



## APPENDIX 1: AFRICAN VOICE AND LEADERSHIP MEETING TO ACCELERATE THE EVALUATION OF POTENTIAL TREATMENTS AND VACCINES FOR EBOLA IN WEST AFRICA - DECLARATION AND COMMITMENTS

On the 19<sup>th</sup> and 20<sup>th</sup> of January 2015, a meeting was held at the King Fahd Hotel in Dakar (Senegal) to evaluate potential Ebola Virus Disease (EVD) treatment options and vaccine candidates for deployment in West Africa. The meeting was attended by:

- The Minister of Health of Senegal, the Commissioner for Health, Lagos State, Nigeria and representatives of health ministries of Guinea, Liberia, Sierra Leone; and Mauritania.
- Representatives of the New Partnership for Africa's Development (NEPAD Agency) and the West African Health Organisation (WAHO); and
- The World Health Organization (WHO) and other bilateral and multilateral international partners.

Recognising that:

- EVD continues to be a major cause of morbidity and mortality in West Africa, mainly affecting Liberia, Sierra Leone and Guinea. As of January 7, 2015, there have been a total of 21,121 cases of Ebola including 8,304 deaths
- Considerable efforts in time, finances and kind have been made by national governments, ECOWAS, and African Union; supported by a variety of development partners to reduce the rate at which the disease is spreading. Yet, serious challenges remain.
- In August 2014, a WHO consultation unanimously agreed that, given the highly exceptional nature of the situation and the lack of established immunisation and drug treatment options, it was ethical to *offer unproven interventions with as yet unknown efficacy and adverse effects, as potential treatment or prevention.*
- A variety of vaccines and treatment modalities, including convalescent plasma and antivirals, are currently undergoing clinical trials in the affected countries.
- Equitable access to novel effective EVD vaccines and treatment options currently poses a challenge and need to be addressed in the future,
- There are challenging circumstances such as deficiency of regulatory mechanism, infrastructure and human resource capacity for the proper planning and conduct of clinical trials in West Africa.
- Currently, there is no capacity for the fractionation of plasma in the West African region and sub Sahara Africa as a whole.
- The frequency and magnitude of emerging and re-emerging highly infectious disease like EVD are increasing in Africa and globally.
- Africa's preparedness, surveillance and capacity to respond was found wanting in certain sectors as demonstrated by this current EVD outbreak.
- In many instances due to a deficiency of indigenous capacity on ground, there is a failure to coordinate numerous efforts by international agencies to render assistance, resulting in a less than optimal impact.

As a result of this Dakar meeting, the participants make the following recommendations to colleagues, health care authorities and policy makers:



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Dakar, Senegal, January 19-20, 2014

- Accelerate the evaluation of promising treatment options and vaccine candidates against EVD and other emerging and re-emerging highly infectious pathogens.
- There is an urgent need to facilitate and fast track the evaluation of the use of EVD survivors' plasma as therapeutic option.
- Generate a capability to collect plasma and develop the biotechnological capacity to fractionate plasma for domestic use in Africa. However, given the current emergency situation there is a need to develop policies for contract fractionation under license and material transfer agreements as an interim measure.
- There is a need for the import/exportation of plasma from affected countries to developed countries that have the capacity to fractionate plasma into the by products that are desperately needed in Africa. It is crucial to take the opportunity created by the current epidemic to develop policies and regulatory aspects that will ensure immune globulin production for the benefit of African patients.
- In parallel there is a need to develop capacity in the region for local production of immune globulin for EVD and future emerging pathogens; including but not limited to infrastructure and human resources development.
- The availability of EVD hyper immune globulin will ensure regional preparedness and readiness for the current and future similar health threats.
- Strengthen the existing Biosafety Level Containment Facilities (BSL 3/4 laboratories) and develop professional bio-banking infrastructures in Africa to support effective research during episodes of Emerging Infectious Diseases.
- This should go hand in hand with harmonised and effective regulatory and governance frameworks for sample, data storage and access.
- Promote the capacity of African scientists to conduct research and to design interventions that address the challenges associated with outbreaks of EVD and similar health threats. Suggested measures include, but are not limited to:
  - Creating improved platforms for knowledge exchange and peer review.
  - Improving the flow of scientific and medical communication within the African medical and scientific community and beyond.
  - Facilitating the exchange of peers among participating scientific organisations and institutions to foster active knowledge and skills transfer.
- Reach and engage communities, potential donors and stakeholders to promote a stigma-free environment that supports and promotes the rights of EVD survivors, and furthers the appreciation of health care workers involved.
- Involvement of the policy makers, African scientists, and the community in addressing the current epidemic is crucial to ensure the proper representation of a regional voice in discussions, policy formulation, and research and treatment interventions in response to the epidemic.