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PROGRESS REPORT OF THE COMMISSION ON THE AU
SUPPORT TO EBOLA IN WEST AFRICA (ASEOWA)

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27 May 2015

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A. BACKGROUND

Mandate

1. The Peace and Security Council (PSC) of the African Union, at its 450th meeting held in Addis Ababa, on 19 August 2014 invoked Article 6(f) relating to aspects of its mandate with regard to humanitarian action and disaster management and decided that “given the emergency situation caused by the Ebola outbreak, to authorize the immediate deployment of an AU-led Military and Civilian Humanitarian Mission, comprising medical doctors, nurses and other medical and paramedical personnel, as well as military personnel, as required for the effectiveness and protection of the Mission”.

2. The PSC extended for another 6 months, the mandate of ASEOWA which ended on 18 February 2015 till 18 August 2015.

3. The Assembly in its Decision Assembly/AU/Dec.553(XXIV) decided to remain seized of the matter and requested the Commission to report on progress and the implementation of this decision to the 27th Ordinary Session of the Executive Council in June 2015.

4. This progress report is submitted in line with Assembly decision Assembly/AU/Dec.553(XXIV) with a focus on the following key areas:

- i) Current Ebola Situation, Programmatic Changes and Reduction in Human Resources requirements;
- ii) Ebola Vaccine;
- iii) Conference on Ebola in Malabo.

B. CURRENT EBOLA SITUATION

5. As of 8 May 2015 a total of 26,648 confirmed, probable, and suspected cases of Ebola have been reported in the three most affected countries. There have been 11,007 reported deaths.

6. Since the extension of the ASEOWA mandate last February, there has been significant improvement in the Ebola situation in Liberia, Sierra Leone and Guinea. ASEOWA has recorded tremendous successes.

7. Liberia reached zero on 27 March 2015 when the last confirmed case was buried. On 9 May 2015, the country was officially declared Ebola free by the WHO. The

optimistic projection is that Sierra Leone and Guinea would approach zero new infections by August 2015 when ASEOWA mandate will end

8. In Sierra Leone, there have been 17 confirmed cases since 6 May 2015 of which 8 were from the Western Area Urban and Rural. However, only one confirmed case was reported from Western Area Urban on 26 May 2015, after 3 days without any confirmed case. In Koinadugu District, as at 27 May 2015 is day 42 since the last case was reported in this district and should be declared Ebola-free. However, the district shares borders with Guinea which is still reporting Ebola cases.

9. In Guinea, there are 18 Ebola patients across the country as of 27 May 2015, of which 7 are in the ETU in Coyah managed by ASEOWA. In Forecariah prefecture, 1 new confirmed case of Ebola was reported on 27 May from a known contact. Dubreka Prefecture is another new hotspot for Ebola in Guinea, as the Prefecture is reporting new cases. All the response efforts are now oriented mainly toward Forecariah and Dubreka. Improved community engagement in these areas is required to ensure that all remaining chains of transmission can be tracked and ultimately brought to an end.

10. Of 55 districts in Guinea, Liberia, and Sierra Leone that have reported at least one confirmed case of EVD since the start of the outbreak, 39 have not reported a case for over 6 weeks.

Programmatic Changes

11. The current situation in the three countries is an indication that a quick march to zero cases is unlikely in the next couple of months. Indeed, the history of the EVD outbreak in places like Uganda, Gabon and the DRC, shows that tails of outbreaks overall lasting 2-3 months and sometimes reaching zero before reoccurring or coming back. Nevertheless, we have entered a new phase. **The emergency is over**, what remains is akin to mopping up operation. This calls for a revised strategy and approach involving the following:

- i) The outbreak will not be completely over until we reached zero cases in all the three affected countries, in view of the border intersections among them, particularly boarder between Guinea and Sierra Leone (Forecariah Prefecture and Kambia District that have become the new epicenters over the last 2 months). This calls for continued and effective trans-border surveillance and response and it explains the rationale for the ASEOWA deployment of the Mobile Laboratory unit manned by the Nigerian Volunteers from Freetown to the border with Guinea to serve Kambia district and Forecariah Prefecture.
- ii) Surveillance, contact tracing, and community engagement must be intensified and need to be at the heart of the response as zero is approached. This also requires highly mobile response units that can be moved rapidly to prefecture or district where new cases emerged.

- iii) Help to restart some of the health care facilities and infrastructure in an infection-free environment in the three countries while preventing new infections;

12. ASEOWA has been actively involved and performed creditably in bringing the epidemic to zero. The improvements in the overall situation and the gradual approach to zero new infections call for a significant reduction in the current number of ASEOWA Volunteers in the theatre of operation. In line with ASEOWA's Concept of Operations (CONOPs) and Exit Strategy, the Commission has since the end of February commenced gradual reduction in the size of the mission and by mid-June would have significantly reduced by about 92%. The remaining volunteers will constitute the highly mobile units deployed to the borders and the rest will be redeployed to help restart/maintain the health facilities. **Hopefully, all the remaining volunteers will exit when the current mandate ends on 18 August 2015.**

Human Resources Management

13. Table 1 is the ASEOWA deployment as at 15 April 2015 after the gradual reductions that started in early March 2015. ASEOWA reduced its volunteers from about 850 to 647. Table 2 is the draw down from by 25 May 2015 after the departure of Nigerian and Ethiopian volunteers. Table 3 is the reduction by 16 July 2015 after the departure of DRC and Kenyan volunteers.

