



## UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (35)/14.CRP.4  
Issue date: 05 December 2014

### THIRTY-FIFTH MEETING

**Date:** 9-11 December 2014

**Venue:** Executive Board room, WHO, Geneva

---

**Conference Room Paper: Ebola and AIDS: Securing Health for the Future**

---

# **Ebola and AIDS**

**Securing Health for the  
Future**

Conference Room Paper:  
**Ebola and AIDS: Securing Health for the Future**

THIRTY-FIFTH MEETING  
Date: 9-11 December 2014  
Venue: Executive Board room, WHO, Geneva

UNAIDS/PCB (35)/14.CRP.4  
Issue date: 05 December 2014

# Contents

Background	3
Working together: Coordination is paramount	5
Critical Needs: Sharing lessons from the AIDS Response	7
How to avoid repeating the past (again)	10



## Background

The outbreak of the Ebola Virus Disease (EVD) in West Africa has had a devastating impact on the healthcare system, economy and stability of the three highly affected countries: Guinea, Liberia and Sierra Leone. The recent chain of transmission in Mali has given cause for concern. Intensive efforts are underway to trace, monitor and where necessary treat exposed individuals, and to ensure that burials are conducted in a safe and dignified manner. EVD has killed more than 6,070 people in West Africa since March.

In early October, the United Nations Mission for Ebola Emergency Response (UNMEER) launched the 70-70-60 strategy to isolate at least 70% of Ebola cases and safely bury at least 70% of people who die from Ebola, to be achieved within 60 days. On 1 December 2014, UNMEER reported that 70% safe burials had been achieved and that the target of 70% treatment had been exceeded in a number of locations, but by no means all.

The Ebola response is making progress—in places where the 70-70-60 strategy has been comprehensively implemented, the rate of new infections is in decline. However, the epidemic remains unpredictable. While the intensity of transmission is slowing in some areas, it is increasing in others. As the situation continues to evolve, the response will need to remain “nimble and flexible.” Of particular note to the AIDS community is the increasing emphasis on the role that social mobilization and community sensitization plays in the Ebola response.

UNAIDS is, along with our UN partners, responding quickly and in concert, with each working at their best and to their strengths under the overall coordination of UNMEER. WHO is the lead UN agency on all health issues and UNICEF leads on community engagement and social mobilisation. UNAIDS, drawing upon its valuable experiences and resources, is working to maximise the impact of the overall UN response to Ebola, while at the same time continuing to support countries to provide critical services to people living with HIV.



## Working together: Coordination is paramount

Working closely with Member States, regional organizations, civil society and the private sector, UNMEER has structured its response around five pillars:

- stop the outbreak
- treat the infected
- ensure essential services
- preserve stability
- prevent further outbreaks

The Ebola outbreak is an unprecedented public health crisis that is also a complex emergency with many moving parts. In many ways the Ebola response resonates with the early days of the HIV response: there is no room for duplication, waste or missed opportunities due to poor coordination. The Three Ones (One HIV Strategy; One National Coordinating Authority; One Monitoring and Evaluation framework) demonstrated the power and efficacy of a coordinated approach and is a model that should be systematically applied in all countries for Ebola. All efforts, including bilateral and INGO, must be coordinated through the UNMEER mechanism.

UNAIDS staff in the region and beyond have been active in supporting UNMEER from the outset. Regional Directors of all UN organizations, including UNAIDS, are providing leadership and strategic support to UN Country Teams in the affected and neighbouring countries. Our regional support team West and Central Africa (RST WCA) is coordinating the response and senior staff are liaising closely with UNMEER, coordinating partnerships and leading on HIV and Ebola efforts in the region. On the ground, UNAIDS country office staff have continued their work under very difficult circumstances, as well as participating in Ebola Operations Centre, the National Ebola Taskforce or Committee, the Presidential Ebola Taskforce, UNMEER pillars and other coordination mechanisms.

Executive Director Michel Sidibé has liaised with leaders at the highest levels. He discussed Ebola during meetings with the His Excellency Mr John Dramani Mahama, President of the Republic of Ghana and His Excellency Mr Macky Sall President of the Republic of Senegal in August, and with the African Union Ambassadors in Geneva and the Algerian Ministers of Health and Foreign Affairs in October. More recently he travelled to Mali with the Director General of WHO, Margaret Chan, Executive Director of The Global Fund to Fight AIDS, Tuberculosis and Malaria, Mark Dybul and the French Coordinator for the International and National Response to Ebola, Jean-François Delfraissy. They witnessed first-hand the efforts to track and halt the spread of the Ebola virus before it accelerates beyond the initial cases and to share lessons from the AIDS response.

