

RECOVERING FROM THE EBOLA CRISIS

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 LIBERIA, SIERRA LEONE AND GUINEA



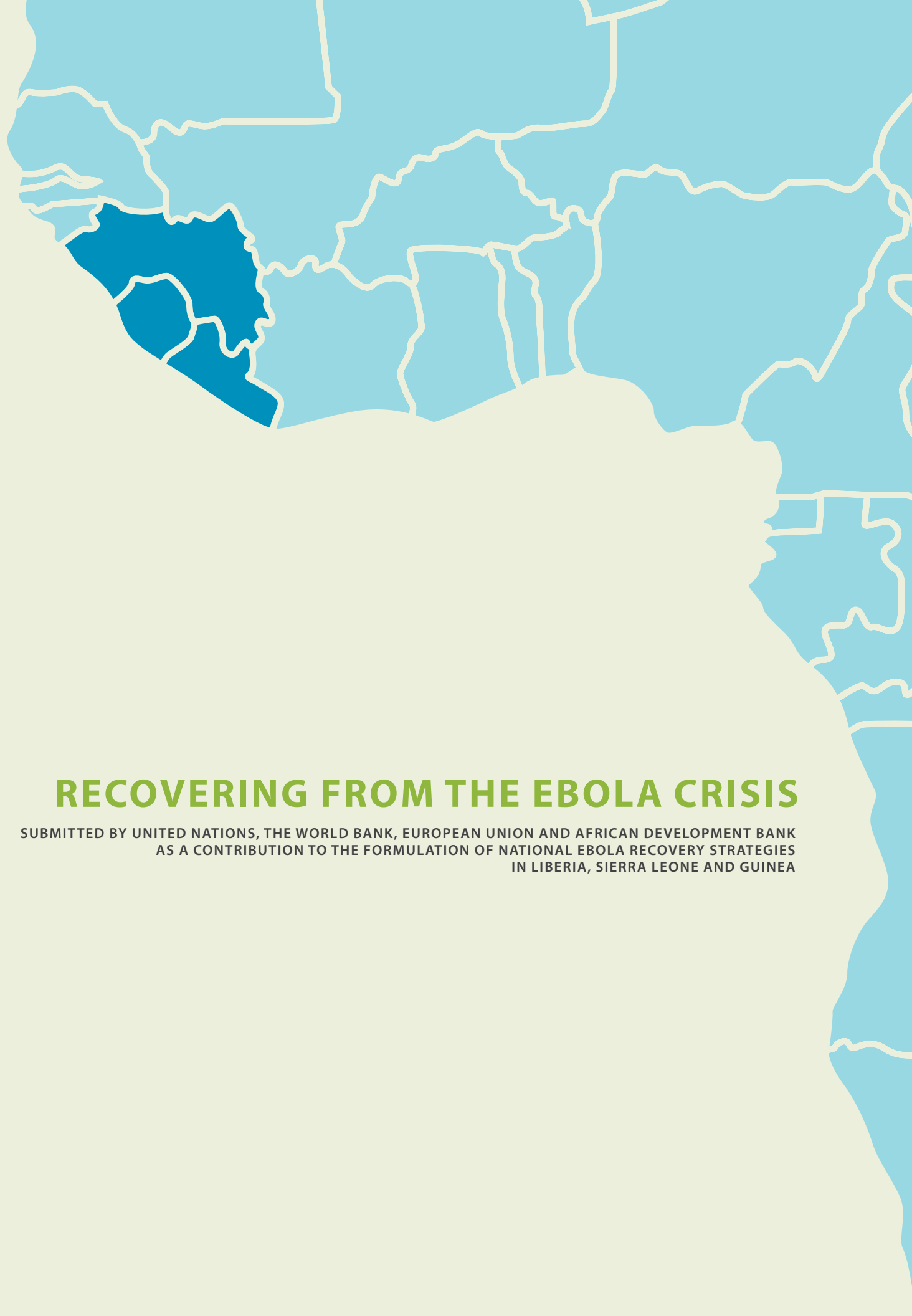
This report is a contribution to ongoing efforts by the Governments of Guinea, Liberia and Sierra Leone to design their national Ebola virus disease recovery strategies. It has been prepared by a joint team of experts led by the United Nations Development Programme (UNDP) and comprising UN agencies and 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 report as well as three detailed reports submitted to each of the three governments are contributions to their national recovery planning processes. It reflects the views of the technical teams involved.

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COVER IMAGES (L. TO R.): 1. Lesley Wright/UNDP; 2 and 3. UNMEER/Martine Perret; 4. Carly Learson/UNDP; 5. Morgana Wingard/UNDP

EDITOR: Lance W. Garmer

GRAPHIC DESIGN: Suazion



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ACKNOWLEDGEMENTS

The Ebola Recovery Assessment (ERA) conducted by staff and consultants from the **United Nations, World Bank Group, European Union and African Development Bank** was an accelerated priority for all four partner organizations and followed an exceptionally tight timeline driven by the present need to respond to the ensuing crisis and to contribute to national and international advocacy milestones. The report, which integrates the findings and recommendations at national and international level, is the outcome of extensive consultations and analyses. Its preparation was possible thanks to the joint commitment and enduring support of dedicated colleagues of the four Organizations who collaborated on this project. The list below acknowledges the collective contribution to the conduct of the assessment and presentation of this report. It is by no means an exhaustive list, and we would like to thank everyone at country and regional level who met with and provided support and vital information to the teams, without which this report would not have been possible. Special thanks also go to the Country Teams of the four Organizations in Guinea, Liberia and Sierra Leone for their invaluable support and guidance.

UNDP LEAD COORDINATION, FACILITATION AND SUPPORT

Strategic Oversight and Guidance: Magdy Martínez-Solimán; Abdoulaye Mar Dieye; Izumi Nakamitsu

Technical Advice: Ruby Sandhu-Rojon; Pedro Conceicao; Linda Maguire; Bruno Lemarquis; David McLachlan-Karr; Antonio Vigilante; Seraphine Wakana; Kamil Kamaluddeen; Eloi Kouadio IV; Sudipto Mukerjee; Seeta Giri; Ayodele Odusola; Owen Shumba

Lead Facilitator: Stan Nkwain

Technical Coordinator: Samuel Gbaydee Doe

Coordination, Integration and Support: Antoine Harmaan; Vanda Santos; Ishmael Dodoo Ugo Blanco; Awa Dabo; Gillian Chalmers; Celine Varin; Brenda Burgess; Allan Gayanelo; Jianping Yan; Nadia Noumri; Patrice Chataigner

Senior Consultants: John Ohiorhenuan; Herbert P. M'cleod; Aliou M. Diallo; Natty Davis

LEAD ORGANIZATIONAL FOCAL POINTS

United Nations: Stan Nkwain

European Union: Hannah Cole; Jean-Christophe Gayrand

World Bank Group: Luigi Giovine

African Development Bank: Caroline Jehu-Appiah

LEADERSHIP AND CONTRIBUTIONS TO THEMATIC WORKING GROUPS

Health, Nutrition and WASH

CO-LEADS

WHO: Edward Kelley; **World Bank Group:** Patricio Marquez

CONTRIBUTORS

European Commission: Claude de Ville de Goyet ; Eric Sattin

WHO: Andre Griekspour; Martin Ekeke Monono ; Shansuzzoha Babar Syed; Nana A. Mensah Abrampah; Sepideh Bagheri Nejad; Nuria Toro Polanco; Ramesha Saligrama Krishnamurthy; Kidzo Mawuli Rene Adzodo; Karifa Mara; Gebrekidan Mesfin Zbelo; Archana Shah; Benoit Mathivet; Soumya Kaddandale; Denis Porignon; Hanan Edrees; Teniin Gakuruh; Tana Wuliji; Jeremy Laura; Cecile Mace

World Bank Group: Shunsuke Mabuchi; Shiyong Wang; Ibrahim Magazi; David Oliveira De Souza; Deo-Marcel; Niyungeko; Madio Fall; Dominick Revell de Waal

UNICEF: Savita Varde-Naqui; Noel Zagre; Maurice Hours; Kelly Anne Naylor

ILO: Dr Khai Tonthat

Socio-economic Revitalization

CO-LEADS

World Bank: Tim Bulman; **AfDB:** Caroline Jehu-Appiah; **UNDP:** Stanley Kamara; **UNECA:** Mama Keita

CONTRIBUTORS

FAO: Jacques Conforti; Macki Nourou Tall

World Bank Group: Nadia Fernanda Piffaretti

UNDP: Marcos Neto; Tiina Turunen, Charu Bist; Eunice Kamwendo; Sahba Sobhani

UN Women: Catherine Andela, Peter Magoola

ILO: Lawrence Egulu

Office of the UN Special Advisor: Camille Petite

Basic Services and Infrastructure

CO-LEADS

UNICEF: Christian Salazar; **ILO:** Anne Drouin

CONTRIBUTORS

UNICEF: Maaïke Arts; Diane Holland; Cecilia Sanchez-Bodas; Jennifer Yablonski; Alexandra Yuster; Karin Heissler; Andrew Brooks; Gustave Nebie; Guy Yogo; Aanchal Khurana; Ruth O'Connell; Tatjana Colin; Matthew Dalling; Aissata Gueda Fall; Savita Naqvi; Gilles Chevalier; Sheldon Yett; Fazlul Haque; Roeland Monasch; Gopal Sharma; Mohamed Ayoya; Guirleene Frederic; Cecile Marchand; Christopher Ngwerume; Noel Marie Zagre; Maurice Hours; Kelly Ann Naylor; Claudes Kamenga; Guido Borghese; Miranda Eleanor Armstrong; Yumiko Yokozeki; Patricia Hoorelbeke; Helene Schwartz; Mads Oyen; Peter Salama, Ted Chaiban, Barbara Bentein, Shanelle Hall, Rafael Obregon, Neha Kapil, Brenda Haiplik

ILO: Jane Stewart; Lawrence Egulu; Emmanuel Rubayiza; Isabel Ortiz; Nuno Cunha; Claude Yao Kouame

European Union: Jean-Christophe Gayrand;

UN Habitat: Antony Lamba; Peter DalGLISH; Lancelot Lake; Filip Decorte; David Evans

UN Women: Peterson Magoola; Blerta Aliko; Mary Okumu; Sara Gammage;

UNESCO: Svein Osttveit; Stevenson Seidi; Xavier Hospital; Christopher Castle; Tirso Dos Santos; Audrey Kettaneh

WFP: Adama Diop-Faye; Ronald Sibanda; Gon Myers; Kathy Detore; Elisabeth Faure; Annalisa Conte; Treena Huang; Maria Santamaria

UNECA: Ngone Diop; Adrian Gauci;

UNHCR: Betsy Lippman

UNFPA: Anandita Philipose

World Bank Group: Marieke Goettsch; Luigi Giovine; Patricio Marquez; Joel Reyes; Kaliopé Azzi-Huck

AfDB: Caroline Jehu-Appiah; Adama Traore; Patrick Hettinger; Baboucarr Sarr

OSAA: Ben Idrissa Ouedraogo

Peacebuilding, Institutions and Core Government Functions

CO-LEADS

UNDP: Chetan Kumar; **European Commission:** Thomas Kocley

CONTRIBUTORS

PBSO: Henk-Jan Brinkman

UNFPA: Judicael Elidje

UNDP: Samuel Doe; Elizabeth Solomon; Kristoffer Tangri

UNOWA: Patrick Buse

UNMIL: Linnea Lindber

ACRONYMS

AfDB	African Development Bank
AfP	Agenda for Prosperity
AfT	Agenda for Transformation
ASEOWA	African Union Support for Ebola Outbreak in West Africa
CBO	Community-based organization
CWCs	Child welfare committees
DSRP	Document de Strategie pour la Reduction de la Pauvrete
ERA	Ebola Recovery Assessment
EVD	Ebola virus disease
ECOWAS	Economic Community of West African States
EPI	Expanded Programme on Immunizations
EPSMG	Ebola Private Sector Mobilization Group
ERA	Ebola recovery assessment
ETUs	Ebola Treatment Units
EU	European Union
FAO	Food and Agricultural Organization
FGM/C	Female genital mutilation/circumcision
GOARN	Global Outbreak Alert and Response Network
GPE	Global Partnership for Education
HMIS	Health management information system
ICT	Information and communication technology
IHP+	International Health Partnership
IHR	International Health Regulations
ILO	International Labour Organization
IPC	Infection prevention control
MDGs	Millennium Development Goals
MNCs	Multi-national companies
MRU	Mano River Union
MSMEs	Micro-, small and medium-sized enterprises
NGO	Non-governmental organization
OSAA	UN Office of the Special Adviser on Africa
PBSO	UN Peacebuilding Support Office
PHC	primary health care
PHU	Peripheral health unit
PPE	Personal protective equipment
SARS	Severe Acute Respiratory Syndrome
SENAH	National Humanitarian Action Service
SMEs	Small and medium enterprises
TOKTEN	Transfer of Knowledge through Expatriate Nationals
TVET	Technical vocational education and training
UEMOA	Union Economique et Monétaire Ouest Africaine
UNECA	UN Economic Commission for Africa
UNESCO	UN Organization for Education, Science and Culture
UNICEF	UN Children's Fund
UNFPA	UN Population Fund
UNMEER	United Nations Mission for Ebola Emergency Response
UNMIL	UN Mission in Liberia
UNOWA	UN Office of West Africa
WAHO	West African Health Organization
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

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INTRODUCTION

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 five 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 United Nations, European Union, World Bank and African Development Bank carried out the multi-partner mission in January 2015, 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 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 (three to five 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.² In addition to thematic area analysis, country reports provide additional information on the three Ebola-affected countries.

This integrated report is based on the submissions of these working groups and the country reports submitted to the three governments as contributions to their national recovery planning processes. The report reflects views expressed by partners who 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. It 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

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


2 The Acknowledgements section lists the members of the different teams that contributed to this assessment.

countries are in their stabilization and recovery planning efforts and explores the drivers of the fragility 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 subregion and the West Africa region as a whole.

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

STRUCTURE OF REPORT

The Overview, Section I, is a summary of the analyses, policy recommendations and suggested actions that emerged from the mission and additional consultations with stakeholders. Section II describes the context of the report, highlighting the challenges of post-Ebola recovery, the international response, the scope of the recovery process and the action messages from the consultations. Section III covers issues related to health and WASH, considering that the health and ancillary systems bore the brunt of the crisis in the three countries. Issues of conflict or political instability have been inherent in the development narratives of these countries over the last decade. As such, Section IV considers the consequences of Ebola for governance, peacebuilding and social cohesion. Section V considers the effects of the crises on services and public infrastructure. Section VI is concerned with the socio-economic impact of the epidemic and the requirements for socio-economic revitalization. Section VII deals with major crosscutting issues. It considers the impact of Ebola on women, children and youth. It also examines the role of the private sector and looks at some sub-regional and regional issues. Section VIII deals with overall conclusions and key messages. The final section (IX) identifies next steps.



Vendors—many of them women, such as this fish seller—struggle with plummeting sales and rising cost of transporting goods to the market in West Point after the Ebola Outbreak and quarantine took effect in Liberia. PHOTO: MORGANA WINGARD/UNDP



I. OVERVIEW

CONTEXT: THE CHALLENGE OF POST-EBOLA RECOVERY

The Ebola outbreak in parts of West Africa is the most severe in the history of the disease. The epidemic's 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 subregion 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 terms in order to minimize the risk of relapse into crisis. 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.

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. The survivors and others directly affected by the disease must be assisted to regain their lives and the affected communities supported to recover their livelihoods.

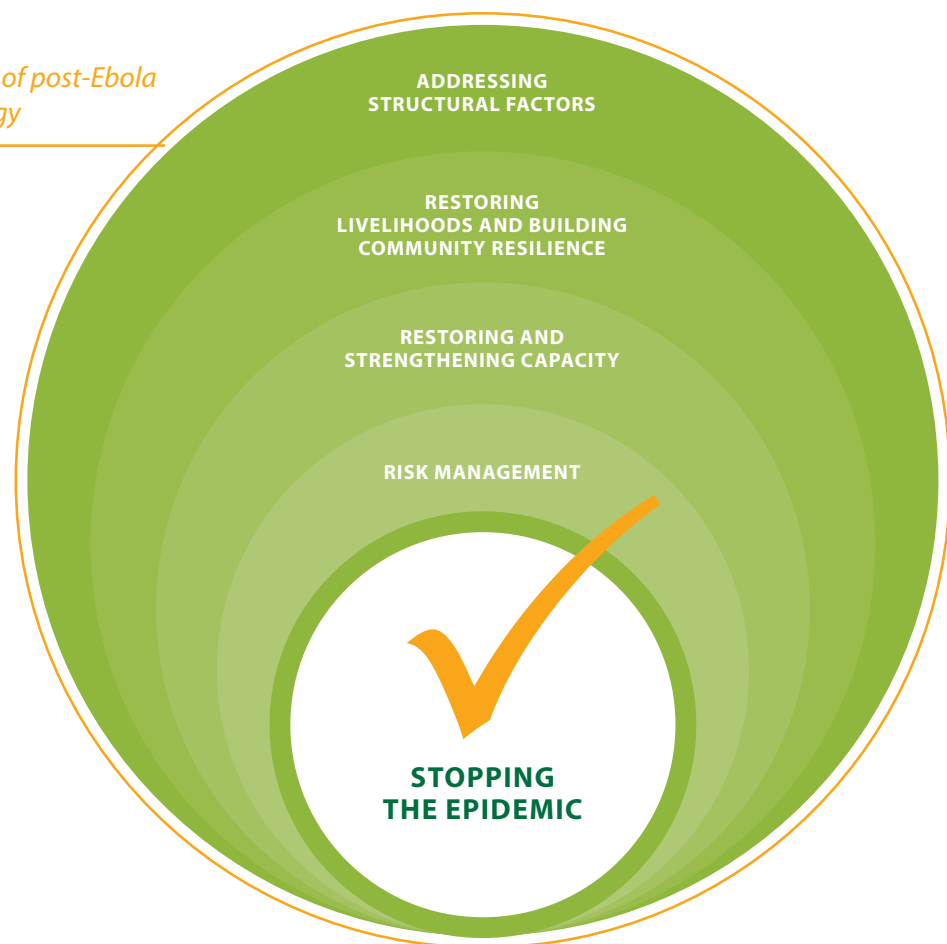
This report identifies the additional requirements for the countries to get to zero Ebola cases and re-establish conditions for the resumption of healthy growth and development, taking into full account the broader risk landscape, including health, governance and conflict risks within the countries and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

THE SCOPE OF POST-EBOLA RECOVERY

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 subregion of the current outbreak of EVD. The task is ‘getting to and staying at zero’, which means having zero infections in the subregion and no new cases for 42 days and addressing all the risks associated with its recurrence. 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 and staying at 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,

Figure 1: Scope of post-Ebola recovery strategy



they must also pay attention to preventing another outbreak. 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.³ The reason for this is that, for historical and cultural reasons, unrecorded mobility is a characteristic of the region.

- **Paying increased attention to dialogue and domestic resource mobilization for recovery and continuing progress on efficient and accountable public finance management:** Bringing in political stakeholders, including opposition parties, civil society, religious and traditional leaders, and other groups, helps to rebuild trust and promotes national consensus on the priorities of recovery strategies. Dialogue platforms at the national and subnational levels following up on implementation will enhance accountability and goal attainment. 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.
- **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 health care 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 that 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 the Millennium Development Goals (MDGs) for health in the Ebola-affected countries.

Restoring lost capacity in health systems is essential. This 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

³ Benin, Burkina Faso, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, Togo and Cape Verde.

and vulnerable populations and contribute to the impoverishment of the population in cases of ill health, premature mortality and disability.

As done in Botswana, Ghana and South Africa, Governments in Guinea, Liberia and Sierra Leone could explore the possibility of adopting increases in tobacco and alcohol excise taxes to raise prices and make these products less accessible. Besides the potential health benefits of this fiscal measure, it could help broaden the tax base and generate additional revenue to support budgetary capacity to finance the post Ebola recovery effort.

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 and 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, subnational 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 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.

SUMMARY OF FINDINGS

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 defence 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, especially slum dwellers, 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 9,000 reported deaths, with outcomes for many cases remaining unknown.⁴ Of this total, the number of cases in males and females is similar (9,432 and 9,801, respectively).⁵ 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 health care systems, as large numbers of health care 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. Based on UNDP's most recent estimates, economic growth in 2014 fell from 4.5 to 1.6 percent in Guinea, 5.9 to -1.8 percent in Liberia, and 11.4 to 7.4 percent in Sierra Leone. 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 (due not only to EVD, but also to the challenges with overall health care access) and as transport connections became uncertain, leading to slowdowns and the cessation

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

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

of work on new investments.⁶ The epidemic is also disrupting progress on the Millennium Development Goals, curtailing governments' ability to raise taxes, invest in infrastructure and social services and improve the lives of their citizens. Further, UNDP studies reveal that, between 2014 and 2016, poverty in the affected countries could increase, on average, between 7.2 percent and 16 percent.

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.

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 subregional approach to containing the disease and managing future outbreaks.



Former teacher waits in day labourer line in an effort to support his family in Monrovia, Liberia. PHOTO: MORGANA WINGARD/ UNDP

⁶ 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>

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 subregional framework for the post-Ebola recovery strategy.
- **Restore and strengthen capacity at national and subnational levels, with a special focus on community-level systems:** The capacity of the health care system to handle Ebola morbidity and non-Ebola morbidity and to 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 psycho-social 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 the Ebola crisis has ended. 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 that 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 analysed, improved, adapted and eventually used in preparedness and planning for and responding to any future crises. As done in Botswana, Ghana and South Africa,

Governments in Guinea, Liberia and Sierra Leone could explore the possibility of adopting increases in tobacco and alcohol excise taxes to raise prices and make these products less accessible. Besides the potential health benefits of this fiscal measure, it could help broaden the tax base and generate additional revenue to support budgetary capacity to finance the post Ebola recovery effort.

- **Strengthen the ability of governance institutions to deal with rapid-onset crises:** The EVD epidemic has highlighted the limited capacity of national and subnational 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 for 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 for these vulnerable groups, including by providing psycho-social support services to affected populations. To address this situation, it is important to strengthen child protection, psycho-social 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 subregional knowledge-sharing as well as systematized monitoring and evaluation mechanisms, which are among the top priorities of the Mano River Union. Use of country systems can be accompanied by partner efforts to strengthen those systems where necessary and should be implemented alongside other accountability and partnership commitments agreed among the three countries and their development partners within the framework of the New Deal for Engagement in Fragile States.

- **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 and 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 for the countries had been moving away from using civil society organizations as service providers and organizers of communities towards increased support for 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 subregional 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 subregional 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;
 - 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 subregional 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 terms, 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.

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.



A multi-agency team installs water points, mended latrines and drains in Norassoba, Guinea. PHOTO: ANNE KENNEDY/UNDP

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 catalysing 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

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;
- Provide training in WASH practices to members of stigma-prevention watch committees, community leaders and members of the families of patients cured of Ebola;
- 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 psycho-social support for 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 that 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 for 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 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 for 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 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 child-care 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.



UNICEF and partners instruct orphans how to protect themselves against Ebola in Guinea's capital, Conakry. PHOTO: UNICEF GUINEA

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 for children in institutionalized centres;
- Strengthen judicial and legal systems to address gender-based violence and support for survivors of gender-based violence;
- Ensure that 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 for 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 multisectoral recovery activities for youth 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 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 country's weaknesses in terms of infrastructure generally, with the lack of access to health facilities, insufficient 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 health care 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 the 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 out-of-school children and the primary education completion, at 65 percent, was low. 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.⁷

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

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. This should continue to include investments in contact tracing, decentralizing the response, ensuring that 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 health care 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 prioritize maternal and child health as a key pillar of rebuilding

⁷ 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 4,460 schools – still much below the 5,181 schools reported by MoE. This discrepancy has an impact on all school indicators. For the 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 opportunity to check the number of schools that were not registered under the EMIS 2014.