Table 1: ASEOWA Deployment of Volunteers as at 15 April 2015

Origin	Guinea	Sierra Leone	Liberia	TOTAL
Nigeria	0	109	84	193
Ethiopia	0	97	86	183
DRC	82	0	0	82
Kenya	0	78	92	170
South Africa	0	19	0	19
TOTAL	82	303	262	647

Table 2: ASEOWA Deployment of Volunteers as at 25 May 2015

Origin	Guinea	Sierra Leone	Liberia	TOTAL
Nigeria	0	8	6	14
Ethiopia	0	6	7	13
DRC	85	0	0	85
Kenya	0	78	92	170
South Africa	0	19	0	19
TOTAL	85	111	105	301

Table32: ASEOWA Draw-Down/Reduction of Volunteers by 16 June 2015

Staff Cadre	Guinea	Sierra Leone	Liberia	TOTAL
Head of Mission	0	0	1	1
Deputy Head of Mission	1	1	1	3
Country Team/Pillar	1	1	0	2

lead				
Epidemiologists	13	6	5	15
Public Health Officers	0	0	0	0
Doctors	4	8	9	21
Nurses	0	3	3	9
Paramedic staff	0	1	0	1
Data Managers	0	1	0	1
Hygienists	0	0	1	1
Laboratory Scientists	0	4	0	4
Physician Assistants	0	0	1	1
Communication Officers	0	0	0	0
Psycho-social Officers	0	0	0	2
Logisticians	1	1	1	3
TOTAL	20	26	22	68

14. From Table 3 above, the projection is that ASEOWA Volunteers will be drawn down from **647 to 68**. The remaining volunteers will return at the end of ASEOWA's mandate on 18 August 2015.

Ebola Vaccine

15. Assembly decision Assembly/AU/Dec. 553(XXIV) appealed to the scientific community to accelerate the search for a vaccine against Ebola. As researchers race to find a vaccine before the window of opportunity closes (there is a need for an active Ebola epidemic to start trials) – essentially, before the epidemic is brought to an end, the World Health Organization (WHO) together with the Government of Guinea began to test a vaccine in Guinea manufactured by researchers in the United States and Canada. The vaccine, VSV-EBOV was developed by the Public Health Agency of Canada in collaboration with NewLink Genetics and Merck of the United States. In initial trials in Guinea, the vaccine showed promise in boosting immune response against Ebola virus.

16. ASEOWA Volunteers provided much need capacity for supervising and conducting the VSV-EBOV Ebola vaccine trials in Basse-Guinée a community that witnessed many Ebola cases. It is pertinent to note that when the contracts of the volunteers ended with ASEOWA, having spent six months, the WHO decided to engage them to continue with the clinical trials. This is an example of collaboration and innovation.

Conference on Ebola in Malabo

17. Assembly decision Assembly/AU/Dec. 553(XXIV) approved the recommendation to urgently convene a Global Conference on the Ebola epidemic in 2015 in Malabo, Equatorial Guinea and requested the Commission to liaise with all stakeholders in this regard towards the implementation of this Decision. Pursuant to the implementation of this decision, the Commission has been working with all the stakeholders including the three Ebola-affected countries and the host country Equatorial Guinea to organize the conference.

18. The Conference titled International Conference on Africa's Fight Against Ebola will be organized under the theme: "***Africa Helping Africa in the Ebola Recovery and Reconstruction***", will take place in Malabo, Equatorial Guinea from 20 to 21 July 2015. It will bring together Heads of State and Government, Ministers of Health, Ministers of Finance and Planning, as well as Partners and the African Private Sector. It will be organized as follows:

- a) 19 July – Side Events, Exhibitions & CSO Forum;
- b) 20 July – Forums on: (i) Health Systems Strengthening, (ii) Financing Recovery and Reconstruction; and (iii) African Private Sector;
- c) Plenary for Heads of State & Government.

Resource Mobilization

19. The Commission has continued to embark on resource mobilization to sustain the ASEOWA mission. Table III below shows the amount mobilized by the Commission vis-à-vis the amounts pledged.

