



RECOVERING FROM THE EBOLA CRISIS

A SUMMARY REPORT

SUBMITTED BY UNITED NATIONS, THE WORLD BANK, EUROPEAN UNION AND AFRICAN DEVELOPMENT BANK
AS A CONTRIBUTION TO THE FORMULATION OF NATIONAL EBOLA RECOVERY STRATEGIES
IN GUINEA, LIBERIA AND SIERRA LEONE



This report is a contribution to ongoing efforts by the Governments of Guinea, Liberia and Sierra Leone to design their national Ebola virus disease recovery strategies. It has been prepared by a joint team of experts led by the United Nations Development Programme (UNDP) and comprising UN agencies and the World Bank, European Union and African Development Bank, in consultation with the African Union, Economic Community of West African States and Mano River Union. In addition to studying existing assessments of the impact of the Ebola crisis, the team visited the three countries from 12 to 16 January 2015 to consult with governments and development partners. This summary report is based on a full report as well as three detailed reports submitted to each of the three governments as contributions to their national recovery planning processes. It reflects the views of the technical teams involved.



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ACRONYMS

CBO	Community-based organization
EVD	Ebola virus disease
ECOWAS	Economic Community of West African States
EPI	Expanded Programme on Immunizations
FGM	Female genital mutilation
GPE	Global Partnership for Education
ICT	Information and communication technology
IPC	Infection prevention control
MRU	Mano River Union
MSMEs	Micro, small and medium enterprises
NGO	Non-governmental organization
PHC	Primary Health Care
SARS	Severe Acute Respiratory Syndrome
SMEs	Small and medium enterprises
UNMEER	United Nations Mission for Ebola Emergency Response
WASH	Water, sanitation and hygiene
WHO	World Health Organization



A 'mysterious' disease began silently spreading in a small

village in Guinea on 26 December 2013 but was not identified as Ebola until 21 March 2014. The outbreak of Ebola virus disease (EVD) in parts of West Africa is now the largest, longest, most severe and most complex in the nearly four-decade history of this disease. As of mid-February 2015, there have been almost 23,000 reported, confirmed, probable and suspected cases of EVD in Guinea, Liberia and Sierra Leone, according to the World Health Organization, with almost 9,000 reported deaths and with outcomes for many cases largely unknown.¹ The socio-economic impact of the EVD outbreak is substantial. National economies have become isolated with stalemates in key sectors. Many people have lost employment, and agricultural fields have been abandoned in the most-affected rural areas. Livelihoods of households and communities have deteriorated. The education of an estimated 5 million children and youth has been set back as schools did not re-open at the start of the new school year in September 2014. The outbreak has strained the finances of governments. Additional expenditure to contain the EVD crisis amidst drastic shortfalls in domestic revenue has increased national deficits.

In response to a call by the United Nations Secretary-General and the Governments of Guinea, Liberia and Sierra Leone, an international team conducted an Ebola Recovery Assessment. The multi-partner mission was carried out in January 2015 by the United Nations, European Union, World Bank and African Development Bank, in consultation with a range of partners including the Mano River Union, Economic Community of West African States (ECOWAS) and African Union. The aim was to contribute towards laying the foundation for short-, medium- and long-term recovery while the

¹ World Health Organization, Ebola Situation Report, 18 February 2015.

medical emergency response continues to tackle the epidemic. Discussions during the mission focused on five interrelated questions:

- What pre-Ebola structural conditions and practices facilitated the rapid spread of the EVD?
- What has been the direct impact of the EVD epidemic on structures and systems?
- What are the critical recovery priorities for the short term (12 months) and for the medium-to-long term (3 to 5 years)?
- What are existing Ebola-related capacities and resources on which recovery should be based?
- What immediate and medium-term risks could undermine recovery efforts and outcomes if no mitigating measures are put in place?

Four thematic working groups were established for the assessment to ensure full coverage of Ebola-related issues i) health, nutrition, and WASH (water, sanitation and hygiene); ii) governance, peacebuilding and social cohesion; iii) infrastructure and basic services; and iv) socio-economic revitalization. In addition to thematic area analysis, country reports provide additional information on the three Ebola-affected countries.

This summary report is based on a full report as well as three detailed reports submitted to each of the three governments as contributions to their national recovery planning processes. The full report of the Ebola Recovery Assessment reflects views expressed by partners met during the mission, including government officials from a range of ministries, United Nations agencies, non-governmental organizations (NGOs), development partners, development banks and civil society. That report provides an assessment of the considerable progress made by the Ebola-affected countries towards containing the epidemic in the year since the outbreak. It describes where the countries are in their stabilization and recovery planning efforts, and explores the drivers of the vulnerability that enabled a local epidemic to escalate into a regional humanitarian, social, economic and security crisis with considerable international ramifications. It identifies additional requirements for the countries to ‘get to zero’ Ebola cases and establish conditions to minimize the risk of its resurgence. It also considers the gaps and challenges of rebuilding the foundations for national development, taking into account the imperatives for ‘building back better’ and enabling resilient institutions and decentralized services. This entails consideration of the broader risk landscape, including health, governance and conflict risks within the three countries, the Mano River sub-region and the West Africa region as a whole.

The full report will be made available separately. It will serve as a basis for increased advocacy for support to Ebola-related recovery by the UN Secretary-General, Peacebuilding Commission, World Bank, European Union, African Development Bank and other development actors.

The analyses, policy recommendations and suggested actions that emerged from the mission and additional consultations with stakeholders are summarized here.

The first section provides context for the challenges of post-Ebola recovery. The second section examines the scope of the recovery process, including stopping the epidemic, risk management, restoring and strengthening capacity, restoring livelihoods and building community resilience and addressing structural factors. Section three is a summary of findings from the Ebola Recovery Assessment, followed by section four on the key messages from consultations undertaken during the assessment. Section five focuses on the country-specific findings, including key findings, key recommendations and crosscutting issues for Guinea, Liberia and Sierra Leone. The final section on outlook and next steps proposes ways in which the assessment team could offer support to the Ebola-affected countries as they halt the present EVD outbreak and plan for recovery.



The Ebola outbreak in parts of West Africa is the most severe in the history of the disease. The epidemics' unprecedented escalation is linked to the region's lack of experience with the virus, combined with a host of factors including culture, history, geography, weak health systems, over-centralized governance with inadequate accountability systems, fear, mistrust of state institutions, poor infrastructure, and a much-delayed international response. The impact in terms of loss of human life and suffering is severe, as is the socio-economic impact.

The purpose of the multi-partner mission was to assess the impact of the EVD crisis on the three most-affected countries, and to recommend ways in which post-Ebola support recovery programmes can also promote resilience in the development of the countries and the sub-region by addressing the underlying systemic issues and shortcomings that would deepen fragility if left unattended. The mission was concerned not only with ending the present EVD crisis but also with the requirements for handling disasters of similar magnitude that may emerge in the future.

The immediate priority is to end the epidemic. It is also critical to address the adverse conditions that enabled a localized epidemic to escalate into national crises with serious regional and global ramifications and to minimize the risk of its resurgence. Strong and effective health systems in the affected countries, supported by regional and global disease surveillance networks, are central to this endeavour. Experience from elsewhere suggests that even after these countries stop the epidemic, the virus may remain latent in the region. As such, post-disaster recovery programmes must integrate systems and processes to ensure that disease surveillance is improved, health systems are built back better and in a conflict-sensitive manner, and that other relevant capacities are in place with appropriate levels of funding to sustain them over the medium and long term in order to minimize the risk of relapse into crisis.

The ultimate goal of a post-Ebola recovery strategy is to re-establish the conditions for a quick return to a path of economic growth, improved state-society relations, and overall human development that can foster more inclusive societies in the future. To achieve this goal, the countries must go beyond correcting the proximate conditions that enabled the crisis to worsen.

For this to happen, effective communication and information management, and decentralized health delivery systems will be critical. Related to this are effective incentives and payment systems for health workers, environmentally sound health care waste management, institutionalization of health monitoring and effective and targeted social protection, among other measures.

