[This interview was conducted on April 17 2019. Due to technical issues a large part of the interview was not recorded, so instead of a transcript this summary was drawn up with the assistance of the interviewee]

At the WHO headquarters, response maps were made to show the spread of the disease and number of infected people in each country. These were used to coordinate where the response should be targeted, which also involves the placement of ETCs/ETUs. The maps were used by a coalition of actors coordinating the response, the WHO (SHOC), INGOs, national governmental organisations and also military organisations.

Data was often delivered in the form of PDF reports – no standardized format yet which proved an issue for providing real-time information and mapping. This has improved since then.

From each of the three affected countries, daily calls were made in the morning to report the number of suspected, confirmed, recovered and deceased cases in these countries. Because of the limited existing communications infrastructure, this data could suffer from time delays. In terms of the difficulties of getting information from rural areas vs. urban areas: it’s hard to say one is more challenging than the other, albeit for different reasons. It also shows the importance of having good monitoring systems, which were present in Nigeria and resulted in a quick response once cases were detected there.

Another issue was that organisations involved in the response were often unwilling to share data (at all, or in a standardized format), which made it difficult to get a good view of the three W’s: Who’s doing What Where. This made coordinating the response more challenging.

In terms of getting knowledge to and from the insides of ETUs, one of the challenges was that of course international responders are not familiar with the area. Geospatial mapping can be helpful in this case, as well as maintaining contact with local health workers.