock of a major epidemic. The current EVD epidemic has disrupted basic health care services. The health workers, usually in short supply (e.g. 1-5 doctors per 100 000 population in the three hardest-hit countries) and under-remunerated, have limited experience in management of EVD epidemic. Only a few countries in the Region have adequate laboratory capacity for EVD diagnosis. Moreover, none of the countries in the Region had met the International Health Regulations (IHR) core capacities or fully implemented the Regional Integrated Disease Surveillance and Response strategy (IDSR) at the time of the outbreak. Although Ebola was first detected nearly 40 years ago, registered vaccines or medicines are not available because of limited capacity for research and development in the Region, which requires more investment.

22. ***Inadequate logistic capacity.*** There is inadequate logistic capacity and supply of case management materials such as medicines and infection prevention and control materials including personal protective equipment (PPEs). Implementation of standard precautionary measures for infection control, including safe injections, is far from adequate. As a result, response to the EVD epidemic has often been late and inadequate.

23. ***Resource mobilization:*** The epidemic has put a huge demand on the existing resources that are already scarce and inadequate to finance health systems and services. International financing has focused more on vertical programmes than on health systems strengthening. Furthermore, the inadequate Member States' contribution to APHEF has hampered the Funds' ability to disburse adequate resources for EVD epidemic response. There is therefore a need to improve overall health financing.

24. ***National leadership and response coordination.*** Strong national leadership and effective coordination of all stakeholders involved in the EVD response is important. Yet the structures and capacity for this at the national and subnational levels remain weak in several countries. Some countries lack a multidisciplinary and multisectoral team at national level for the control of epidemics. In addition, movements within and across borders have created difficulties in tracing and following up contacts while mechanisms for cross-border information sharing and collaboration to effectively address the epidemic remain weak.

25. ***International travel restrictions.*** Contrary to the articles of the International Health Regulations and the recommendations of the IHR Emergency Committee, there have been flight cancellation and restriction imposed on travellers to and from the most affected countries. This has adversely affected the response effort due to delays in the delivery of life-saving commodities.

26. ***Equity and development.*** Historically, Ebola has been geographically confined to low-income African countries with limited capacity for research and development. The pharmaceutical industry has little incentive to invest in products for the markets of these countries. This is an example of social and economic inequities at the global level, which has been further exposed by this epidemic and has negatively impacted on the economies of these countries, where markets are shrinking, revenues are decreasing, international travels are significantly restricted, projects are being threatened or cancelled and direct foreign investments are dwindling, worsening the plight of poor and marginalized people.

27. ***Containment is feasible.*** The critical importance of early detection and reporting was demonstrated by the successful outbreak detection and response in Nigeria and Senegal. In both Nigeria and Senegal the first EVD case was identified promptly and notified to WHO within 24 hours of confirmation. Immediate mobilization and deployment of resources, intensive contact tracing through community engagement and social mobilization, and effective management of cases, under the leadership of the Governments were key factors for the containment of the epidemics. Subsequently WHO officially declared Nigeria and Senegal Ebola-free, after the two countries had passed the mandatory 42-day period with no new case.

ACTIONS PROPOSED

28. ***Raise awareness and knowledge:*** Countries should increase awareness of EVD among policy-makers, health workers and the general population using appropriate information, education

and communication tools. They should develop, update or review public health information products on EVD based on accurate information from fact sheets produced by WHO and tailor them to various target populations and audiences including the media and religious organizations, after a careful assessment of their cultural beliefs, literacy levels and practices.

29. ***Strengthen national capacity to detect EVD outbreaks and provide response:*** Countries should ensure that all health care providers from public and private sectors are duly trained and fully engaged in active surveillance. They should, within the framework of the Integrated Disease Surveillance and Response (IDSR) strategy and International Health Regulations, strengthen their EVD alert management systems to enable them to attend appropriately to calls, rumours and other information from the communities. Member States should strengthen the EVD diagnostic capacity of national reference laboratories to ensure short turnaround time. In addition, systems for safe and rapid shipment of biological specimen from the field to the national reference laboratory and external laboratories should be strengthened.