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 be 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

- 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. International support should assist the Government of Liberia mainly in building government and societal systems to ensure that 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 policymaking 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 for Liberia post-war, but pre-Ebola recovery, 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 for 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 need to be trained on Ebola prevention and psycho-social 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 psycho-social 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 terms;
- 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 psycho-social 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 for 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 or 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 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 and to be better prepared to deal with future outbreaks;
- Provide direct financial support for 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 for 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 for these vulnerable groups;
- Provide cash transfers to poor households and vulnerable groups, therefore benefiting 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 that 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 that they are unlikely to be unable 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 for adolescent girls and other measures. Given the association between child marriage and early childbearing, more efforts are needed to keep girls in school and to stop forced marriage;
- Ensure that youth are involved as agents of change in the recovery process. Involve youth in the formulation and implementation of detailed recovery programmes;
- Ensure access to secondary education and youth-friendly health services for adolescents and youth;
- Plan multi-sectoral recovery activities for youth 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 vulnerable groups, low-income groups and young people and to promote projects that support youth employment.



A young Liberian girl selling snacks waits for customers on Gurley Street, Monrovia's main shopping and social hub, which has quieted down during the Ebola outbreak. PHOTO: CARLY LEARSON/UNDP LIBERIA

Private sector

The private sector should be encouraged to partner with the government in providing training opportunities to Liberians so that 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 subregional 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 subregional 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.⁸

Nutrition

- Provide nutrition support for 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;

⁸ Sierra Leone DHS 2013 gave the maternal mortality rate as 1,100 per 100,000 live births.

- 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;
- 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 for 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, subnational 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 for 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 for 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 for 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;

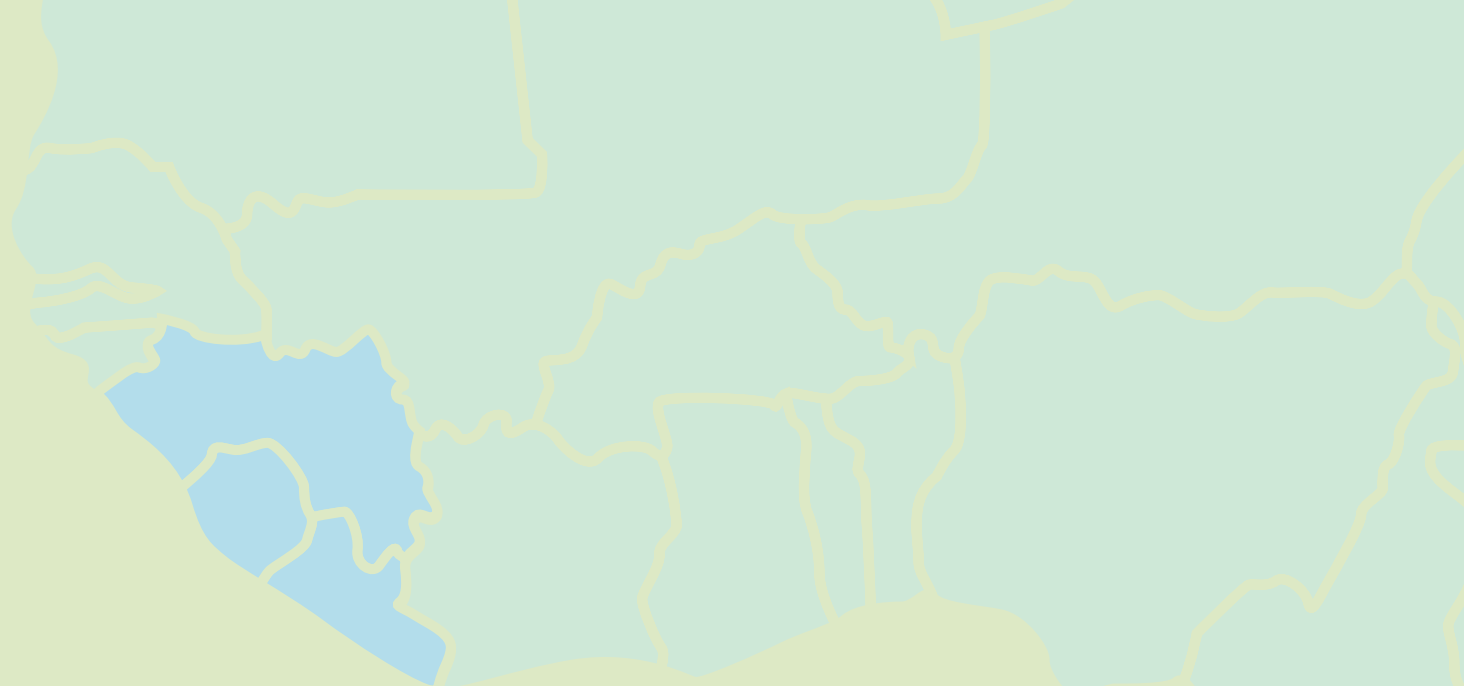
- Ensure access to secondary education and youth-friendly health services for adolescents and youth;
- Efforts should be made to set up national volunteer schemes that can benefit from other positive youth experiences in the region to support socio-recovery and develop skills;
- Address the increase in adolescent pregnancies during the Ebola crisis through the provision of youth-friendly sexual and reproductive health services, comprehensive sexuality education and education support for adolescent girls;
- Plan recovery activities for youth that are multisectoral 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, 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.



A health worker on the front lines of the Ebola response in Sierra Leone. PHOTO: LESLEY WRIGHT



II. CONTEXT OF THE EBOLA CRISIS

EBOLA IS REVERSING DEVELOPMENT GAINS IN WEST AFRICA

The current Ebola epidemic in West Africa is the worst in the history of Ebola outbreaks to date. What started as a major health emergency in a subregion of one country escalated rapidly into a humanitarian, health and socio-economic crisis due to a combination of factors, including a lack of capacity and resources of national health services to detect the threat early and stop its spread. 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 9,000 reported deaths (outcomes for many cases are unknown).⁹ Of this total, the number of cases in males and females is similar: 9,432 vs. 9,801. The analysis also shows that people aged 15 to 44 are approximately three times more likely to be affected than children (people aged 14 years and under), and people aged 45 and over are almost four times more likely to be affected than are children. This rapid and unprecedented spread of the virus has been closely associated with the mobility of communities, driven by social networks that traverse national borders as well as socio-cultural practices that involve close physical contact with the sick and deceased.

Even before the epidemic, the countries at the centre of the Ebola crisis were already among the poorest countries in the world. All three are classified as low-income countries and over half of their populations live below national poverty rates.¹⁰ Meanwhile, other human development indicators are among the lowest in the world. Nearly two thirds of their populations are young people, many of whom are in insecure employment; many of these people have moved to urban areas, generating additional environmental stresses and political pressures. Low-productivity agriculture dominates their economies, providing one quarter to one half of GDP and one half to three quarters of people's livelihoods. At most, only 20 percent of their workforces are employed in formal sector activity. Informal activity dominates the three economies, with around 5 percent of their workforces engaged in formal sector employment. Informal trading is another important economic sector, especially in more urbanized Liberia.

In general, the population at the epicentre of the Ebola outbreak was at risk: poor, food-insecure and lacking access to health care, proper sanitation, productive employment and livelihood opportunities. UNDP's socio-economic impact monitoring exercise reports that the livelihoods of individual households and communities have deteriorated, as large segments of the active population, including unskilled youth, have lost employment. Agricultural fields have been abandoned in the most affected rural areas.¹¹ The prices of food and other essential commodities spiked (although recent FAO and WFP reports indicate that local rice prices are in seasonal decline and imported rice prices are stabilizing). Fear, stigma and limits on national and international travel and trade within and between the three countries have resulted in job losses and curtailed economic opportunities.

The past decade has brought important development gains. National poverty reduction and development plans and programmes are being implemented. Significant foreign investment, largely linked to the extractive industry, has supported strong growth in Liberia and Sierra Leone, although its spill-over effects have been limited and political instability contributed to Guinea's weak development performance. Yet the World Bank reports that the Ebola epidemic has severely weakened the economies of the three countries.¹² All three

9 World Health Organization (WHO), Ebola Situation Report, 18 February 2015. <http://apps.who.int/ebola/en/ebola-situation-report/situation-reports/ebola-situation-report-18-february-2015>

10 Latest from World Development Indicators.

11 Liberia: "Food commodities like cowpea, ground nuts, cucumber and plantains are spoiling in the gardens as some farmers abandoned their farms and migrated to other places at the onset of the Ebola crisis for fear of getting infected." (WFP, 29 September 2014). Sierra Leone: Up to 40 percent of farms have been abandoned in the worst affected areas (UN, 13 October 2014). Reports indicate that a few families have abandoned their farms and moved to areas perceived as 'safe' from EVD (FAO, 22 October 2014)..

12 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>

were growing briskly in the first half of 2014, but full-year 2014 growth dropped to an estimated 0.5 percent in Guinea, although a growth rate of 4.5 percent was expected before the crisis. Full-year growth for 2014 in Liberia fell to an estimated 2.2 percent from 5.9 percent expected before the crisis and, in Sierra Leone, full-year 2014 growth fell to 4.0 percent from 11.3 percent expected before the crisis. While these rates already imply shrinking economies in the second half of 2014, the 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 foregone income of about \$1.6 billion across the three countries in 2015. This is more than 12 percent of their combined GDP and has translated into weaker revenues, while government spending needs have grown, weakening healthy public finances.

When the crisis hit, the provision of and access to basic social services, including primary health care, social protection and welfare services, were limited. Access to potable water, sanitation and electricity was also limited. Roads and bridges were in poor shape and transportation was a challenge for most people. In the health sector, the countries had few health care personnel already before the crisis (e.g., one to two doctors per nearly 100,000 population). During the Ebola crisis, 833 health workers became infected, of whom 488 had died as of 15 February 2015. Fatalities included health professionals with leadership, management, supervisory and training responsibilities.¹³

The Ebola epidemic has significantly affected households' welfare. The reduction in economic activity is reducing employment and household income. It is also increasing food insecurity and vulnerability. Field studies by the World Bank and UNDP on the crisis indicate that, to cope with these impacts, households are adopting several strategies. Some of these strategies will have drastic consequences if households do not have the opportunity to rebuild their protective buffers. For instance, the sale of productive assets like land, buildings, livestock and seed rice will likely reduce households' future income opportunities (UNDP, 2014). According to several assessments, youth and women, which were already struggling to find decent employment opportunities, are worst hit by the crisis, as the majority of them are engaged in informal small-business activities. In the absence of economic opportunities, the already unstable social equilibriums in these countries are being further stressed, endangering the social peace and cohesion that had been achieved in recent times. For affected children, strong action is needed to ensure that their situation is not damaged irreparably.

Already vulnerable groups like the elderly, people with disabilities and HIV/AIDS-affected households are facing additional hardship and social exclusion. The current epidemic has severely reduced incomes of the breadwinners, so these vulnerable groups have become more challenged for survival. The situation is particularly serious for chronically ill persons, as their families' reduced incomes often leaves many of them in precarious circumstances, with some having to turn to begging.

The fear and uncertainty arising from the Ebola epidemic have had not only economic effects, but behavioural ones as well. These include stigmatization not only of individuals, but of whole communities. The fear and panic also partly stem from public distrust of authorities' ability to handle the crisis, especially after years of armed conflict and the limited coverage of the health system.

The crisis also impacts the already fragile public institutions and services, as revenues from taxes and other sources have decreased due to declining economic activity in all three countries. In addition, the absenteeism due to the Ebola outbreak and the closure of schools are further hindering the delivery of public services. The poorly developed private sector, which the civil war and resultant political crisis weakened, together with low professional, technical and managerial human resources, constrain the countries' economic and social recovery.

13 WHO, Ebola Situation Report, 4 February 2015.

INTERNATIONAL RESPONSE

The initial response to the Ebola crisis was largely driven within West Africa, beginning with the West African Health Organization (WAHO) convening an experts' committee on Ebola and its impact on the region.¹⁴ Throughout the second half of 2014, Ebola was on the top of the agenda of all ECOWAS heads of state summits and various meetings of health ministers and defence chiefs. ECOWAS leaders decided on 10 July to set up a Regional Solidarity Fund to raise money for a regional Ebola response. The Government of Ghana quickly agreed to become the logistical hub for the distribution of medical equipment in the subregion; ECOWAS health ministers established an Ebola Regional Operation Plan and Union Economique et Monétaire Ouest Africaine (UEMOA) granted a subsidy of 60 million CFA francs (EUR 0.9 million) to each member country to boost preventive measures. Various countries deployed medical and health workers to the countries and Nigeria donated US\$500,000 to each of the countries and US\$2.0 million to the common ECOWAS Fund. The African Union launched the project African Union Support for Ebola Outbreak in West Africa (ASEOWA), through which it also deployed health workers, and mobilized substantial private sector support.

The international community, including UN agencies, the World Bank, the IMF, the European Union, the African Development Bank, bilateral partners and non-governmental organizations, has responded with a range of support activities, including raising the awareness of, and mobilizing communities; deploying medical teams and international responders; resourcing the health system to scale up efforts through, among other measures, paying decent wages, hazard pay and incentives for health care and other Ebola-response workers; providing equipment and supplies; building and managing treatment centres; and supporting safe management and disposal of medical waste.

On 18 September 2014, the UN Security Council determined that the Ebola outbreak was a “threat to international peace and security” and unanimously adopted Resolution 2177. On 19 September, the General Assembly adopted Resolution 69/1 on measures to contain and combat the Ebola outbreak. The Resolution welcomed the Secretary-General's intention to establish the first-ever UN Emergency Health Mission (UNMEER).

The World Bank tracks Ebola pledges (including monetized in-kind contributions, where available) of US\$1 million or more from multilateral and bilateral institutions and some foundations. The pledges are a non-binding announcement of an intended contribution or allocation by the donor. Nevertheless, they give an indication of the surge of support that the Ebola crisis has elicited. To date, almost US\$5 billion have been pledged, the leading donors being the World Bank, the United States, the European Commission, the United Kingdom and the African Development Bank (see Table 1). About half of the pledges are to the three countries, while the other half is to regional and subregional work or is non-country-specific (see Table 2).

14 Sahel and West Africa Club (SWAC). Ten facts about Ebola. www.oecd.org/swac/ebola-10facts.htm

Table 1: Ebola Pledges by Donor

DONOR	AMOUNT (US\$ MILLION)
World Bank Group	968
United States	939
European Commission	549
United Kingdom	535
International Monetary Fund	230
African Development Bank	225
France	146
Japan	144
Germany	131
China	129
Paul Allen Foundation	104
Canada	102
Others	603
Total	4,803

Source: World Bank: Ebola Resource Tracking. Last updated 11 February 2015. <http://www.worldbank.org/en/topic/ebola/brief/global-ebola-response-resource-tracking>

Table 2: Pledges by Beneficiary Country

DONOR	AMOUNT (US\$ MILLION)
Guinea	498
Liberia	1,092
Sierra Leone	783
Non-country-specific	1,529
Region/subregion	786
Others	116
Total	4,803

Source: World Bank: Ebola Resource Tracking. Last updated 11 February 2015. <http://www.worldbank.org/en/topic/ebola/brief/global-ebola-response-resource-tracking>

THE SCOPE OF A POST-EBOLA RECOVERY STRATEGY

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 2):

- Stopping the epidemic:** The immediate priority is to rid the three countries and subregion of the current outbreak of EVD. The task is ‘getting to zero’, which means having zero infections in the subregion 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

Figure 2: Scope of post-Ebola recovery strategy



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. 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.¹⁵ The reason for this is that, for historical and cultural reasons, unrecorded mobility is a characteristic of the region;

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

- **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;
- **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 health care 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 MDGs 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; 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, subnational 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.

EXISTING RECOVERY STRATEGIES AND PLANS

The three affected countries are fully committed to recovery from the EVD crisis and to building the resilience to deal with future shocks. They have all begun developing full recovery strategies or sectoral plans. However, they are at different stages in the formulation of the recovery strategies and plans and in linking these emerging recovery strategies and plans with the pre-existing medium-term main development planning frameworks, namely, the Document de Strategie pour la Reduction de la Pauvrete (DSRP) for Guinea, the Agenda for Transformation (AfT) in Liberia and the Agenda for Prosperity (AfP) for Sierra Leone.

Liberia and Sierra Leone have draft post-Ebola recovery strategies¹⁶ and Guinea is working with select development partners towards one. The extent to which the national recovery strategies and plans are effectively addressing all major recovery needs and priorities remains to be fully explored. For instance, a quick review of the plans suggests more detail is required around decentralization plans. It is also possible that the national strategies will not fully prioritize subregional dimensions such as cross-border surveillance. A thorough gap analysis would be required to identify the recovery needs that are not treated in national strategies and plans, with a view to developing programmes that could address them.

¹⁶ Government of Liberia Economic Stabilization and Recovery Plan; and Sierra Leone Initial Draft Post-Ebola Recovery Strategy

ACTION MESSAGES FROM THE CONSULTATIONS

The Ebola Recovery Assessment consulted with stakeholders during the mission in January 2015 and extensively researched 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 of governments and development partners, with a seamless transition from response to recovery;
- **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 subregional framework for the post-Ebola recovery strategy;
- **Restore and strengthen capacity at national and subnational levels, with a special focus on community-level systems:** The capacity of the health care system to handle Ebola morbidity and non-Ebola morbidity and to 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 psycho-social 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 the Ebola crisis has ended. Countries should therefore project and plan for resources not only to support a basic network of community-level service providers,



Kourémalé Clinic in Guinea. PHOTO: ANNE KENNEDY/UNDP

but also to work with critical NGOs and community-based organizations (CBOs) so that 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 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 analysed, 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 subnational 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 for 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 for these vulnerable groups, including by providing psycho-social support services to affected populations. To address this situation, it is important to strengthen child protection, psycho-social 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;
- **Foster 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. Bringing in political stakeholders, including opposition parties, civil society, religious and traditional leaders, and other groups, helps rebuild trust help and promote national consensus on the priorities of recovery strategies. Dialogue platforms at the national and subnational levels following up on implementation will enhance accountability and goal attainment. 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 subregional 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 and 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 for the countries had been moving away from using civil society organizations as service providers and organizers of communities towards increased support for 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 subregional 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 subregional 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;
 - 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 subregional 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 terms, 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.

Handwashing installation in a Sierra Leone market. PHOTO: LESLEY WRIGHT/UNDP



III. IMPACT AND RESPONSE: HEALTH, WATER AND SANITATION

ANTECEDENTS TO THE CRISIS: PRE-EXISTING HEALTH SYSTEM WEAKNESSES

HEALTH

The health sector has been at the front line of the fight against Ebola. Health care personnel paid a heavy cost in terms of disease and death and are 30 times more at risk than the general adult population (WHO, January 2015). As of 4 February 2015, a total of 822 confirmed health worker infections have been reported in Guinea, Liberia and Sierra Leone, the three intense-transmission countries, and there have been 488 reported deaths. Occupational health and safety for health workers were compromised and in-depth investigations into health worker infections point to weak infection prevention and control, the absence or inappropriate use of personal protective equipment (PPE), insufficient basic precautions, undertaking care roles in the community or in the home, amongst other causes. Resources from other programmes and routine care have been diverted to meet this threat. Nevertheless, the prior weakness of the health systems contributed to the magnitude of the crisis and its economic impact on other sectors.

Although all countries were making progress (albeit uneven) towards achieving their MDGs, prior pervasive health system problems magnified the impact of the Ebola epidemic. A legacy of political instability, insecurity and governance challenges has limited the potential for shared prosperity from the natural wealth of these countries. All three countries lacked enough qualified health workers, most prominently in rural areas. Laboratories were few and concentrated in cities. Many large referral hospitals had no electricity and running water. Patient safety was not considered systematically within service delivery. Governance issues (lack of linkages between central and peripheral levels) were also issues in the pre-Ebola context. The centralized systems of service delivery were constrained by weak systems and limited capacity accompanied by an unequal distribution of limited human and material resources. For instance, Conakry, with 15 percent of the population, has 75 percent of the health workers, while the Ebola epicentre of Guinea Forestiere, with 22 percent of the Guinean population, has 9 percent of the health workers. The same applies in Liberia, where 60 percent of the health workers are in Monrovia, which is home to one third of the population, while the remaining 40 percent of health workers are stretched throughout the remaining two thirds of the population. Health services were also distributed inequitably in Liberia.

Following the first EVD case on 28 December 2013 in Guinea, the first national alerts noted isolated cases in multiple places. The limited capacities of the health systems in the three countries made it difficult to identify this as possible EVD, particularly as the countries had never before seen the disease. In addition, they had no laboratory capacity to confirm the disease quickly and had to send ill patients to the capital for diagnosis, which led to further delays in the confirmation of cases and facilitated the spread of the virus to capital cities. Reflecting the poor implementation of International Health Regulations (IHR), systems for early warning and response were inadequate, lacked necessary accountability and links with or support from national disaster management mechanisms and were not prepared to scale up response to this kind and scale of epidemic. In general terms, the countries have limited capacity and mechanisms for disaster risk management.

Sociocultural factors also contributed to the spread of the epidemic. The Ebola epidemic in West Africa has taken place and evolved in areas with fluid population movements over porous borders. Cases have occurred in remote rural areas, but also in densely populated capital cities. There has been high exposure to the Ebola virus in the community through household care and customary burial procedures. Also, there have been denial, mistrust and misinformation among the population, leading to the rejection of public health

interventions. Close community ties and movement within and across borders led to difficulties in tracing and following up of contacts.

Because the initial responses to the Ebola outbreak were uneven and much delayed, the disease and attendant human and economic costs have been high.

HEALTH FINANCING CHALLENGES IN GUINEA, LIBERIA AND SIERRA LEONE

Government health expenditure was low, whereas private expenditure – mostly in the form of direct out-of-pocket payments for health services – was relatively high. In Guinea, the part of the government budget allocated to health is particularly low (1.7 percent). Despite a substantial increase in external aid, a large proportion of those resources was targeted towards MDG 6 (HIV/AIDS, tuberculosis and malaria), leaving overall development of health systems relatively neglected.

In constant 2005 dollars, health expenditure from domestic and external funding has increased substantially since 2000 in Liberia: from US\$10 per capita to about US\$45 in 2012. In Sierra Leone, it has grown from about US\$50 per capita to about US\$65. In Guinea, on the other hand, it has remained almost stable at about US\$25. These levels are insufficient in normal times and inadequate in a severe health crisis. As a result of the limited public spending on health, direct out-of-pocket payments still represent the large majority of sources of funds, which is an indication of the very high level of financial vulnerability of the population when they contact the health system.

In summary: Although all countries were making progress and national efforts existed, pervasive health systems problems prior to the Ebola crisis magnified the impact of the epidemic. All lacked enough qualified health workers, most prominently in rural areas. Laboratories were few and concentrated in cities. Many large referral hospitals had no electricity and running water. Infection prevention and control systems were inadequate, as were health information, disease surveillance, governance and drug supply. Out-of-pocket payments were high and regressive, rendering the district health service totally dependent on the income from use fees.

POOR ACCESS TO WATER, SANITATION AND HYGIENE (WASH) SERVICES

Lack of access to water and sanitation in the community and within the health system and poor hygiene practices helped exacerbate the outbreak. Before the Ebola outbreak, the intermittent or non-existent WASH services in urban and rural areas were causing major hardships to vast swaths of populations. The decades-long civil wars and political instability had led to the deterioration of and limited new investment in extending WASH systems. In Liberia, while 65 percent of the rural population obtains water from protected wells, just over 50 percent of over 10,000 improved water points mapped nationally were fully functional year-round. In Guinea, while the water supply coverage figures are high in urban areas (92 percent, Joint Monitoring Programme 2014), the reliability of the supply is very poor and water that is unaccounted for is very high. In Sierra Leone, coverage rates are lower than those in other countries in the region, with national sanitation coverage of 13 percent for sanitation and 60 percent for water supply. Access to improved sanitation lags significantly behind water coverage in all three countries: Guinea (18.9 percent), Liberia (16.8 percent) and Sierra Leone (13 percent). In all three countries, recent assessments of health facilities highlight the fact that a high percentage does not have reliable sources of clean water.

Before the EVD outbreak, significant investments were being made in the WASH sector and the three countries were making progress towards achieving MDG 7 (ensure environmental sustainability). Liberia

and Guinea were on track to meet targets for improved water supply access and, while the three countries were not on track to achieve the MDG targets for sanitation, the trend to increase access was positive with the scale-up of community-based approaches and the strengthening of sector systems. Overall, the countries were contributing domestic resources to the sector and sector national plans and coordination systems were established and operating.

IMPACT OF THE EVD CRISIS AND EMERGING ISSUES

IMPACT ON HEALTH

The health/nutrition sector experienced a disproportionate range of direct and indirect effects as a result of the Ebola epidemic.