Table III: Resource Mobilization by the Commission

No	Contributor	Amount pledged (USD)	Pledge received (USD)	Pledge uncollected (USD)
1	Special Emergency Assistance fund for Drought and Famine in Africa	300,000.00	300,000.00	-
2	AU Emergency Assistance fund(MS)	500,000.00	500,000.00	-
3	AU Special Funds for Refugees & IDP	100,000.00	100,000.00	-
4	AUC Staff Association	100,000.00	100,000.00	-
5	China	2,000,000.00	2,000,000.00	-
6	European Commission	4,528,655.65	4,528,655.65	-
7	Japan	3,247,216.00	3,247,216.00	-
8	Kazakhstan	300,000.00	300,000.00	-
9	Norway	2,559,413.72	2,559,413.72	-
10	Sweden	2,640,799.86	2,640,799.86	-
11	USA	10,000,000.00	10,000,000.00	-
12	Turkey	1,000,000.00		1,000,000.00
13	AfDB	2,300,000.00	-	2,300,000.00
14	World Bank	15,700,000.00	9,000,000.00	6,700,000.00
15	Africa Against Ebola Solidarity Trust (AAEST)**	50,000,000.00	24,000,000.00*	26,000,000.00
	Total	91,028,870.23	55,028,870.23	36,000,000.00

*With Grant Agreement (i.e. commitment) to give up to \$50 million including provision of about \$2.4 million for the take-off and activities of the Africa CDC in 2015 and to sustain ASEOWA till the end of its mission.

** Trust set up by the African Private Sector

20. The Africa Against Ebola Solidarity Trust (AAEST) remains the single largest financial contributor to the AU's Ebola response through the set up by the African Private Sector. Moreover, by launching the SMS Campaign and leveraging their asset, the Mobile Network Operators allowed the generality of African citizens to contribute and connect to the AU's Ebola response and for ASEOWA to use mobile technology to capture, store, and process and transmit information in a timely manner.

21. Indeed, by joining forces with the Commission in the Ebola response and with the commitment to support the Africa CDC in the context of medium to long term post Ebola measure, the African Private Sector has demonstrated the true spirit of African Solidarity – ***“Africa helping Africa”***.

Conclusions

22. The Ebola Virus Disease (EVD) outbreak emergency is over. Liberia was declared Ebola free by the WHO on 9 May 2015 and the other two affected countries are gradually approaching zero new infections. **ASEOWA is preparing for the final exit by the end of its current mandate on 18 August 2015.**

23. With the end of the emergency phase of the EVD and exit of the ASEOWA mission by 18 August 2015, **it is time take stock of the AU response to Ebola and to properly document all that transpired and lessons learned with a view to better responding to future public health emergency of international concern and indeed, all emergencies and humanitarian crisis.**

24. It is in this context that there is a need to **review the AU Humanitarian Policy Framework** vis-à-vis health emergencies like Ebola. The AU Humanitarian Policy Framework scales disasters based on the levels of intervention required:

- i) Classification A-Disaster event within the capabilities and capacities of the Member States. Would require monitoring from the AU.
- ii) Classification B-Disaster event beyond the capabilities and capacities of the member states, thus requiring support of the Regional Economic Commission.
- iii) Classification C-Disaster event beyond the capabilities of the Member States and Regional Economic Commission requiring the support of the African Union Commission.

25. The response to Ebola falls into the scope of Classification C. Learning from ASEOWA's intervention in the Ebola response that could be considered as Classification C disaster, the AUC's efforts on post-conflict reconstruction that link to

servicing humanitarian needs, and the complex emergency last resort humanitarian actions in non-conflict settings, as well as the coming on board by July 2015 of the Africa CDC, the current iteration of the Humanitarian Policy Framework needs to be reviewed to capture an expanded disaster management protocol and the current gaps in the coordination of response to disasters and emergencies by the AUC.

26. ASEOWA deployed the highest number of health workers to assist the affected countries and the Commission is appreciative of all the Member States that contributed health workers to ASEOWA and the individual African who volunteered. All ASEOWA volunteers returned safely without any case of Ebola infection among the volunteers. This is largely due to the safety measures put in place by the Commission and the volunteers adhering strictly to these measures.

27. Member States, Partners and the Private Sector that supported ASEOWA and the affected countries with financial and material resources should be commended. Almost all the Partners have fulfilled their financial pledges to the Commission. The rest would most likely redeem their pledges before the end of the exit of ASEOWA in August 2015.

28. The SMS Campaign launched by the Mobile Network Operators to allow the general public to contribute to ASEOWA also presents an opportunity to connect citizens to the Africa CDC in order to use mobile technology to capture, store, process and transmit information in a timely manner. There is therefore the need for the continuation of the SMS initiative by the African Private Sector in order to support the work of the Africa CDC. The Mobile Network Operators are invited to continue this initiative in the context of their pledge to assist the Africa CDC and Member States are called upon to facilitate this by granting required approval through their national regulatory authorities to the Mobile Network Operators.

29. All Member States are invited to participate at the highest level at the International Conference on Africa's Fight Against Ebola being organized under the theme: "***Africa Helping Africa in the Ebola Recovery and Reconstruction***", taking place in Malabo, Equatorial Guinea from 20 to 21 July 2015.

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