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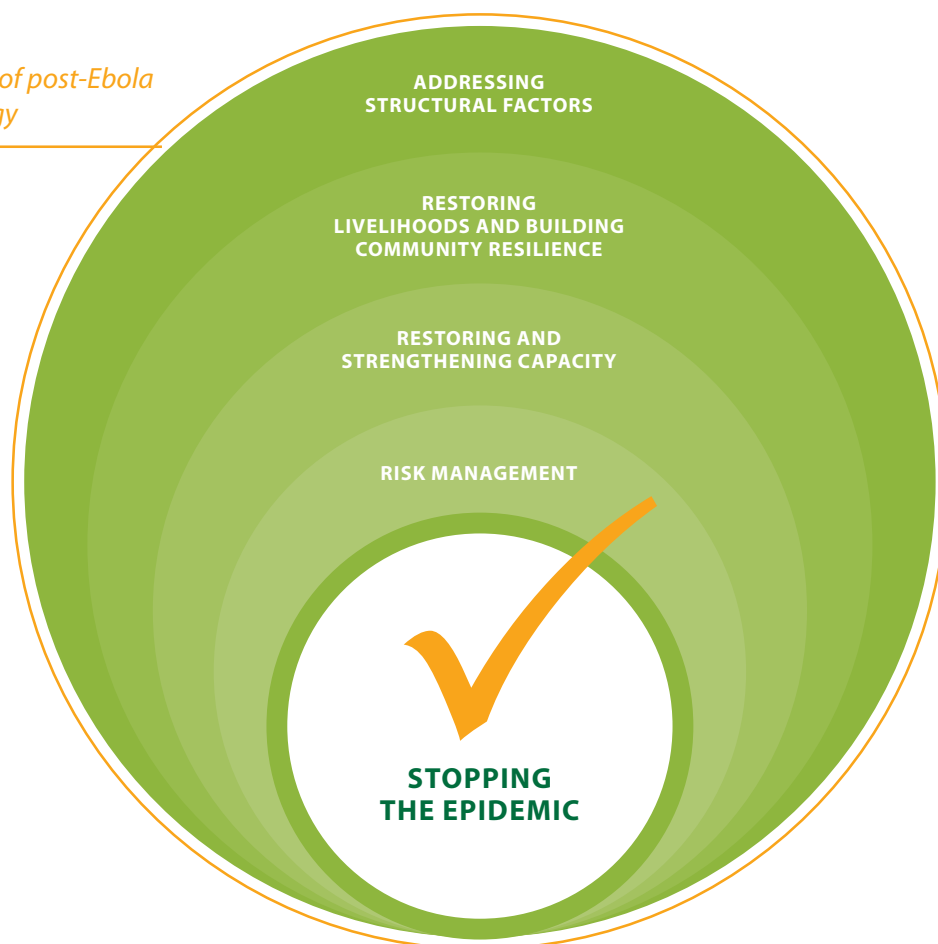
This report identifies the additional requirements for the countries to get to zero Ebola cases, and re-establish conditions for the resumption of healthy growth and development, taking into full account the broader risk landscape, including health, governance and conflict risks within the countries and the Mano River sub-region.



Creating a strategy is an essential starting point for recovery, but defining the scope is not a straightforward task. Experiences from other forms of major disasters suggest that recovery involves several overlapping processes. The most important aspects of a post-Ebola recovery strategy include the following measures (see Figure 1):

- **Stopping the epidemic:** The immediate priority is to rid the three countries and sub-region of the current outbreak of EVD. The task is ‘getting to zero’, which means having zero infections in the sub-region and no new cases for 42 days. As seen time and time again, an upsurge in new cases can follow a single unsafe burial or violent act of community resistance. Both of these high-risk situations are still occurring. The task of ‘getting to zero’ requires a great deal of painstaking effort and careful detection work. It requires building the confidence of the community and then searching out people with the virus, caring for them and preventing them from passing on the disease to others. At the same time, a community’s central services must be revived in ways that reduce the risks to workers and patients alike, ensuring minimum guarantees to workers in case they are victims. For this type of response to have its greatest chance of success, it must be strategic, strong and speedy. It must be based on pre-defined roles and responsibilities, and it must use already-established systems. Also, because diseases do not respect borders, countries should enable the response to be implemented seamlessly across borders and boundaries. Better knowledge of urban dynamics and population movements – particularly in relation to migration of workers, supply chain distribution and characteristics of urban slums – will improve preparedness and response.
- **Risk management:** Building on the above measures for stopping the epidemic, it is essential to minimize the risk of resurgence. Even as countries remain steadfast in their efforts to prevent and control the epidemic, they must also pay attention to preventing another outbreak.

Figure 1: Scope of post-Ebola recovery strategy



Experts say it is likely that the virus will never be cleared from West Africa completely because, even if human-to-human transmission stops, an animal reservoir may remain, as it does in Central Africa. It is critical therefore, that the countries strengthen and establish systems and mechanisms for risk management. This includes establishing, developing and sustaining a regional integrated disease surveillance network in West Africa to be able to detect, identify, confirm and report data and information on emerging and re-emerging infectious diseases, as well as endemic diseases, for timely decision making and response. Such a network must be well-organized, adequately funded and effective. It would also be appropriate to strengthen early warning and immediate response systems across the West Africa region, including the 15 member countries of ECOWAS.² This is because, for historical and cultural reasons, unrecorded mobility is a characteristic of the region.

- **Paying increased attention to dialogue, domestic resource mobilization for recovery, and continuing progress on efficient and accountable public finance management:** Governments will need to draw, as far as possible, on available domestic resources to fund recovery efforts. While international support is essential, the recurrent budget implications of Ebola recovery priorities and programmes must be integrated into national budgets to ensure sustainability of investments made, and to strengthen predictability of funding.

² Benin, Burkina Faso, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, Togo and Cape Verde.

- **Restoring and strengthening capacity:** In addition to the death and illness caused by Ebola, there has been an upsurge in mortality and morbidity from other diseases and conditions. This is linked to the collapse of health systems, with significantly eroded local capacities in critical areas. The diversion of healthcare resources to contain the Ebola epidemic coupled with a fear of health facilities among pregnant women may have increased maternal mortality rates, which were already among the highest in the world in all three countries prior to the Ebola outbreak. A reported increase in adolescent pregnancies during the outbreak has been attributed largely to the closure of schools. Another example is the measles outbreak in Guinea and Liberia in January and February 2015, which is a worrying development because measles is a highly contagious virus spread by coughing and sneezing, close personal contact or direct contact with infected nasal or throat secretions. Moreover, measles is one of the leading causes of death among young children and has the potential, if not controlled, to further erode the gains achieved towards achieving the Millennium Development Goals for health in the Ebola-affected countries.

Restoring lost capacity in health systems is essential. It could benefit from additional expertise from the diaspora, through such programmes as TOKTEN, which stands for the Transfer of Knowledge through Expatriate Nationals, accompanied by effective and well-timed exit strategies to enable the sustainable restoration of the long-term capacity of related systems.

Priority tasks as part of the reactivation/recovery of safe essential health services include the restoration of the Expanded Programme on Immunizations (EPI) along with surveillance and labs, assisted child delivery, and malaria control activities. Particular attention must also be paid to infection prevention and control measures including functional hand-washing, water supply and sanitation facilities; improving the quantity and quality of the health workforce; and policy measures to facilitate timely and easy access to health services when needed. Policy measures should include eliminating highly regressive user charges and other forms of out-of-pocket payments that hinder access to health services of poor and vulnerable populations and contribute to the impoverishment of the population in cases of ill health, premature mortality and disability.

In addition to health services, it is also essential to prioritize a quick restart of basic social services, including a safe return of children to school, and measures to protect affected populations from stigma and discrimination associated with Ebola. Countries must aim for an early transition to more effective and equitable governance of health and ancillary systems. This would include addressing such questions as equity, transparency and accountability in the health sector and, overall, the delivery of all public services. It would also entail reconfiguring policy and planning and budgeting institutions and mechanisms to fully incorporate epidemic risk reduction. This would also include initiating processes aimed at reversing the erosion of trust in State response mechanisms and processes, and overcoming the deep sense of vulnerability that many people, especially the poor, felt at the height of the crisis.

- **Restoring livelihoods and building community resilience:** Among the objectives of recovery is to ensure that people and their communities are at the centre of the response and that the recovery process builds upon the important work in social mobilization and community participation that is being carried out as part of current efforts to stop the virus. Restoring livelihoods and building community resilience would involve, among other measures, providing emergency agriculture assistance to EVD-affected communities to secure the upcoming agriculture campaign; restoring trade flows and ensuring the smooth functioning of markets of agricultural products and inputs; and restoring food security and tackling malnutrition in the most-affected communities. It would involve providing targeted food distribution and cash transfers to Ebola-affected communities; implementing safety net interventions through programmes such as cash for work, cash grants and the recapitalization of community banks and financial services associations.

It would also involve providing psycho-social support services to the affected populations to address post-traumatic and other mental health disorders; promoting community ownership and action; facilitating safe access to schools, providing alternative learning opportunities to out-of-school children, whose numbers may increase as a result of economic hardship affecting their families, and equipping children and their communities with the knowledge and skills that will enable them to better cope and recover from similar shocks and risks; and establishing cross-border surveillance and information sharing mechanisms. It will be important to strengthen national, sub-national and community-level social welfare and protection systems as well as child protection and social work services to address vulnerabilities of persons affected by the EVD epidemic, particularly women and children.

- **Addressing structural factors:** A serious disease outbreak rapidly expanded into an epidemic of deadly crisis proportions. Certain structural factors enabled this trajectory. They may include, among others, questions of poor infrastructure, limited access to clean water and sanitation facilities, limited accountability mechanisms, poor hygiene and poor state-society relations affecting government-citizen communication. These structural factors suggest that the countries should work towards resetting development on a more sustainable path.



The world has successfully addressed threats such as Severe

Acute Respiratory Syndrome (SARS) and avian influenza. Yet this latest and largest-ever Ebola outbreak has highlighted weaknesses, not just in the fragile developing nations but also in the global institutional machinery for identifying and quickly neutralizing health hazards. Several factors contributed to accelerating the transmission of the Ebola virus or to slowing the response. These factors include weakness of the national health systems; poor citizen access to basic services such as water, sanitation, health care and social protection; the unsafe practice of some traditional rites; fragility of the countries' infrastructure; poor state-society relations; over-centralized governance and weak accountability systems; and delays in the international response. In West Africa what began as a health crisis quickly escalated into a humanitarian, social, economic and security crisis. Schools, markets, businesses, airlines, shipping routes and borders closed. Tourism shut down, deepening the blow to struggling economies. Countries resorted to using their defense and military forces for the command and control of disease containment measures.

Modern urban demographic dynamics are an important contributing factor to the fast spread of Ebola. Slums and the movement of people from rural to urban to rural situations have changed dramatically since the 1970s, yet understanding has not kept pace. The lack of knowledge of the geography and distribution of slums, poor access to basic services by the population, and population movement patterns prevented responders from factoring this important piece of the analysis into response planning at an early stage of the outbreak.