High cost of treatment: The cost of treating highly contagious patients has been very high. Isolating and treating one patient are already a significant burden. In Liberia, as of 21 January 2015, a total 3,136 confirmed cases were distributed across all 15 counties of the country. In Sierra Leone, the country had witnessed a total of 10,124 cases and 3,062 deaths in all 13 districts.¹⁷ In Guinea, 2,893 cases of Ebola were registered, of which 1,901 were fatal. Those statistics probably underestimate the load on the health systems, as reported figures are notoriously lower than actual figures. As noted regarding Guinea, the quality of district reporting declined in 2014.

Although international assistance has covered a significant part of the cost, the governments of the affected countries also diverted significant funding and their limited trained human resources from other health priorities.

Loss of health personnel: Poor infection prevention capacity and training have meant that exceptionally high numbers of health workers have been infected with and died from Ebola, making the fight against the disease particularly challenging in countries with very low rates of doctors per capita. Those health workers were among the most clinically experienced and dedicated. Replacing them is not a matter of producing a few more graduated doctors or nurses.

Loss of services and health access: In the case of an epidemic or a natural disaster, it is usually expected that health facilities will be overcrowded with patients. In contrast, a significant and costly abandonment of existing health facilities was observed in the three countries, reflecting the collapse of their already weak health systems. Normal routine or emergency services were curtailed and disrupted either by fear among the personnel or distrust among patients. The United Nations Population Fund (UNFPA) studies show that many communities in general, and particularly pregnant women, did not attend public health facilities for fear of coming into contact with Ebola patients or health workers. The crisis has resulted in decreased availability of medicines and other supplies in general health services. In many instances, public and private health facilities have been closed. In Guinea, the use of health services (consultations and hospitalizations) was reduced to less than 50 percent of capacity from 2013 to 2014. Assisted deliveries were down by about 20 percent and the number of DPT3 vaccination fell by 30 percent between 2013 and 2014. Moreover, 94 health facilities (6 percent) of health facilities in the country were closed in November 2014 because of desertion or death of

¹⁷ .Ebola response roadmap – Situation report. <http://www.who.int/csr/disease/ebola/situation-reports/en/>. Accessed on 18 January 2015.

the health personnel. A survey conducted in October 2014 among 1,185 Peripheral Health Units (PHUs) in Sierra Leone noted that 47 (4 percent) were closed at the time of assessment, with a similar number reporting temporary closure since the start of the epidemic. The country recorded a 23 percent drop in institutional deliveries; 39 percent drop in children treated for malaria; and 21 percent drop in children receiving basic immunization (penta 3).¹⁸ Finally, in Liberia, the delivery of health services has been affected by interruption of basic services, mainly maternal and child services, and large portions of the population were left without access to basic health services for non-Ebola conditions. The National Ebola Response Strategy 2014 in Liberia shows that facility-based deliveries fell from 52 percent in 2013 to 37 percent from May to August 2014. This has resulted in a severe reversal of some of the health gains made over the last few years. In Liberia, for example, preventable morbidity and deaths related to other endemic and non-endemic diseases and conditions, such as malaria, diarrheal diseases, pneumonia and malnutrition, have increased over the same period.

Governance: Information management, coordination and monitoring were affected by the Ebola outbreak. All resources and attention were redirected to mobilizing a massive response. In addition, the influx of a large number of contributing partners, with different, and sometimes competing, mandates and modus operandi, made coordination by stretched governments difficult to manage.

Crosscutting effects: A stratified analysis of cumulative EVD cases indicates that the numbers of cases in males and females are roughly equal, with adults (15 years and over) being more likely to be affected than children.¹⁹ The disruption of services has probably affected the most vulnerable groups.

IMPACT ON NUTRITION

The situation of undernourishment is serious in the Ebola-affected countries. The proportion of undernourished as a share of the total population is 18.1 percent in Guinea, 29.9 percent in Liberia and 25.5 percent in Sierra Leone. Undernutrition in its different manifestations causes 45 percent of child deaths.²⁰ Before the Ebola outbreak, all three countries had high rates of chronic undernutrition, and varying rates of acute undernutrition. In Guinea, 35.8 percent of children under five were stunted, 5.6 percent wasted and 16.3 percent were underweight. In Liberia, 41.8 percent were stunted, 2.8 percent were stunted and 14.9 percent were underweight. In Sierra Leone, 44.9 percent were stunted, 9.2 percent were wasted and 21.1 percent were underweight.²¹

Observations and discussions with populations by nutrition specialists in the affected countries indicated an increase in the number of cases of malnourished children. In addition, the following factors contributed to the negative impact on the nutrition situation of the population:

- The poor integration and delivery of nutrition services in the health facilities were further disrupted as a result of the shift of focus to Ebola. Activities such as vitamin A supplementation and deworming have suffered as a result. Active screening of malnourished children in Ebola has also been disrupted as a result of the no-touch policy;

18 MOHS. Utilization trends report. 2014.

19 Ebola response roadmap – Situation report. <http://www.who.int/csr/disease/ebola/situation-reports/en/>. Accessed on 18 January 2015.

20 Black et al., 'Maternal and child undernutrition and overweight in low-income and middle-income countries', *Lancet*, Vol. 382, No. 9890, 3 August 2013, pp. 427-451.

21 Source: Joint Malnutrition dataset from UNICEF, World Bank Report and WHO: <http://data.unicef.org/nutrition/malnutrition>

- The disruption of routine health services may have raised the likelihood of untreated infection by endemic malaria, amplifying malnutrition and raising morbidity and mortality among children;
- The spill-over effects of Ebola on the food insecurity situation (e.g., price increases as a result of increased transportation cost, the closure of borders, etc.) might also contribute to malnutrition;²²
- Disruptions of routine livelihood activities and inadequate consumption of food during the community quarantines increased stress on the food situation, resulting in nutritional risk for young children and pregnant and lactating women.

IMPACT ON WATER, SANITATION AND HYGIENE (WASH)

The WASH response to the epidemic has focused on providing WASH facilities in Ebola care centres and non-Ebola health facilities, including ensuring proper waste management and on promoting WASH in communities to support the scale-up of hand-washing and to ensure the continuity of essential WASH services to prevent outbreaks of water-related diseases (e.g., cholera).

The EVD response has exacerbated stresses on the existing weak WASH systems – for example, through the diversion of WASH equipment and supplies (including chlorine) that would otherwise be allocated for general public services and for the maintenance of systems, particularly water points.

Travel and transport restrictions and border closures hindered the movement of expertise and the supply of WASH inputs such as chemicals for water treatment plants. Furthermore, the EVD response has consumed most of the financial and technical resources that were committed to extending WASH assess to the population.

The EVD emergency also exposed the deterioration of the capacity and quality of WASH services in urban centres, with a particular gap in service provision to vulnerable communities, such as the rapidly urbanizing, underserved poor areas in the centre and periphery areas (so-called ‘urban slums’). Major gaps in sanitation infrastructure and services were manifest in the lack of safety protocols and trained, professional sanitation technicians.



A health worker inspects improvements being made to the Kourémalé transport hub to improve hygiene.

PHOTO: ANNE KENNEDY/UNDP

²² Finding from the Joint Rapid Food Security Assessment, November 2014.

SHORT- AND MEDIUM-TERM ACTIONS NEEDED TO BUILD RESILIENCE

ACTIONS IN THE AREA OF HEALTH

Governments, with support from local organizations, technical agencies, donors and other partners, have prioritized measures to ensure that the response is in line with the overall national health sector strategic plan and does not create parallel and fragmented services.

In the short term, sustaining the response to the EVD should include:

- Building the capacity of the governments in the affected countries to reduce infection levels to zero. This requires a shift in the focus of investments and technical support provided to country governments towards expanding the number of trained people to track contacts of every EVD transmission chain; decentralizing the response; ensuring that national response strategies are nimble and adapted to local conditions; and empowering local leaders and teams;
- Strengthening case identification, monitoring and prevention efforts, while continuing to improve Ebola care;
- Continuing to strengthen disease surveillance efforts, particularly in peripheral and border areas;
- Social mobilization of communities to improve demand and access to Ebola services;
- Upgrading and/or establishing new service delivery points for hard-to-reach communities at the local level;
- Strengthening infection prevention and control and occupation health and safety in non-Ebola health services to ensure the protection of health workers and the community. It is critical that health facilities not serve as a magnification point for the outbreak;
- Mobilizing national and international health workers with appropriate safety equipment and security training measures for effective deployment and continuity of service provision and ensuring payment of salaries and hazard pay.

The immediate priorities also should include:

- Ensuring access to safe essential health services and high-impact life-saving interventions. Health facilities must be tooled with the appropriate infrastructure and procedures for effective triage and isolation. Functional and coordinated communication and referral linkages with Ebola services and the community are necessary, particularly in the context of re-opening schools, workplaces and public spaces;
- Addressing risks due to low immunization coverage through large-scale immunization programmes;
- Restoring core health systems (including maternal and child health care) functions to enable the effective and equitable coverage of safe essential health services, including pharmaceutical and supply chain systems for the availability of essential medicines, human resources (health worker training and readiness, deployment/redeployment to facilities with staff losses, psycho-social support, timely salary disbursement), laboratory and diagnostic systems, and information systems.

In Liberia, General Community Health Volunteers conduct contact tracing, active case finding, and general Ebola awareness and prevention training. PHOTO: MORGANA WINGARD/ UNDP



As these are short-term recovery priority activities that cannot wait until after the epidemic is controlled, they are designed to support the response strategy where possible and not to hinder the ongoing response toward ‘zero case’. As such, it should be clear that ongoing response and recovery activities will eventually overlap in time, which also makes it possible to consider transferring capacities and resources to the national authorities and to strengthen national systems.

KEY PRIORITY AREAS FOR RECOVERY ACTION AND SUPPORT

While each country was in a unique position prior to the Ebola outbreak, the collective Ebola experience allows several common priorities for recovery action and support that can be drawn from the rapid assessments done as part of the recent Ebola recovery assessment (ERA) missions, namely:

- **While the International Health Regulations (IHR 2005) mandate countries to establish effective provisions for surveillance and response, the Ebola-affected countries are lagging behind in operationalizing these provisions.** Strengthening core public health capacities for disease surveillance, early warning and response systems are essential to ensuring that affected countries are able to detect similar future epidemics as well as other diseases that could become cross-border epidemics. The countries need support for develop an early warning system that enables the health sector to more quickly recognize and respond to hazards. This should be complemented by developing the core capacities for disaster risk management, which include pre-positioned infrastructure, surveillance and laboratory capacity to rapidly detect and respond to emerging outbreaks including, but not limited to, EVD. While building on what is available in the country, the system should rely on districts and communities, building trust in the process;
- **It is critically import that, while support is provided to the Ebola-affected countries in strengthening their essential public health infrastructure and service delivery platforms, West Africa receive parallel and complementing support for the establishment and expansion of regional disease surveillance networks** in order to foster sustainable cooperation among neighbouring countries to control cross-border disease outbreaks at their source. Because the Ebola epidemic is multisectoral, it is imperative that the One-Health agenda that requires the building of sustainable partnerships between the agricultural, environment and public health sectors also be supported. Inter-country exchange of data in a format compatible is essential because the threats are cross-border;
- **Rebuilding essential health services is critical.** An urgent effort is needed over the short and medium terms to develop new models of health service delivery that are responsive to needs and anchored on a strong primary care system that is integrated, people-centred and supported by adequate

and sustainable levels of finance, staffing, commodities and flow of information. A particular focus on infection prevention and control is a critical bridge between response and resilience. Other immediate priorities include rapid strengthening of the whole range of health workers, incentive-mapping for return to normal work, repurposing surveillance systems to routine information systems, and building on Ebola social mobilization efforts to reengage district and prefecture community engagement mechanisms and child vaccination programmes;

- **Access to safe essential health services needs to be supported by reducing financial barriers.** High out-of-pocket payments in the affected countries have led to barriers in access for vulnerable groups in the communities. New health care financing mechanisms need to be developed to provide financial protection to the population and to ensure efficient resource use;
- **The recovery needs to include support for the decentralization of health services management** while building up the capacity of national authorities to accountably manage, guide and monitor good, equitable and safe services in counties and districts;
- **A revitalization of infrastructure for the provision of essential health services should take place alongside the reallocation of new resources deployed for the Ebola response** – including transport, materials, equipment, enhanced laboratory and diagnostics capacity, among others. Efforts to strengthen procurement and supply chain management systems should be prioritized. Finally, current performance-based financing innovations should be expanded to enhance sustainable coverage gains with essential interventions while improving service delivery;
- Reforms and investments towards a strong **needs-based and fit-for-purpose health workforce** are a priority. To deliver essential services that are people-centred and responsive, the countries will need to assess and optimize the existing pool of qualified health workers, determine needs-based requirements for the next five to 10 years and reorient models of care, service delivery, incentives and regulatory frameworks to maximize performance and productivity. Current and future health worker production, recruitment and development investments should be aligned to this needs-based workforce model and may necessitate changes in the skills mix, production pipelines and introduction of new cadres. Formalizing the employment terms and conditions of non-salaried health sector employees will add immediate substantive capacity to the public sector. For example, almost half of the public sector health workforce in Liberia, as many as one half or two thirds of the health workforce in the major health facilities in Guinea and 10 percent of the public sector health workforce in Sierra Leone are working *ad hoc* without commensurate remuneration and employment terms for salaried health workers. The capital and recurrent costs to move towards a needs-based health workforce should be determined ahead of any intervention in order to increase the production of skilled health workers or lay workers within community models of care;
- The Ebola crisis led to the development of a greater **capacity for supply and delivery of essential items**, sometimes at the expense of routine needs or specialized vertical programmes that were funded externally. The recovery must significantly improve the pharmaceutical and supply chain system to ensure a constant availability of equipment, drugs and other supplies for essential health services. National pharmaceutical and supply chain systems were weak before the Ebola crisis, with multiple parallel and often vertical supply systems, which further reduced the capacity for effective and efficient procurement and supply. The crisis has also underscored critical weaknesses in the central supply management system, the strengthening of which will increase the availability of immediate supply needs for PPE as well as the long-term supply of essential medicines;

BUILDING TRUST IN THE MEDIUM TERM

Building trust and confidence in health services will remain critical after the Ebola crisis has ended. Therefore, efforts to strengthen health and other systems during the recovery phase should project and plan for resources to support effective networks of community-level service providers. The primary entry point will be the Ebola Committees and task forces in the secondary or tertiary administrative units or those that may exist at the village or community level, following a data-driven mapping of target areas matched with the available networks of community organizers and opinion leaders.

The EVD response has made it clear to everyone that a range of community-based organizations are needed to respond quickly and effectively to critical emerging issues such as denial or resistance, which cannot be addressed only through government and official channels. The recovery effort would offer a good opportunity to build strong linkages between community engagement and good governance, to provide channels and tools to amplify community voices and link them to public policy and social protection issues. Strong linkages between health facilities and communities will also be critical.

Ensuring coordinated and aligned approaches under national leadership for health sector recovery will be critical to avoid inefficiencies and maximize effectiveness when implementing needs-based agendas. There are already concerns that parallel and poorly coordinated efforts towards recovery are poorly aligned with needs.

ACTIONS TO STRENGTHEN NUTRITION

The current nutrition response is focusing on life-saving interventions and considers three areas:

- a) Nutritional care and support for Ebola patients in treatment and care centres
- b) Nutritional food for Ebola-affected infants and young children
- c) Treatment of acute malnutrition in health facilities following strict infection prevention and control measures

The recovery and long-term response will require the following recovery strategic points:

- Adjustment of existing nutrition strategic plans to include support for priority interventions linked to the provision of basic health and water and sanitation services;
- Delivery of direct nutrition services, including community surveillance systems, through community-based interventions, community engagement and common social mobilization platform for optimal behaviour;
- Integration of nutrition services into health facilities and all pillars of the health system;
- Immediate support for development of the capacity of community volunteers and reinforcement of nutrition curricula for health workers;
- Ensure rapid nutritional assessment and the establishment of a nutrition surveillance system complementing the health management information system (HMIS);
- Ensure that social protection priorities address nutrition needs.

ACTION TO STRENGTHEN WATER, SANITATION AND HYGIENE

SHORT-TERM PRIORITIES

Ensure continued WASH support for Ebola care centres. Consolidate the full package of WASH services, including waste management, in the remaining Ebola care centres and scale up minimum WASH conditions in close collaboration with the implementation of IPC protocols in designated referral facilities. These minimum conditions are critical in order to break potential new chains of transmission.

Safe reopening of non-Ebola health facilities. The re-opening of all health facilities, as with schools, will require a massive, rapid scale-up of infection prevention and control efforts, the strengthening of clinical management skills and safety assessments and the scaling up of WASH services in health facilities to meet minimum standards for health and safety.

'Back to Healthy, Safe Schools' Liberia and Guinea have begun reopening their schools. This requires significant efforts to implement safety protocols and sanitary measures, refurbish schools with water supply infrastructure and sanitary facilities, provide teacher training and raise parental awareness. It should also include reviewing curricula and teacher training to provide health education and links to the health system.

Retain positive health and hygiene behaviours through community engagement. Recovery efforts must aim to maintain positive social behaviours that emerged during the Ebola outbreak (such as hand-washing) and the lowered prevalence of harmful practices.

Restart WASH service provision systems that were interrupted during the crisis. Supply chains for essential WASH supplies (soap, chlorine, household water treatment), water point maintenance systems and waste collection services were all interrupted or destabilized during the crisis. It will be important to work with the public and private sectors to restart these services and supply chains.

MEDIUM-TERM PRIORITIES

Targeted investments in upgrading and expanding infrastructure in vulnerable communities. It will be important for each country to analyse the situation and context during the Ebola and other epidemics to identify the truly vulnerable communities (underserved urban poor communities, coastal communities, cholera hotspots, malnutrition prone areas, etc.) and to target resources according to these needs.

- a) **Urban areas.** Improve access in underserved, urban poor communities and areas affected by epidemics (e.g., cholera, coastal areas) by expanding the distribution network and installing household connections. Increase access to environmental sanitation in low-income urban areas, focusing on on-site sanitation and excreta collection and disposal.
- b) **Rural areas.** Resume community-based WASH programmes with a focus on community ownership, communication regarding behaviour change, and low-cost appropriate technologies, which can be maintained in the long term.
- c) **Community engagement and communication** for adoption of improved hygiene practices must be a cornerstone to ensure that the increased access will be transformed into a reduction of water- and sanitation-related diseases. All costing exercises need to consider this component of the overall programme package.

Mainstreaming and sustaining recovery initiatives in schools and health facilities. It will be important in the medium term to establish or update national standards for WASH in schools to include low-cost approaches at scale. To promote hygiene practices, it may be necessary to include WASH – particularly the importance of hand-washing with soap during the school day – in the curriculum for the training of teachers and school directors. New health facilities and schools must be constructed to meet minimum WASH standards.

Transition of humanitarian coordination mechanisms into sector coordination systems. Undertake intersectoral and sectoral bottleneck analysis to define elements of a strategic plan for transition to fully nationally led humanitarian WASH coordination. Support the capacity-building of national coordination bodies and the upgrading of sector information systems. It will be important to determine the coordination mechanism that will continue to support emergency preparedness and contingency planning.

LONGER-TERM PRIORITIES

Support for link recovery plans with national development plans. The recovery plans need to fit well into revised national and WASH sector development plans. Social sector line ministries in all countries will need technical assistance to conduct further Ebola impact assessments, as the current evidence-base for recovery planning is very weak, and to implement current capacity development plans.

Support for decentralization to build local resilience and sustainability. While the EVD crisis exposed many weaknesses in the sectors, it has also shown the vital role of community engagement and ownership of water, sanitation, and hygiene systems and practices.

The district level is an appropriate level to coordinate government investment with investment from non-state actors. It is also the appropriate level from which to set up a regular monitoring system to sustain rural water supply and sanitation coverage. In Sierra Leone, for example, the relatively autonomous (i.e., decentralized) GVWC management (with minimal donor support) proved to be critical for resilience.

EXISTING CAPACITIES AND RESOURCES FOR RECOVERY

HEALTH SECTOR

The recovery can build on two sets of capacities and related resources. The first are the capacities linked with the emergency response and the second are the capacities that have been accumulated over the years in the development programmes of the countries prior to the crisis.

As the epidemic is brought under control and the international response begins to phase out, some resources and capacities could be transferred to national authorities and systems. These include the transfer of laboratory capacities that were brought in to strengthen national or regional laboratory services. Furthermore, the coordination mechanisms and structures that are set up for the response, such as the Incident Management Systems, can be documented and translated in protocols that can scale up coordination capacity in case of future large-scale epidemics or other hazards. Preparedness plans for future Ebola or other types of epidemics can be documented and/or updated, making use of the expertise currently in the countries.

While the health system failed to dampen the scale and impact of this crisis due to inherent weaknesses, there were also achievements in the countries that the recovery needs to build on. For example, there were policies on essential packages of health services and mechanisms to support service delivery and its performance. Basic governance functions for district/county health teams have been developed. National and international partners that supported district health teams in service delivery are still present and, if their funding mechanisms are sufficiently flexible, those partners will be instrumental in supporting the national and subnational health authorities in the implementation of the recovery plans. Various national policies can address the weaknesses in the system, as many of the weaknesses had already been identified prior to the crisis. These existing policies must be reviewed to determine the underlying reasons why many of them had not yet been adequately resourced or fully implemented.



Development partners in Sierra Leone offered local communities training and literature on stopping the spread of the Ebola virus. PHOTO: LESLEY WRIGHT

The countries have well established coordination mechanisms between the government and health development partners, supported by International Health Partnership (IHP+) principles. Recovery coordination should be carried out under these existing coordination mechanisms while making connections with the response coordination, as indicated above.

Building on primary health care principles, they have mechanisms to engage communities in service delivery – for example through village or district health committees that have representatives from the communities. These committees can be built on to also include aspects of WASH and nutrition at the community level.

WASH

Recovery needs can capitalize on the positive hygiene and health behaviours and new social norms that were adopted during the outbreak. It will be important to retain and strengthen local resources and mechanisms of social communication, social mobilization and social awareness during the recovery phase as well as in the long run.

- **Repurpose assets and supplies received as part of the EVD response:** Vehicles, water trucks, chlorine stocks, hand-washing equipment and supplies, etc.;
- **Reprogramme unused EVD funds for immediate priorities:** Upgrading Ebola care facilities that will be retained (continuing cases/preparedness), back to school, re-opening of health facilities, restarting WASH services to communities;
- **Restart and adapt pre-Ebola development programmes to achieve the vision and goals of the recovery,** with particular focus on targeting interventions based on an analysis of vulnerable communities, notably underserved poor, urban communities and those with recurrent, preventable public health problems (e.g., cholera, typhoid, malnutrition, malaria etc.);

- **Review current national plans and sector studies/assessments, including through public consultations, to guide future investments.** For example, in Sierra Leone, the investment needs for urban WASH have been well documented (Atkins 2008; World Bank Assessments; project concept notes);
- **Capitalize on the heightened awareness and respect of health and safety protocols** to support the formalization and professionalization of water and sanitation operators/ technicians;
- **Training of service providers and CE actors:** Substantive, good training in interpersonal communication were put together by the UN with partners and rolled out in all three EVD response countries. Health workers, teachers and NGOs were trained in interpersonal communication to discuss with families and communities the key drivers of transmission, what they need to do to protect themselves and why early isolation is critical. Though the speed of the epidemic was overwhelming and sometimes interfered with quality, it is an important to strengthen the supply side of health systems.

MAINSTREAMING CROSSCUTTING HEALTH-RELATED ISSUES

FOCUS ON WOMEN, CHILDREN AND THE ELDERLY

Crosscutting issues include the status of children, pregnant and lactating women, the elderly, persons with disabilities and persons living with long-term or chronic illnesses such as HIV/AIDS. In addition, there are also social determinants to be considered that could lead to increased vulnerability. These include the conditions in which people are born, grow, live, work and age – for example, urban versus rural communities. These usually include poverty, ethnicity and religion. Crosscutting issues and gender and age analysis are integrated as relevant in all elements of the Ebola recovery analyses: the pre-Ebola crisis overview of the sectors and pre-existing inequalities, how the crisis may have had different effects on different groups and how this may translate in specific strategies to address this.