At global level, Deputy Executive Director Luiz Loures is a member of the WHO Director General's informal WHO advisory group on Ebola. Dr Loures also travelled to Sierra Leone to offer support to the government and community response. Staff from our Department for Rights, Gender, Community Mobilisation and Prevention are working closely with WHO and the World Council of Churches to provide support to the work of the faith-based organisations. UNAIDS has been working jointly with WHO, UNICEF and the pharmaceutical industry to ensure that community-based trials of therapeutic products and Ebola vaccines benefit from the experiences of HIV - in particular in respecting and engaging with communities.



Our Office of Security and Humanitarian Affairs worked with the Inter-Agency Task Team to Address HIV in Humanitarian Emergencies to produce a guidance note on ensuring the continuity of HIV services in the context of the Ebola crisis. Our Office of Human Resources Management is leading a cross-secretariat task force, including representatives of the Staff Association, to ensure a coordinated approach to address the impact of Ebola on our staff.

At all levels, UNAIDS has focused on supporting three main areas where it can add the most value, working in collaboration with UNMEER, WHO and UNICEF:

1. Supporting essential HIV services: specifically to re-establish or maintain national technical responses to HIV in the context of Ebola (HIV prevention, testing and PMTCT services, ART provision). UNAIDS Country Offices lead on this work, with support from the RST.
2. Supporting the five UNMEER pillars: primarily through support to community mobilization, engagement and communications. UNAIDS Country Offices are working with UNMEER partners, and additional voluntary staff have been re-deployed to supplement human resource requirements.
3. UNAIDS has been supporting WHO to prepare and undertake clinical trials of the Ebola vaccine: UNAIDS senior scientific advisers based in Geneva have been involved from the outset. As the clinical trials begin to roll out at the community level WHO has asked that UNAIDS takes on a major role in involving the communities in the trials.

## Critical Needs: Sharing lessons from the AIDS Response

There are significant similarities between the HIV epidemic and the Ebola epidemic. The following paragraphs highlight the key areas where there are common experiences and lessons to share.

### Fear and Discrimination

Given the acute and rapid progression of the illness, the fear associated with Ebola has resulted in delays in seeking help or, worse, in efforts to prevent public health measures from being put in place. The consequences have been devastating. Over the thirty years of the AIDS response, we have learned that the only way to overcome fear and misunderstanding is to challenge it head-on, creating solidarity with communities and networks and engaging people who have survived or are living with the disease.

Experiences from the AIDS response have shown us that, even in the early days of the emergency public health response, the individual must be at the centre. The dignity and rights of individuals, families and communities are non-negotiable. Extraordinary measures will be required to stop the Ebola outbreak and community engagement is critical to addressing the cultural misunderstandings that clash with bio-medical efforts to treat people and prevent further infections.

### Engaging with Communities

Engagement with community-based organisations and faith-based organisations is essential to enable the Ebola response to reach deep into the community and ensure that the cascade of care is well coordinated. Peer-to-peer education and counselling and social messaging through community networks must be utilised to support prevention messages and to trace exposure, new cases and fatalities. Success in ending the epidemic will rest, for a significant part, upon community mobilisation and community based care. There is a rich vein of capacity in AIDS community-based organisations and communications capacity that must be urgently utilised to back-stop front-line workers.

Community-based organisations must be accounted for and involved in the national planning processes and development of implementation plans. They are central to efforts around social mobilization and to ensuring safe and respectful burial practices. The largely community-based structures and systems to support AIDS orphans and vulnerable children can be used to support the huge number of children who have become vulnerable or orphaned due to the high mortality rates associated with Ebola. Faith-based organisations have been and will continue to deliver essential health services for Ebola and non-Ebola needs including HIV. Efforts must be made to build these streams of work into the national partnership mechanisms. However, partners report that the challenges around resource mobilisation are especially problematic for strategies and interventions related to community engagement.

## Behaviour Change

One of the fundamental challenges in the AIDS response was, and continues to be, about prevention and behaviour change. The same is true of Ebola. A large percentage of new Ebola infections occur during the handling of dead bodies in preparation for burial. Families of those who have died and those who could be infected may avoid or hide from health service providers due to fears that their customs and traditions will not be respected. At the global level, UNAIDS together with WHO, the World Council of Churches and Islamic Relief have worked closely to support faith-based organisations to adapt messages around understanding the impact of the Ebola virus on the body and to develop alternative, but respectful and acceptable ways to approach traditional burial rites. While indications are that safe and dignified burial practices are being adopted, challenges remain in transferring this understanding to the local community level where a large number of mortalities and burials are taking place.