As of mid-February 2015, there have been almost 23,000 reported, confirmed, probable and suspected cases of EVD in Guinea, Liberia and Sierra Leone, with almost 9000 reported deaths, with outcomes for many cases remaining unknown.³ Of this total, the number of cases in males and females is similar (9,432 and 9,801, respectively).⁴ Analysis shows that people aged 15 to 44 are approximately three times more likely to test positive for EVD than children (people aged 14 years and under). People aged 45 and over are almost four times more likely to test positive than are children. However, thousands of children (up to 17,000 by February 2015, according to UNICEF) have been registered as having lost one or both parents or their primary caregivers as a result of Ebola. The Ebola crisis has devastated fragile healthcare systems, as large numbers of healthcare workers became ill or died from the disease. The number of infected health workers was 833 with 488 deaths as of mid-February 2015. Fatalities have included health professionals with leadership, management, supervisory and training responsibilities. Non-Ebola related morbidity and mortality, including infant and maternal mortality, also increased as resources were diverted to fighting the virus and people avoided seeking health care given the perceived risk of infection in health facilities.

The Ebola outbreak has had substantial deleterious effects on the countries' economies and public finances as shown by World Bank assessments.⁵ While all three countries were growing briskly in the first half of 2014, the full-year 2014 growth dropped in Guinea to an estimated 0.5 percent from 4.5 percent expected before the crisis, in Liberia to an estimated 2.2 percent from 5.9 percent expected before the crisis, and in Sierra Leone to an estimated 4.0 percent from 11.3 percent expected before the crisis. These rates imply shrinking economies in the second half of 2014. Further, the World Bank report indicates that second-round effects and investor aversion suggest 2015 growth of -0.2 percent in Guinea, 3.0 percent in Liberia and -2.0 percent in Sierra Leone. The projections imply forgone income across the three countries in 2015 of about \$1.6 billion. This is more than 12 percent of their combined GDP. Declining national output has translated into weaker revenues, while government spending needs have grown, weakening public finances.

The World Bank cut its expectations for growth of agricultural output in 2014 from 5.7 percent to 3.3 percent in Guinea, 3.5 percent to 1.3 percent in Liberia and 4.8 percent to 2.6 percent in Sierra Leone. Many international mining companies and their contractors evacuated staff due to safety concerns (both regarding Ebola, but also in relation to the challenges with overall healthcare access), and as transport connections became uncertain, leading to slowdowns and the cessation of work on new investments.

Access to basic services has been relatively limited in the Ebola-affected countries and delivery channels have been limited to enabling rapid assessments of the situation to warn and respond. This is not only a phenomenon observed in the three Ebola-affected countries but also elsewhere in the region.

Before the Ebola outbreak, just 58 percent of children attended primary school in Guinea, 34 percent in Liberia and 74 percent in Sierra Leone. The impact of prolonged school closures in a region with some of the lowest education indicators in the world is dire. The outbreak has negative consequences on the availability of teachers, safety of school premises, vulnerability of girls and women and, in the longer term, the ability of affected countries to accelerate economic and social development through education. Prior to the crisis, schools in all three countries had limited access to safe water, a critical factor given the key role of hand-washing in preventing transmission. Overall, access to water and sanitation services is also of concern.

3 World Health Organization, Ebola Situation Report, 18 February 2015.

4 Excludes cases for which data on sex are not available.

5 World Bank Group. The economic impact of Ebola on sub-Saharan Africa: updated estimates for 2015. Washington, DC. <http://documents.worldbank.org/curated/en/2015/01/23831803/economic-impact-ebola-sub-saharan-africa-updated-estimates-2015>

Transport service disruptions and travel restrictions slowed the transportation of essential medical supplies and personnel. In the hospitality sector, the departure of expatriates and loss of flight connections caused hotel occupancy rates to fall in August 2014 to below 25 percent in Sierra Leone and Liberia and 40 percent in Conakry, Guinea's capital city, down from 70 to 80 percent in late July. However, the impact of reduced tourism sales was cushioned to some extent from September by the influx of international support staff.

Major public and private construction activities have been halted and activities at ports and in the mines slowed down substantially.

A communication gap between governments and communities undermined the efficacy of the emergency response, closely linked to weak national capacities overall, especially in terms of ensuring access for all people to basic services for health, water, sanitation, education and social protection. Government messaging sometimes competed with alternative explanations of the Ebola outbreak. In rural areas in particular, but also in urban centres, a low level of confidence in public institutions caused affected communities/people to turn to traditional leaders who had themselves been marginalized from governance structures and therefore were not effectively included in the response. The cohesion of affected communities also weakened significantly as health care workers, Ebola survivors and burial teams were stigmatized and rejected by their communities. A regional perspective could have greatly enhanced the effectiveness of the response, and this is a key lesson from the experience. While some regional organizations undertook welcome initiatives, the challenge ahead is to develop a comprehensive sub-regional approach to containing the disease and managing future outbreaks.



4 ACTION MESSAGES FROM THE CONSULTATIONS

The Ebola Recovery Assessment consulted with stakeholders during the mission in January 2015 and conducted extensive research with available documents. The following actions points summarize the key messages from the consultations:

- **Stop transmission of the Ebola virus disease as the first priority:** Efforts towards ‘getting to zero’ cases must remain the foremost objective, with a seamless transition from response to recovery. This must be the first priority action for governments and development partners.
- **Promote nationally-led strategies:** The countries should take the lead in preparing and implementing the recovery strategy, based on public dialogue. Recovery strategies should be integrated into the existing strategies developed by the countries, and recovery assistance should strengthen and use national systems while fostering coordination and cooperation across countries. This approach was called for by the extraordinary summit of the Mano River Union on 15 February 2015 in Conakry, where leaders from Guinea, Liberia and Sierra Leone discussed a sub-regional framework for the post-Ebola recovery strategy.
- **Restore and strengthen capacity at national and sub-national levels, with a special focus on community-level systems:** The capacity of the healthcare system to handle both Ebola morbidity and non-Ebola morbidity, and deliver health services equitably to the population (including maternal and child health services) must be restored and strengthened. It must also be delivered in a conflict-sensitive manner. This is important in particular for the decentralized district health system focusing on Primary Health Care (PHC) and for the community health care system. While seeking to increase the supply of qualified health personnel including midwives, countries need to initiate policy reforms and programmes that permit early transition to more effective equitable, transparent and accountable governance of health and ancillary systems.

Strengthening capacity is also important for other sectors such as education, water and sanitation, nutrition, child protection and social protection that offer financial security, and social welfare. These sectors are key to strengthening the resilience of communities in the medium term and long term. ‘Back to school’ should be among the first priorities for the recovery of basic social services. This requires significant efforts in implementing safety protocols, investments in water supply and sanitary measures for schools, refurbishing of schools, teacher training and parental awareness, and psychosocial care. Referrals to local health clinics, including for youth-friendly sexual and reproductive health information and services must be arranged through schools and supported by effective monitoring systems.

- **Build on existing assets:** Assets from the Ebola response include trained and semi-trained personnel and volunteers, contact tracers, vehicles, medical and laboratory equipment and supplies and facilities. These assets should be rapidly integrated into the regular social services and governance systems, particularly at the community level. Building confidence in health services will remain critical after Ebola. Countries should therefore project and plan for resources not only to support a basic network of community-level service providers, but also to work with critical NGOs and community-based organizations (CBOs) so they can take root and grow. It will be important to diversify partnerships that can function as an effective interface between the health system and the communities, particularly in remote and hard-to-reach areas often out of range of radio and other forms of mass communication. Innovations that advance strategies, supplies and accelerated processes regarding vaccines and therapy approvals should be analyzed, improved, adapted and eventually used in preparedness and planning for and responding to any future crises.
- **Strengthen the ability of governance institutions to deal with rapid-onset crises:** The EVD epidemic has highlighted the limited capacity of national and sub-national systems in the face of complex and novel challenges. Recovery strategies must deal with these constraints and help build robust and resilient national and local-level systems and capacities to sustainably reinstate public trust and social cohesion. In this regard, investment in preparedness is key, including prepositioning of supplies, creation of logistics hubs and support to central medical stores and training. It is also important to establish mechanisms to monitor real-time responses in the midst of future crises in order to adapt responses, support analysis and enhance accountability – especially where mistrust of state institutions is generating resistance to response efforts.
- **Prioritize poor and vulnerable groups:** The elderly, people with disabilities, chronically ill persons and people living with HIV and other groups are already vulnerable and are now facing additional hardship and social exclusion. Their families are often facing income losses due to the economic slowdown and are unable to continue extended family support. This often leaves many such persons in precarious circumstances with little or no alternatives to make a living on their own. Ebola is also exacerbating existing problems of child labour, gender-based violence and exploitation of, and violence against, women and children. Recovery efforts should prioritize support to these vulnerable groups, including by providing psychosocial support services to affected populations. To address this situation, it is important to strengthen child protection, psychosocial support and welfare services for children and families in communities heavily affected by EVD, including children that have lost one or two parents or a primary caregiver, child survivors and their families. While caring for these vulnerable groups, it will be important to create resilient systems of social protection and livelihoods to minimize the risk of aggravating vulnerability in case of future outbreaks.