Communication for development, particularly community engagement and participation, has contributed to containing the epidemic. The potential of community engagement and dialogue must be extensively explored and mainstreamed across all sectors, particularly to understand and address underlying and entrenched barriers to individual and collective change. There are good examples of community engagement in the establishment and running of the community care centres. Such cross-sectoral examples and case studies must be documented and lessons learned must be extracted and mainstreamed in the recovery process.

Ebola survivors are a very valuable resource for society and must be positioned as such. Stigma, discrimination and fears related to survivors can be addressed through dialogue and the demystification of assumptions. The participation of survivors in the recovery process is critical to their acceptance and dignity and offers an opportunity to tap new potential.

REGIONAL DIMENSIONS

Among issues raised was the need for medium- and longer-term investments and capacity for cross-border and subregional surveillance and response capacity, and the implementation of the International Health Regulations (2005), supported by adequate laboratory facilities. The cross-border spread of EVD and of

future new or re-emerging diseases needs to be stopped through coordinated epidemiological action. Regulations that do not push the burden onto other countries (e.g., not requiring three-week out-of-country quarantine for suspected cases) should be adopted. They should include systems to ensure the rapid exchange of validated information about EVD cases and issues (including new diseases or diseases whose existence must be reported) among countries and systems to seamlessly track cross-border contacts. Furthermore, there should be standing capacity to provide urgent support for another country that is hit; this could be done by agreeing to provide rapid response units and by ensuring that receiving countries can register foreign medical teams when they arrive.

As discussions begin on the creation of a permanent regional committee for emergencies, it is essential that such mechanism include regional disease surveillance, preparedness and response support mechanisms. Such a regional mechanism can be effective only if it builds on ongoing initiatives. Examples include regional mechanisms such as those being established in Sahel countries to better prepare them for droughts and other hazards and global mechanisms such as the Global Outbreak Alert and Response Network (GOARN). This regional disaster risk management function should also have clear links with the ministries of health of the countries in the region. It should contribute to a) the strengthening of the affected countries' disease early warning and response systems, b) adherence to the International Health Regulations (IHR 2005), and c) building capacity in countries and the region for detecting and confirming pathogens, through well-equipped and staffed national and regional reference laboratories, including protocols for shipping potentially infectious samples.

There are other regional aspects to consider as well, such as regional collaboration in health workforce capacity-building, as Sierra Leone and Liberia had significant pre-crisis shortages in their health workforces that will now pose additional constraints to adequate recovery.

MEDIUM- TO LONG-TERM RISKS TO SUSTAINED RECOVERY

HEALTH

The biggest risk is that of not investing significantly and durably in the health system recovery. While there were significant achievements in the health, nutrition, water and sanitation sectors of the affected countries prior to the crisis, the relatively low levels of government funding led to an overreliance on out-of-pocket payments. If these factors are not addressed, we run the risk of repeating the current crisis. Moreover, given the intersectoral nature of health risks and outcomes, proper attention needs to be given to the social determinants of health and nutrition conditions, especially living conditions, behaviours and lack of access to basic services such as access to safe water and basic sanitation. While several approaches are proposed in the current recovery plans, such as decentralization and increase in the number of community-based practitioners (lay health workers), any plans for their implementation need to consider ongoing reforms and available evidence to ensure that they will be sustainable and that they do not simply shift problems from the national level to the districts.

Community health practitioners can be a valuable asset in the health workforce and provide essential services closer to communities, provided that they are an integral part of health system service delivery mechanisms and that they have appropriate supervision, supplies and funding. However, there are also numerous examples of how, in post-conflict and/or post disaster contexts, many community-based practitioners (especially volunteers and lay workers) were not trained by different NGOs on the basis of standard certified training curricula

issued by the respective ministry of health. This significantly challenged ministries, which not only had to contend with health workers who were of inconsistent quality and who had been trained in different tasks, but also did not have the resources to absorb those workers rapidly.

There is consensus that decentralization is required to strengthen subnational governance functions and district health management in support of service delivery. Effective decentralization requires several strong national governance functions and adequate resources. For health service delivery, several functions cannot be decentralized, such as policy development, procurement and supply of essential medicines, regulatory functions, and standards, which ensure adequate accountability mechanisms.

NUTRITION

The analysis should consider the risk of creating an imbalance between 1) the need to improve human capital by investing immediately in early child development and nutrition and 2) the pressing need to establish infrastructure and to acquire equipment.

WASH

Programmatic risks for WASH

- There is a very clear risk that flagship infrastructure such as schools, health posts and local markets will not be provided with water, hand-washing facilities and latrines, which might defeat the purpose of the infection and disease control measures;
- There is a risk of focusing on infrastructure projects and ignoring the fundamental role of community engagement and behaviour change communication;
- There is a risk of bypassing government structures and systems while providing urgently needed services to communities as this risks further erosion of local capacity.

KEY RECOMMENDATIONS FOR THE RECOVERY OF HEALTH, WASH AND NUTRITION

The key recommendation for all three countries is that the government lead the recovery planning process for health, nutrition and WASH. Related ministries have started developing their respective recovery plans, also to provide inputs from their sectors in the national multisectoral recovery plans that are being drafted. Several ministries see the necessity of going beyond a mere restoration of the pre-crisis situation; for example, governments are re-examining their WASH systems. This is particularly relevant to the health sector since the pre-Ebola weakness of the health system limited the response capacity and aggravated the impact of the epidemic.

The consolidation and prioritization exercise that will take place at country level and at the different regional meetings in March and April should be mindful of the critical importance of investing in human capital and economic development through health, WASH and nutrition and of going beyond the required investments in infrastructure and equipment.

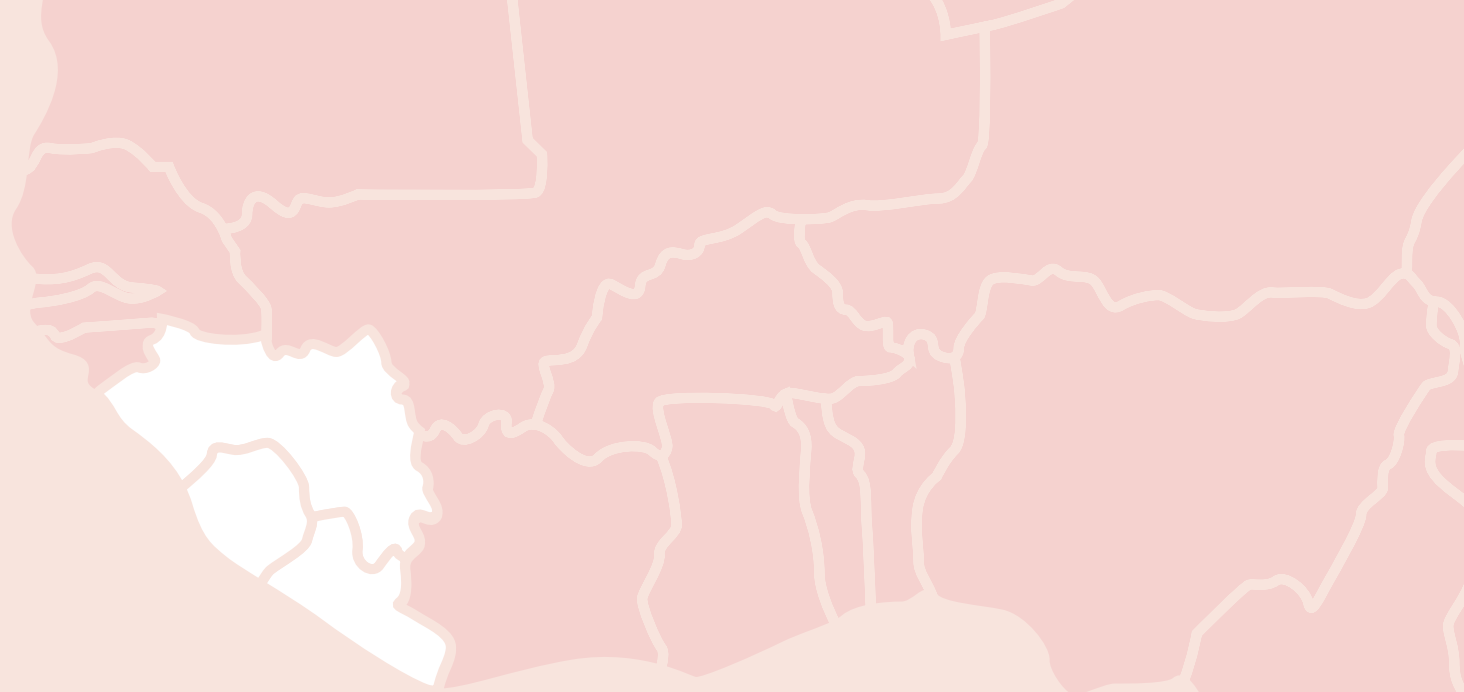
While nutrition is part of the mandate of the ministries of health in all three countries, , those ministries are not the only sector actor when it comes to the WASH sector. Recovery reporting structures need to take these national structures as a starting point:

- **Liberia:** The Liberia Water and Sewer Corporation provides water and sanitation services. This includes water supply to health facilities and the desludging, transport and disposal of infectious fecal and other liquid waste from Ebola treatment units (ETUs). The Monrovia City Corporation is managing the disposal of medical waste in Monrovia in collaboration with the Ministry of Health.
 - **Guinea:** Ministère de l'environnement, des eaux et forêts et le Ministère de la santé publique et des affaires sociales (Ministry of Environment and Forestry oversees environmental issues including waste pollution and Ministry of Public Health and Social Affairs).
 - **Sierra Leone:** In addition to the Ministry of Health, the Ministry of Water Resources oversees water utilities.
- All three countries acknowledged that current government systems and capacities are still weak and need strong support from the international community. Civil society, government and the UN should continue to work hand in hand and build complementarity for enhanced outcomes. The UN and development partners should mobilize more resources to support WASH sector investments and to provide technical assistance to build the national workforce and the capacities of the new and existing institutions;
 - Recovery plans need to fit well into revised national and WASH sector development plans. In terms of the next steps, social sector line ministries in all countries will need technical assistance for further assessments of the impact of the Ebola crisis, as the current evidence-base for recovery planning is very weak. These ministries also need to implement existing capacity development plans. The recovery plan should define how capacity for service implementation can be enhanced and tied to good fiduciary measures and local accountability mechanisms;
 - For effective use of investments (domestic and external), coordination mechanisms must be established at country and international levels to ensure harmonization and alignment of partner support in line with the International Health Partnership (IHP+) principles for development effectiveness;²³
 - Specific structures and functions that were established during the outbreak should be integrated with existing primary health care services in order to sustain service systems over the longer term. Strong peripheral and subnational services form the basis of good national health systems. Where functioning, the coordination structures established during the Ebola outbreak should be maintained and strengthened as necessary. In some cases, the government is already leading these coordination structures. This is recommended as a good practice;
 - National and international non-governmental organizations, faith-based organizations and technical agencies need to make a strong commitment to provide required non-financial inputs and capacity-building support. This would include financial management and procurement mechanisms and technical support;
 - National governments, assisted by partners, need to develop and implement strategies to make their subnational health systems, linked to strengthened national systems, stronger and more resilient. Only then can they meet the essential health needs of their populations and address health security concerns.

23 Background paper to the high-level meeting on building resilient systems for health in Ebola-affected countries, Geneva, Switzerland, 10-11 December 2014

Community engagement and participation need to be deliberately put into emergency, transition and recovery plans and funds need to be allocated accordingly to sustain results;

- Not only do governments need to think across sectors, but development partners and donors, too, need to break out of their silos to look at recovery and long-term development in a comprehensive and cross-sectoral manner. The recovery process is an opportunity to bring issues of governance and ethics to the negotiation table so that recovery efforts are prioritized according to the needs of the most vulnerable and the most affected, including of children, who, by definition, are not organized to lobby for themselves;
- School-based WASH activities are an opportunity to address education and health rights and needs while fostering social inclusion and individual self-respect and empowering all students and especially girls and female teachers;
- All governments called for a rapid easing of transport restrictions, i.e., for neighbouring companies to lift border closures and prohibitions for ships to use harbours and for airline companies to resume flights to the three affected countries. Governments requested guidance from WHO on when such restrictions could be lifted, based on evidence of their effectiveness in controlling the epidemic and/or preventing its spread across borders.



Contact tracers visit families and communities throughout the region to identify new cases and limit the spread of the disease. PHOTO: UNMEER/MARTINE PERRET



IV. IMPACT AND RESPONSE: GOVERNANCE, PEACEBUILDING AND SOCIAL COHESION

GOVERNANCE AND PEACEBUILDING ANTECEDENTS TO THE EVD CRISIS

A number of factors resulting from prolonged civil conflict and political deadlock in all three countries may have contributed to an exacerbation of the Ebola crisis. Despite the gains made in this area, low levels of trust of the population in the governments, lack of effective decentralization and weak accountability for the delivery of public services were also cited in some quarters as significant contributing factors.

The fragility assessments that governments agreed to be undertaken as part of the New Deal for Engagement in Fragile States are very useful instruments that identify the specific structural challenges in each country. The assessments for Liberia and Sierra Leone show progress towards the Peacebuilding and Statebuilding Goals of the New Deal and the challenges that remain. A rapid update of the assessments would highlight issues that should be tackled immediately. A full assessment on Guinea would yield the same results.

All three governments have recognized that **public institutions remain fragile** in several respects: their ability to communicate and coordinate effectively with each other and with the public; their ability to use and reinforce existing structures instead of setting up new ones to deal with the outbreak; their ability to adapt existing procedures rapidly to deal with emerging contingencies; and their overall ability to organize an effective and equitable provision of emergency relief and public services.

Trust in national institutions has been improving as a result of the sustained peacebuilding efforts. But it may still have been weak among certain segments of the population and in particular sectors, leading to individuals and communities trusting their traditional leaders and local remedies rather than measures proposed by the state. Crucially, continued challenges with the accountability and transparency of governance institutions and processes have also undercut popular trust in the state's ability to handle the crisis.

While all three countries had developed **early warning and response systems**, these were centred primarily on the security sector and not integrated with health and other sectors where potential emergencies could arise. The challenges of early warning and response were particularly acute at the subnational level. The viability of the early warning systems that were set up in the aftermath of political turmoil in most cases have not been tested.

Residual intergroup tensions – ethnic, political, regional, land-related and class – from the period of civil conflict many have also helped undermine popular responsiveness to the state's emergency measures and created subsequent perceptions that the measures were targeted differently towards different groups or sectors.

The significant number of **unguarded crossing points and the nature of informal cross-border trade between rural communities** among the member states of the Mano River Union may also have contributed to the spread of Ebola.

Going forward, all three countries will need to **take into account the particular needs and priorities of women** as part of their national Ebola recovery strategies. Women who now head many households because of the deaths of male relatives will bear a particularly large burden of the recovery, especially as fewer opportunities may be available to them.

IMPACT ON GOVERNANCE, PEACEBUILDING AND SOCIAL COHESION

In the three countries, public perceptions of the state's ability to respond equally to the needs of all segments of the population, especially in times of crisis, have exacerbated existing divisions. In Sierra Leone, these perceptions centred initially on traditional inter-ethnic divisions; in Liberia, economically vulnerable groups, especially slum dwellers and those in isolated inland rural areas, believe that they are excluded; and, in Guinea, the concern has been over certain regions of the country (Guinea Forestière, in particular) that have held the perception of exclusion for decades and where the EVD has had the most impact. These perceptions are being exploited for political gains especially in Guinea, where parliamentary and presidential elections are being planned.

The gaps in services and communication between national and subnational levels undermined the efficacy of the emergency response, revealing deeper social issues. Government messaging, sometimes divergent, competed with alternative explanations of the Ebola outbreak. In rural areas, in particular, but also in urban centres, lack of trust in public institutions caused affected communities and people to turn to traditional leaders who had themselves been marginalized from governance structures and who therefore were not effectively included in the response.

Some communities are rejecting Ebola survivors and the cohesion of communities has weakened. As a result of **stigmatization**, some survivors have had to relocate. Burial teams and health care workers have also faced stigmatization. Entire families and communities have also faced this challenge. Past experience from the Ebola outbreak in the Democratic Republic of Congo in 2003 indicates that frontline health workers faced stigmatization long after the outbreak had ended. Even where they may have been necessary to halt contagion, new by-laws enforcing a 'do-not-touch' policy have impacted social cohesion and should be reviewed as soon as the situation allows.

In all three countries, **women may bear the undue share of the economic impact of the Ebola crisis**, as women either dominate or have a key role in sectors of the economy most adversely affected (informal trade, agriculture and tourism). Women are using their business capital and savings and deploying other strategies to cope with the hardship imposed by the Ebola crisis, which may deplete their future economic capacity and the viability of their small enterprises.

Given the measures used to contain the disease, the more the outbreak spread, the wider the security dimension of the crisis became. In an environment where decision-making processes within state institutions were overwhelmed, **security institutions** were increasingly called upon to play a greater role. However, while the security sector was applauded in some instances (e.g., for enforcing quarantines), there were also significant public concern and opposition in others. Extortions and bribes on the part of security agents have been reported in several instances in all three countries.

Political institutions showed reasonably strong performance during the epidemic. In Liberia, for instance, senatorial elections were held in December 2014 in a contentious environment. Institutions such as the National Elections Commission and the Supreme Court were involved in various decisions on the postponement of and restrictions on public gatherings during the campaign. The fact that the elections were held and the various institutions played their mandated roles is testament to the resilience of the country. At the same time, the standards for future elections will need to be higher, given the contention around the election results. In Sierra Leone, Parliament and the national auditor performed their oversight functions by inquiring about emergency health expenditures.

Perceptions of or actual²⁴ misuse of funds and differences in treatment for political objectives have fuelled discontent before and during the crisis and eroded trust. Moreover, cumbersome **bureaucratic procedures and weak accountability mechanisms** have also delayed the release of donor funds.

The Ebola crisis has also resulted in some **internal displacement**, as people have migrated because they have had no access to basic services and markets, have been afraid of contracting Ebola or have wished to avoid quarantine or treatment. This has not been widespread, however. In several instances, **emergency procedures restricting travel may have had a deleterious impact on the ability of the elderly or the handicapped to receive necessary services.**

Children have been adversely affected by the Ebola crisis. Thousands of children (up 17,000 by February 2015, according to UNICEF) have been registered as having lost one or both parents or their primary caregivers due to Ebola. Despite this and the risk of children being socially isolated and stigmatized, traditional communal reflexes to provide orphaned children with care and protection have proved extremely resilient and the overwhelming majority have been taken in by extended families and communities. But these children are likely to continue to also suffer from increased mental health problems and psychological distress due to the crisis and grief. The temporary closing of schools may also harm the longer-term well-being of children: educationally, due to they delay in education, and nutritionally, because schools were often the primary providers of meals.

In all three countries, **adolescents and youth (aged 10 to 24) representing one third of the total population – Guinea: 32 percent; Liberia: 31 percent; Sierra Leone: 32 percent – who already faced high unemployment and critical social protection issues have been aggravated** by the closure of schools and of private enterprises. Youth have participated in public protests in all three countries in increasing numbers, some in the context of resistance to emergency procedures and others in support of various political causes.

Substantial resources meant for development work are now being diverted to public health implications of the outbreak. For instance, most UN development and some of the peacebuilding resources in these countries have been reprogrammed to address the emergency. The three countries have similarly reordered spending to focus on combatting Ebola.

While all three affected countries have somewhat integrated **national early warning response systems, these did not form a part of the emergency response.** As systems were centred primarily on security and on traditional risks such as conflict or natural disasters, they were not able to integrate early on with ministries of health and other institutions dealing with non-traditional emergencies.

All three countries had made significant efforts to rebuild trust and cohesion among and within communities to overcome the various types of polarization – economic, ethnic, land-related and regional – that had been at the centre of violent conflict. Resulting **improvements in intergroup cohesion may have been eroded by the impact of the Ebola crisis.**

The loss – due to death or flight – of human capital may have damaged the functioning of institutions and capacities, including of local peace committees, which were specifically established to mitigate conflicts. This damage should be assessed. In the context of these efforts, women had been supported in playing critical conflict prevention roles and these roles may also have been compromised by the Ebola crisis.

²⁴ See, e.g., Audit Service of Sierra Leone, Report on the audit of the management of the Ebola funds, May to October 2014. www.auditservice.gov.sl/report/assl-report-on-ebola

SHORT- AND MEDIUM-TERM RESPONSES

The consequences of the Ebola epidemic and its disruption of public and private services will continue to threaten the lives and livelihoods of people in the Ebola-affected areas of Guinea, Liberia and Sierra Leone and will also continue to pose economic and epidemiological risks to the wider region for the time being. Sustained recovery from the impact of the Ebola crisis will therefore have to be a national and a regional effort involving specific actions (outlined below) at both levels, with wider support from the international community.

SHORT-TERM ACTIONS

Strengthening governance: Decentralization and local capacity-building

Responsible actors: National and local governments, development partners, local communities, women's and youth groups

Local governments and communities have not always been at the forefront of providing emergency services and response. However, recent experiences have demonstrated the importance of local- and community-level responses. **Human, financial and operational capacities necessary to continue a sustained response should be urgently assessed, budgeted and provided.** These may involve the temporary employment of four or five local officers (women and youth should be prioritized in this regard) per 'local government unit' in the affected areas across the three countries, covering psycho-social support, mediation of inter-group and intercommunity tensions, trust-building, economic planning and continued provision of health and basic services. Investing in the participation of women and youth not just as beneficiaries, but also as agents, for behavioural change in the fight against any harmful cultural practices (particularly gender-based violence) will better strengthen the social fabric. Efforts should be made to gather the support of representatives of workers in the health and education sectors to enhance the chances of success of the Ebola recovery strategies.

Strengthening governance: Capacity-building at the national level

Responsible actors: National governments, development partners

State institutions providing essential services, psycho-social support and security through 2015 should be urgently assisted to review relevant procedures, especially with regard to conflict sensitivity, gender awareness, trust-building, social cohesion and community consultation and participation in the context of Ebola response and recovery. Good practices in this regard should be identified and disseminated to all personnel. Procedures should be adjusted where necessary and remedial training (15 to 20 training exercises may be necessary per country during 2015) provided.

Strengthening governance: Strengthening national and local accountability

Responsible actors: National and local governments, development partners, civic groups

Similarly, state institutions providing essential services, psycho-social support and security through 2015 should take the necessary steps to ensure that the points of delivery of these services to the public are accountable to the public and that measures to fight politicization of assistance, corruption or extortion are taken. Given the historical intractability of this challenge in all three countries, this may be difficult to achieve. However, a number of steps in the short term could partially remedy the problem: a quick review of the current bottlenecks; replacement of those personnel associated with the more egregious offenses in this regard; additional training and better remuneration for personnel that will continue to occupy these positions; creation of accountability



Markets were abandoned during the Ebola quarantine period.

PHOTO: MORGANA WINGARD/ UNDP

mechanisms, including through the direct involvement of the public; and the establishment of monitoring and mentoring teams in the key institutions to accompany staff on the frontline of service provision.

Strengthening governance: Strengthening emergency crisis response capacities

Responsible actors: National and local governments, development partners

All three countries should undertake a comprehensive review of emergency, security, and quarantine procedures as the Ebola crisis wanes, with the appropriate points for such reviews and the implementation of their results identified with the involvement

of the public and with the assistance of credible national and external experts. Given the degree to which emergency procedures such as quarantines and travel restrictions have undermined confidence between the state and the population, any further continuation of these procedures should be on the basis of empirical and neutral analysis rather than on the basis of bureaucratic or political decision-making alone.

Strengthening governance: Rebuilding trust through participation

Responsible actors: National and local governments, parliament, political parties, civil society, private sector

National recovery strategies and programmes should be developed on the basis of systematic dialogue with all concerned sectors and should take into account the lessons and feedback offered by these sectors. This will be critical to ensuring that the process has broad buy-in and consensus and does not become subject to acrimony and tension. In each country, this dialogue will require the involvement of the government, parliament, political parties, civil society and the private sector and should ensure participation by youth and women. It should focus on approaches to rebuilding public trust in the government and its institutions, enhancing social cohesion and ameliorating intergroup tensions. For each country, the process may start with dialogues at the local level and then feed into a national-level conversation. Community engagement mechanisms and networks created and reinforced during the EVD response should be nurtured and leveraged as platforms to engage communities with issues and policies that affect them and to empower them in influencing governance.

