Briefing document – EU High Level Conference on Ebola
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Since the Ebola outbreak in West Africa was officially declared on 22 March in Guinea, it has claimed almost 9,500 lives in the region. Eleven months into the outbreak, joint efforts have been made and these are likely to have contributed to the epidemic being brought under control in several parts of the affected region. For several weeks now, the trend of admissions in Ebola treatment centres has reversed in many locations, not least in Monrovia, which had previously been at the epicentre of the crisis and where at times patients had to be turned away from overflowing centres. But an area can only be considered as "under control" when all new cases are those who had been previously identified as in contact with an Ebola infected person. This is an instrumental step as it delimits the scope of the efforts needed and allows for a calibrated response. Over the past few weeks, the vast majority of new cases were not people listed as contacts – meaning that **the outbreak is NOT under control and the crisis is still not over**.

The epidemic can and will be stopped when all the different pillars of the response are in place. Today, to take control of the epidemic, an active public health surveillance system must be placed at the core of a fully mobilised, agile and flexible response. Recent attacks in Guinea against aid workers are threatening the Ebola response and are revealing serious gaps in awareness that must be addressed immediately. For this, the significant resources now on the ground must be used in a coordinated manner, regionally, in a renewed effort to take control and end this epidemic (1). This outbreak thrived on the weaknesses of the public health system, and led to its collapse or resulted in important gaps. A large part of the population has lost confidence in the health system and patients suffering from life-threatening health conditions not related to Ebola cannot receive appropriate care. It is urgent that access to health is restored, as a first step towards rebuilding functional health systems in the region (2). Last but not least, support for research and development (R&D) efforts that will result in innovations suitable for the affected countries, and that are equitably and transparently shared, will be the key to protecting the population from current or future resurgences of similar outbreaks (3).

1. Need to restore trust at community level, support public health surveillance and strengthen coordination set-ups at a regional level

Although the downward trend of new cases is encouraging, the situation remains extremely serious: 128 new cases were confirmed during the second week of February. While this is much lower than the preceding weeks, this epidemic has been defined by its unpredictability and its geographic spread; we cannot say with any certainty when it will be over. Even with just one case of Ebola, the outbreak continues. Any complacency could jeopardise the progress already made, and some experts have identified the risk of Ebola becoming endemic in the region.

Awareness at community level remains low and therefore panic and irrational behaviour can occur, which then translates into violence against medical and aid workers. The attacks against aid workers in Guinea, who are suspected by the community of being responsible for the transmission of the virus, should be taken very seriously. Fear of the disease remains very potent and health professionals involved in Ebola care as well as survivors, their families and those they have been in contact with are often ostracised. Effective sensitisation of the population is essential. Without it, the whole process of bringing this epidemic to an end and restoring confidence in the health system could be in jeopardy.

The majority of the sick people who arrive at the centers have not been identified as a "contact" (i.e. as someone who has been in contact with an Ebola infected patient): mid-February, only 17% of new confirmed and probable cases in Guinea were known Ebola contacts. Earlier in the month, 54% only of new confirmed and probable cases were on a contact list in Sierra Leone (World Health Organization; WHO).

There is almost no information sharing for tracing Ebola contacts between the three most affected countries, but the high mobility of people across the borders means that the crisis needs to be considered from a regional perspective.

Quarantine and coercive measures are not effective alternatives to efficient surveillance systems as they tend to encourage counterproductive behaviour, such as communities choosing to hide new cases or contacts rather than seeking treatment. It is essential to prioritise the acceptance of surveillance teams and to encourage communities to work with them to identify new cases, monitor contacts and find other infected people.

MSF recommendations:

- Large community mobilisation and sensitisation efforts supported by national and local leaders must be reinforced rapidly to allow surveillance and assistance to take place safely and effectively. More human and financial resources should be invested in this vast, sensitive and time consuming exercise.
- Senior and field-experienced staff need to be recruited urgently to support and strengthen the surveillance system. Moreover, necessary logistical means and training need to be made available without delay, in order to ensure efficient surveillance.
- Quarantine approach as an outbreak control strategy must be questioned as it tends to fuel panic and counterproductive behaviour, with patients and contacts trying to escape the system.
- Clear guidance is required to help the affected countries harmonise their approaches and implement strong surveillance systems throughout the region and within the affected countries. Adequate social mobilisation, health promotion and information sharing are still lacking. Practical collaboration and the sharing of information between surveillance teams based in each country needs to be implemented as soon as possible to avoid importing new cases into areas considered "Ebola-free".