- **Inclusiveness and community engagement:** The low levels of trust in state institutions that existed before the epidemic hampered the response. Nonetheless, communities were in the forefront of the success of the response, having witnessed the impact of Ebola. Communities should play a central role in the formulation and implementation of the recovery strategy. Trust in public institutions could be strengthened through inclusive dialogue, efforts to enhance accountability, and equitable and harmonized service delivery. Schools can be leveraged as centres of community mobilization, including through linkages with health and protection services. Popular participation in decentralization and strengthening of local governance as part of recovery efforts would promote equitable delivery of social services and social protection, enhance accountability and strengthen state-society relations.
- **Promote national ownership and use country systems:** Despite the weaknesses revealed in the countries' overall governance systems, it is essential to avoid the use of parallel structures and systems, as this may undermine the public institutional development needed to ensure the sustainability of any recovery gain. Efficiency gains could be achieved through the reinforcement of sub-regional knowledge-sharing as well as systematized monitoring and evaluation mechanisms, which are among the top priorities of the Mano River Union.
- **Nurture positive social behaviours:** Recovery efforts should nurture the positive social behaviours that became widespread during the Ebola outbreak. Such positive activities include an increase in hand-washing, safe burial practices, a decrease in harmful practices such as female genital mutilation (FGM). It is particularly important to retain and strengthen local resources and mechanisms of social communication, social mobilization, community organization and social awareness during the recovery phase and beyond.
- **Lay the foundation for improved social protection systems:** The recovery strategies should include the setting up of financial support mechanisms for families and small businesses affected by Ebola. This would mitigate the immediate social and economic impact of Ebola on poor households and could become the platform for a sustainable social protection system that reduces social vulnerabilities in the long run. National strategies should envisage the costs and benefits of integrated policies for employment, public investments through job-friendly approaches, livelihoods, basic services, social insurance for informal and formal workers, and social protection to vulnerable groups so as to eliminate extreme poverty while lightening the fiscal burden.
- **Ensure that the strengthening of national systems and ownership also includes civil society organizations:** Prior to the Ebola outbreak, international support to the countries had been moving away from using civil society organizations as service providers and organizers of communities towards increased support to governments, especially through budget support, according to civil society sources. The role played by civil society in the Ebola outbreak indicates the importance of forging partnerships between civil society and governments and ensuring that systems deployed by civil society organizations are also supported. It is important to recognize the role of workers in adopting strategies to improve the delivery of essential basic services, namely in the health and education sectors, as well as business actors who support functional supply chains.

- **Focus on the economic needs of women:** In all three countries, women may bear a disproportionate share of the economic impact of Ebola. Women either dominate or have a key role in sectors of the economy most adversely affected by the outbreak, including informal trade, agriculture and tourism. Women are using their business capital and savings and deploying other strategies to cope with the hardship imposed by Ebola, which may deplete their future economic capacity and the viability of their small enterprises. It is important that all recovery strategies and initiatives take account of women's economic role by ensuring that women are full participants in the social and political decision making related to the recovery process.
- **Ensure that youth are central to the recovery process:** The populations in all three countries are very young and young people can play a significant role as agents of change in the recovery process given the right investments in their health, employment, education and empowerment. The country consultations highlighted the strategic importance of involving youth from the three countries in the recovery effort and recognized the need to generate a dynamic that gives them livelihoods and hope – namely through reinforcement of their skills and job-rich strategies, such as building public infrastructure.
- **Promote regional cooperation:** The Ebola outbreak is a regional phenomenon, having started at the confluence of the three countries. The rapid spread beyond the rural areas confirms the absence or ineffectiveness of sub-regional mechanisms to tackle problems that may arise in these zones. The post-Ebola recovery must therefore include measures that take account of the regional and sub-regional dimension.

Regional cooperation can lift the isolation of the three countries while bringing economies of scale to bear on the capacity to monitor and stop the spread of Ebola and other diseases. Ebola has underscored the imperative of collaboration among these countries and with other countries in West Africa. It has also highlighted the solidarity of the African Union, ECOWAS and the Mano River Union. The best way, fundamentally, to emerge from fragility is to accelerate sustainable development.

The recovery strategy should be framed within the imperative of accelerating the development of remote border areas. This would reduce the vulnerabilities that expose the three countries to disasters that spiral out of control. Regarding border areas, the countries should take the following steps:

- Review the services and facilities in the border regions and enhance the provision of health and other basic services;
- Support the establishment of a regional integrated disease surveillance network in West Africa and the continent, building upon and linking with existing institutions and regional cooperation arrangements;
- Promote and modernize markets and private sector activities in shared border areas;
- Develop public policy knowledge-sharing, capacity development and cooperation across national institutions in the areas of employment, corporate social responsibility, child protection, social protection and other sectors;
- Examine current plans of the Mano River Union relating to borders in order to raise priority levels for implementation;

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- Define and strengthen coordination mechanisms between national and regional institutions in order to strengthen synergies and complementarity in implementing recovery strategies. This also includes stronger coordination between the African Union, ECOWAS and the Mano River Union, all of which have played a strong role in the response and will be closely associated with recovery;
 - Provide support in West Africa for the establishment and expansion of a regional disease surveillance network, including at the animal-human interface, in order to strengthen cooperation among neighbouring countries for the control of cross-border disease outbreaks at their source. This is part of supporting Ebola-affected countries to strengthen their essential public health infrastructure and service delivery platforms.
- **Recognize the role of the private sector and workforce:** The recovery should recognize the role of the private sector in inclusive growth and socio-economic recovery and build on initiatives of the private sector for sub-regional action. A good example is the Ebola Private Sector Mobilization Group, made up of local and international private sector operators who came together in support of the fight against the EVD. The recovery strategy should consider regularizing the structures set up and promote greater interface between the private sector and the governments of the Mano River Union member countries in specific areas such as information and communication technology (ICT) and digital payments infrastructure. The support and public acceptance of Ebola recovery strategies will be reinforced by taking on board suggestions from health and education workers – the occupational groups needed to efficiently and effectively deliver basic services.
 - **Mobilize commitment from the international community:** To ensure that recovery from the EVD crisis is sustainable, the international community needs to remain committed to the recovery in Guinea, Liberia and Sierra Leone in the medium and long term, especially after the emergency phase, drawing lessons learned during the response to improve delivery mechanisms for future crises. All three countries are on the agenda of the Peacebuilding Commission, which could play a role in ensuring attention beyond the present outbreak.



5

COUNTRY FINDINGS AND RECOMMENDED RECOVERY PRIORITIES

While regional approaches to the recovery effort will be highly relevant and complementary, it is in each of the three countries that actual recovery initiatives will be directly implemented. The following findings and recommendations focus on some of the country-specific conclusions that emerged from the work of the partners in the Ebola Recovery Assessment.

GUINEA

To ensure the resilience of Guinea to future shocks it is essential to strengthen the health system in critical areas such as governance of the system, capacity building at the decentralized level, human resources for health, and management of the supply chain. It is also essential to strengthen other outbreak-related capacities and enhance community involvement in the response to such crises. The success of comprehensive reforms to improve the performance of health and ancillary systems depends on a significant increase in public funding, and the mobilization of funding from the private sector, especially mining.

KEY FINDINGS

The Ebola crisis in Guinea is rooted mainly in the weakness of the health system, which was unprepared to meet the challenge of the epidemic. Long before the crisis, the health system was faced with many difficulties, including the weakness of the epidemiological surveillance system, lack of adequate preparedness and of qualified personnel, and lack of adequate financial and logistic resources. The lack of access to safe water for the population and the lack of proper hygiene contributed to the propagation of the virus. These conditions are particularly prevalent around public health structures receiving patients suspected of being infected with Ebola.

Even before the outbreak of the Ebola crisis, social infrastructures were in an advanced state of decay. Most public health centres lacked human resources. Access to water was limited and latrines were either not available or in a poor state. The insufficiency of WASH facilities in schools as well as poor linkages between the health and education sectors contributed to the delayed reopening of schools, though safe and equipped schools could play a critical role in preventing the further spread of Ebola, protecting children and youth, and catalyzing social and economic recovery.

Moreover, the communication infrastructures (working telephone lines) particularly in isolated villages were non-functional. This situation delayed access to people suspected of being or known to be infected with the Ebola virus.

The high level of undernourishment among the population, especially women and children, was another contributing factor to the low survival rate.

In addition, there are a number of other major factors of instability that existed before the outbreak of Ebola in Guinea and contributed to its spread:

- Porous land and sea borders with neighbouring countries, which made it difficult to control the movement of people to and from Guinea;
- The crisis of confidence and trust between the State and the population, especially in the area where the epidemic erupted, and local tendencies to politicize the epidemic;
- The weakness of the judicial system in the face of lawless acts against health workers;
- The weak government provision of basic services (i.e. water, electricity, health and education) especially in the rural areas, and social protection;
- The marginalization of women in the management of public affairs, including crisis response and management; and
- The lack of effective mechanisms of social reconciliation and management of conflicts, which has left some areas of the country feeling marginalized.