## Treatment

As efforts are underway to rapidly develop diagnostics, vaccines and experimental therapies for Ebola, significant challenges will lie in the ability to work closely with already highly distressed communities to facilitate engagement and acceptance of the clinical trials. The Good Participatory Practice guidelines (GPP) that arose from HIV prevention trials form the backbone of the approach to community based trials. UNAIDS is working closely with the trial teams to support them to develop guidelines and protocols and engage with communities – both to protect and defend the interests of the clinical trial participants, but also to smooth the path to enable the trials to take place in a scientifically robust manner.

As the outbreak evolves the balance of the Ebola response will need to adjust from the initial focus on treating the overwhelming numbers of infected people to targeting areas where infections continue to be high and new infections need to be tracked and contacts traced. Remote communities and densely populated urban areas are of particular concern. The response will need to maintain a balance between pursuing public health targets and respecting human rights when dealing with the “reticent” communities in remote or hard to reach areas – ie those communities which, due to fear and misunderstanding are not engaging with the public health response. In some cases health workers have been attacked or even murdered.

The West African Ebola crisis is the first Ebola outbreak to manifest itself in crowded urban settings. Urbanisation and health is an emerging theme – not just with Ebola but with infectious diseases in general – including HIV. Communities organise themselves in different ways in cities, often moving away from the traditional structures that coped with health or social vulnerabilities or helped to manage outbreaks of infectious diseases in the past. Lessons from the HIV response are informing the Ebola response. Non-traditional “communities” – communities of people living with HIV or survivors of Ebola for example – are reaching out to individuals to raise awareness, dispel myths and misinformation, and in the case of people living with HIV to ensure that individuals continue to have access to their medications. Young people form the majority of the population in these countries and are at the forefront of the response.

## Non-Ebola health service provision

The Ebola outbreak has had a devastating impact on health care services. In some areas, services have simply ceased functioning. Non-Ebola services including antenatal services, child health service, TB and malaria services are at best sporadic if they are available at all. UNFPA estimates that in Guinea, Liberia and Sierra Leone, more than 800,000 women will give birth in the next 12 months<sup>1</sup>. Without life-saving emergency obstetric care, more than 120,000 could face a complication that might be life-threatening.

More than 200,000 people are living with HIV in the three highly affected countries, and over 50,000 people are currently on antiretroviral treatment (ART). Most treatment services are delivered in clinics located in the capital cities, several of which have been forced to close due to the impact of the Ebola epidemic - including health staff deaths. Where services remain open, individuals seeking HIV services may avoid facilities for fear of exposure to the Ebola virus. We know that community-based HIV services and activities have also been seriously disrupted. While official figures are not consistently or reliably available, the data that are available are cause for serious concern.

People living with HIV must be assured access to their life-saving services. In order to provide continuity of treatment to people on ART, community networks, supported by UNAIDS Country Offices and Regional Support Teams, have been working with National AIDS Councils (NACs) and with Global Fund Country Coordinating Mechanisms to establish additional service delivery points. While alternative and pragmatic efforts to provide access to ART must be supported urgently, efforts must also be made to re-establish full services as quickly as is feasible.

## Human Resource Needs

Despite indications that efforts to contain the Ebola epidemic are achieving results, there is no room for complacency. More is required on all fronts. WHO has recently restated its request for more surge capacity. Professional and general service staff are needed at national, subnational and district levels. Key profiles for UNAIDS include community and social mobilisation experts and strategic information advisers. More generally there is a huge, unfilled need for volunteers with management and organisational skills, able to support scale-up of contact tracing and monitoring and population surveillance.

The impact of the Ebola crisis on the economies of the country is already enormous. The World Bank anticipates that economic impact in worst-hit countries will exceed \$500 million in 2014<sup>2</sup>. Health workers and other support staff need to be paid, and to be assured that while putting themselves at risk, they will be able to feed and support their families. Efforts should be made to channel funds into the Human Resources budget of the Ministries of Health to ensure that the salaries and benefits of national health staff are at the very least not compromised, and some consideration should be given to providing resources for salary supplements.

.....  
<sup>1</sup> UNFPA, Ebola Situation Report; <http://www.unfpa.org/resources/ebola-situation-report-03-nov-2014#sthash.j4dlUBMA.dpuf>

<sup>2</sup> Update on the Economic Impact of the 2014 Ebola Epidemic on Liberia, Sierra Leone, and Guinea. <http://www.worldbank.org/en/topic/growth/publication/economic-update-ebola-december>

## How to avoid repeating the past (again)

At the moment we continue to see 600<sup>3</sup> new infections every week. From now until we have indications that the all chains of transmission have been eliminated and we have zero new cases, we must place all of our efforts behind the immediate needs. In the margins of the ongoing Ebola response however, it is worth reflecting upon the critical themes emerging from the crisis and the lessons that we can learn from the way we were able to react and contain it.