Strengthening social cohesion to manage tensions

Responsible actors: National and local governments, civic groups, media, political parties, traditional institutions, development partners

Institutions and processes aimed at addressing recurring local tensions (particularly over land) that have seen a depletion of human resources – especially among local peace committees – should be urgently supported to strengthen or replenish these capacities. In all three countries, this will involve an initial assessment of the relevant capacities and the identification of the relevant personnel, again with a particular focus on youth and women. An estimated 40 to 50 individuals

may need to be recruited and trained at the national and local levels in each country to augment depleted capacities at both levels. This step will be especially significant, as deaths and displacement due to Ebola may exacerbate tensions over land and natural resources as returnees attempt to reclaim land or as claims are made over land and property where previous occupants may be diseased or displaced. Particularly in Guinea, where there are elections this year and there has been a politicization of the response to the Ebola crisis, creating social dialogue involving various actors at the national and local levels may help mitigate the tensions.

Urgent, sustained support will be needed to address the deep shock that the Ebola crisis has caused to the social fabric through large-scale trauma associated with mass burials and the non-ceremonial disposal of bodies, the continued isolation of survivors, survivor guilt and the stigmatization of families that produced burial teams. Some of the results may be: sporadic outbreaks of violence; potentially violent targeting of particular individuals, families or communities; the inability of affected persons and communities to re-engage with normal social and economic life; and listlessness and anomie among youth and affected children. Local governments will need resources to support up to 1,000 individuals on average per local government unit in Ebola-affected areas in each of the three countries with increased counselling; various types of psycho-social support; reinsertion of survivors; and the institution of symbolic re-burial ceremonies. National and local governments may also need to sustain concerted public education and community engagement efforts. In this process, local governments, community-based organizations including youth and women associations, and traditional and religious leaders may be helpful in identifying bottlenecks and current good practices to fight stigma and in proposing actions for scaling them up.

In all three countries, political and civic leaders have spoken of wider rifts between governments and citizenry as a result of the crisis. In two of the countries, leaders from certain ethnic groups or regions have claimed that populations in their areas did not receive timely support or were unfairly targeted by emergency restrictions because of state bias. **The role of the leaders of government, political parties, communities, the media, the private sector and traditional leaderships in addressing schisms and tensions created by the impact of the Ebola crisis will be especially critical.** All three countries should implement national and civic meetings within the first year after the emergency has faded – in consultation with these sectors – or the equivalent thereof to provide a public space for healing rituals, memorialization, reconciliation and systematic and structured conversations to address intra- and intergroup tensions reignited by the impact of the Ebola crisis. For each country, this may involve two or three dialogue exercises involving up to 500 individuals at the national and local levels.

Addressing the needs of disadvantaged groups

Responsible actors: Local governments, civic groups, development partners

As emergency restrictions are lifted, especially disadvantaged groups such as the elderly, orphaned children and the handicapped should be assisted in acquiring the necessary mobility to access social and relief services on a priority basis. Local government procedures should be reviewed to ensure that this support is strengthened and sustained to keep the hopes and momentum of the worst-affected communities.

Livelihoods and reintegration of affected individuals

Responsible actors: National and local governments, private sector, development partners

All three countries will face the challenge of individuals attempting to return to normal life post-Ebola but finding that jobs and livelihoods have been depleted due to the combined

impacts of the Ebola crisis and of the ongoing drop in commodity prices. The challenge will be especially critical for youth – male and female alike – who faced a significant challenge finding jobs even prior to the Ebola crisis. Short-term livelihoods support, accompanied by the development of trade and professional as well as life skills; sustained assistance for identifying viable economic niches and demand for labour; the mobilization of credit and partnerships; and remedial training may have to be provided to up to 10,000 youth in all three countries in order to provide youth with hope for the future and a stake in the peaceful development of their country and to reduce the potential for further disruption and violence.

MEDIUM-TERM RECOVERY ACTIONS

The details of the medium-term recovery strategy in the Ebola-affected areas will have to await a more in-depth assessment as well as the more detailed development of medium-term national plans. However, a number of critical priorities can already be discerned:

- In all three countries, the ability of state institutions – including the security sector – to **respond to and deliver services in an inclusive, accountable, participatory and equitable manner** will have to be significantly reviewed and strengthened. In particular, capturing the potential collaborative mechanisms in the subregion will be vital;
- A similar and comprehensive review of the **abilities of local governments to engage and respond to their communities and to the needs of people, including in crises**, will also have to be undertaken. This review should also take into account efforts already undertaken to build institutions and should address some of the chronic deficiencies of the chieftaincy system, including politicization, corruption and gender insensitivity;
- The **reality and perception of extortion and corruption during the provision of basic services and security** greatly undermined public confidence in the state before and during the crisis. All three countries will have to take systematic steps to address this challenge;
- **Specific steps will have to be taken by all three governments at the national level to address concerns raised by certain political and civic leaders regarding perceptions of ethnic, regional or class bias in the state's response** to the Ebola crisis. Inclusive political dialogue and more equitable and inclusive functioning of state institutions will partly address this challenge, as will steps to ensure that core governance processes such as elections are not disrupted to the extent possible;
- The **particular impact of the Ebola crisis on children, the elderly, the handicapped, the internally displaced** and those who survived but have been subsequently stigmatized will have to be systematically assessed and addressed. Concrete steps in this regard will go a long way towards restoring hope and trust at the community level;
- **Women will have to be supported concretely and systematically** to help them participate in governance and political processes, reweave the torn social fabric and recover from the economic impact of the Ebola crisis. Especially important will be targeted support for small businesses run by women;
- **Local peacebuilding capacities that mitigate conflicts will have to be re-evaluated and strengthened.** The roles of local peace committees and traditional leaderships will be especially critical in this regard;

- **All three countries will continue to implement longer-term peacebuilding programmes and priorities that were interrupted by Ebola, but they will now have to do so with greater sensitivity** where the impacts of the Ebola crisis and perceptions of marginalization have been great. For those programmes that involved the delivery of peace dividends such as livelihoods support, more targeted and conflict-sensitive delivery will contribute towards rebuilding trust;
- **Decentralization** policies being implemented as part of the structural governance reforms that are based on the lessons learnt and the gains from the response to the Ebola crisis will make social services more available and more accountable at the local level;
- **The international community needs to remain committed to the recovery in Guinea, Liberia and Sierra Leone in the medium and long terms, especially after the emergency phase fades.** All three countries are on the agenda of the Peacebuilding Commission and the Commission could play a role in ensuring that attention endures after the immediate crisis has passed;
- **An examination of the governments' and partners' responses to the epidemic will yield vital lessons for the future.** This can take various forms, including a parliamentary inquiry, independent commission, public debate, lessons learned exercise, etc. All require the involvement of the government, parliament, political parties, civil society, the private sector and development partners and should ensure participation by youth and women. They could enhance transparency and accountability and recommend measures to strengthen institutions, which could also increase public trust in the government.

EXISTING CAPACITIES AND RESOURCES FOR RECOVERY

Despite significant stress and strain, communities have organized themselves – especially at the local government level – to deliver emergency relief. Their incipient capacities should provide a strong basis – once assessed to identify lessons and good practices from the ongoing response – on which to build additional capacity and strengthen local governance and institutions.

Despite significant constraints and risks, women and youth have already organized and engaged in local response efforts and their continued participation in a more systematic and organized manner will be vital to any subsequent recovery effort.

All three national governments have recognized the deleterious effects of the Ebola crisis on social cohesion, national harmony and ongoing peacebuilding efforts. The political will to address these effects therefore exists and should help expedite the response.

All three countries had invested in ‘peace architectures’ or conflict resolution and management capacities at the national and local levels. While some of these capacities may have been depleted due to death or displacement, the essential architectures remain. They can therefore be strengthened, repopulated and applied to dealing with tensions linked to the impact of the Ebola crisis as well as with pre-existing and recurring cycles of conflict over land and natural resources.

Draft national recovery strategies should provide a sound basis for additional external support and for the internal mobilization of necessary resources and personnel. The international community needs to remain engaged to provide political, technical and financial support.

RISKS TO SUSTAINED RECOVERY

If implemented, the short-term measures proposed in this report should help alleviate the following risks:

- Emergency procedures imposed at the height of the crisis, such as security restrictions and restrictions on movement, assembly and expression, could, over a prolonged time, further erode the already weakened trust between the state and the population and could easily produce inadvertent consequences by limiting democratic spaces and participation.
- Over the medium and longer terms, the following risks must be observed closely:
 - Weakened governance and peacebuilding capacities may cause the state's response to a future Ebola-type crisis to be deficient;
 - Continuing lack of trust of the population in governments, unless addressed, would undermine recovery and resilience-building efforts;
 - The erosion of local peacebuilding capacities to mitigate conflicts may lead to an increase in recurring local conflicts, especially over land and natural resources and possibly fuelled by population movements;
 - The combined impact of the Ebola crisis and the decline in global commodity prices, including their impact on the mining sectors, could generate significant short-term unemployment, especially among youth, and generate further tensions or unrest;
 - Girls and women could carry an uncompensated burden for post-Ebola recovery, as they perform many household and community tasks and may well need to do even more, given the loss of the primary breadwinners in their families. The rise in the rate of adolescent pregnancy that was reported during the school closures, coupled with reductions in pre-natal and antenatal consultations as well as assisted deliveries for all women and girls, may result in longer-term increases in maternal and infant mortality rates.

CROSS-COUNTRY COMMON ISSUES AND REGIONAL DIMENSIONS

Early warning and response systems will need to be strengthened across the region.

The MRU heads of state and ministers of health met several times during 2014 to coordinate an effective response. In August 2014, the MRU issued a declaration from which some key action points can be drawn, including: harmonizing and coordinating measures by member states to fight the disease; consulting with each other before major decisions and declarations related to the Ebola crisis are made; and building the capacity of member states for surveillance, active case search, contact tracing as well as timely information-sharing about the Ebola epidemic with the WHO, CDC, MSF, UNDP, UNICEF, UNFPA, IFRC and other partners. These measures should be implemented as part of the recovery response.



As children return to reopened schools, classrooms are emptier than usual. PHOTO: UNMEER/MARTINE PERRET



V. IMPACT AND RESPONSE: BASIC SERVICES AND INFRASTRUCTURE

ANTECEDENTS TO THE CRISIS

There is broad consensus that the outbreak spread so rapidly because of the weakness of health systems in the region, an acute shortage of skilled health workers and the poor national capacities to reach out effectively to all people in need of social protection. The decline in economic activities in several sectors further narrowed the fiscal space to provide crucially needed social spending. Insufficient financial resources translated into deficient education and vocational training institutions and insufficient numbers of trained personnel in the social sectors, low levels of remuneration for teachers and health workers – often leading to an exodus of trained doctors – and reductions in spending for community-based social and health services.²⁵ Very few social workers are available in all three countries, with an especially major deficit in Guinea. Given the reports received during the mission about psycho-social stress and cases of sexual violence in conjunction with the Ebola crisis, it is of utmost priority to increase the numbers of social workers, especially at the community level, to provide appropriate care, including psycho-social and mental health care.

Overall, the coverage and quality of basic services are low in all three countries. National social protection systems are weak, poorly funded and have very low coverage. They rely mostly on fragmented and time-bound social safety net projects. While national social insurance mechanisms have recently emerged, they require strengthening to reach out to the targeted working population. Public services to prevent and respond to child abuse, violence and exploitation are often limited. Consequently, there has been limited capacity to identify those in need and to reach out and rapidly deliver social protection and welfare to vulnerable groups, Ebola victims and survivors.

According to data from all three countries, youth unemployment is high. In Sierra Leone, the 15-to-35 age bracket accounted for an estimated 34 percent of the population and up to 800,000 people between 15 and 25 years of age were unemployed, unpaid or underemployed.²⁶ The fragility assessment conducted in Liberia in 2012 similarly found that youth unemployment was one of the factors contributing to violence and public discontent.

Reports from 2014 during the Ebola crisis indicate that the rate of adolescent pregnancy is on the rise, likely because girls are no longer as protected as before when they were in school much of the day.²⁷ Adolescent girls are particularly exposed to EVD due to their role as caregivers in the family and community, and the closure of schools and displacement of families may expose girls to sexual exploitation and violence.

The epidemic is reducing willingness to access maternal and reproductive health services such as antenatal care, emergency obstetric and neonatal care, outreach to adolescent women, HIV testing and treatment support, and contraceptives. The use of family planning methods by young men and women has fallen sharply. The Ebola crisis has diverted all attention to contagion prevention, often at the cost of addressing the deleterious impact on adolescents and youth.

In addition, women and girls as widows and orphans reportedly found themselves exposed to a heightened risk of GBV, sexual exploitation and abuse during the Ebola crisis. Furthermore, GBV and sexual exploitation programming were severely disrupted because health facilities were abandoned and restrictions on movement were imposed in those areas hardest hit by the Ebola crisis.

25 WHO. Community and traditional health workers density. <http://www.who.afro.who.int/aihds/aihds/view?path=61,106,141>

26 Ibid.

27 UNDP. Assessing the Socio-Economic Impacts of EVD in Guinea, Liberia and Sierra Leone. December 2014.

IMPACT OF THE EVD CRISIS ON BASIC SERVICES AND INFRASTRUCTURE

BASIC SOCIAL SERVICES SECTOR

Gaps in human resources have increased significantly either because staff have died or abandoned/changed their jobs or as a result of the outbreak. The number of well-trained staff across all social sectors was inadequate even before the Ebola outbreak.

While great efforts are being made to mitigate the impact of the virus on households, the current EVD outbreak has considerably strained already fragmented and poor households, including children, and has undermined service delivery and safety nets in all areas of child protection. Children run a much greater risk of abandonment, neglect, violence, exploitation and abuse. The number of children who have lost one or both parents or their primary caregiver due to Ebola has been estimated at 4,100, 4,500 and 8,000 in Guinea, Liberia and Sierra Leone, respectively, requiring additional efforts from providers of social services. With schools shut, the incidence of child labour has increased. Orphans and surviving widows face stigmatization and hardship for their social reinsertion. They need urgent psycho-social support, means to survive, continued health care and protection against their observed vulnerability to sexual exploitation and abuse and other forms of violence. Affected children face social stigma and isolation, with quarantined children often locked in houses with limited access to food and services. There is a high incidence of trauma and neglect associated with losing parents and caregivers and being isolated and forcibly quarantined. The incidence of sexual exploitation and sexual abuse of girls has risen as the number of children orphaned by the EVD has increased.

Weak protection systems, standards and capacities, combined with high social vulnerabilities, are major bottlenecks to attaining a protective environment for women and children in the long term. Limited budgets for social welfare services, amounting to less than 1 percent in national budgetary allocations for 2014,²⁸ undermine the response capacity of the Ministry of Social Welfare, Gender and Children's Affairs and local councils.

Despite the drawbacks from the EVD outbreak, the number of trained social workers and volunteers has increased in all three countries and this has significantly improved the quality of social welfare services for children. The challenge consists in sustaining this increased capacity beyond the ongoing response.

EDUCATION SECTOR

The impact of the Ebola crisis on education has been massive, as schools closed in the three countries, interrupting the learning of millions of children. As schools reopen in the countries, special effort will be required to reach pre-Ebola levels of participation, which were already low. It is essential that the reopening of schools happen in a safe environment. This requires substantial investment in school infrastructures, as access to safe water and lack of sanitary facilities were a great challenge even before the crisis.

²⁸ Government of Sierra Leone. Country Status Report. 2013.

Schools reopened in Guinea on 19 January. Prior to this, the country worked on guidance notes for school safety and protocol, teacher training and distribution of WASH kits to all schools. The UN and other partners accompanied the process. In Liberia, the government announced that schools will open on 16 February, two weeks later than previously announced, in order to ensure that safety measures have been put in place and therefore to provide assurance to parents and teachers that it is safe to return to school. The school safety protocol was discussed and agreed among the government and all partners and the government endorsed the final version. In Sierra Leone, the president announced a target date of 30 March for the safe re-opening of schools. In Sierra Leone and Liberia, educational programmes on radio started to occupy children during the school closure. The programmes are likely to continue after the school re-opening to support the accelerated learning for children.

The Ebola outbreak has also harmed the availability of teachers and the quality of teaching and learning. Education staff might also face resistance to returning to work due to fears about the risk of infection. School dropout rates are also expected to rise. The economic hardship faced by households brings additional pressure on children to contribute to household income, as can already be observed in the rising levels of child labour. This risk is more pronounced for vulnerable groups, particularly for girls.

In all three countries, girls tended to drop out by the age of 15 as a result of early marriages and adolescent pregnancies. Lack of education, especially among girls, has far-reaching consequences; the adolescent birth rate for adolescents with no education is 210 in West Africa, compared to only 52 among those with secondary or higher education – a rate about four times higher.²⁹ Reports from field missions indicate that adolescent pregnancy and violence against young women and girls are on the rise in an Ebola context, mainly due to the closure of schools and girls being out of school. There has also been an increase in reported rape cases for minors in Liberia. From January to September 2014, 942 cases of GBV were reported, 450 of which were rape cases. Even more alarmingly, 401 of these 450 reported rapes were perpetrated against children between the ages of 0 and 17.³⁰

SOCIAL PROTECTION AND WELFARE SERVICES SECTOR

Countries have elaborated social protection strategies, but have faced difficulties in their implementation. The rising number of families facing economic and social hardships due to the Ebola crisis has raised demand for social protection and put additional pressure on already fragile systems. There are high levels of distress amongst children and women. There is a growing incidence of violence against women and girls as well as continued stigma and discrimination against infected people, their families and survivors.

The Ebola crisis has diverted already-stretched resources from maternal health care. Figures from UNFPA show reductions in assisted deliveries and pre-natal and antenatal visits in all three countries and a significant reduction in family planning services. Maternity protection conditions are dire, as most pregnant women

29 UNFPA. Adolescent Pregnancy, A review of the Evidence. 2013.

30 Ministry of Gender, Children and Social Protection 2014 GBV Statistics

are afraid of using health facilities for childbirth. The Ebola outbreak also exacerbated insecurity and social instability and further reinforced gender inequities, particularly putting women and girls at risk of sexual and GBV and compromising their health, dignity, safety and autonomy.

There have been reports of increase incidence of pregnant women dying from preventable causes.³¹ In addition, 80 percent of violence survivors in Liberia were denied access to basic health services due to the fear of health workers being contracted by Ebola.³² Constraints on the health systems in the most-affected areas also limited access to sexual and reproductive health services for women and girls and to antenatal care and delivery, including access to anti-retroviral drugs and treatment for women and girls living with HIV and family planning services.

INFRASTRUCTURE AND PUBLIC WORKS SECTOR

Many development projects have been postponed due to the epidemic and the need to focus on combating it. Enterprises that were active in the building and public works sector had to suspend ongoing works, which resulted in lay-offs of staff and temporary workers and consequent loss of income and increased vulnerability among affected households/individuals. As the construction sector is important for stimulating growth and employment, its speedy recovery will be essential for the socio-economic recovery in the three countries.

SHORT- AND MEDIUM-TERM ACTIONS TO BUILD RESILIENCE IN THE SOCIAL SECTORS

All three governments have prioritized health care, WASH, education and social protection, including specific services for child protection for the recovery, stressing the urgency to restart these services as soon as possible. This is important in order to prevent a rise in child and maternal mortality. This needs to be done in a way that a) enables them to withstand future shocks; b) establishes systems to reduce vulnerabilities of women, children and youth in the long term; c) supports the resilience of the local population; and d) mitigates and eases tensions in communities.

Investments in national institutions capacity-building will be key. Governments have pointed out that the recovery plan should help to improve or build up their training capacity, including through support for medical schools, teacher training schools and colleges for social workers and psycho-social counsellors.

'Back to school' is the next major entry point for the recovery of social services. Schools reopened in Guinea on 19 January and Liberia and Sierra Leone have announced the reopening of schools on 16 February and 31 March, respectively. This requires considerable efforts in implementing safety protocols and sanitary measures, refurbishing schools and improving teacher training and parental and child awareness. The recovery plan was entrusted with supporting the back-to-school campaign through short- and medium-term investments in training teachers on school safety, hygiene education and school sanitation as well as psycho-social support. Catch-up programmes will have to be installed for pupils who missed national exams or who have lost an important part of the school year due to school closure. Alternative learning opportunities, e.g., community radio and adult education and literacy programmes, will be needed to target the needs of young people who are unlikely to return to school due to economic or social reasons. It will be important

31 UNFPA. Dispatch: Liberia's Ebola outbreak leaves pregnant women stranded, 26 August 2014

32 Ministry of Gender, Children and Social Protection 2014 GBV Statistics

to ensure that the ‘back-to-school’ process covers secondary and tertiary education (where feasible) and includes health education (including sexual and reproductive health, hygiene and Ebola prevention measures) and links to the health system. This will enable schools to support health care as outlined in the Sierra Leone National Recovery Strategy. Educational support for girls should be integrated within social protection programmes and the ‘back-to-school’ campaign. Efforts should be made to improve transition to secondary education for all youth, especially girls, at the same time that vocational and professional training opportunities are guaranteed and as part of a comprehensive, conflict-sensitive education system.

Capacity-building of the ministries of education, including with respect to monitoring school performance, and emergency preparedness of the education system will be required.

The same applies to additional teacher recruitment and training and to the review and regarding of teacher salaries for alternative education in order to ensure availability of sufficient teachers in the aftermath of the Ebola crisis, whether for formal education or distance learning programmes. The role of information and communication technology also needs to be explored, especially to address education during school closures. This can include established technologies for low-resource settings such as interactive radio instruction and emerging technologies like mobile learning.

Education sector resource management is the foundation of medium- to long-term planning. This includes human resource management through the recruitment, training and retention of qualified staff. Additionally, the physical setting of schools needs planning and resource allocation to make sure that there are adequate and safe spaces for school community members to learn and work. This includes classrooms, latrines, safe water and sanitation and the provision of health-promoting environments.

Education in emergency responses and planning, including ongoing work, should be fully integrated into revised education sector plans to ensure that the sector can respond effectively and efficiently, should another emergency occur.

Cash transfers and social protection systems are needed. In all countries, governments articulated a strong need for cash transfers, not only as a means to mitigate rising poverty due to economic hardship and to address immediate humanitarian needs caused by the Ebola crisis, but also as a way to inject cash into local economies, local agriculture and small enterprises. One proposal (in Liberia) was that recovery plans support a social fund or other similar mechanisms for families and small businesses affected by the Ebola crisis. It will be important for the recovery plan to combine cash transfers to mitigate the immediate social and economic impacts of the Ebola crisis on poor households by investing in a sustainable social protection system that reduces social vulnerabilities in the long run. Several stakeholders pointed to the risk of politicizing cash transfers, a risk that needs to be minimized through strong transparency and local accountability measures.

Child and family welfare services and the build-up of capacities of ministries of social welfare **are essential.** In addition to cash transfers and other non-cash support, children and families need other, more traditional types of social work response, including services to support alternative care arrangements for children who have lost one or both parents, psycho-social support and, support – particularly for children directly affected by and survived the Ebola crisis – for reintegration into community life and education. In addition, support is required to address other child protection and welfare issues, such as child abuse, exploitation, violence, family separation and long-standing social norms like child marriage and female genital mutilation/circumcision. The social service workforce will have to be significantly strengthened in all three countries in order to take on the additional burdens of administering cash transfers and providing a social work response for vulnerable families and children.

Retain positive social behaviours in health and hygiene. Recovery efforts should also aim to maintain positive social behaviours that emerged during the Ebola outbreak, such as hand-washing practices or reduced incidence of harmful practices such as FGM.³³ In this regard, it will be important to retain and strengthen local resources and mechanisms of social communication, social mobilization and social awareness during the recovery phase as well as in the long run.

Decentralization a key pillar for 'building back better.' All countries stated that strong districts and empowered communities were a key factor for successful infection control and that recovery plans should foster decentralization, community participation and community-based accountability mechanisms. Hence, the recovery plan should include support for the decentralization of social services while building up the capacity of local implementing actors, decentralized structures and national authorities to guide, coordinate and monitor good service delivery in provinces and districts.