KEY RECOMMENDATIONS (SHORT AND LONG TERM)

Health, nutrition and WASH

- Strengthen epidemiological surveillance subsystems and response capacity at national, community and district levels;
- Strengthen governance and accountability of the sector in particular at prefecture/district level including through adequate funding by the government, capacity building in health management, communication and social mobilization, and popular participation;
- Rehabilitate 94 health centres and a closed district hospital;
- Equip health facilities with medical and industrial equipment in accordance with minimum national standards by level of care, ensuring that maintenance services are put in place to prolong the operational use of the equipment;
- Establish a national mechanism for health policy dialogue, ensuring regional and local participation, and develop a functional system of planning, programming, accountability and results-based budgeting that also includes the community health system level;

- Make nutritional supplements available to patients treated in Ebola Treatment Centres, and train health staff in nutritional care of Ebola patients;
- Train members of stigma-prevention watch committees, community leaders and members of the families of patients cured of Ebola in WASH practices;
- Publish and use in treatment centres national protocol on nutrition management of patients with Ebola;
- Reopen non-Ebola health facilities including maternal and child health facilities: this will require a rapid scale up of WASH services and infection prevention control (IPC) measures in order to ensure compliance with minimum standards for health and safety;
- Sustain provision and access to nutrition services for orphans and EVD patients and develop a preparedness and response plan for a potential post-Ebola food and nutrition crisis, including nutrition-sensitive interventions in the agriculture, social protection and education sectors;
- Restore maternal and child health services, including emergency obstetric care, prenatal and antenatal care and family planning services to ensure that there is no increase in maternal and infant mortality rates;
- Maintain security protocols and have sanitary measures in place as part of the reopening of schools (e.g. water supply, hygiene and sanitation facilities, teacher training);
- Maintain positive behaviour in health and hygiene observed during the fight against the epidemic through community engagement (such as the practices of frequent hand-washing and safe burial), and the reduction of harmful practices such as FGM;
- Strengthen cooperation between human health services and animal health services;
- Support the national strategy for universal health care and make available financial resources to ensure that all of the population has access to health services

Governance, peacebuilding and social cohesion

- Strengthen the framework for consultation and dialogue at the local/community level with the effective participation of women and youth;
- Conduct an inclusive national dialogue to discuss the response to and recovery from the crisis and address any potential deepening of lines of polarization due to the impact of the Ebola crisis, in order to strengthen state-society relations and prevent political tensions, especially in light of upcoming elections in 2015;
- Strengthen the capacity of actors (e.g. civil society; traditional and religious leaders; administrators; the media; women and youth; micro, small and medium enterprises (MSMEs); and workers in all sectors) to participate in the prevention and management of conflicts and natural disasters as well as health, early warning and rapid response;
- Strengthen local infrastructures for peace;
- Strengthen/revitalize the decentralized institutional mechanism for crisis management, the National Humanitarian Action Service (SENAH), as it can play a key role in the country by integrating a broad spectrum of stakeholders;
- Establish space for inclusive dialogue among citizens, health professionals and government officials on the challenges of responding effectively to the Ebola crisis, ensuring equitable health care delivery and accountability, and meeting possible similar challenges in future;
- Strengthen formal and informal civic and citizenship education; and
- Increase transparency in the management of land and natural resources.

Infrastructure and basic services

- Ensure that all schools (formal and non-formal) are safe through investment in school water and sanitation facilities such that teachers and pupils have access to clean water for hand-washing; also, systems of temperature screening to monitor students' health need to be introduced, and referral mechanisms established with local health centres;
- Accompany the revitalization of education services with good local awareness campaigns and community engagement to overcome the reluctance of parents to send their children back to school due to safety concerns and rumours;
- Convey well-developed, harmonized and clear health crisis prevention messages to critical target groups including supervisors, teachers, learners and parents;
- Provide psychosocial support to children and teachers affected by the disease;
- Develop a reliable communication system between the central level and institutions at all levels of education and among providers of basic services and social protection;
- Continue to support home learning (including radio programmes) and community engagement. Integrate education interventions (including accelerated programmes on sexual and reproductive health, hygiene and Ebola-prevention measures) within the curriculum in schools and alternative learning teacher training programmes to keep children in school/institutions;
- Address long-term challenges of low enrolment rates and insufficient numbers of teachers to ensure the education system is stronger than it was prior to the crisis, including support for students to prepare for and sit exams that have been missed due to the crisis;
- Invest in youth employment and skills-building schemes, in particular through employment-intensive infrastructure programmes, to ensure that loss of employment does not further alienate a youth population in a region that is prone to cross-border security challenges while at the same time effectively contributing to the development of public infrastructures;
- Provide direct financial support to orphans, widows and other survivors of the Ebola epidemic in addition to school feeding;
- Provide cash transfers to poor households and vulnerable groups benefiting local economies and allowing households to invest their cash transfers in livelihoods through economic activities, particularly agriculture;
- Strengthen the service package available for priority groups of affected children, particularly orphans, through the extension of cash transfers for a period of at least one year, the provision of essential non-food items, and ensuring free access to schools;
- Recruit and train social workers, especially among Ebola volunteers, in order to offer post-trauma support to families affected by the epidemic, namely by reopening the national training centre for social workers and cooperating with other similar international training institutes for rapid results;
- Identify and provide assistance to other vulnerable groups including children engaged in labour activities, disabled persons, people living with HIV, the elderly and persons suffering chronic diseases; these groups were already very vulnerable prior to the epidemic and have become even more vulnerable;
- Rehabilitate social infrastructure (e.g. health centres, learning facilities, rural roads, skills training centres and social protection offices) through labour-intensive methods to provide jobs in affected communities;

- Encourage national insurance companies, which have sufficient experience in social protection, to play a transitional role pending the establishment of a full social protection systems; also, encourage these companies to extend their legal coverage to all workers beyond the formal sector, especially women in informal activities who would welcome contributing to their own social protection in case of sickness, maternity, accidents, old-age and unemployment. This would go a long way towards minimizing the impoverishment impact of out-of-pocket health expenditures among the poor and vulnerable.

Socio-economic revitalization

- Provide short-term priority interventions focused particularly on agriculture, transportation and marketing of agricultural products, including occupational health and safety prevention advocacy to encourage restoring activities across supply chains;
- Provide subsidized inputs and agricultural tools, technical support and extension services, and provision of staples in areas affected by the disease, to prevent seeds being used for consumption;
- Facilitate access to microcredit and if necessary, provide coverage of outstanding prior loans;
- Strengthen livelihoods and employment and skills promotion through development of labour-intensive programmes, especially for urban and rural youth;
- Stimulate private investment, focusing particularly on mining and basic infrastructure and encouraging employment-intensive infrastructure programmes to enhance human capital and livelihoods;
- Continue the reforms needed to accelerate growth and structural transformation of the economy;
- Restore border trade and international trade;
- Adopt tax relief measures for industrial production units and small and medium enterprises (SMEs) hit by the consequences of the Ebola crisis;
- Provide childcare support for workers in the short term as many workers in areas for essential public services are absent from work for EVD-related reasons;
- Design and implement targeted programmes to revamp the agriculture, tourism and education sectors, which have suffered from the epidemic;
- Expand payment systems that were set up during the response phase for health workers to other areas of activity to support the revival of economic activity.

CROSSCUTTING ISSUES

Initial challenges of gender equity and protection of women and girls against gender-based violence were aggravated with the outbreak of Ebola virus disease. The following actions are considered urgent:

- Reinsertion of 5,000 orphaned children into their families and communities;
- Support all affected families through cash transfers, reinforcing the national social protection system, and ensuring financial protection in the health sector from user fees that hinder equitable access to health services and are considered regressive;
- Support the construction and equipping of community centres for pre-school children;
- Provide nutritional support to children in institutionalized centres;
- Strengthen judicial and legal systems to address gender-based violence and support for survivors of gender-based violence;

- Ensure youth are involved as agents of change in the recovery process; also, involve youth in formulation and implementation of detailed recovery programmes and embrace skills and job-rich strategies;
- Address the increase in adolescent pregnancies during the Ebola crisis through the provision of youth-friendly sexual and reproductive health services, sexuality education, education support to adolescent girls and other measures. Given the association between child marriage and early childbearing, more efforts are needed to keep girls in school and stop forced marriage;
- Invest in youth employment schemes in partnership with government and private sector;
- Plan recovery activities for youth that are multi-sectoral in nature through emphasizing the need to strengthen the school system to ensure that it plays the expected supporting role to other sectors such as health care and overall economic recovery. Recovery activities must also aim to restore lost livelihoods to the vulnerable groups, low-income groups and young people and to promote projects that support youth employment.

LIBERIA

KEY FINDINGS

Pre-existing vulnerabilities of Liberia's health systems and limited health workforce capabilities hindered an effective response to the epidemic. The crisis also highlighted the countries' weaknesses in terms of infrastructure generally, with the lack of access to health facilities; improved sources of water, sanitation and electricity; and poor roads and bridges with limited maintenance. It also revealed low levels of trust between the government authorities and the population.

Health systems were further compromised by the EVD outbreak with health facility closures, and the refusal of unprotected health workers to provide routine health services. Communities' low level of confidence in the health system led them to seek care from traditional, private and informal health providers. Non-Ebola healthcare also suffered. Between August and December 2014, compared with the same period in 2013, the number of outpatient visits decreased by 61 percent; antenatal consultations decreased by 40.2 percent, institutional deliveries decreased by 37 percent, measles vaccinations decreased by 45 percent and DTP3 vaccinations decreased by 53 percent.

