



COMMUNIQUE

2nd EXTRA ORDINARY MEETING OF MINISTERS OF HEALTH ON EBOLA VIRUS DISEASE

As a follow up to the SADC Health meeting held in Johannesburg, South Africa on the 6th of August, 2014 the SADC Health Ministers met to review progress and address issues that had arisen since the last meeting, such as challenges brought about by movement of people and goods across the region. The meeting was held in Victoria Falls, Republic of Zimbabwe, on the 4th and 5th of September, 2014. The meeting was attended by SADC Ministers of Health, their Senior Officials, World Health Organization (WHO) and the SADC Secretariat.

The main purpose of the meeting was to bring together Ministers of Health to adopt a common SADC position on travel restrictions, and to get an update on Member States preparedness and Response status. The Ministers noted that the current outbreak in the West African states of Liberia, Nigeria, Sierra Leone, and Guinea Conakry has now spread to Senegal. The meeting has further noted that a separate outbreak not related to the one in West Africa has now occurred in the DRC. The Democratic Republic of Congo made a presentation on how they are responding to the current outbreak in-country and shared their experiences. The meeting received an overview of ongoing Ebola outbreaks in the African region and the responses to date from WHO. The meeting also provided a forum for the region to understand the role and responsiveness of the SADC Secretariat Health Desk.

Opening the meeting, the Chairperson of SADC Health Ministers, and the Minister of Health and Child Care , Republic of Zimbabwe, Honourable Pagwesese David Parirenyatwa, remarked that the outbreak of Ebola Virus Disease and the persistent threat it poses, requires the SADC Region to take urgent measures. It requires the region to establish a consensus on the strategy for the response to the Ebola threat. The Chairperson informed the meeting that on 27th August 2014, the World Health Organization reported the

Outbreak of Ebola in the DRC where 80 people were under surveillance. However, he emphasized that there are no Ebola cases reported in any of the other SADC Member States.

The Chairperson emphasized the need for cross-border consultations to facilitate exchange of information, and agree on joint collaborative actions and for SADC Member States to strengthen surveillance, case finding and detection, reporting and contact tracing, and share information on Ebola with WHO in a timely manner.

After their deliberations, the Ministers;

- I. Adopted a Common Regional Position on Travel of persons and trucks / commercial vehicle from EBOLA affected countries. Ministers approved the following restrictions on movement of people in line with the International Health Regulations IHR (2005), to contain the disease at source:
 - a. People who have a history of coming into close contact with infected people and infected dead bodies or people and infected animals from Ebola Virus Disease (EVD) should be quarantined in country for a period of up to 21 days;
 - b. People who are coming from Ebola affected countries should be subjected to exit screening;
 - c. People who are entering a country from an affected country as defined and advised by WHO, are to be subjected to screening and are to be followed up for a period of 21 days. If it is absolutely essential for them to leave before completion of the 21 day period, the next country should be notified and should continue with the surveillance for the remaining period;
 - d. Member States should discourage their citizens from travelling to affected countries / high risk areas and their trips to be postponed for as long as it is possible;
 - e. Member States are to avoid hosting mass gatherings involving people from affected countries unless it is absolutely essential;
 - f. An active surveillance and notification system is recommended for adoption across SADC Member States.
- II. The Ministers agreed on standardizing public health interventions to prevent the spread of EVD into their respective countries. The Common interventions include procurement and prepositioning of Personal Protective Equipment (PPE), training of health workers, sensitisation of stakeholders, identification and equipping of isolation/treatment centres, laboratory diagnosis, screening of travellers at all critical points of entry or exit.

The Ministers expressed satisfaction with efforts employed by the government of the DRC to contain and manage the outbreak.

Ministers noted the pivotal role played by the media in the dissemination of information. Therefore, Member States are encouraged to engage the media in as transparent a manner as possible to inform, educate, dispel rumours and demystify issues around Ebola.

In his vote of thanks remarks, Deputy Chair of SADC Health Ministers and Minister of Health, Republic of Botswana, Honourable Reverend Dr. John Seakgosing expressed his gratitude to all SADC Member States for the exemplary and progressive leadership demonstrated at both executive and political levels to keep the SADC region free of not only Ebola but other communicable diseases.

The delegates concluded their deliberations on a high note and offered their heartfelt gratitude to the government and people of the Republic of Zimbabwe for their warm reception and kindness extended to them during the course of the meeting.

**Victoria Falls, Republic of Zimbabwe
September 5, 2014**