Infrastructure investments need to be linked to the rehabilitation of productive assets and social services. There is a very clear long-term need to provide schools, health posts and local markets with water and electricity, hand-washing facilities and latrines. Furthermore, rural roads that improve access to schools, hospitals, health posts and local market places are badly needed; a provision for investments in the underlying infrastructure needed to run basic social services should be included in the recovery plan. Capacity-building for national and decentralized government and training of local organizations, communities, and small and medium-sized enterprises (including in the design and implementation of large-scale employment-centred recovery and rehabilitation programmes through improved contracting and procurement policies and practices) will be the main priorities in the medium term; this will develop the private sector, the local construction industry and the skills for the long term. On a general note, all governments called for a rapid easing of transport restrictions, i.e., for neighbouring companies to lift border closures and prohibitions on ships from using harbours and for airline companies to resume flights to the three affected countries. Furthermore, foreign construction companies conduct many infrastructure programmes, such as road construction. Most of these contractors have left the country and are encouraged to return and restart their work as soon as possible.

EXISTING CAPACITIES AND RESOURCES FOR RECOVERY

Existing governmental departments and, when possible, existing programmes should provide the anchor for the response. The institutional capacities of line ministries in charge of education, social protection, social services, social insurance, labour, youth employment and public works should be reinforced as necessary for recovery and to be better prepared for possible future outbreaks.

A rapid review of existing social projects should be undertaken to ascertain whether their institutional and policy design are relevant in the current EVD context. The recovery should be an opportunity to more effectively use decentralized social protection services and to maximize the synergy among different services, particularly those that are at the frontline of government intervention.

Information about the number and geographical distribution of social welfare officers is needed. It is also important to assess the potential of community committees to be engaged in the provision of services,

³³ See <http://www.bloomberg.com/news/articles/2015-01-14/ebola-forces-secret-societies-to-curb-circumcision-rites>

particularly as liaison points at the community level to ensure a good line of communication with the population, which is essential to guaranteeing a good understanding of the programmes. It is important to ensure that, where mandates are delegated to communities, they have the financial resources to meet their responsibilities. At the same time, the states' capacity to perform their supervisory functions should be reinforced to foster fair, efficient, equitable and transparent implementation for effective and efficient outcomes.

A technical support unit could be created temporarily, with international support to assist national institutions in the provision of services and the provision of cash transfers and other benefits in the initial phase. This would enable the gradual building of capacities among identified public institutions, particularly in terms of system development.

National social insurance institutions with modern capacities are available in all three countries. Given their administrative experience in setting up systems and maintaining them, they could be encouraged to play a transition role in supporting efforts to implement social protection schemes.

RISKS TO SUSTAINED RECOVERY IN THE SOCIAL SECTORS

The main risks are associated with the institutional capacity to provide required services, particularly at the decentralized level. Strong elements of governance and transparency need to be integrated into the system from early on. For instance, the provision of transfers, if not done using objective, clear and understandable criteria, may create problems in the selection of beneficiaries and might provoke reactions from people who are not selected to receive transfers. Adopting a fairly simple targeting approach such as categorical targeting may alleviate this risk.



University students note revised class schedules as education facilities reopen after the Ebola quarantine.

PHOTO: ANNE KENNEDY/UNDP

Transfers-in-kind or cash always involve some risks and effective monitoring is essential. It would be useful to deploy modern management and information systems to facilitate the transmission of information at different levels. Issuing beneficiaries with cards and sharing with them a clear statement of entitlements could also raise system accountability. Involving civil society organizations, including community-based organizations, could also be an element of transparency in the system.

KEY RECOMMENDATIONS ON BASIC SERVICES AND INFRASTRUCTURE

- **Prioritize the most vulnerable groups while recognizing the scale of their number following the crisis:** The Ebola crisis has exacerbated existing vulnerabilities amongst the population. This is leading to increased poverty and growing problems with child labour and other forms of violence and exploitation of women, children and other vulnerable persons. **Therefore, it is recommended that the recovery strategy prioritize the rights and needs of women, children, adolescents, youth and vulnerable persons, including persons with disabilities, elderly, victims of HIV/AIDS and chronic diseases and jobless families incapable of providing the basic survival needs of family members;**
- **Restart basic services as soon as possible.** This is important to prevent a rise in child and maternal mortality and to mitigate the negative social and economic impacts of the Ebola crisis on the development and stability of affected countries. The re-establishment of systems to provide adequate services to the most vulnerable must harmonize with the investments made and capacities put in place during the response. **The recommendations are a) to rebuild social services quickly in a way that enables them to withstand future shocks; b) to create systems that reduce vulnerabilities, prevent poverty and protect of women, children and youth and vulnerable persons; c) to support the resilience of the local population; and d) to mitigate tensions in communities through national and local dialogue and transparent monitoring of progress in the realization of social protection goals;**
- **Build recovery on the Ebola response:** The humanitarian emergency is an excellent opportunity to build systems responses. It is necessary to bridge humanitarian emergency responses and systems building. A visible and quick integration of existing assets from the current Ebola response into the regular social services, particularly at the community level, is an important starting point for a successful and credible recovery process. The recovery efforts need to ensure that trained and semi-trained personnel and volunteers, vehicles, ICT and mobile phone platforms, warehouses and many other supplies and facilities established for the Ebola response are used to rebuild basic social services in the affected countries. **Governments should plan sufficient posts and salaries to retain teachers, health workers and community mobilizers so that education, health and other sector ministries can integrate the work force that was built up during the Ebola response into their regular budget;**
- **Human resources:** There are significant gaps in human resources across all social sectors, either because staff have died or abandoned/changed their jobs or because well-trained staff were lacking even before the Ebola outbreak. The recovery effort should improve the countries' capacity to train and retain professional staff in the social sectors, including through support for medical schools and for teacher training school or colleges for social workers and psycho-social counsellors;

- **The government should play the central role in the provision of services** as part of a renewed contract between the state and citizens. Arrears in paying wages to public service workers and other overdue payments should be cleared. Despite the weakness of the system, it is important to avoid the use of parallel structures that could indeed delay the institutional development needed to ensure the sustainability of the interventions;
- **Decentralization and community engagement:** All countries stated that empowered districts and communities were a key factor for successful infection control and that the recovery plans should foster decentralization, community participation and community-based accountability mechanisms. **Communities should engage early in the recovery process by reinforcing and building community social service centres and strengthening district authorities while expanding the capacities of national ministries to guide, train and monitor the delivery of basic services to the population, especially to those affected by the Ebola crisis;**
- **Social norms and behaviours:** Recovery efforts should maintain positive social behaviours that emerged during the Ebola outbreak, such as hand-washing practices or the reduced incidence of harmful practices such as FGM, and reduce child marriage and teenage pregnancy. **Local resources and mechanisms of social communication, social mobilization, community organization and social awareness should be retained and strengthened during the recovery phase and in the long run.**

SPECIFIC RECOMMENDATIONS FOR EDUCATION

- Restart education services as soon as possible. Education can restore a sense of normalcy in children's lives. However, safe learning environments should be a precondition for reopening. The recovery plan should support the revitalization of the education system with short- and medium-term investments for teacher training in school safety, hygiene education and school sanitation as well as psycho-social support for all children, with specialized support for the most vulnerable. The infrastructure for school sanitation and hygiene should be gradually expanded to all schools and be accompanied by good hygiene education programmes;
- Provide alternative education programmes for children who are out of school and too old to come back to school. Catch-up programmes should be put in place for children who missed school exams (including high school exams) due to school closures;
- Provide training for teachers and staff in school safety, hygiene education, school sanitation and psycho-social care. School management committees and parent-teacher associations are essential support for the safety of children and education personnel at schools and important mechanisms in the revitalization of the education system;
- Ensure health education in schools. It promotes positive health behaviour, complements pupils' life skills education and helps them develop knowledge and practices to stay healthier, attend more regularly and stay in school longer. WASH in schools also contributes to the success of education programmes, reducing school absenteeism caused by illness and improving school attendance for girls;
- Strengthen the links between the education and health systems, including through education on health (hygiene, Ebola prevention measures, sexual and reproductive health) and through referrals to health services provided at schools;
- Scale up or establish cash transfers to change social behaviour in a way that will improve resilience (e.g., conditional on school attendance, where appropriate), building on social funds where they exist,

or develop new financing mechanisms for the sustainability and effective outreach of those transfers. School grants should be considered, with a positive/negative list of eligible expenditures to give schools some flexibility to decide over the allocation of funds in areas of greatest need. Block grants to alleviate financial pressures on private schools that depend on student fees to cover their costs can play an important role during the recovery period.

SPECIFIC RECOMMENDATIONS FOR SOCIAL PROTECTION

All countries have identified social protection as an important instrument for mitigating rising poverty due to the economic meltdown caused by the Ebola crisis. Social protection can also contribute substantially to the recovery of economic activity. Cash transfers to vulnerable groups and the large stock of poor households will be important to protect populations against the immediate social and economic consequences of the Ebola crisis. Recovery plans will need to combine cash transfers with investments to mitigate the immediate social and economic impact of the Ebola crisis on poor households in a sustainable social protection system that reduces social vulnerabilities in the long run. **Eligibility mechanisms should ensure that those who were more directly affected (e.g., families that lost members, widows, survivors and orphans) are covered and that current humanitarian responses are linked to longer-term support.**

As much as possible, programmes should build on **existing responses**, including the **scale-up of existing cash-transfer programmes**. Target mechanisms should be simple, clear and objective to ensure administrative simplicity. If needed, programme targeting rules should be reviewed to ensure that they respond to the current patterns of vulnerability and are justified in view of the scale of needs faced. The use of categorical approaches can be an important alternative to poverty targeting mechanisms due to the challenges related to the efficiency and effectiveness of these mechanisms, in contexts where the levels of poverty are so widespread. In all cases, there should be a rapid institutional and policy design review of existing programmes to make necessary adjustments before scaling up. At this stage, potential solutions can include the introduction of safe burial/survival grants as well as allocations and maternity grants for orphans and foster families. Decisions should be based on a comprehensive and quick assessment of the potential impact, cost and administrative implications of different options.

National authorities should assess options like the introduction of **child grants and pensions** in the mid-term. According to the proposals of the respective national strategies, there should be plans to develop gradual and context-adapted **national social protection floors**.

Special attention should be given to **health social protection**. It is important to reassess the feasibility of balancing: 1) the introduction of social health insurance mechanisms to ensure universal access to health services through contributions from workers and 2) the subsidizing of vulnerable groups.

SPECIFIC RECOMMENDATIONS FOR CHILD PROTECTION

There is an opportunity to sustain the results so far achieved in the Ebola response in sectors like child protection in order to build the capacity and improve services for children and caregivers who have been adversely affected by Ebola.

- **Priority should be given to the protection of children**, particularly for those who suffered from the EVD outbreak. Children who have lost one or both parents or their primary caregiver number an estimated 17,000 in the three countries. These children, in addition to dealing with their loss, may face

stigmatization and hardship in social reintegration and need ongoing support to survive. Responses to these children should be the platform from which to assess and respond to other EVD-affected children and strengthen the child protection system to be more proportionate to the overall vulnerability of children in these countries.

- There is an **opportunity to re-examine the policy frameworks for child protection** in all three countries and, building on results so far achieved in the Ebola response, to roll out these existing policies and strategies in regions most affected by EVD. Rather than creating another vertical programme or parallel system focused on one issue, investments for recovery could develop more comprehensive and sustainable child protection systems, with a focus on strengthening families and communities to better protect all children. In addition to cash transfers and other non-cash support, children and families need more **traditional types of social work response**, including: services to support alternative care arrangements for children who have lost one or both parents; psycho-social support; support for reintegration into community life and education (particularly in the case of children directly affected by EVD); and support for address other child protection and welfare issues (child abuse, teenage pregnancy, family separation, child marriage). **The social welfare workforce will have to be significantly strengthened** in all three countries in order to take on the additional burden of administering cash transfers and providing a social work response for vulnerable families and children. Social workers may assume a greater coordinating role at the decentralized level, ensuring more systematic engagement with families, communities and traditional leaders to promote greater community involvement in children's welfare and protection and to improve links with and referrals to existing services and community support networks.
- There is also a need to broaden the scope of interventions to address other child protection concerns. Rape and other forms of sexual assault continue to be high and evidence suggests that sexual exploitation and abuse has not reduced due to EVD. Another important issue is to build on the existing and strong traditions of support for children at family and community level in order to **strengthen existing community-based child protection mechanisms**, which in some communities might take the form of child welfare committees (CWCs). It will also be important to more broadly address harmful traditional practices, such as early marriage, FGM/C, child labour and gender-based violence, and to reinforce positive social norms for child protection.
- In the long term, through an inclusive and integrated child protection systems approach, **national and decentralized capacity needs to be strengthened** to provide equitable access to child-friendly services that prevent and respond to violence, abuse, exploitation and neglect. This will be through 1) support for the implementation of key policies and laws; and 2) institutional capacity-building at the national and decentralized levels to prevent and respond to violence, abuse and exploitation, with a special focus on adolescent girls and boys.

SPECIFIC RECOMMENDATIONS FOR INFRASTRUCTURE FOR PUBLIC SERVICES

There is a very clear need to provide schools, health posts and local markets with water and electricity, hand-washing facilities and latrines. Furthermore, roads to schools, hospitals, health and local market places are badly needed. **The recovery plan should prioritize investments in the underlying infrastructure that allows marginalized populations to access basic services.** The response to the urgent need for infrastructure development should be aligned with the the response to employment deficits, particularly for youth and women. Large-scale, public-employment-intensive programmes capitalizing on different types and sizes of infrastructures should be a central element in the response.

*Vendor greets potential customers at a nearly empty
Liberian market.* PHOTO: CARLY LEARSON/UNDP



VI. IMPACT AND RESPONSE: SOCIO-ECONOMIC REVITALIZATION

ANTECEDENTS TO THE CRISIS: A DECADE OF PROGRESS, WITH CONTINUING DEVELOPMENT NEEDS AND IMPLEMENTATION CONSTRAINTS

Liberia, Guinea and Sierra Leone entered the EVD crisis with significant and similar human development needs. All three are classified as low-income countries and national poverty rates exceed 50 percent the populations of Guinea and Liberia and 40 percent of the population in Sierra Leone,³⁴ while child stunting rates range from one third in Guinea to over 40 percent in Sierra Leone and Liberia.³⁵ Across broader definitions of human development, they also rank low, with low levels of schooling, literacy and life expectancy. These countries are also among the fastest-growing populations, with population growth rates³⁶ of 2.1 percent³⁷ for Liberia, 2.33 percent for Guinea, and 1.9 percent for Sierra Leone. Fertility rates³⁸ stand at 4.81, 4.82 and 4.83³⁹ for Liberia, Guinea, and Sierra Leone, respectively. This has food security implications, with 41 percent of the population in Liberia food insecure. Nearly two thirds of the populations are young, with many people in vulnerable employment. In general, the population at the epicentre of the Ebola outbreak was at risk – they were poor, food insecure, lacked productive employment and had few livelihood opportunities and minimal access to (quality) public services, including health care.

The economies are dominated by informal activities and agriculture-based livelihoods. At most, 20 percent of the workforces are formally employed. Up to three quarters of households rely on agriculture (including livestock, fisheries/aquaculture and forestry) as their main source of income, with important subsistence agricultural sectors and some supplemental income through sale of surplus crops, cash crops or part-time work. Agricultural production is based primarily on smallholders, with poor access to inputs such as improved seed varieties and fertilizers. As such, much of this activity suffers from low productivity. While it employs between one half and three quarters of the economically active population (77 percent, 50 percent and 60 percent of Guineans, Liberians and Sierra Leoneans, respectively), agriculture generates at most 20 percent of GDP in Guinea, 25 percent in Liberia and 45 percent in Sierra Leone.⁴⁰ The share of women in the labour force that is directly engaged in agricultural activities is 50.3 percent, 43.7 percent and 61.8 percent in Guinea, Liberia and Sierra Leone, respectively.

Even if much agricultural activity is for subsistence, a substantial portion also feeds the local and subregional trade, with produce moving from the farming areas around the countries and towards their capitals as well as across the Mano River borders, and from Guinea to Senegal, in exchange for cash and imported essentials. Food production has remained stagnant or increased slowly and has not been able to keep up with population growth, resulting in a high demand for food imports.

Government budgetary allocation to the agricultural sector has been significantly low in Liberia (5 percent) and Sierra Leone (2.8 percent). These are far from the 10 percent budgetary allocation threshold agreed to for the agricultural sector under the Maputo Declaration. Only Guinea (13.7 percent) has surpassed the target.

34 Latest from World Development Indicators.

35 2014 Global Nutrition Report, International Food Policy Research Institute.

36 Guinea and Sierra Leone have annual percentage changes of 2.5 percent and 1.9 percent.

37 The estimate for 2014 is 2.52

38 United Nations Population Division database on population policy

39 The figures for 2013 according to the Sierra Leone demographic and health survey are 4.9 (national), 3.5 (urban) and 5.7 (rural).

40 IMF, World Bank and national statistics agencies.

Urbanization is growing fast in all three countries. It is encouraged by limited service provision and perceptions of limited opportunities in rural areas, especially for the young, and leads to stresses on availability of labour in rural areas and livelihood opportunities in urban areas. Around half of Liberia's population lives in urban areas, making it the most urbanized of the three countries. Even in urban areas, poverty rates are high and most livelihoods are based on informal, low productivity activities – small trading, for example. Of the small formal sector, as much as half of total employment is in the public sector.⁴¹

Fertility and population growth rates are very high, with a high youth bulge, so many more livelihood opportunities will need to be generated in the coming years. More than half of the populations is younger than 18. This ratio suggests that populations may have significant difficulty managing shocks. For households living near or below national poverty lines, it is difficult to build buffers against bad times.

Nonetheless, especially Liberia and Sierra Leone have made significant progress since their civil wars ended early last decade. Driving this progress have been development-focused national governments and supportive external conditions. Governments have implemented national poverty reduction and development programmes, strategies and plans that have allowed them to clear external debt through the HPIC processes, securing the health of public finances and allowing more national and international resources to be applied to long-term investments. Meanwhile, the boom in commodity prices and these countries' rich mineral and agricultural resources have attracted billions of dollars of foreign investment in iron ore, gold, rare earth and nickel mines, and palm oil, while small scale farmers and international traders have expanded cocoa and rubber production capacities.

Prior to the Ebola epidemic, the general outlook for growth in 2014 was promising in Sierra Leone and Guinea. However, with deteriorating external conditions, investments, especially in mining production and cash crops, were less able to support strong expansion in overall GDP, export receipts and, to a lesser extent, government revenues. Government investments in infrastructure and energy were accelerating in Liberia and Sierra Leone at a sustainable pace. Efforts to strengthen government institutions and capacity, especially for public financial management, continued although progress was slowing. Inflation control was a looming challenge and was associated with depreciating exchange rates, which affected real incomes for many households.

IMPACT OF THE EVD CRISIS AND EMERGING ISSUES

IMPACT ON MACROECONOMY

The effects of Ebola epidemic are expected to significantly reduce GDP relative to expectations prior to the epidemic. The World Bank reports how the Ebola epidemic has severely weakened the economies of the three countries.⁴² All three were growing briskly in the first half of 2014, but full-year 2014 growth dropped to an estimated 0.5 percent in Guinea, although a growth rate of 4.5 percent was expected before the crisis. Full-year growth for 2014 in Liberia fell to an estimated 2.2 percent from 5.9 percent expected before the crisis and, in Sierra Leone, full-year 2014 growth fell to 4.0 percent from 11.3 percent

⁴¹ 2010 Liberia Labour Force Survey

⁴² 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>

expected before the crisis. While these rates already imply shrinking economies in the second half of 2014, the 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 foregone income of about \$1.6 billion across the three countries in 2015. This is more than 12 percent of their combined pre-crisis GDP. Slowing growth has translated into weaker revenues, while government spending needs have grown, weakening healthy public finances.

Government revenue, health services, employment, agricultural production, food security, nutrition, tourism, mining output and mine expansion, imports and exports, inflation, balance of payments, international contacts, the budget deficit and national and personal security have been deteriorating. In Liberia, for instance, the depression of economic activity reduced tax revenue by 18 percent.⁴³ At the same time, efforts to restrain the deficit in expenditures unrelated related to Ebola, are jeopardizing welfare and long-term development. There is also a deceleration of income across occupational boundaries and a reduction in household incomes may reduce future welfare.⁴⁴ Indeed, there is also likely to be increased pressure on fiscal space in the aftermath of the epidemic in the face of more pressure for major improvements in the quality of public services.

The impact of the Ebola epidemic on economic well-being operates through two distinct channels. First, there are the direct and indirect effects of the sickness and corresponding mortality, which consume health care resources and take people either temporarily or permanently from the labour force. These effects are compounded by the behavioural effects resulting from people's fear of contagion, which undermines their willingness to interact with other people in markets, workplaces and the like and also undermines willingness to spend. This channel, consisting of the labour force and health expenditure impacts, closely tracks the number of suspected and actual cases of the disease. The second, or behavioural, channel is less sensitive to the actual number of cases of Ebola because it is driven by aversion behaviour and is more sensitive to broadly disseminated information and uncertainty. For example, employers who understand the risks of infection well and learn how to protect themselves and their workers from contagion will reopen workplaces and resume production and investment, while governments that demonstrate that they have controlled the epidemic and have resumed normal activity will inspire confidence in domestic and international economic agents to resume their former pace of economic activity.

These estimates do not distinguish the effects of Ebola from other negative external shocks affecting the countries. In assessing recovery needs, it is useful to abstract from the effects of mining production in analysing the growth paths of these economies. In Liberia, the growth in overall output has been supported by robust production at the country's iron ore mines, despite additional operational challenges due to the epidemic and the large declines in international flights. Excluding mining, Liberia's output contracted over the whole of 2014 and the expected recovery in activity reverses only part of this in 2015. In Sierra Leone, the Ebola epidemic added to other challenges of the country's miners and, while production was relatively strong in 2014, the bankruptcy of an important miner and closure of at least one mine are expected to reduce output in 2015 across the overall and the non-mining economies. In Guinea, the epidemic has affected a very large mining investment with likely delays and associated complementary investments, leading to anticipated slower growth in 2015 and beyond.

Also complicating the assessment of the economic impact in all three countries was the acceleration of the epidemic at the same time as the usual rainy season slowdown. This means that careful analysis is required to distinguish the impact of the Ebola crisis from the usual seasonal

43 Government of Liberia Economic Stabilization and Recovery Plan.

44 UNDP regional study on the socio economic impact of the EVD.

downturn and also the subsidence of its impact from the usual seasonal upturn as crops are harvested and the dry season allows construction and other outdoor work to move to full pace.

IMPACT ON THE AGRICULTURAL SECTOR

In all the three countries, agriculture has been hit hard by EVD for domestic consumption and for export. The World Bank has cut its expectations for growth of agricultural output in 2014 from 5.7 percent to 3.3 percent in Guinea, from 3.5 percent to 1.3 percent in Liberia and from 4.8 percent to 2.6 percent in Sierra Leone. The epidemic began spreading during the planting season and escalated during the crop maintenance and the critical harvesting period for the staple crops rice, maize and cassava. The national production of rice, the main staple, is expected to decline by 12 percent in Liberia, eight percent in Sierra Leone and 3.7 percent in Guinea. While these effects seem relatively modest at national levels, they are much greater in areas hit hardest by the disease, where rice production is estimated to have fallen by between 8.5 percent and 20 percent, depending on the country. The production of the other staples, cassava and maize, is also expected to show some decline (Table 3). The impact of the Ebola crisis has been exacerbated by the closures of markets and transport routes, so farmers often lack efficient means of selling their crops and traditional teamwork mechanisms break down for fear that the proximity may lead to contagion. It is estimated that, in March 2015, about 290,000 people are food insecure because of EVD in Liberia, 280,000 in Sierra Leone and 470,000 in Guinea.⁴⁵ The border closures have also led to a decline of international export trade volumes of agricultural commodities: the export of cocoa beans from Sierra Leone has fallen by 30 percent⁴⁶ and the export of rubber from Liberia has fallen by 20 percent.⁴⁷

Table 3: Agricultural Production Lost Due to Ebola

COUNTRY	REDUCTION IN PRODUCTION DUE TO EBOLA ('000t)	AGRICULTURE PRODUCTION (%)	VALUE OF PRODUCTION LOSS, MILLION US\$
RICE			
Liberia	24	12	10
Sierra Leone	100	8	43
Guinea	55	3.7	23
CASSAVA			
Liberia	19	5	2
Sierra Leone	37	3	4
Guinea	4	1.2	0.4
MAIZE			
Sierra Leone	2	4	0.3
Guinea	24	3.7	4

Source: FAO estimates as given in: FAO and WFP: Synthesis: FAO/WFP Crop and Food Security Assessment – Liberia, Sierra Leone and Guinea. 5 January 2015. www.fao.org/3/a-i4311e.pdf

45 FAO and WFP: Synthesis: FAO/WFP Crop and Food Security Assessment.

46 WWH. The impacts of EVD on the livelihoods of rural communities, agricultural production and food security in the 2 epicenters of Kailahun and Kenema.