Alarming shortfalls in both quantity and quality of education services already persisted before Ebola: 95 percent of Liberian children who enter primary school for the first time are over-aged, which leads to high drop-out and low completion rates. Prior to the Ebola crisis, there were more than 385,000 children out-of-school and the primary completion was low at 65 percent. In the functioning public schools, only 26 percent had safe drinking water and only 24 percent of the enrolled primary school children had desks and chairs. Teachers were in short supply and those that remained were irregularly paid due to lack of a proper payroll system. Over 60 percent of teachers had no formal qualifications to teach the level at which they were teaching. The prolonged closure of more than 4,460 public and private schools in 2014 and early 2015 left more than 1.5 million school-aged children at home until schools were deemed safe to officially reopen on 16 February 2015, in a phased approach with the last schools opening 2 March 2015. There were also reports of an increase in adolescent pregnancies during this time, attributed primarily to the closure of schools.⁶

⁶ There is still a discrepancy between Ministry of Education (MoE) information on school data and the results of EMIS 2014. The EMIS 2014 gives evidence of 2,038 schools and stated missing information of 422 schools (mainly in Montserrado), which would mean a total of 4,460 schools still much below that the 5,181 schools reported by MoE. This discrepancy has an impact on all school indicators. For EMIS 2014, the enrolment is 1,024,811 and for MoE it is 1,200,000; the number of out-of-school children also varies between 500,000 and 300,000. The distribution of the IPC materials is providing an excellent opportunities to check the number of schools that were not registered under the EMIS 2014.

The EVD crisis has exacerbated the country's difficult pre-Ebola socio-economic conditions. Before the Ebola crisis, 64 percent of the population lived below the absolute poverty line and 48 percent in extreme poverty. Economic slowdowns in China and in Europe and the significant decline in iron ore and rubber prices were already having a negative effect on the economy. The EVD outbreak has also strained government finances, increased the national deficit and resulted in substantial shortfalls in domestic revenue. Major public and private construction activities were halted, most significantly on public roads, energy, ports projects and mines. Full-year growth for 2014 fell by more than half to an estimated 2.2 percent from 5.9 percent expected before the crisis, and overall 2015 growth is projected at 3 percent (down from pre-Ebola estimates of 6.8 percent). Revenue for 2015 is now projected to decline by about 16 percent; agricultural sector growth will decline by over 2 percent and manufacturing by about 5 percent.

KEY RECOMMENDATIONS (SHORT AND LONG TERM)

Health, nutrition and WASH

- Maintain the fight for zero Ebola as the foremost objective and ensure a seamless transition between the ongoing response and recovery. The first priority action for the Government and the international community should remain continued support to get the infection levels down to zero. This should continue to include investments in contact tracing, decentralizing the response, ensuring national response strategies are nimble and adapted to local conditions, and empowering local leaders and teams.
- Build on existing assets. A rapid integration into the regular social services, particularly at the community level of existing assets from the current Ebola response should serve as the starting point for a successful and credible recovery process, once the virus is under control. Recovery efforts should maintain the positive social behaviours that emerged during the Ebola outbreak, such as hand-washing or the reduction in harmful practices such as FGM, as well as local resources and mechanisms such as social communication, social mobilization, community organization, popular participation and social awareness.
- Invest in rebuilding a more resilient health system. Strengthen core health system governance and functions, provide equitable health and nutrition care services, and invest in integrated community-based early warning and disease surveillance systems with response capability. The post-Ebola health care system while building on what is available in the country should rely on the district and community levels, building trust between healthcare providers and the population. These recovery measures must be anchored in the National Health and Social Welfare Plan of Liberia, which sets out health priorities for 10 years and should be reviewed in light of what the crisis has revealed; recovery measures must take up the challenge of universal health coverage;
- Restore maternal and child health services, including emergency obstetric care, prenatal and antenatal care and family planning services to ensure that there is no increase in maternal and infant mortality rates. It is imperative that the recovery process prioritizes maternal and child health as a key pillar of rebuilding a resilient health system. The Liberia Essential Package of Health Services (EPHS June 2011) places a strong emphasis on phase 1 interventions to strengthen and expand maternal and child health services by improving access to skilled facility-based deliveries, appropriate malaria prophylaxis and treatment during pregnancy, prevention of mother-to-child transmission of HIV, maternal and infant nutrition, and access to family planning services. It is important that these services are youth-friendly so that young people, including pregnant adolescents and adolescent mothers, will also access these services.
- Accelerate human resource development to ensure resilient recovery that resets Liberia on a sustainable development path. Although Liberia has made progress on human resources since its civil war, there

were still significant gaps in critical sectors including health prior to the EVD outbreak. The international community should support Liberia to invest adequately in personnel and salaries in order to retain and increase the number of health and other essential workers including midwives, as well as in strengthening performance management, accountability and appraisal systems.

- Source expertise from the diaspora. At the most senior levels of government, there is a strong call to the international community to support the enhanced use of TOKTEN, the Transfer of Knowledge Through Expatriate Nationals, to bring back diaspora professionals much-needed in health and education.
- Accelerate access to sustainable WASH services. Recovery efforts should include measures that are geared towards ensuring safe and sustained access to improved drinking water and sanitation services for vulnerable communities and urban poor; installation of gender-sensitive and user-friendly WASH facilities in schools and health care facilities; and adoption and uptake of safe hygiene practices such as hand-washing with soap.
- Sustain provision and access to nutrition services for orphans and EVD patients and develop a preparedness and response plan for a potential post-Ebola food and nutrition crisis, including nutrition-sensitive interventions in the agriculture, social protection and education sectors.

Governance, peacebuilding and social cohesion

- International support should assist the Government of Liberia mainly in systems development and equitable provision of services. Government and civil society were unanimous in their observation on how the EVD outbreak has revealed a high degree of fragility in governmental and societal systems. Recovery should also invest in the building and/or rebuilding of governmental and societal systems to ensure they are resilient to a future crisis.
- Decentralized governance and delivery of basic services will foster resilience. All stakeholders in Liberia identified empowered districts and communities as the winning formula for gains made so far in the Ebola response. Recovery efforts must build on this momentum to operationalize the Government's decentralization programme, including in the security and justice sectors, which features community participation and community-based accountability mechanisms capable of delivering harmonized and equitable basic services and social protection. National capacity to support the policy-making to allocate national resources to all communities in an equitable manner and to supervise and coordinate capacity-building is key; such capacity will help ensure that the national social protection system is capable of facing future outbreaks in a well-articulated and transparent way through local delivery channels.
- Ensure the engagement of civil society and key workers who provide basic services. One weakness identified by civil society in support to Liberia post-war but pre-Ebola, was the pendulum swing away from civil society organizations as active service providers and organizers of communities (their role during the civil war) towards support to the Government of Liberia through budget support. The Ebola outbreak and the role of civil society in the response highlight the imperative to forge partnerships between civil society, social actors and government and to ensure that systems deployed by civil society organizations are equally supported and supervised for transparent use of public resources.
- Use the recovery activities to strengthen state-society relations and trust in state institutions and the government. Low levels of confidence in state institutions existed before the epidemic, which also hampered the response. Dialogue on the priorities of the response and recovery should be inclusive, involving the government, parliament, political parties, civil society and the private sector, workers, youth and women. Implementation of the reconciliation process should also advance. This will go a long way to renew

public trust in the government and its institutions and enhance social cohesion. Popular participation in decentralization and strengthening of local governance would also strengthen state-society relations, transparency and accountability. Transparent and accountable management of natural resources would also be critical.

Infrastructure and basic services

- ‘Back to school’ should be among the first priorities for recovering basic social services. This will likely require a phased approach;
- In the short term, attention needs to focus on ensuring that schools are safe places to learn, with clean water for hand-washing and temperature screening to monitor students’ health. Referral mechanisms need to be established with local health centres, and teachers and Parent Teacher Associations trained on Ebola prevention and psychosocial support;
- Short term measures for education include school safety guidance notes and protocol implementation; accelerated learning programmes (e.g. curriculum, teacher training, radio education programmes and catch-up classes); and community participation and social mobilization to support education;
- Accelerate curriculum improvement and teacher training. Enhance national radio-learning programmes and take-home learning materials, including complementing academic programmes with elements of life skills and psychosocial support, and consider catch-up classes to compensate for the learning time lost and to provide new opportunities to out-of-school children and youth during and after the Ebola crisis. Community participation and social mobilization will be key to support education in the short and long term;
- Waiving or subsidizing of school fees and supplies such as books and uniforms during the 2015 school year, at least, will alleviate family hardship and encourage children to return to school;
- In the medium term, there will be a number of key interventions: mainstream WASH in schools as a national quality education standard; align radio programmes with the curriculum; expand and institutionalize the ‘safe schools’ concept to all aspects of safety and protection in schools including Disaster Risk Management at schools to mitigate drop-out factors; institutionalize teacher training in infectious disease prevention and psychosocial support; and establish referral mechanisms with local health centres. It also will be necessary to establish a linkage between the education sector plan, Global Partnership for Education (GPE) programme and recovery programme;
- Support education on health, including sexual and reproductive health, hygiene, Ebola prevention measures as well as referral health services;
- Education support to the girls, including pregnant adolescents and adolescent mothers, should be integrated within social protection programmes and into the ‘back to school’ campaign. Efforts should be made to improve transition to secondary education for all youth;
- Invest in child protection services including identification of beneficiary groups and minimum packages for children who lost one/both parents or primary caregivers due to EVD; child survivors of EVD; and children and families in communities heavily affected by EVD. This should be complemented by efforts to strengthen human resources (i.e. social welfare workforce), community-based mechanisms such as the Child Welfare Committees, infrastructure and associated coordination and management systems;
- Invest in infrastructure services and transportation as critical drivers implementing recovery interventions. The success of the ongoing EVD response is due in part to the speed with which resources are deployed and reach communities across Liberia. Improving the existing basic infrastructure services

including roads and domestic airports to an affordable operational level and making them ready for efficient services will speed up the recovery process and increase the country's ability to return to its development pathway, while at the same time being better prepared to deal with future outbreaks;