All countries, especially those bordering the EVD-affected countries or having frequent movement of people to and from the affected countries and are at highest risk of the EVD outbreak, should implement adequate epidemic prevention and preparedness measures. It is essential to ensure active surveillance of unusual animal deaths through collaboration with the agricultural, forestry and extractive industries and farmers and apply the “one health” approach. This will lead to early detection of any suspected EVD outbreak and prevention of its spread to humans.

30. ***Strengthen national capacity to provide care to patients and ensure effective infection prevention and control:*** Countries should improve the provision of effective clinical care to EVD patients under appropriate nursing procedures and enhance IPC practices in all health care settings. They should establish specific EVD treatment centres proximate to all major active foci of viral transmission. Training and mentoring of national and district level health care workers in EVD case management and IPC practices should be conducted. Experienced and trained clinicians should be deployed to affected sites to supervise local health workers.

31. ***Involve communities early in implementing preventive and control measures:*** Countries should encourage or facilitate appropriate mechanisms for community engagement in detection, contact tracing, safe burial and sensitization of community members.

32. ***Establish dialogue with opinion leaders:*** Among others, the process of community involvement should begin with establishing open dialogue with opinion leaders such as traditional, religious and political leaders. The dialogue should enable the sharing of information on the disease and its mode of transmission, and help identify adequate means to prevent or stop transmission. The health care system should accelerate the decentralization up to the community level to enhance community participation.

33. ***Enhance coordination and scale up resource mobilization:*** Countries should strengthen multisectoral epidemic coordination structures at all levels and conduct regular supportive supervision and monitoring in hotspot districts to review progress. They should put in place mechanisms to speed up the decision-making process among ministry of health, WHO and partners. Adequate resources should be mobilized to ensure effective implementation of epidemic response activities. This includes encouraging Member States to contribute to the APHEF in accordance with the Regional Committee resolutions. It is also crucial for countries to strengthen cross-border and

multisectoral collaboration including establishing a functional framework for joint cross-border epidemic control activities.

34. ***Address the social determinants of health:*** Countries should improve equitable provision of basic services such as education, water and sanitation; ensure gender equity; reduce urban-rural disparity; and strive to reduce poverty.

35. ***Partnerships:*** UNMEER should continue its leadership of the epidemic response to ensure effective management of cases and to avert deaths, stop transmission of the virus and prevent the epidemic from re-occurring. Other partners, technical agencies and public health institutions should participate actively in the response activities in line with the identified country priorities by providing technical and financial support for response operations in the EVD-affected countries as well as for prevention and preparedness in countries at risk of EVD. Partners including the private sector should continue to support the implementation of health initiatives such as the health MDGs and the “one health” approach aiming at strengthening health systems. WHO and other partners should also support countries to conduct a post-epidemic audit or review of the current epidemic with a view to informing future actions.