47 World Bank. The Economic Impact of the 2014 Ebola Epidemic, 17 November 2014.

This loss in production and breakdown of distribution chains is generating need for increased imports. All three countries are net cereal importers. Cereal import requirements in 2015 are estimated at 445,000 tonnes, 440,000 tonnes and 300,000 tonnes for Guinea, Liberia and Sierra Leone, respectively. Rice accounts for the bulk of imports. Based on commercial imports forecasts, Liberia has about 90,000 tonnes, Sierra Leone about 55,000 tonnes and Guinea about 44,000 tonnes of uncovered gap. These gaps are expected to be covered by international food assistance and/or additional budgetary allocation by the government.

In all three countries, the number of food-insecure people has increased. Many households reported reducing the amount of meals and substituting preferred food with lower quality or less expensive food as measures of coping with decreased income and rising prices. The number of severely food insecure is estimated at 630,000 in Liberia, 450,000 in Sierra Leone and 970,000 in Guinea. While most of these lacked food security before the crisis, reflective of the high rates of extreme poverty, a total of 170,000 of people are estimated to be food-insecure because of EVD in Liberia, 120,000 in Sierra Leone and 230,000 in Guinea.⁴⁸

EVD affected livestock, fisheries/aquaculture activities as well as the consumption of bush meat. Livestock and fisheries/aquaculture are normally an important source of income and protein for the majority of the rural population. In all three countries, the veterinary services are weak. Technical staff of the ministries of agriculture stopped routine vaccine activities long before the EVD outbreak. Many farmers also depend on wild animals as a source of animal protein and for sale to generate income. The most widely hunted and consumed animals include rodents, ruminants and bats. Hunting and trade of wild animals has been forbidden by laws and restrictions designed to curb EVD. This has greatly impacted the amount of animal protein available at the household level as well as the household income.

IMPACT ON MINING ACTIVITIES

Mining comprises a significant amount of GDP for each nation and had been an important driver of recent growth, especially in Sierra Leone and Liberia, while it is the centre of future prospects for Guinea. Across the countries, a significant number of mining projects are currently operational or being explored for potential future development. These are largely iron ore operations, as well as gold, diamond rare earth and bauxite operations. These have been adversely affected by the Ebola crisis – many international mining companies and their contractors evacuated staff due to safety concerns (both regarding Ebola, but also due to the challenges with overall health care access), leading to slowdowns and cessation of operations or at least work on new investments.

In addition to short-term operational closures, there are also fears of longer-term impact. London Mining, one of Sierra Leone's biggest investors, filed for bankruptcy after failing to secure financing due to Ebola concerns, which exacerbated falling iron ore prices. Arcelor Mittal has had to slow a US\$1.7-billion expansion in Liberia as its subcontractors withdrew and Rio Tinto has put construction of a US\$20-billion investment on hold for the Simandou project in Guinea.

At the same time, many mining and manufacturing companies united to join the fight against Ebola. Arcelor Mittal led the development of a private sector mobilization group and some companies, like Firestone, set up Ebola treatment centres (ETCs) for their employees on site, while other companies, like BHP, donated to Ebola relief. Given the tens of billions of dollars of investment in projects in the three countries, success in the fight against Ebola is a priority for many mining companies.

48 WFP/FAO food security assessments.

IMPACT ON THE SERVICES SECTOR

Segments of the service sector have been most the severely affected by the Ebola epidemic.

While these sectors were small relative to their overall economies, conditions have been severe for businesses operating in transport and trade that have been affected by border closures and quarantine zones and any business reliant on international tourism. These effects have been driven by fear and aversion and by policy actions intended to reduce the risk of contagion, such as closing borders and highly infected areas, imposing curfews and reducing business hours.

Challenges within the transport sector have constrained the supply of goods and services.

The cost of transporting goods in some cases has increased by 50 percent, partly reflecting the more difficult road conditions during the rainy season (May–October) as well as the disruptions arising from having to negotiate the area quarantines imposed to control the spread of Ebola. For example, in Liberia, UNDP interview data reveal that the number of trucks serving city markets and the number of taxis traveling between Monrovia to other locations fell sharply between the second and third quarters of 2014. According to the Ministry of Commerce, shipping lines still willing to travel to Liberia started requiring risk insurance for all incoming ships, resulting in increased prices for all imported goods. Shipping services have also suffered, with around a 60-percent reduction in traffic at Conakry Port and a cumulative loss of around US\$3 million since March 2014. Nonetheless, shipping routes did remain open throughout the crisis.

The suspension of flights in August affected all countries severely. This reduced traffic at Conakry International Airport by nearly 60 percent, while the number of weekly commercial flights to Monrovia or Freetown dropped from 27 before August to only six at the start of September 2014 and remained at that level to mid-January, apart from humanitarian air services. Transport service disruptions caused by air, sea and land travel bans limited the speed of transporting essential medical supplies and personnel.

The nascent hospitality sector has been particularly hard hit by the cancellations of commercial flights to the countries. The fate of the local breweries also illustrates the linkages from fear of contagion and policy actions intended to reduce transmission risks. The scaling down of operation by bars, restaurants and, through loss of demand, breweries, due to the state of emergency, curfews and opening restriction, is estimated to have led to the loss of livelihoods for 24,000 people and put investments on hold in Sierra Leone alone (National Revenue Authority of Sierra Leone 2014). With the departure of expatriates and the loss of flight connections, hotel occupancy rate fell to below one quarter in August in Sierra Leone and Liberia and 40 percent in Conakry, down from 70 percent to 80 percent in late July (ECA 2014). However, the impact of reduced arrivals on tourism sales from September onward has been cushioned by the influx of international support, which has contributed to occupancy initially in the better hotels and then, as they have filled, in lower-tier establishments.

The EVD crisis is hurting the African service sector not only in the affected countries, but also in neighbouring countries.

The World Travel and Tourism Council, which represents airlines, hotels and other travel companies, recently stated that early indications suggest a decline of 30 percent in bookings to the larger West Africa region. A survey of 500 safari tour operators in October 2014⁴⁹ found that half of the tour operators had suffered 20 percent to 70 percent declines in their African safari business because of EVD fears. This translates into lower household incomes and government revenue far from the affected countries.

49 Safari Bookings 2014.

Construction activities in the energy and transport sectors were also halted as contractors declared *force majeure* and evacuated key personnel or as skilled personnel left the countries. In Sierra Leone, construction of the Kenema–Kailahun and Matotoka–Kono roads; reconstruction of the Makeni–Kabala road, Hillside Bypass road, and Lumley–Tokeh road; and work on city and town streets in the provinces and the Western Area have been suspended.⁵⁰ In Liberia, there were similar halts in large investments, but, with the more controlled epidemiological situation, some contractors were resuming by late December.

IMPACT ON INFLATION

The larger economic effects of the Ebola crisis have not extended to broad acceleration in living costs and impairment of spending power. The restrictions on movements and market

closures caused temporary price spikes and slumps as goods became unavailable or unsellable. Some of these were very large – for example, prices of starchy roots rose up to 150 percent in markets around Monrovia in August when markets were closed and quarantine control on areas around Monrovia exacerbated the usual rainy season shortages. But various reports (e.g., Mercy Corps 2014) indicate that the lack of cash, not rising costs, has constrained households’ ability to maintain consumption, especially in remote rural areas where access was closed and households were unable to sell their produce. Further, the Ebola shocks coincided with falls in international energy prices, which benefits all three countries, given their heavy reliance on imported fuel. In Liberia, inflationary pressures from imported items have also been maintained by a modest appreciation in the exchange rate, although the exchange rates of the other countries depreciated from July to December 2014.



Out-of-work taxi drivers gather in usual pick-up locations but lack customers.

PHOTO: MORGANA WINGARD//UNDP

IMPACT ON LIVELIHOODS AND EMPLOYMENT

Disruptions related to the epidemic particularly affect women’s livelihoods. The reduction of income due to suspension of women gathering for cooperative activities, the closing of markets, restricted cross-border trading and the decrease of fruit and vegetable production are all factors.

The outbreak and subsequent spread of EVD has had catastrophic effects on the income-generating capacities of members of village savings and loan associations and SMEs. The impacts have been multidimensional and intense and have occasioned persistent decline in the functioning of village savings and loan associations.

⁵⁰ Government of Sierra Leone 2014.

BROADER SOCIAL WELFARE EFFECTS

The decline in incomes and employment opportunities flowed into other welfare indicators. Many households reported reducing the amount of meals and substituting preferred food with lower quality or less expensive food to cope with decreased income and rising prices. The number of severely food insecure is estimated at 630,000 in Liberia, 450,000 in Sierra Leone and 970,000 in Guinea. Pre-existing food insecurity rates were high, reflective of the high rates of extreme poverty. The effects of EVD added to this. In Liberia, 170,000 people are food insecure who would not have been without the Ebola crisis; the figures for such people stand at 120,000 and 230,000 in Sierra Leone and Guinea, respectively. If these rates of food insecurity in the affected countries persist, they could have long-lasting impacts in the subregion.

SHORT- AND MEDIUM-TERM PRIORITY RECOVERY ACTIONS

SHORT-TERM

While recovery action may be classified according to time horizon, it is important to note that, whatever the horizon, all actions begin immediately or as soon as reasonably feasible. The difference would be in the intensity of focus. In the short term (beginning immediately, but with a horizon of perhaps 12 to 18 months), the focus of recovery is on restoring livelihoods of people and communities affected by the Ebola crisis, revitalizing local economies and, to the extent possible, creating new opportunities and jobs for women and men in Ebola-affected areas. The ideal starting point would be a rapid socio-economic assessment to help determine the optimal path for livelihoods restoration, job creation and community revitalization in the affected areas of the three countries. Lessons from the post-conflict experience of Liberia, Sierra Leone and other crisis-affected countries indicate the following possible courses of action.

- The provision of subsidized inputs and agricultural tools, technical support and extension services to EVD-affected communities to secure the upcoming agriculture campaign; the provision of support for getting agricultural products to the market; and the provision of staples to those communities to prevent seeds being used for food consumption;
- The provision of cash transfers to EVD survivors and affected households, paying particular attention to women, girls and the extremely poor and vulnerable. Depending on country context, this support could be a combination of conditional and unconditional cash transfers. (Provision of effective and targeted social protection could be an important element in a transition to a broader social protection system.);
- Emergency or temporary jobs for people in Ebola-affected communities, paying particular attention to the youth. Such programmes would include labour-intensive public work programmes that provide temporary jobs and strengthen local skills while helping to rebuild local infrastructures;
- Provision of basic start-up grants, targeting Ebola-affected individuals and aimed at the recovery of micro-, small and medium-sized enterprises in the communities;
- Rehabilitation, through cash for work, of key community socio-economic infrastructure such as water sources, irrigation schemes, health /community centres and feeder roads;
- Provision of labour-intensive programmes in the affected urban areas particularly targeting urban youth;
- Facilitate access to micro-credit and, if necessary, provide coverage of outstanding prior loans to restore community-based microfinance systems.

MEDIUM-TERM

Beginning immediately, but having a horizon of up to five years, the concern is more with stimulating local economic recovery. This entails additional investments to restore the local economic infrastructure and local institutions, strengthen community leadership capacities and stimulate private sector development. Possible courses of action areas are:

- Community-driven development programmes, comprising participatory investments in local socio-economic infrastructure and social and productive programmes;
- Support for the recapitalization of community banks and financial services associations;
- Strengthening of the capacities of micro-finance institutions, including by providing cash grants for business;
- Local economic recovery programmes, including consulting with community groups on private sector development and direct employment support services, such as financial development and microfinance programmes;
- Provision of access to business development services for small and medium-sized enterprises and of quality vocational training, particularly for youth, women and vulnerable groups. These could include enterprise enhancement programmes, technical vocational education and training (TVET) and impact investment to provide venture capital to innovative small businesses and promote local content via robust local content policy. They could also include technical assistance matching grants to provide matching grants for technical assistance (e.g., hiring a consultant or conducting a feasibility assessment) to communities interested in promoting local economic development;
- Support for local development through small-scale infrastructure at local level (toilets, feeder roads, markets, solar energy lighting in critical village points), ensuring the full engagement of the communities in order to sustain the momentum.

Over the **longer term**, i.e., with a horizon beyond five years but starting as soon as possible, recovery actions to consider include:

- Restoring border trade and international trade;
- Supporting monetary and fiscal policies, as well as investment and employment-generating policies aimed at resilient growth and development in the three countries;
- Stimulating private investment, focusing particularly on mining and basic infrastructure;
- Reactivating ongoing reforms to accelerate growth and structural transformation of the economies;
- Exploring options for the expansion of fiscal space, particularly through domestic resource mobilization. As done in Botswana, Ghana and South Africa, Governments in Guinea, Liberia and Sierra Leone could explore the possibility of adopting increases in tobacco and alcohol excise taxes to raise prices and make these products less accessible. Besides the potential health benefits of this fiscal measure, it could help broaden the tax base and generate additional revenue to support budgetary capacity to finance the post Ebola recovery effort;
- Restoring confidence among foreign actors by bringing back airlines, cultivating the return of foreign direct investments and resuming projects on hold, and working to bring insurance, freight and shipping costs back to their pre-crisis levels;
- Intensifying efforts to improve public financial management to ensure the most effective use of public funds, as this is fundamental to the sustainability of recovery.

EXISTING CAPACITIES AND RESOURCES FOR RECOVERY

Recovery can build on capacities that already exist at the national, subregional and regional levels.

RESOURCES AND ASSETS AT THE NATIONAL LEVEL

The most important asset in the recovery strategy is the countries' own total commitment and political will to attaining quick full recovery from the EVD crisis. As efforts continue towards zero Ebola cases, the countries have already begun work on the recovery phase. As such, significant capacities have been generated in the process. Perhaps most important, the workforce that has been trained for the Ebola response can now be redeployed to recovery activities. Moreover, the coordination and facilitation mechanisms developed to respond to the Ebola crisis can now be adapted for recovery programmes.

National social insurance institutions with modern capacities are available in all three countries. They could be encouraged to play a transition role in supporting social protection implementation efforts, given their administrative experience in setting up systems and maintaining them.

Community resources should be cultivated. In spite of their own vulnerabilities and capacity challenges, communities organized themselves admirably to participate in the Ebola response. The energy and motivation of the communities in their engagement could be harnessed and the knowledge and experience that they acquired in the process should provide a strong basis on which to build additional capacity for local economic development.

DEVELOPMENT PARTNERS ON THE GROUND

Development partners on the ground are another source of capacity. Through their country representations, the institutional knowledge within the UN, the World Bank, the AfDB, the EU and bilateral development partners can also be harnessed in support of recovery. For instance, the considerable experience of the UN system in managing cash transfers and other benefits should be drawn upon in the early stages of recovery while the countries strengthen their payment systems.

Furthermore, many existing development projects are already geared to addressing poverty alleviation and livelihoods issues. Recovery programmes can also piggyback on these to the extent possible.

RESOURCES AND ASSETS AT THE REGIONAL LEVEL: MANO RIVER UNION, ECOWAS AND AFRICAN UNION

At the subregional and regional levels, existing capacities and processes within the MRU, ECOWAS and AU can help bring their weight to bear on the reopening of flight routes, setting up or strengthening cross border surveillance, or information and communication campaigns to restore confidence of investors and consumers at the international and national levels.

The Emergency Response Team of ECOWAS has the objective of creating a civilian standby capacity for response to humanitarian crises and threats to human security in West Africa. Its database of West African humanitarian personnel and resources could be expanded to include health experts and particularly infectious diseases specialists.

The MRU also has important regional integration plans on the ground, such as for the Kissi Growth Triangles, a programme that includes agriculture, infrastructure (roads and transport, energy) and cross-border trade enhancement. Such regional programmes should be supported to get back on track.

RISKS TO SUSTAINED RECOVERY

Potential risks to consider include the following:

- Greater than anticipated economic and social effects:
 - The epidemic persists significantly longer than anticipated;
 - The stigma associated with Ebola persists, delays the return of investors and induces the flight of existing investment and skills;
 - The pressures generated from the epidemic lead to a deterioration in the security situation, further undermining economic activity;
 - Further weakening in international conditions undermines the recovery, by weakening investment, activity, exports and government receipts;
 - Increased mistrust *vis-à-vis* government/public services and development partners;
- Uncertainty around donor funding that is available and/or about timely disbursements;
- Governance challenges and weak implementation capacity could undermine project implementation;
- Political conditions impede implementation:
 - Political cycle: elections in Guinea (2015) and Sierra Leone (2016) increase these risks;
 - Decentralization may be politically controversial;
- Deterioration in food security:
 - Markets remain closed or movement and trade restrictions continue;
 - Due to late or limited rebuilding of capacity in agriculture;
 - Another exogenous shock harms production (pest, drought, plague, floods).



*Women and youth have been disproportionately affected
by the West African Ebola crisis.* PHOTO: MORGANA WINGARD/UNDP



VII. CROSSCUTTING ISSUES

WOMEN AND THE EVD CRISIS

The EVD crisis devastated the health system at all levels. Women constitute the majority of front line health care workers (nurses, traditional birth attendants, cleaners and laundry workers in hospitals and clinics or care facilities). As such, they risked direct exposure to the virus. In addition, given that pregnant women are more likely to come into contact with health facilities (antenatal care and delivery), they risked greater exposure to infections. Consultations during the assessments also indicated that the majority of violence survivors (more than 80 percent in Liberia, for instance) were denied access to basic health services due to the fear that health workers could contract Ebola.⁵¹

The heavy mobilization of health personnel to respond to the crisis left little time to attend to other needs. Furthermore, a low level of trust in the health system led many patients to stop attending facilities, which may have prevented adolescent girls from accessing counselling, contraceptives and antenatal and delivery support if they are pregnant. This situation may have contributed to an increase in teenage pregnancies as well as the risks of maternal mortality. The immediate impact, in addition to the lives lost, includes the fact that all public and private schools were closed. Girls who are usually attending school have been forced to stay at home. Due to the lack of recreational facilities and poverty, girls are more exposed to abuse, violence and exploitation.

Ebola has also had a significant economic impact on women and girls. Restrictions on movement between the countries that were intended to halt the spread of the disease resulted in a shortage of goods and services. In addition to the suspension of cross-border trading, incomes have also been reduced due to the markets closings and decreases in fruit and vegetable production. The restrictions were particularly detrimental to the livelihoods of women, as more women than men are employed in the informal sector and in agriculture in the region. Women constitute an estimated 70 percent of cross-border traders in the Mano River Union region.⁵² As an example of the impact, there was a loss of livelihood for an estimated 95 percent of women who were engaged in small businesses, including the Village Savings and Loans Associations in Liberia, due to the slow-down and halting of economic activities.⁵³ As a result, they are also accumulating loans that they are unlikely to be unable to repay at the end of the crisis.

Moreover, it is reported that the consequences of EVD (food insecurity, unemployment, restrictions of movement) are contributing to creating a stressed situation in families and communities, potentially leading to an increase in gender-based violence and sexual violence. The economic impact of EVD has made families and girls turn to transactional sex and child marriage in order to support their families.

51 Ministry of Gender, Children and Social Protection 2014 GBV Statistics: <http://www.frontpageafricaonline.com/index.php/news/3816-stop-all-forms-of-violence-against-women-gender->

52 African Development Bank Group, 2014. Ebola: The need for a gendered approach. UN Women.

53 Food and Livelihood Assessment – FAO Liberia <http://reliefweb.int/report/liberia/special-report-faowfp-crop-and-food-security-assessment-liberia-17-december-2014>

KEY RECOMMENDATIONS

Short-term

- Immediately establish mechanisms for women survivors to access resources that are needed for reintegration and restoration of livelihoods and further promote mechanisms for the primary means of care of orphans through existing informal family and community structures.
- Conduct a comprehensive impact assessment of the effect of the Ebola crisis on women and girls to draw from the lessons learnt to review the draft strategy and design programmes and to analyse the impact of women's engagement during the crisis in order to improve the economic health and security of women and girls.
- Women have experience with community-level work on early warning and on social cohesion. Taking this experience into account, women must be provided space for active engagement in recovery planning and monitoring.
- Recovery must address the specific needs and roles of women. In addition to Ebola-specific interventions, the recovery programmes must 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.
- Ensure that interventions to support Ebola survivors and orphan with psycho-social support are integral to the recovery programmes.

Medium-term

- Over the medium term, strengthen efforts to address the particular needs and roles of women and girls in the context of disasters, including through strengthening government capacity to deal with the outbreak's gender dimensions and through mobilizing gender-sensitive advocacy campaigns.
- Establish or strengthen gender-responsive disaster risk reduction and management strategies.
- Develop programmes to mitigate the economic losses of women during the epidemic in order to position them for economic recovery and empowerment in the aftermath of the epidemic, including by incorporating longer-term and sustainable social protection schemes for women as part of the strategy to build resilience against shocks.
- Integrate gender equality and women's participation, including building the capacity of women's groups, associations and traditional leaders throughout the recovery process.
- Enhance the capacity of national gender oversight mechanisms to support, monitor and report on gender and women's empowerment commitments in the recovery process.

YOUTH AND ADOLESCENTS

CONTEXT

The populations in all three countries are very young, with over 60 percent of people under the age of 25. Adolescents and youth – i.e., people between the ages of 10 and 24 – make up 32 percent of Guinea’s 10 million population, 31 percent of Liberia’s population of 4 million and 32 percent of Sierra Leone’s population of 5.9 million.⁵⁴ Projections show a steady rise in numbers of adolescents and youth over the next few decades.

Available data from all three countries indicate that youth unemployment is an issue. An Africa Development Bank report on Sierra Leone revealed that unemployed and urbanized youth, who were dislocated from the agricultural community and highly impacted by price increases in staple commodities, were considered one of the key threats to peace in Sierra Leone in a pre-Ebola context.⁵⁵ It was estimated that the 15-to-35 age bracket accounted for 34 percent of the population and that up to 800,000 people between 15 and 25 were unemployed, unpaid or underemployed.⁵⁶ The fragility assessment conducted in Liberia in 2012 similarly found that youth unemployment was one of the factors contributing to the violence that ravaged Liberia. Labour force participation was low in Liberia, with only 35 percent of young women aged 15 to 24 looking for or had a job and 36 percent of their male counterparts participating in the labour force.⁵⁷ Guinea had only slightly better figures, with 57 percent of young men aged 15 to 24 reporting that they were looking for or had a job, while 52 percent of young women participated in the labour force.

The EVD crisis has severely impacted the education system, as all schools were closed. Even prior to the Ebola crisis, there were significant challenges in the education infrastructure and system. The school census for 2012-2013 in Sierra Leone revealed that 81 percent of schools in the country had classrooms in need of repairs. In Liberia prior to the Ebola crisis, nearly 24 percent of adolescents and young adults had no access to education at all. A national visioning exercise found that there is a heavy demand for better education opportunities for youth in Liberia. EVD has a collateral impact on school-age children, including increases in adolescent pregnancies, higher rates of child labour and increased poverty due to loss of household income.

All three countries had high levels of adolescent pregnancy and child marriage even prior to the Ebola epidemic. Twenty percent of young women aged 20 to 24 in Guinea were married by age 15 – which is among the highest rates of child marriage in sub-Saharan Africa. Early childbearing is also high; 13 percent of female adolescents aged 15 to 19 give birth each year.⁵⁸ In Liberia, 38 percent of young women aged 20 to 24 were married by age 18 and 31 percent of women aged 15-19 reported having begun childbearing.⁵⁹ In Sierra Leone, 44 percent of young women aged 20 to 24 were married by age 18⁶⁰ and 28 percent of adolescents aged 15 to 19 had begun childbearing.⁶¹ Reports from 2014 during the Ebola crisis indicate that adolescent pregnancies are on the rise, likely because girls are no longer protected by being in school much of the day.⁶²

54 UNFPA/PRB. Status Report. Adolescents and Young People in sub-Saharan Africa. Opportunities and Challenges. 2012.

55 African Development Bank. Infrastructure and Growth in Sierra Leone. 2011

56 Ibid.

57 Ibid

58 DHS/MICS 2012

59 DHS 2013

60 UNFPA/PRB. Status Report. Adolescents and Young People in sub-Saharan Africa. Opportunities and Challenges. 2012.

61 DHS 2013

62 UNDP. Assessing the Socio-Economic Impacts of EVD in Guinea, Liberia and Sierra Leone. December 2014

The epidemic is reducing willingness to access maternal and reproductive health services such as antenatal care, emergency obstetric and neonatal care, outreach to adolescent women, HIV testing and treatment support, and contraceptives. The use of family planning methods by young men and women has fallen sharply. The Ebola crisis has diverted most of the attention to contagion prevention, often at the cost of addressing its deleterious impact on adolescents and youth.