2. Urgent need to restore and strengthen access to health for non-Ebola patients

Ebola is still present in West Africa and despite the reduced case load in January talk of moving on to the next stage is premature. However, the prerequisite of any medium to long-term plan should be an immediate intense effort to restore safe and accessible health services. Patients who don't have Ebola but are suffering from other life-threatening health conditions are not being provided with the necessary urgent care. It is a huge challenge to start and then run health services whilst Ebola is still present, and doing so carries important risks such as the possibility of Ebola transmission flaring up again. But failing to restore access to health facilities may lead to further, lasting mistrust in the

health system and influence health seeking behaviour in the long term. It is therefore extremely important to offer urgent life-saving services to non-Ebola patients and to support the health workers so they do so safely.

In Monrovia, for instance, health facilities struggle to implement systematic infection and protection control, organise triage and isolation, and ensure safe operating procedures. Meanwhile, non-Ebola patients in urgent need of care fall through the cracks of a dysfunctional referral system. Pregnant women who need medical help to deliver can't get timely assistance, as many maternity departments are still closed or are functioning at reduced levels. Patients face referral from one health facility to another without getting treatment or wait without care in triage until they have tested negative for Ebola.

Any plan for the future of health services in Liberia, Sierra Leone and Guinea needs to factor in the social, economic and mental impact Ebola has had on the population in general, and on the behaviour of health workers and people's health seeking behaviour. The interruption of preventive activities such as vaccinations, contraception and HIV treatment during the crisis means that an intense catch-up phase is required to avoid a second wave of health problems post-Ebola. Already, clusters of measles cases are appearing due to low coverage pre-Ebola and as a result of interrupted immunisation schedules over the past seven months.

Heath services cannot return to business as usual without addressing the flaws and weaknesses that were already present pre-Ebola. In the current context of impoverished households due to the economic shock of the crisis and the changes in the health seeking behaviour of the population, re-introducing user fees – as is being discussed in Liberia – will only make matters worse. Instead, the free care policy needs to be prolonged, expanded and applied effectively. Funding to strengthen the health services is not enough. Access and effective use of these services needs to be part of the equation.

The other fundamental problem with the health system in the region is of course the shortage of health workers. This existed pre-Ebola but was compounded by the crisis due to the death, trauma and demotivation of health workers. Much can be said about improved curricula, training additional medical doctors and recruiting new cadres such as community health workers but these measures will fail to result in the increased presence of a motivated health workforce without addressing the issue of wages. Currently in Liberia about half of the health staff in public health facilities are not on the payroll while many more remain unemployed.

MSF recommendations:

- Urgently restore lifesaving services for non-Ebola patients and support health workers in doing so safely. The system not only needs to be restored but also improved and strengthened to address the shortcomings and weaknesses that existed before the Ebola crisis.
- The current developing measles outbreak needs to be addressed without delay with a mass vaccination campaign.
- Clear processes and a referral system need to be put in place together with the delivery of protective material, staff training and further support (coaching and supervision).
- User fees hardly provide any substantial funding for the health system, but lead to the most vulnerable patients being excluded from the care that they need. Foreseeing "sustainable" funding of the health system by counting on systematic financial contributions from patients is detrimental to ensuring healthcare in contexts where the majority of the population is poor. It is also counterproductive when trying to restore confidence in the regional health system. At least some of the financial resources earmarked for health system recovery should be used to ensure effective implementation of care without patients having to pay for it.

- Human resources are and will continue to be a major constraint. Ensuring adequate and continuous motivation and support, including decent salaries, is indispensable if improvement of the situation is sought.

3. The need to support strong R&D efforts and ensure that the fruits of innovation are fit for the affected countries, and are equitably and transparently shared.