- Provide direct financial support to orphans, widows and other survivors of the Ebola epidemic in addition to school feeding;
- Recruit and train social workers, especially among Ebola volunteers, in order to offer post-trauma support to families affected by the epidemic, namely by strengthening the national training centre for social workers and cooperating with other similar international training institutes for rapid results;
- Address chronic vulnerability among the vulnerable population. The Ebola crisis is exacerbating existing vulnerabilities among the population including deepening poverty, growing problems with child labour, violence and exploitation of women and children, and children in labour activities. Vulnerable groups include persons with disabilities, the elderly, people living with HIV and chronic diseases, survivors of Ebola, and Ebola orphans and widows. Recovery efforts should prioritize financial support to these vulnerable groups;
- Provide cash transfers to poor households and vulnerable groups, therefore benefitting local economies and allowing households to invest their cash transfers into livelihood inputs, particularly in agriculture;
- Enhance social protection. Cash transfers are important as a means to mitigate rising poverty due to the economic downturn caused by Ebola, and as a way to inject cash into local economies, local agriculture and small enterprises. The Government of Liberia has proposed that recovery support should include the setting up of a social fund or a similar mechanism for families and small businesses affected by Ebola. Recovery plans should combine cash transfers to mitigate the immediate social and economic impact of Ebola on poor households with investments in a sustainable social protection system that reduces social vulnerabilities in the long run;
- Rehabilitate social infrastructure (e.g. health centres, learning facilities, rural roads, skills training centres, social protection offices) through labour-intensive and skills training methods to provide jobs in affected communities. National insurance companies have sufficient experience in social protection and should be encouraged to play a transitional role pending the establishment of a full social protection system; also, they should be encouraged to extend their legal coverage to all workers beyond the formal sector, especially women in informal activities who would welcome contributing to their own social protection in case of sickness, maternity, accidents, old-age and unemployment.

Socio-economic revitalization

- Support local development through small-scale infrastructure at the local level (e.g. toilets, feeder roads, markets, solar energy lighting in critical village points), relying as much as possible on bottom up initiatives that can sustain the momentum of community engagement.

CROSSCUTTING ISSUES

Women and gender

- Ensure economic recovery is gender-sensitive and women's needs receive appropriate attention. There are visible signs of increased vulnerability of women and girls: 95 percent of women who were engaged in small business including cross-border trade have lost their markets and are also accumulating loans they are unlikely to be able to repay at the end of the crisis;

- In addition to Ebola specific interventions, ensure continued access to essential health services, including maternal and neonatal care, as well as protection services, and support for survivors of gender-based violence;
- Invest in youth employment schemes in partnership with government and private sector;
- Address the increase in adolescent pregnancies during the Ebola crisis through the provision of youth-friendly sexual and reproductive health services, sexuality education, education support to adolescent girls and other measures. Given the association between child marriage and early childbearing, more efforts are needed to keep girls in school and stop forced marriage;
- Ensure youth are involved as agents of change in the recovery process. Involve the youth in formulation and implementation of detailed recovery programmes;
- Ensure access to secondary education and youth-friendly health services for adolescents and youth;
- Plan recovery activities for youth that are multi-sectoral in nature through emphasizing the need to strengthen the school system to ensure that it plays the expected supporting role to other sectors such as health care and overall economic recovery. Recovery activities must also aim to restore lost livelihoods to the vulnerable groups, low-income groups and young people and to promote projects that support youth employment.

Private sector

- The private sector should be encouraged to partner with the Government in providing training opportunities to Liberians so they obtain the relevant skills for the range of private companies including in areas of value change management;
- There is a strong need build up microcredit and micro-leasing capacities to restart local economic activities and improve livelihoods.

SIERRA LEONE

KEY FINDINGS

In Sierra Leone, a localized health emergency escalated into a major crisis due to a weak health system compounded by poor provision and access to basic public services. The crisis also highlighted the countries' infrastructural weaknesses, including inadequate provision of water, sanitation, electricity and education. With poor roads and bridges and high cost of transport, all these factors helped to aggravate the difficulties of responding to the epidemic quickly and efficiently. In hindsight, it appears that the rapid spread of the disease was also due to major shortcomings in governance, social cohesion and missed opportunities to exploit the benefits of sub-regional collaboration despite the existence of the Mano River Union.

The various lessons learned should now be used to take corrective action immediately. The most significant lesson is that what was considered 'normal' before the crisis was unsustainable over the long term. Given the fragility of the country's institutions and systems, a disaster of any other form may well have produced similar outcomes. While maintaining focus on fully containing the epidemic, the recovery must simultaneously include action to correct the problems exposed by the EVD crisis.

Noting that the Government of Sierra Leone considers the Agenda for Prosperity (A4P) as the country's definitive development guide, the recovery programme will have to be short term and seen as a separate but integral part of the A4P. Medium- to long-term actions will then be incorporated into the A4P as part of its Mid-term Review.

KEY RECOMMENDATIONS

General

- Government ownership and leadership of the Ebola recovery programme should be reinforced through the mutual accountability mechanisms already agreed between the Government of Sierra Leone and development partners and making use of assessment mechanisms in place, e.g. inter-agency assessment tools such as those developed by the Social Protection Inter-Agency Cooperation Board, a coordination mechanism established at the request of the G20 and co-led by the International Labour Organization (ILO) and the World Bank;
- The crisis has revealed and further damaged a weak public service system, further exacerbating vulnerabilities. The recovery strategy should prioritize the rights and needs of women, children, adolescents and youth, as well as people with disabilities, the elderly, and people living with HIV and chronic diseases;
- Revisit and enhance the role of disaster management systems in place at both national and sub-regional levels;
- Enhance government capacity to manage development projects in preparation for the recovery;
- Reactivate and accelerate implementation of pre-Ebola plans to establish a national health insurance system;
- Examine the possibility of a national apolitical dialogue on lessons learned from the crisis as part of the recovery programme.

Health, water and sanitation

- Achieve and retain the capacity to maintain zero new infections and prevent the emergence of new outbreaks;
- Take urgent corrective action to compensate for inadequate attention to other diseases in the last nine months, with a focus on measles, vaccination, nutrition, etc.;
- Improve the management and delivery capacity of the health system to address pre-existing vulnerabilities and the impacts of the EVD outbreak;
- Strengthen national systems and capacities including at community level relevant to health, including areas such as community development, health and nutrition, education, child protection, social protection and WASH; also, strengthen community engagement to improve the accountability of the systems at decentralized levels;
- Improve governance and accountability of the health care sector, including through popular participation, in order to ensure equitable delivery of health services;
- Strengthen mechanisms and services to detect, prevent and control health crises and better respond to future shocks;
- Provide water, sanitation and hygiene services including to all health facilities to worst hit regions;

- Formulate health systems-related programmes to repair or correct errors revealed by the EVD, e.g. revisit an incentives system for health care workers;
- Maintain positive social behaviours that emerged during the Ebola outbreak, such as increased hand-washing and the reduced incidence of harmful practices such as FGM; also, scale up positive practices in the areas of social communication, mobilization and awareness raising;
- Ensure sustainable management of assets and systems set up to deal with crises, e.g. human assets, physical installations, equipment, and emergency arrangements for public service delivery;
- Restore maternal and child health services focusing on district and community levels, including emergency obstetric care, prenatal and antenatal care and family planning services to ensure that there is no increase in maternal and infant mortality rates especially given that Sierra Leone already had the highest maternal mortality rate in the world prior to the Ebola outbreak.⁷

Nutrition

- Provide nutrition support to the Ebola treatment centres and affected people, communities and households;
- Ensure access of severely malnourished children to Integrated Management of Acute Malnutrition (IMAM) services;
- Identify affected infants less than six months old, and assess nutritional status of under-five children and of women of reproductive age (post-Ebola) and ensure nutritional support is provided;
- Enhance capacity of health workers to implement nutrition interventions through pre-services, on-jobs services and refresher trainings;
- Improve access and utilization of nutrition services especially for remote areas and strengthen the community component to support behavioural change;
- Develop a preparedness and response plan to respond to a potential post-Ebola food and nutrition crisis, including nutrition-sensitive interventions in the agriculture, social protection and education sectors.

Governance, peace building and social cohesion

- Undertake comprehensive study and inclusive public dialogue on the response to the epidemic, on decentralization and other governance and public sector management issues related to performance, equity and accountability, including how best to build on the success of community-level EVD initiatives;
- Build on the successful cases of improved social cohesion outside party lines to reinforce trust and enhance patriotism and national trust in government;
- Enhance institutional performance using transparent methods for incentives, sanctions and monitoring; the performance contracts in place would form a useful starting point;
- Improve accountability, transparency and equity in the operations of state institutions that delivery public services, as a means of building public trust;
- Empower local communities to restore trust and improve accountability;
- Design programmes to deal with the large number of orphans due to Ebola and to meet the special needs of women, vulnerable groups and urban youth;

⁷ Sierra Leone DHS 2013 gave the maternal mortality rate as 1,100 per 100,000 live births

- Take special measures to monitor and correct growing poverty levels and growing inequality, as ignoring this trend will threaten the country's hard-won peace;
- Involve youth organizations and leaders as agents of change in the recovery process.