36. The Regional Committee is requested to examine this report and adopt the actions proposed.

ANNEX: CHRONOLOGY OF EBOLA EPIDEMIC IN WEST AFRICA

MONTH	DATE	ACTIONS TAKEN
March	13 March 2014	<p>First report of a cluster of unexplained cases and deaths from the health region of N'zérékoré, Guinea</p> <ul style="list-style-type: none"> Notification by the Ministry of Health to WHO of a cluster of unexplained cases and deaths in the Health region of N'zerekore. A total of 36 cases and 22 deaths reported as at 13 March 2014.
	14 March 2014	<p>Investigation of the suspected outbreak by the Ministry of Health with support from WHO</p> <ul style="list-style-type: none"> Deployment in the field of a team of experts composed of the Ministry of Health and WHO to conduct outbreak investigation.
	18 March 2014	<p>Teleconference of WHO experts in outbreak response to guide outbreak investigation in the field</p> <ul style="list-style-type: none"> First teleconference between experts in outbreak response from WHO Country Office, Regional Office for Africa and WHO headquarters held to review the situation, guide the investigation team in the field on differential diagnosis, samples to be collected and preliminary response measures to be implemented. This first teleconference was critical as it allowed the investigation team to broaden the scope of potential diseases that could be responsible for the clustering of cases and deaths and subsequently to ship samples abroad.
	20 March 2014	<p>Additional outbreak information received from the field and abroad</p> <ul style="list-style-type: none"> Second teleconference between the three levels of WHO (Country Office, Regional Office and WHO headquarters) held to review the information received from the field and further guide the investigation and outbreak response. Draft investigation report analysed, indicating that between 9 February and 9 March 2014 a total of 36 cases and 23 deaths were reported from the following districts in Guinea: Guéckédou (19 cases and 13 deaths); Macenta (15 cases and 10 deaths); Kissidougou (1 case) and Conakry (1 case).
	21 March 2014	<p>Official declaration of Ebola outbreak by the Government of Guinea</p> <ul style="list-style-type: none"> Notification of a laboratory-confirmed Ebola outbreak in Guinea by the Government of Guinea to WHO in accordance with the International Health Regulations (IHR 2005). As at 22 March, 49 cases and 29 deaths reported in Guinea (three of the cases were from Conakry).
	23 March 2014	<p>WHO surge capacity to support the Government of Guinea in mounting a response to the first Ebola outbreak in Guinea</p> <ul style="list-style-type: none"> Deployment by WHO/AFRO of a rapid response team of experts to Guinea to support the Ministry of Health in organizing the response and implementing recommended Ebola prevention and control measures. Deployment of a mobile laboratory of the <i>Institut Pasteur</i>, Dakar, to strengthen local laboratory capacity for diagnosis of Ebola. Dispatch by WHO/AFRO of 3000 Personal Protective Equipment (PPE) and other IEC materials. Provision of catalytic funds (US\$ 230 000) to Guinea to support initial response activities. Publication of the first issue of the Disease Outbreak News on WHO/AFRO and headquarters web sites.
	25 March 2014	<p>Coordination of response to Ebola epidemic enhanced and strategic guidance given by WHO/AFRO to all Member States on Ebola preparedness and response</p> <ul style="list-style-type: none"> Issuance of a letter by the WHO Regional Director to all WHO Representatives to inform the Governments of the confirmation of Ebola outbreak in Guinea and alert them to the need to strengthen preparedness for and response to Ebola outbreak. Declaration by WHO of Ebola outbreak as Grade 2 emergency in accordance with the WHO Emergency Response Framework (ERF) following a review of the situation by the WHO Country Office, Regional Office and headquarters. Establishment by the Regional Director of an Emergency Support Team (EST) at the Regional Office to coordinate response to the Ebola outbreak. Deployment of additional WHO experts from AFRO and headquarters in Guinea to support response activities.
	27 March 2014	<p>First WHO request for emergency fund (Flash appeal) to support the response to Ebola</p> <ul style="list-style-type: none"> WHO request for emergency fund amounting to US\$ 2 046 910 submitted to donors. Request based on needs assessment and analysis of the Ebola response plan developed by the