**Strengthening Leadership:** The Ebola alarm was sounded late. Despite intense national and international efforts, we continue to play catch up in many areas. Furthermore we should not pretend that once the Ebola crisis is over we can rest easy – there will be another health emergency. We must seriously challenge ourselves to ensure that, in the time between now and the next time, we have nurtured and prepared local leaders– both political and health - to be able and equipped to identify the crisis and to lead the response.

**Advocacy and Messaging:** UNMEER has been very effective in distilling its key messages and targets into memorable and actionable sound bites. Echoing UNAIDS’ Getting to Zero strategy and our new 90-90-90 targets, the 70-70-60 strategy captured the attention and the commitment of the global community very quickly. As the response to the epidemic matures, the emphasis on achieving Zero transmission is proving equally effective in making clear what is needed to end the crisis. We must mobilise the communication and advocacy skill base built up during the AIDS response to facilitate the awareness raising, articulate improved understanding and build the momentum of a consolidated response. This needs to include the media (global and local), civil society (national and international) and the science community. In order to reach the goal of Zero transmission we need a global movement that is both informed and committed.

**Health (and Disease) Do Not Recognise Borders:** Beyond the heavily affected countries, the Ebola response has provoked unhelpful defensive measures, tinged with discrimination. Multiple nations have closed their borders or imposed unnecessary quarantines and travel bans. This unnecessary over-reaction, often based on fear and misunderstanding rather than science or information, is familiar to those living with HIV. Beyond the global issue of closed borders, there is a further need for serious consideration around the creation of regional health zones where, not unlike an economic zone, individuals are free to move between countries seeking healthcare. Participating countries’ health systems should be linked and able to share data and lessons – and to mount a co-ordinated regional response when required.

**Better disease surveillance and whistleblowing:** It is unacceptable that it took so long for the scale of the epidemic to be recognised. China has a national surveillance system, as does the United States. African Union-led efforts are already underway to establish an African Centre for Disease Control and Prevention. Results will be dependent upon sufficient resources and inspired political leadership at all levels.

**Research and Development for diseases endemic to Africa:** Ebola was identified forty years ago. However, because it is a disease that exists exclusively on the

.....  
<sup>3</sup> WHO situation Report November 26, 2014.

African continent, efforts to find a cure have been minimal. Rather than depending on pharmaceutical research from outside the continent to produce the vaccine and cure for Ebola and other largely African based diseases, efforts should be underway now to develop, resource and nurture local research and development expertise.

Securing access to local/regionally produced medicines: Seventy-five percent of HIV deaths and ninety percent of malaria deaths take place in Africa, and yet only twenty-five percent of pharmaceuticals and ten percent of medical supplies are produced locally. While there are positive signs of progress in all parts of the region, now is the time to take active steps to foster the development and manufacture of medicines in Africa.

Building a strong health human resource base: Before the Ebola outbreak, Guinea, Liberia and Sierra Leone had an average of one or fewer doctors per 10,000 population – compared to 41 per 10,000 in Switzerland and 67 in Cuba. Health staff have bravely struggled to contain the spread of the Ebola epidemic and care for those who become infected. Their efforts have been remarkable given the paucity of trained and equipped health workers and limited infrastructure. Ultimately many health workers have paid the price with their lives – at least 346 have died following exposure. The health facilities that do exist are often basic and demand user fees - in Guinea and Sierra Leone, out-of-pocket spending accounts for 99.4% and 89.5% of all health spending respectively. However, experience with task shifting and community engagement from the AIDS response demonstrates that it is possible to create miracles and bring sophisticated treatments to the most remote and humble of health settings. We must actively address the weaknesses in the health and community systems in order to make them more effective to the world that we live in today - and to make them shock proof for the health crises of tomorrow.

Building a healthy society: It is a tragedy that the Ebola crisis has struck hardest in three countries that have recently emerged from protracted war. This conflict has crippled their economies and eroded the very fabric of their societies. The economic, social, health and education systems are fragile and unable to take the shock – and are at real risk of crumbling. We have failed to embed systems that build up these fragile countries, to share the wealth and strength of the African continent, and to avert the disaster that continues to unfold. We will only avoid repeating the past if we seriously invest in the health of our societies today.

# **UNAIDS**

20 Avenue Appia  
CH-1211 Geneva 27  
Switzerland

+41 22 791 3666

[unaids.org](http://unaids.org)

UNAIDS/PCB (35)/14.CRP.4  
Issue date: 05 December 2014