Infrastructure and basic services

- Reopening of schools must be done with a view to minimizing resurgence of the epidemic. This includes providing classrooms, latrines, clean and safe water and sanitation, safe and health-promoting environments, health education (including comprehensive sexuality education, reproductive health, hygiene and Ebola-prevention measures). Provide mechanisms for referrals to health services at schools, ensure education support to girls including pregnant girls and adolescent mothers to return to school, and seek qualified staff to match increasing needs;
- Beyond the safe reopening of schools, the entire education system requires strengthening so that it can be better prepared and equipped to mitigate the impact of such crises on children's access to education. In addition, curriculum review, teacher training and life skills education must be carried out to ensure that children going to school acquire the necessary knowledge and skills to contribute to more resilient communities;
- Strengthen the current social protection system, combining cash transfers to mitigate the immediate social and economic impact on poor households and vulnerable groups; Strengthen national, sub-national and community-level social welfare and protection systems as well as child protection and social work services to address vulnerabilities of persons affected by the EVD epidemic, particularly women and children;
- In improving and strengthening the livelihood of the affected population, recovery interventions (especially infrastructure works) in both rural and urban areas should be delivered using employment-friendly approaches to create employment and business opportunities to the affected population;
- The gathering and dissemination of information seemed to have been a key issue during the EVD crisis. An important element for improved resilience would be enhanced connectivity. A key action would be to resolve the issues around the gateway limiting usage of the submarine fiber optic cable;
- Investment in youth employment and skills building schemes is essential, namely through employment-intensive infrastructure programmes, to ensure that loss of employment does not further alienate a youth population in a region that is prone to cross-border security challenges while at the same time effectively contributing to the development of public infrastructures;
- Provide direct financial support to orphans, widows and other survivors of the Ebola epidemic in addition to school feeding;
- Provide cash transfer to poor households and vulnerable groups, therefore benefitting local economies and allowing households to invest their cash transfers into livelihood inputs, particularly in agriculture;
- Recruit and train social workers, especially among Ebola volunteers, in order to offer post-trauma support to families affected by the epidemic, namely by reopening the national training centre for social workers and cooperating with other similar international training institutes for rapid results;
- Identify and provide assistance to other vulnerable groups, namely of children engaged in labour activities, disabled persons, the elderly, and people living with HIV and chronic diseases; these groups were vulnerable before the epidemic and have become even more vulnerable;

- Rehabilitate social infrastructure (e.g. health centres, learning facilities, rural roads, skills training centres, social protection offices) through labour-intensive methods to provide jobs in affected communities. National insurance companies have sufficient experience in social protection and should be encouraged to play a transitional role pending the establishment of a full social protection system; they should also be encouraged to extend their legal coverage to all workers beyond the formal sector, namely women in informal activities who would welcome contributing to their own social protection in case of sickness, maternity, accidents, old-age and unemployment.

Socio-economic revitalization

- Restore capacity for return to a more robust economic development trajectory, including through opening up the fiscal space for government and adopting innovative measures designed in collaboration with the private sector including informal operators. The judicious use of cash-transfers may serve both as a stimulus packages and to relieve pressures on livelihoods;
- Implement regional projects such as Growth Triangle Initiatives in the strategic plan of the Mano River Union;
- Pay special attention, through targeted programmes, to the agriculture, tourism and education sectors, which were among the hardest hit. In agriculture, for example, early action to stimulate private sector investment will be critical;
- Put in place innovative measures to resume small businesses and informal sector activities with emphasis on promoting occupational safety and health to ensure that business confidence is restored across global supply chains and with international players;
- Provide childcare support for workers in the short term as many workers in areas for essential public services are absent from work for EVD-related reasons;
- Urban areas have been hardest hit in terms of livelihoods particularly due to closing down of businesses. Cash transfers must be considered as an option for alleviating income insecurity for all families facing EVD-induced hardship. These represent a majority of households in many urban districts as well as in several rural areas; the efficiency of universal benefits should be considered to avoid unnecessary, costly and subjective administrative systems usually associated with targeted programmes;
- Implement a communications strategy to mitigate stigmatization and encourage return of foreign direct investments.

CROSSCUTTING ISSUES

Women and gender

- Ensure that women are able to access information about how to prevent and respond to the epidemic, and ensure their full participation in the planning and implementation of the recovery programme. Leverage their household and community-level experience and their role in promoting social cohesion, and integrate them fully into political decision-making processes affecting the recovery;
- In addition to Ebola-specific interventions, ensure continued access to essential health services, including maternal and neonatal care, as well as protection services and support for survivors of gender-based violence;
- Establish mechanisms for both men and women EVD survivors to access resources needed for reintegration, and for the care of orphans through informal family and community structures;
- Set up gender-responsive disaster prevention, risk reduction and management schemes;
- Develop programmes to mitigate the economic losses incurred by women in order to position them for economic recovery and empowerment in the aftermath of the Ebola outbreak;
- Integrate gender equality and women's participation, including building the capacity of women's groups, associations and traditional leaders throughout the outbreak management and recovery process to strengthen response mechanisms;
- Scale up the support to government partners to strengthen institutional capacity to ensure gender mainstreaming and gender-responsive recovery.

Youth

- Involve youth in the formulation and implementation of recovery programmes, thus enhancing their role as a positive force in strengthening social cohesion;
- Promote the establishment of an all-Africa Youth Corps along the lines recommended by the African Union;
- Actively promote labour-based infrastructure projects to reduce the high levels of unemployed and unskilled youth;
- Employment-intensive investment programmes should be designed for a job-friendly and youth-friendly Ebola recovery, aligned with the Government's National Employment and Social Protection Strategy. Priority should be given to infrastructures aligned with the national development plans;
- Ensure access to secondary education and youth-friendly health services for adolescents and youth;
- Efforts should be made to set up national volunteer schemes that can benefit from other positive youth experiences in the region to support socio-recovery and develop skills;
- Address the increase in adolescent pregnancies during the Ebola crisis through the provision of youth-friendly sexual and reproductive health services, comprehensive sexuality education and education support to adolescent girls;
- Plan recovery activities for youth that are multi-sectoral in nature through emphasizing the need to strengthen the school system to ensure that it plays the expected supporting role to other sectors such as health care and overall economic recovery. Recovery activities must also aim to restore lost livelihoods to the vulnerable groups, low-income groups and young people and to promote projects that support youth employment.

Regional dimension

- Joint border management should be enhanced especially for disaster management;
- Higher priority should be accorded to Mano River Union programmes already planned and approved in field of economic collaboration, natural resource management and joint infrastructure development;
- All three major regional organizations that have been involved in the response also envisage recovery activities aimed at complementing country-level activities. It is important that the African Union, ECOWAS and the Mano River Union envisage joint activities, rather than parallel interventions in support of country and regional level recovery. It is also important that all three organizations work together and with national governments to ensure coherent linkages and coordination mechanisms between country and regional level interventions to ensure synergies.

Private sector

- Maintain and reopen business operations and promote liquidity in domestic markets;
- Build on the initiative of local and international private sector operators who came together in support of the fight against the EVD to regularize the structures they have set up, and promote greater interface with the governments of the Mano River Union countries in specific areas such as ICT and digital payments infrastructure;
- Restore capacity for return to a more robust economic trajectory through opening up of fiscal space for the government in order to ensure a more accommodative macro-economic framework that would allow the building back better efforts of the state system in the various social and economic sectors;
- Increase access to business development services and quality vocational training, focusing on employment creation, development of MSMEs targeting youth, women and persons with disabilities. These efforts include enterprise enhancement programmes, technical assistance matching grant schemes, technical vocational education and training (TVET) and impact investment to provide venture capital to innovative small businesses, as well as promoting local content via robust local content policy;
- Enhance access to sustainable financial services, market linkages and value chain upgrading for MSMEs, with a special focus on rural areas and women-owned SMEs, building on some of the payment schemes set up to support the Ebola response.



6

OUTLOOK AND NEXT STEPS

The four key partners of the Ebola Recovery Assessment exercise have now submitted their country recommendations on national EVD recovery strategies to the respective governments. Governments are presently leading national efforts in each country to formulate their recovery plans and the assessment's country reports have been submitted as contributions to these processes.

It is expected that the Governments of Guinea, Liberia and Sierra Leone will outline their recovery strategies, priorities and principles at the high-level conference in Brussels on 3 March 2015. Since the Brussels conference is not a pledging conference, it is likely that some of the country strategies will not yet be fully costed. It is therefore expected that work on these strategies will continue after the Brussels conference to further fine-tune them, identify related programmatic initiatives, and undertake proper costing, taking into consideration the availability of resources already available to the countries.

The Ebola Recovery Assessment partners stand ready to continue their support to the three governments and to the regional organizations that will be involved in the formulation and implementation of regional recovery programmes. This support could take the form of providing additional expertise for translating the strategies into robust operational programmes, and working with national counterparts to conduct the necessary costing, ahead of international meetings in Washington in April, and the UN Secretary-General's pledging conference in May. Specific areas for support could include:

- Finalize the list of priority needs to be considered in the recovery effort for every country specifically and also at the sub-regional level (Mano River Union and ECOWAS), regional level (African Union) and international level (all external partners);

- Facilitate discussions with national authorities and other stakeholders on the extent to which the existing recovery strategies cover the recovery needs identified, and ways in which the ideas contained in the Ebola Recovery Assessment reports could contribute;
- Identify gaps in existing national recovery plans and develop programmes to help fill these gaps;
- Determine more precisely roles, existing capacities and available resources to help assess willingness among partners to contribute to the recovery effort;
- Proceed with the costing of all activities, projects and programmes that will be retained in the costed recovery strategies;
- Discuss with the authorities risks identified in implementing the recovery strategies, and propose mitigation options;
- Indicate concrete activities, projects and programmes to be implemented to address each priority or need.