		Ministry of Health of Guinea with support from WHO and other partners.
	28 March 2014	<p>Strategic guidance on preparedness for and response to Ebola sent by the Regional Director to the Minister of Health of Guinea</p> <ul style="list-style-type: none"> • Issuance of a letter by the Regional Director to the Minister of Health of Guinea requesting enhanced coordination of the response with all partners; identification and follow-up of contacts; strengthening of case management and infection prevention and control; increased community awareness; and strengthening of cross-border collaboration with Sierra Leone and Liberia.
	31 March 2014	<p>Official declaration of Ebola outbreak by the Government of Liberia</p> <ul style="list-style-type: none"> • Notification of a laboratory-confirmed Ebola outbreak in Liberia by the Government to WHO in accordance with the International Health Regulations (IHR 2005). • 8 cases reported as at 31 March 2014. • The epidemic in Liberia was characterized by two waves (first wave starting on 31 March 2014 and a second wave on 29 May 2014.)
April	4 April 2014	<p>AFRO Interview with the international media on the Ebola outbreak</p> <ul style="list-style-type: none"> • Interview with BBC World Service highlighting the situation of Ebola in West Africa, as well as preventive and control measures that should be implemented by national authorities with support from the WHO and other partners.
	5 April 2014	<p>Strategic guidance on preparedness for and response to Ebola sent by the Regional Director to all Ministers of Health of the WHO African Region</p> <ul style="list-style-type: none"> • Issuance of a letter by the WHO Regional Director to all WHO Representatives to inform the Governments of the confirmation of Ebola outbreak and request them to: strengthen Viral Hemorrhagic Fever disease surveillance in line with the Integrated Disease Surveillance and Response Strategy; enhance coordination and collaboration with other sectors in line with the 'One Health' approach and ensure that their respective Governments remit their financial contributions to the African Public Health Emergency Fund.
	7 April 2014	<p>Release of US\$ 140 440 from the African Public Health Emergency Fund (APHEF) to the Government of Guinea</p> <ul style="list-style-type: none"> • Submission by the Government of Guinea to the WHO/AFRO of a request for APHEF Funds. • Approval and release by the Regional Director of US\$ 140 440 from the APHEF, following a review of the proposal by the APHEF Technical Review Group.
	9 April 2014	<p>Appointment by the Regional Director of a Senior WHO public health expert to act as a Health Emergency Coordinator in Guinea</p> <ul style="list-style-type: none"> • Appointment by the Regional Director of a Health Emergency Coordinator (HEC) in accordance with the WHO Emergency Response Framework (ERF). • Coordination of response activities and partners involved in the response in Guinea
	11 April 2014	<p>Briefing of ECOWAS Ministers of Health on Ebola by the Regional Director</p> <ul style="list-style-type: none"> • ECOWAS Ministers of Health briefed on Ebola epidemic in West Africa by a Representative of the Regional Director during a special session on Ebola outbreak, at the 15th session of ECOWAS ministerial meeting on Universal Health Coverage, held in Monrovia, Liberia, on 11 April, 2014. • Focus of the briefing was on the current situation of Ebola in West Africa, current situation of Ebola epidemic, overall risk assessment, strategies for prevention and control, funding opportunities as well as key action points that should be implemented by countries in preparing for and responding to the Ebola epidemic.
	17 April 2014	<p>Adoption of a solidarity motion by the African Ministers of Health in Luanda, Angola</p> <ul style="list-style-type: none"> • Ministerial discussion on Ebola during the AUC/WHO meeting of African Ministers of Health in Luanda, Angola. • Discussion and adoption by the Ministers of Health of a solidarity motion on control of the Ebola epidemic in West Africa.
	26 April 2014	<p>Release of US\$ 100 150 from the African Public Health Emergency Fund (APHEF) to the Government of Liberia</p> <ul style="list-style-type: none"> • Submission by the Government of Liberia to the WHO/AFRO of a request for APHEF Funds. • Approval and release by the Regional Director of US\$ 100 150 from the APHEF following a review of the proposal by the APHEF Technical Review Group

May	1 May 2014	<p>Expression of appreciation of WHO support in response to Ebola by Professor Alpha Conde, President of Guinea</p> <ul style="list-style-type: none"> • Visit of the President of Guinea, Professor Alpha Conde, to the WHO headquarters in Geneva. • Meeting with Dr Margaret Chan, Director-General of WHO on the situation of Ebola in Guinea and other countries in West Africa. • Expression of appreciation by the President of Guinea of the support provided by WHO in response to the Ebola outbreak in Guinea.
	26 May 2014	<p>Official declaration of Ebola outbreak by the Government of Sierra Leone</p> <ul style="list-style-type: none"> • Notification of a laboratory-confirmed Ebola outbreak in Sierra Leone by the Government to WHO in accordance with the International Health Regulations (IHR 2005). • 16 cases and 4 deaths reported as at 26 May 2014.
	29 May 2014	<p>Start of second wave of Ebola outbreak in Liberia</p> <ul style="list-style-type: none"> • Report of new Ebola cases and deaths in Liberia after 6 weeks without Ebola cases.
June	4 June 2014	<p>Review of the Ebola situation in Guinea by WHO in Conakry</p> <ul style="list-style-type: none"> • Rapid assessment of the situation of Ebola in Guinea conducted by a team of WHO experts composed of the Directors of GCR and PED, WHO Headquarters; Coordinator of Ebola response, WHO headquarters; Coordinator of Ebola response, AFRO; and WHO Information/Data Officer. • Issuance of guidance to the Government of Guinea during a meeting with the <i>Cellule Interministerielle de Crise</i> (Interministerial Crisis Unit), focusing on the need for the Government to: report on confirmed, probable and suspected cases rather than only on confirmed cases; enhance cross-border collaboration; strengthen infection prevention and control and other recommended Ebola measures. • Guidance to the response team on the critical role of WHO in the coordination of the response to the ongoing Ebola outbreak.
	19 June 2014	<p>Establishment in Guinea by WHO Regional Director and Director-General of a temporary WHO subregional function of EVD outbreak response coordinator</p> <ul style="list-style-type: none"> • Establishment within WHO Country Office, Guinea, of a WHO subregional function of EVD Coordination. • Appointment by the WHO Regional Director, in close consultation with the WHO Director-General, of an Ebola Virus Disease Outbreak Response Coordinator. • Strengthening of coordination of response to Ebola in West Africa through deployment of additional WHO experts; mobilization of additional mobile laboratories; dispatch of PPEs and other medical commodities; and guidance to countries on needs assessment and additional response measures to be implemented.
	24 June 2014	<p>Briefing of the President of Guinea, Professor Alpha Conde, by WHO and CDC experts</p> <ul style="list-style-type: none"> • Meeting of the President of Guinea with a team of WHO and CDC experts composed of the WHO Representative in Guinea, WHO Ebola Outbreak Response Coordinator and CDC Ebola Coordinator. • Provision of an update on the situation of Ebola in Guinea and other countries; control measures to be taken by the Government of Guinea particularly in relation to contact tracing; screening at the airport; mobilization of all leaders at local, district, provincial and national level; and continuous support being given by WHO and CDC.