In September 2014, due to the unprecedented nature of the Ebola outbreak, several consultations were organised to accelerate product development for Ebola and to facilitate emergency use of unapproved interventions and products. There is a broad consensus that, in addition to (and not in lieu of) massive operational efforts in the field, new tools could make a difference in controlling this outbreak, or the next one. New diagnostics may help for triage, new drugs may save more lives, and new vaccines may protect frontline workers and contain the outbreak.

Various product development consortiums have been established, where donors, pharmaceutical companies, research institutes, non-governmental organisations, regulatory bodies and representatives of affected countries are collectively discussing priorities and overcoming barriers in order to accelerate development. For example, under the leadership of the WHO, regulatory authorities in African and Western countries have intensified their cooperation to collectively provide guidance for the development of vaccine candidates for Ebola. The European Commission (EC) has dedicated a substantial amount of public funds, through amongst others its Public Private Partnership programme with the European Pharmaceutical Industry, the Innovative Medicines Initiative (IMI), to accelerate the development of vaccine candidates in particular. At the same time, the GAVI Alliance has secured substantial resources to ensure that sufficient quantities of vaccines may be produced for both clinical trials and for roll out. MSF acknowledges the progress made and is supportive of these collaborative approaches. Due to the global threat represented by Ebola, and the substantial public funding that has been deployed to accelerate R&D, the vaccines, treatments and diagnostic tools to fight the disease should be considered global public goods.

However, there are limitations to the ongoing efforts. Some of the most promising products are available only in limited quantities. There is no clear commitment for their equitable distribution. For a few vaccine candidates, hardly any information has been disclosed on the development strategy, the potential end-product price, or in some cases the product characteristics (and ensuring that such product characteristics are aligned with target product profiles (TPP) developed by the WHO). For example, it is not clear whether the EC has made use of the TPP when deciding where to direct the funding.

Lastly, while public funds have been secured to offset many of the financial risks related to accelerated development of Ebola products, there is still insufficient transparency on R&D and production costs, as well as on how funding is being prioritised by individual donors.

MSF believes that the WHO has a major role to play in coordinating ongoing R&D efforts and ensuring that the fruits of innovation are fit for purpose in the affected countries, and are equitably and transparently shared. The EC and the European Union (EU) member states should support and strengthen this coordinating role of the WHO and facilitate through policy coherence the equitable access to the results of the public funded R&D.

MSF recommendations:

The EU should ensure that both current and future public funding agreements on the development of new medical tools implement the below recommendations. The EU should also support the WHO in implementing them and help monitor their progress.

- All possible steps should be taken to involve and inform local communities on the process of trials, in order to avoid misunderstanding and misperception.
- All R&D initiatives should be shared and discussed with the WHO Ebola product development coordination team.
- All funded R&D initiatives should make their research data and clinical trial results publicly available.
- Any limitations in licensing agreements that do not ensure access should be addressed by obliging manufacturers, via public funding investments and clinical trial agreements, to guarantee affordable prices and to ensure product availability for Ebola affected patients.
- A pooled and open bank of samples should be established to facilitate open research, including evaluation of novel diagnostic tests.
- Developers of front-runner products need to prepare production scale-up now, in parallel with clinical trials, not afterwards. Donors need to mitigate or incentivise the commercial risk of increased production in the absence of efficacy results, while suppliers need to disclose their production costs to help quantify funding needs and estimate fair prices.
- Principles of equitable distribution of end-products, based primarily on needs, should be established, in the event that end-products need to be rationed.
- When funding clinical trials, the EU needs to ensure that trial designs maximise access to product (minimise control with placebos), and anticipate compassionate or emergency use in specific groups of patients. Immediate access to product after the end of trials also needs to be secured.
- Once treatments, vaccines and diagnostic tools become available following research this should improve the current response strategies. For this we must already foresee the best way to integrate these tools into the response, taking into account the specificities of each health system and target population.
- Regulatory bodies, including stringent regulatory authorities such as the European Medicines Agency (EMA), and those of the affected countries, must work together and with the WHO to accelerate trial approvals (if possible regionally in West Africa) and registration of qualified products, and to provide frameworks for compassionate use or emergency access.