	26 June 2014	<p>Release of US\$ 169 439 from the African Public Health Emergency Fund (APHEF) to the Government of Sierra Leone</p> <ul style="list-style-type: none"> • Submission by the Government of Sierra Leone to the WHO/AFRO of a request for APHEF Funds. • Approval and release by the Regional Director of US\$ 169 439 from the APHEF following a review of the proposal by the APHEF Technical Review Group.
July	2-3 July 2014	<p>Emergency Ministerial meeting on Ebola in West Africa convened by WHO in Accra, Ghana</p> <ul style="list-style-type: none"> • Organization by WHO of a two-day emergency ministerial meeting on Ebola in Ghana, Accra, culminating in the adoption of the <i>strategy for accelerated response to Ebola outbreak in West Africa</i> as well as a request for establishment by WHO of a subregional Ebola Outbreak Coordination Centre (SEOCC) in Conakry, Guinea. • Sharing of experiences on management of Ebola outbreaks by the Ministers of Health of Uganda and Democratic Republic of the Congo during the meeting. • Orientation to countries to update their epidemic preparedness and response planning in line with the strategy for accelerated response to Ebola outbreak in West Africa. • Landmark meeting as it raised awareness worldwide about the threat associated with Ebola, guided all the countries in the WHO African Region to develop/update their national epidemic preparedness and response plans and lay a foundation for enhanced coordination of the response to Ebola outbreak among partners, within and between countries.
	10 July 2014	<p>Forty-Fifth Ordinary Session of the Authority of ECOWAS Heads of State and Government, Accra, Ghana</p> <ul style="list-style-type: none"> • Adoption of a communique' which includes an item on Ebola. • Heads of State and Government call for adoption of a regional approach towards containing and managing the Ebola outbreak and contribution by Nigeria of US\$ 3 000 000 distributed as follows: US\$ 1 000 000 to Guinea, US\$ 500 000 to Liberia, US\$ 500 000 to Sierra Leone, US\$ 500 000 to WAHO and US\$ 1 000 000 to ECOWAS Pool Fund for Ebola.
	21-25 July 2014	<p>High level visit of the Regional Director to Liberia, Sierra Leone and Guinea to meet high level officials and re-affirm WHO strong support to the affected countries</p> <ul style="list-style-type: none"> • High level mission of the Regional Director accompanied by the WHO Ebola Outbreak Response Coordinator to Liberia, Sierra Leone and Guinea during which meetings and discussions were held with the Presidents of the three countries; Ministers of Health and their Senior Technical Staff; members of the National Task Forces and Intersectoral Ministerial Committees. Development Partners; Special Representative of the UN Secretary General; United Nations Country Teams; and WHO staff. • Restructuring of the national task forces to enhance coordination; revision and approval by national authorities of Ebola National Response Plans aligned with the Regional Strategy for accelerated response to EVD in West Africa; engagement of all development partners in support of countries' efforts to respond to Ebola epidemic; and launching of the Subregional Ebola Outbreak Coordination Centre (SEOCC) were among the significant achievements of the mission.
	23 July 2014	<p>Official declaration of Ebola outbreak by the Government of Nigeria</p> <ul style="list-style-type: none"> • Notification of a laboratory-confirmed Ebola outbreak in Nigeria by the Government to WHO in accordance with the International Health Regulations (IHR 2005).
	25 July 2014	<p>Official opening of the Subregional Ebola Outbreak Coordination Centre in Conakry, Guinea</p> <ul style="list-style-type: none"> • Official opening of the Subregional Ebola Outbreak Coordination Centre by the Prime Minister of Guinea in the presence of the WHO Regional Director and other partners. • SEOCC: acting as coordinating platform to consolidate and harmonize the technical support to West African countries by all major partners and assist in resource mobilization. • Composed of the major partners involved in response activities, namely CDC (lead in surveillance and epidemiology); UNICEF (lead in social mobilization); Plan International and IFRC (social mobilization); OCHA (coordination and mapping); UNFPA (supportive function); WFP (logistics); WHO (coordination and administration); and MSF (case management).
	26 July 2014	<p>Declaration of Ebola as a Grade 3 emergency by the Director General of WHO</p> <ul style="list-style-type: none"> • Declaration by the Director-General of WHO of Ebola as a Grade 3 emergency in accordance with the WHO Emergency Response Framework. • Coordination of response to Ebola moved to the Director-General's Office in Geneva.

August	4-6 August 2014	<p>High level advocacy by the Regional Director with the World Bank Group and other Senior Officials in the US</p> <ul style="list-style-type: none"> • High level meeting of the Regional Director with Senior Officials from the World Bank Group. • Announcement by the World Bank Group of US\$ 200 million grant to support the response to Ebola in West Africa.
	1 August 2014	<p>Meetings of Heads of State of the Mano River Union in Conakry, Guinea to review the status of the Ebola epidemic and adopt common strategies to “eradicate” Ebola from the subregion.</p> <ul style="list-style-type: none"> • Meeting of the Presidents of Mano River Union on Ebola outbreak in West Africa with the participation of the Director-General of WHO. • Adoption of a Joint Declaration calling for implementation of extraordinary actions at the intercountry level to focus on cross-border regions that have more than 70% of the epidemic.
	8 August 2014	<p>Declaration of Ebola as a Public Health Emergency of International Concern (PHEIC) by the Director-General of WHO</p> <ul style="list-style-type: none"> • First meeting of the Emergency Committee convened by the Director-General under the International Health Regulations (2005) [IHR (2005)] regarding the 2014 Ebola Virus Disease Outbreak in West Africa held by teleconference on 6 and 7 August 2014. • Declaration by the WHO Director-General of the EVD in West Africa as a Public Health Emergency of International Concern (PHEIC). • Issuance of a series of recommendations to States with Ebola Transmission, States with a potential or confirmed Ebola Case, and non-affected States sharing land borders with the affected States and all other States.
	24 August 2014	<p>Official declaration of Ebola outbreak by the Government of Democratic Republic of Congo</p> <ul style="list-style-type: none"> • Notification of a laboratory confirmed Ebola outbreak in Democratic Republic of Congo by the Government of that country to WHO in accordance with the International Health Regulations (IHR 2005).
	26 August 2014	<p>Signing by the Regional Director and the President of African Development Bank of a US\$ 60 million grant to tackle the Ebola outbreak</p> <ul style="list-style-type: none"> • Enhanced collaboration between WHO/AFRO and AfDB resulting in the signing of a US\$ 60 million grant to tackle Ebola outbreak in West Africa. • Mission of both the Regional Director and the President of AfDB to the affected countries to re-affirm the commitment of WHO and AfDB to the fight against Ebola.
	26 August to 27 September 2014	<p>Organization of three training sessions targeting non-affected countries</p> <ul style="list-style-type: none"> • Three training sessions on Ebola conducted in Brazzaville, Harare and Libreville on preparedness for Ebola, targeting non-affected countries.
	27 August 2014	<p>Official declaration of Ebola outbreak by the Government of Senegal</p> <ul style="list-style-type: none"> • Notification of a laboratory-confirmed Ebola outbreak in Senegal by the Government of Senegal to WHO in accordance with the International Health Regulations (IHR 2005).
	28 August 2014	<p>Second ECOWAS Ministerial Meeting on Ebola Outbreak in West Africa, opened in Accra, Ghana, by the President of Ghana</p> <ul style="list-style-type: none"> • Participation of the Ministers of Health of Togo, Cape Verde, Ghana, Côte d’Ivoire, Guinea, Sierra Leone and Liberia and, representatives of WHO, CDC and other partners. • Adoption of a communique calling for the lifting of travel bans to and from the affected countries.
September	2-5 September 2014	<p>Special WHO Regional Programme Meeting on Ebola epidemic in West Africa, held in Brazzaville, Congo</p> <ul style="list-style-type: none"> • Regional Director calls a meeting of WHO Country Representatives to discuss the EVD outbreak. • Review of the status of preparedness for EVD outbreak in non-affected countries; response measures implemented by the affected countries and guidance to all WHO Representatives on the support to be given to countries for EVD preparedness and response.
	8 September 2014	<p>Emergency meeting of the African Union Executive Council on Ebola, held in Addis Ababa</p> <ul style="list-style-type: none"> • A representative of the Regional Director briefs African Union Senior Officials and Ministers of Health and Foreign Affairs on the scientific evolution of the ongoing Ebola outbreak in Africa; the meeting’s agenda covered the issues of travel bans, border closures and cancellation of flights, use of untested serums and vaccines as well as other preventive and control measures to be taken by countries, AU and partners. • Adoption by the AU Council of a communique’ calling for the lifting of travel bans to and from the affected countries.
	16–17 September 2014	<p>East African Community Regional High Level Meeting for Ministers Responsible for Health, Transport, East African Affairs and Immigration, held in Nairobi,</p>

		<p>Kenya</p> <ul style="list-style-type: none"> • Multisectoral Ministerial meeting on emergency preparedness and response to Ebola Virus Disease (EVD) outbreak attended by the Ministers responsible for Health, Transport, EAC Affairs and Immigration from Burundi, Democratic Republic of Congo, Ethiopia, Kenya, Rwanda, South Sudan, Tanzania, Uganda, as well as official of African Union Commission (AUC), International Civil Aviation Organization (ICAO), EAC Civil Aviation Safety and Security Oversight Agency (CASSOA), the East African Community Secretariat and the World Health Organization. • Adoption of a joint communique' by the Ministers responsible for Health, Transport, EAC Affairs and Immigration from participating countries, calling for strengthening of preparedness for Ebola in EAC countries.
	18-19 September 2014	<p>Adoption of UN resolutions on the Ebola epidemic in West Africa</p> <ul style="list-style-type: none"> • Adoption by the UN General Assembly of resolution 69/1 and adoption of Security Council resolution 2177 (2014) on the Ebola epidemic. • Ebola epidemic declared as a threat to peace and security by the UN Security Council during its special session on the Ebola epidemic in West Africa.
	18-19 September 2014	<p>WHO Regional training on RT-PCR assay for Ebola virus detection</p> <ul style="list-style-type: none"> • Capacity building of 12 Emerging Dangerous Pathogens Laboratory (EDPLN) on RT-PCR
	26 September 2014	<p>Briefing of WHO Disease Prevention and Control Focal Points on the evolution of the Ebola epidemic</p> <p>SEOCC teleconference with all WCO Disease Prevention and Control (DPC) focal points in the WHO African Region to update them on the evolving Ebola epidemiological situation in West Africa and guide them on the support to be given to countries.</p>
	30 September 2014	<p>UNMEER (United Nations Mission on Ebola Emergency Response) established in Accra, Ghana</p> <ul style="list-style-type: none"> • The UN General Assembly and UN Security Council approve resolutions on establishment of UNMEER to coordinate and support the Ebola response.
	8-10 October 2014	<p>Consultative meeting of WHO and partners on Ebola preparedness of the non-affected countries</p>
	17 October 2014	<p>Declaration of the end of Ebola epidemic in Senegal</p>
	20 October 2014	<p>Declaration of the end of Ebola outbreak in Nigeria</p>