In addition, it has been reported that women and girls as widows and orphans found themselves exposed to a heightened risk of GBV, sexual exploitation and abuse during the Ebola crisis. Furthermore, GBV and sexual exploitation programming were severely disrupted because health facilities were abandoned and restrictions were placed on movement in the most Ebola-affected areas.

RECOMMENDATIONS FOR YOUTH RECOVERY ACTIONS

- ‘Back-to-school’ campaigns in the three countries should cover secondary and tertiary education, where feasible, and include health education covering sexuality, reproductive health, hygiene and Ebola prevention measures. They should also include links to the health system so that schooling can appropriately support health care. Education support for girls should be integrated within social protection programmes and into the ‘back-to-school’ campaign. Efforts should be made to provide universal primary completion and to improve the transition to secondary education for all youth, especially girls, at the same time that vocational and professional training opportunities are guaranteed, as part of a comprehensive, conflict-sensitive education system;
- The reports on the impact of the EVD crisis on the economy and employment show the urgent need to address youth unemployment to prevent alienation among youth in a region that is prone to cross-border security challenges. However, it is important that youth be viewed not as a security threat, but as current and future leaders if they have the right investments in their health, employment, education and empowerment. Labour-intensive infrastructure works and improved access to services and livelihood are key strategies to address the pressing need for job creation and skills development, especially for youth. Ministries of labour should include provisions for youth employment within their job creation schemes and collaborate with other line ministries to restore lost livelihoods to them;
- In-country consultations highlighted the strategic importance of involving youth from the three countries in the recovery, recognizing the need to generate a dynamic that gives them livelihoods and hope, helps move them from unskilled labour and gives them viable employment options;
- Ebola has deepened gender inequalities and responses are urgently required to address the specific vulnerabilities of young girls. The re-establishment of maternal and newborn health programmes is a high priority and these must be youth-friendly, as indicated by WHO guidelines, so that these services also reach adolescent mothers and pregnant adolescents. Delaying marriage and childbearing should be a priority to improve the health and well-being of adolescent girls and young women. Given the association between child marriage and early childbearing, more efforts are needed to keep girls in school and to stop forced marriage;
- It is also important to ensure continued services and support for survivors of gender-based violence. Attention should be paid to supporting Ebola survivors – children, youth and women – including through psycho-social support, counselling mechanisms and resources to ensure their reintegration;

- In the medium term, the Governments of Guinea, Liberia and Sierra Leone, with the collaboration of international and other national actors, should: a) continue efforts to provide universal primary completion to all children and invest in improving transition to secondary education for all youth, especially girls; integrate health education in school curricula; and, ensure that schools have links with the health system and play a supporting role in health care and the functioning of the economy; b) initiate and sustain youth employment schemes in areas that are likely to attract youth, such as ICTs, trade and, in the informal sector, by investment in entrepreneurship and micro-enterprise models; c) provide reproductive health services and education to young people and ensure that the health services, including maternal health services, are youth-friendly; d) and empower youth to be involved in the recovery process, not just as beneficiaries, but also as agents of change; and e) engage youth more actively in the recovery process, including through national volunteer schemes, building on the experiences of the United Nations Volunteer Service and African Regional Organizations.

PRIVATE SECTOR AND THE EVD CRISIS

PRE-EXISTING CONDITIONS IN THE PRIVATE SECTOR

Private-sector-driven growth, supported by the public sector, is a priority for the countries,⁶³ which are working on introducing policies and reforms conducive to the private sector. However, the pre-existing conditions in the private sector were challenging. The economies continue to be MSME-dominated and the informal sector has a substantial role in the economy as a major employer. The overall ease of doing business in the three countries has improved slightly in the past years in Guinea and Sierra Leone and has remained rather constant in Liberia. Of 189 economies measured, the overall ranking in 2015 was 140 for Sierra Leone, 169 for Guinea and 174 for Liberia (Source: [World Bank, Doing Business](#)).

Competitiveness has continued to be hampered due to insufficient infrastructure, including roads and rail systems to connect rural areas with national and regional markets. The private sector faced major difficulties with insufficient supply and high cost of energy, which continued to translate into higher local product prices. In 2014, more than 80 percent of the people in Guinea, almost 97 percent in Sierra Leone and 90 percent in Liberia did not have access to electricity.⁶⁴ Access to electricity has been hampering especially the manufacturing sector.

Access to the internet remained a major challenge in high-priority locations and internet penetration has been low overall in all three countries (4.6 percent in Liberia, 1.7 percent in Sierra Leone and 1.8 percent in Guinea).⁶⁵ At the same time, there is a high level of mobile penetration, with 82 percent in Guinea, 66 percent in Sierra Leone and 62 percent in Liberia in 2014.⁶⁶

Shortage of skilled labour and limited local inputs were also constraining factors. Prior to the Ebola crisis, the labour force was already facing many health concerns, illiteracy and inadequate training. Management skills are scarce; many of the most talented citizens fled during the conflicts and are beginning to return only now.

⁶³ [Sierra Leone Vision 2025; Liberia Vision 2030](#)

⁶⁴ [OECD Africa Energy Outlook 2014](#)

⁶⁵ [Internet World Statistics 2014 Q2](#)

⁶⁶ [GSMA](#)

Non-conducive legal and regulatory frameworks also add to the challenges; institutional structures are not yet very strong. **Corruption** has remained an issue, with Liberia ranking 94th in the Corruption Perception Index, Sierra Leone 119th and Guinea 145th out of 175 in 2014.⁶⁷ **Access to finance** was also already limited and availability of **business support services** was inadequate.

There were several ongoing efforts to remove bottlenecks and to expand the private sector.

For example, in Liberia, the government facilitated national dialogue to remove bottlenecks to production and exportation timelines. Strides were also taken to resolve the infrastructure, bureaucratic and community-interest issues facing concessionaires across the board (mining, forestry and palm oil industries). Logistical bottlenecks were targeted in the forestry sector. Strides were made in increasing access to energy and finance. As the economy continued to diversify, commercial and industrial activities improved.⁶⁸ Sierra Leone recorded major strides in the communication sector at the domestic and international levels, which doubled the country's internet speed and efficiency of service. The banking sector continued to benefit from the robust financial sector reform measures put in place in 2013. Credit that commercial banks provided to the private sector expanded by 11.32 percent from the end of December 2012 to the end of December 2013.⁶⁹ From early 2013 to early 2014, Guinea made starting a business easier by establishing a one-stop shop to publish incorporation notices and by reducing notary fees. Port management systems were improved to enable easier cross-border trade and reforms improved registering property.



Community training in Sierra Leone.

PHOTO: MORGANA WINGARD//UNDP

IMPACT OF THE EBOLA CRISIS ON THE PRIVATE SECTOR, SMES, MEDIUM-SIZED AND LARGE COMPANIES, INCLUDING MNCS

The impact of the outbreak on the private sector has taken various forms:

Reduced activity and trade has resulted in reduced revenues. In Sierra Leone, nearly 90 percent of businesses that responded in a UNDP Survey⁷⁰ in December 2014 reported decreases in total sales. At the same time, the costs have risen due to the restricted availability of raw materials, limited transportation routes and increased transportation costs. Especially in Sierra Leone, the increased volatility of the exchange rate has also been causing difficulties, especially for businesses that rely on imported inputs, such as manufacturing, wholesalers, transport and logistics. However, in Liberia, the exchange rate has appreciated since the start of the crisis, reducing inflationary pressures. All countries have benefited from the halving in fuel prices since the crisis started, especially as they rely on high-cost fuel oils for electricity generation.

67 Transparency International. [Corruption Perception Index](#)

68 Liberia Ministry of Finance. [Annual Economic Review 2013](#)

69 [Central Bank of Sierra Leone 2013 Annual Report](#)

70 UNDP. Sierra Leone. The impact of EVD on Business Establishments in Sierra Leone

Indirect effects of preventive measures, behavioural changes, movement restrictions and increased insurance premiums^{71,72} in the countries and internationally add to the economic disruption caused by the outbreak (e.g., tourism, cross-border food trade, crop planting cycle, human resources development due to school closures, etc.).

Consumer and investor confidence has been eroded by the outbreak of the virus and disruptions to travel and cross-border trade suggest cumulative losses of more than US\$500 million across the region in 2015 (in addition to losses in the three directly affected countries themselves). The global downturn in commodity prices, like iron ore and rubber, is also contributing to economic contractions, especially in Sierra Leone, where London Mining, one of Sierra Leone's biggest investors, filed for bankruptcy after failing to secure financing due to Ebola concerns and the falling price of iron ore. In Guinea, all major construction projects were put on hold; for example, more than US\$700 million in investment in the Boffa bauxite mine has been postponed until after 2015.

These factors and added uncertainty about the future have resulted in a **scaling down of investment** plans. The UNDP Survey in December 2014 showed that more than 70 percent of the responding companies expected the Sierra Leonean economy to worsen in the coming three to six months. In Liberia, Arcelor Mittal slowed down its US\$1.7 billion investment programme after some of its subcontractors declared *force majeure* and departed. Aureus Mining has delayed its commercial gold mining. In Guinea, Rio Tinto has suspended construction of the US\$20-billion Simandou project. Similarly, a Guinea Alumina Corporation bauxite project led by the United Arab Emirates and worth US\$5 billion has postponed its plans.

Challenges in the operating environment remain related to limited access to finance, inadequate business support services, weak technical capacity, infrastructure deficiencies in energy, transportation and communication and generally high business costs. **The EVD crisis has exacerbated some of these needs and challenges.** For example, in Sierra Leone, the UNDP Survey revealed that EDV is affecting the availability of financial services across all sectors. The impact is immediately visible in the limited loans available in the private sector, reduced banking hours, closure of bank branches and limited access to foreign exchange. Over 50 percent of enterprises reported that the reduction in banking hours has limited access to financial services while 20 percent cited tighter loan conditions. In Guinea, the manufacturing sector has been hit by the difficulty in obtaining inputs due to port delays and logistical challenges. Cement imports have fallen by 50 percent. Many services are tied to the mining sector, where most major players have evacuated foreign workers.

The strain on existing health care infrastructures and resulting challenges for the companies to provide health care services for their employees have led many companies to repatriate their staff and their dependents. Many enterprises continue to pay salaries and finance other statutory contributions for absenteeism and short hours of work, imposing huge losses on businesses. In Sierra Leone, close to 5 percent of the companies that responded to the survey admitted that their staff members had been infected by Ebola and almost 5 percent had to stop operations because of it. About 27 percent of companies mentioned that they have incurred medical costs for staff and their dependents.

71 Source: Building Markets: [Overview of the Liberian Economy 2014](#)

72 Workshop report: Strengthening Trade & Commerce for Post-Ebola Liberia

These issues have resulted in a **decline in employment**. In Liberia, a phone survey found that nearly one half of the head of households surveyed in the first half of 2014 were no longer working by December, although this includes workers who had been sent home but continued to receive pay. For women, the situation is particularly severe and 60 percent of women working before the crisis were no longer working by December 2014.⁷³ In Sierra Leone, the largest declines in employment have been in urban areas, where job losses have been caused mainly by the indirect effects of measures intended to restrict spread of the disease and by the general disruption to the economy due to the Ebola crisis. Among household heads, an estimated 9,000 waged workers and 170,000 self-employed workers outside of agriculture are no longer working since the crisis began. The percentage of households engaged in a non-farm household enterprise that was no longer operating tripled and, among households operating these businesses, average revenue decreased by 40 percent.⁷⁴ According to the UNDP Survey⁷⁵ in December, over 50 percent of respondents reported a decrease in the number of employees. In 2014, there were major job losses ranging between 3.0 percent in the transportation sector, 6.8 percent in telecommunications sector, 8.6 percent in the hospitality and tourism sectors and 22.9 percent in the building and public works (BTP) sector. Mining companies were also heavily affected and many repatriated, confined or evacuated their employees.⁷⁶ For example, RUSSAL repatriated half of its foreign staff, Henan-China Company repatriated its entire expatriate staff and 51 employees of Société Aurifère de Guinée departed.

These issues have **delayed many important reforms and infrastructure projects**. Many development projects have been postponed due to the need to reorient the focus to combat Ebola. For example, construction at the Mount Coffee hydroelectric plant in Liberia remains on hold, with expatriate contractors yet to return. The delay in developing the Simandou iron ore mine has also resulted into the delay of developing a US\$14-billion railway.

The impacts of the epidemic are not limited to these three EVD countries; private sector operators feel them also in other parts of the continent. Indications of slowing demand have been seen especially in the tourism sector in Senegal and Gambia and significantly in countries in other countries as well, such as Kenya, Tanzania and Botswana. Major reasons for this are misinformation, restricted airline routes and restricted mobility. The World Travel and Tourism Council, which represents airlines, hotels and other travel companies, recently stated that early indications suggest a decline of 30 percent in bookings to the broader West African region. The Hotels Association in Tanzania (with over 200 members) states that business is down 30 percent to 40 percent on the year and that advanced bookings, mostly for 2015, are 50 percent lower. In South Africa, some 6,000 kilometres from the nearest Ebola outbreak, arrivals are down this period by as much as 30 percent.

73 World Bank, January 2015. <http://www.worldbank.org/en/topic/poverty/publication/socio-economic-impacts-ebola-liberia>

74 World Bank, January 2015. [Sierra Leone](#)

75 UNDP. Sierra Leone Survey. The Impact of EVD on Business Establishments in Sierra Leone

76 UNDP. [Policy note on economic impact of Ebola](#)

THE PRIVATE SECTOR RESPONSE TO THE CRISIS

Multinational companies operating in the EVD-affected countries formed the **Ebola Private Sector Mobilization Group (EPSMG) to facilitate a mobilized and coordinated private sector response** to the EVD in West Africa. Since its formation in August 2014, the group has grown to include over 100 companies. It has provided resources to front-line responders, advocated for international support and pledged to its members that its members will do all that it can to remain open for business throughout the Ebola outbreak as a vote of confidence in the affected countries. The EPSMG companies have also built and donated treatment facilities and made other in-kind and cash contributions.

One of the major private sector contributors have also been local SMEs that are at the forefront of battle against Ebola. For example, in Liberia, micro- and small businesses are the main source of income for about 80 percent or more of the population, making them the lynchpin of family welfare.⁷⁷ SMEs have been hard hit by the Ebola crisis, but have had to find ways to survive, continue providing needed goods and services and do all they can to mitigate further damage caused by the epidemic. For example, LWSP, a Liberian worker-owned fair trade clothing manufacturing enterprise that provides economic opportunities for more than 300 women, transformed its factory space into a distribution centre for Ebola prevention kits throughout West Africa.⁷⁸ SMEs have also innovated and continued to provide needed services and products throughout the crisis, ranging from SME information services about Ebola to food delivery services. Employers have also had a major impact on providing information and prevention kits to their employees and their families, making a major contribution in stopping the outbreak. International SMEs have also been contributing; for example, some Ebola vaccine developers and other innovators around the response are small start-ups.



Lappa cloth seller in Waterside Market, Liberia, where most vendors have struggled to make a living since the Ebola outbreak. PHOTO: MORGANA WINGARD/UNDP

⁷⁷ Government of Liberia 2011

⁷⁸ Forbes, *Entrepreneurship in the Shadows of Ebola*

Other companies have also contributed and CEOs of many African companies committed logistical support, in-kind contributions as well as US\$28 million as a first wave of pledges to the AU–private sector Ebola Fund in November 2014. According to the OCHA Financial Tracking Service in January 2015, private sector (individuals and organizations, including private trusts and foundations), funding contributions and commitments to the Ebola response stood at over US\$173.6 million. This is 6.7 percent of the total tracked funding, making the private sector the third largest donor after the US and UK.⁷⁹ On top of this, the private sector and philanthropy have made additional outstanding pledges worth over US\$220 million. In Sierra Leone, almost half of the companies that responded to the UNDP Survey in December 2014 had made contributions to a community or district-level fund. Part of the global private sector philanthropic activities could be channelled to support the local early recovery effort through funding, transfer of technology and know-how and capacity building. Many companies have also given significant in-kind donations, including medical supplies, vehicles and logistics.

This level of response from the private sector indicates its commitment to stopping the outbreak, as it also has huge implications for its own operations and is a reminder of the private sector’s potential as a development partner.

RECOMMENDATIONS FOR PRIVATE SECTOR RECOVERY AND DEVELOPMENT

Short-term

- Maintain business operations to keep people employed and tax revenues flowing to the governments; support commercial banks in re-establishing full operations of main banks and branches and address the logistical bottlenecks, including air and shipping access, that have worsened due to EVD;
- Ensure that the significant development assistance that is likely to come does not distort local markets. Governments could, for instance, ensure that a significant portion of their own and donor and procurement used leveraged for local economic development;
- Support initiatives that promote business development services for local suppliers and encourage collaboration between national and international businesses to develop the capacity of suppliers in promising sectors such as furniture manufacturing;
- Promote liquidity in the domestic market and access to capital for all categories of enterprise. Address the shortage of foreign exchange in the economies and reduce borrowing costs. Resuscitate informal and formal savings and loan schemes and microfinance entities that were depleted by EVD. Provide stimulus packages to the extent possible;
- Revive the local food security system to mitigate food scarcity in 2015. Support food production, including by providing farm inputs such as seeds, seedlings, fertilizers, tractors and finance to farmers, their associations and communities. Conditional cash transfers could also focus more on making food available;
- Redouble efforts to combat the stigmatization of individuals affected by Ebola. The public and private sectors should take measures to support job opportunities for Ebola survivors and create social mobilization to destigmatize families and communities affected by the disease.

⁷⁹ OCHA. [Financial Tracking Service](#), January 2015

Medium- to long-term

- There is a need to address the increase in the costs of shipping in the Mano River Union countries. To improve the environment for trade, the private sector, through established vehicles and in full equity partnership with multilateral development banks, should explore, for example, the financing of parks equipped with warehousing logistics, trucking, lift equipment, bagging terminals and other key logistical aspects to foster trade and economic growth;
- Value chains in export-oriented primary commodities, i.e., agriculture and minerals, should be promoted. Vulnerability is more pronounced in export-oriented commodities such as potatoes in Guinea and rubber in Liberia. Agricultural products are affected to a great extent because they are perishable. Developing value chains will avert the glut in potatoes in Guinea, the price of which has plummeted by 33 percent. Such promotion will also create employment opportunities and improve livelihoods. There is a need to identify and/or strengthen products that have a local, regional or global market, that are labour-intensive and that offer several opportunities for SMEs to engage across their value chains. The success of this initiative will largely depend on using the recovery period to address some of the long-standing bottlenecks in the local private sector such as quality issues, compliance with international standards, packaging, etc. Market-driven projects could be identified, following a feasibility study during the next few months;
- The EVD demonstrated the vulnerability of the private sector in terms of maintaining the health of its workforce. Companies have seen a significant increase in their health care costs related to maintaining low infections among its labour force. Sustained financing and coordination are required to reach and maintain zero Ebola cases among the labour force of multi-national companies (MNCs) in affected countries. The countries could explore the feasibility of a potential Zero Ebola Development Impact Bond to finance interventions for Ebola prevention, diagnosis and treatment over a longer horizon (five to eight years) aimed at the labour forces in mining and other large-scale private sector operations;⁸⁰
- One of the challenges for the private sector has been cross-border collaboration. The EVD recovery could provide an opportunity to make progress in these areas. The private sector, in collaboration with Mano region governments and the international community, could explore the possibility of investing in the expansion of ICT and digital payments infrastructure; if realized this would make it easier for investors and investments to cross borders, create economies of scale and collaborate, thereby having spill-over effects across the economy. Investments in the expansion of the ICT and digital payments infrastructure would give households and SMEs access to the information and financial tools necessary to transact efficiently in local markets, which would benefit the wider economy. Further, they could improve health care delivery and other government interventions through better electronic record management and electronic identification systems;

⁸⁰ An example of such a mechanism is the Mozambique Malaria Performance Bond (MMPB). The MMPB aims to protect eight million people in Mozambique from infection and to reduce malaria prevalence in the targeted areas by up to 75 percent. In that case, depending on results, "bond investors will be repaid by a public-private coalition of stakeholders who have vested economic interest in fighting malaria, including the Government of Mozambique, southern African corporates whose businesses absorb costs imposed by a high malaria burden, and public donors whose fundamental mission is to combat malaria. If the malaria interventions meet their performance targets, the end payers repay investors in full with 5% interest. If the malaria interventions are ineffective, investors are repaid only 50% of their principal, with no interest, the programme terminates, and funders are absolved of further commitments." <http://www.theguardian.com/global-development-professionals-network/2014/mar/31/malaria-control-payment-by-results>

- EPSMG and the broader private sector must continue identifying lessons learned and sharing them with other sectors to determine what is required to secure and protect employees, families and communities and to mobilize rapidly. Implications for affected countries and the neighbouring states, exportable response models and contributions to the development of early warning systems are all important longer-term contributions that the private sector can make. The public sector must recognize and use such knowledge and expertise in its own policies and planning.

CONCLUSION ON THE PRIVATE SECTOR

The rising costs of doing business in the post-Ebola economies must be addressed. Specific support mechanisms and financial instruments funded by the international community with support from national governments should be considered to reduce local and international firms' costs of doing business.

The private sector reacted quickly and effectively at the early stages of the EVD crisis, making clear its important contribution to emergency response and to any successful recovery strategy. The private sector must maintain its level of engagement and strengthen its commitment to the recovery of the region. The creation of EPSMG is an example of the capacity of the private sector to mobilize itself and to cooperate with governments and the international community.

REGIONAL AND SUBREGIONAL DIMENSIONS OF THE EVD CRISIS

THE REGIONAL AND SUBREGIONAL DIMENSIONS OF POST-EBOLA RECOVERY

In its genesis, the Ebola outbreak was already 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 speedily and effectively tackle problems that may arise in these zones. Regional authorities are fully aware that cross-border transmission has remained a prominent feature of the outbreak and that such transmission often reverses gains in the overall response that had been designed on a country-by-country basis.

Among issues raised were the need for medium- and longer-term investments; the lack of capacity for cross-border and subregional surveillance and response; and the need for implementation of the International Health Regulations (2005), which would be supported by adequate laboratory facilities. The cross-border spread of EVD and future new or re-emerging diseases need to be stopped through coordinated epidemiological action. Regulations should be adopted that do not push the burden onto other countries (e.g., they should not require three-week quarantine outside-country for suspected cases). It should include systems to ensure the rapid and validated flow of information across countries about EVD cases and issues (including other diseases that are new or whose presence needs to be reported); it should also include systems for the seamless cross-border tracking of contacts. Furthermore, there should be the capacity to provide urgent support for another country that is hit (e.g., by providing rapid response units if needed). Receiving countries should have special procedures to register foreign medical teams on their arrival.

An Ebola recovery strategy must also consider the peculiarities of the border zones and the wider region in order to reinforce national initiatives for building a comprehensive, resilient subregion. The Mano River Union is already working on the challenge of achieving and maintaining zero infection. Among the measures being considered are:⁸¹

- Joint coordination amongst stakeholders for resource-sharing and cross-border M&E:
 - Joint investigation and sensitization missions and the monitoring and evaluation of cross-border operational plans;
 - Redistribution of resources according to needs, based on regular epidemiological analysis;
- Strengthening of cross-border surveillance:
 - Strengthening of existing community alert system mechanisms or creation of such where necessary;
 - Vigilant tracing of contacts in high-transmission districts;
- Joint capacity-building through education and sharing of best practices:
 - Sharing of best practices between bordering districts;
 - Training of health care workers at the border in strategic interventions such as surveillance, infection prevention and control, risk communication, specimen collection;
 - Information-sharing about cross-border issues among districts, countries and stakeholders;
 - Information-sharing related to cases and contacts for purposes of outbreak management and control through phone contact;
 - Establishment of contact list, including sharing of district-level roster of surveillance focal points with phone numbers and email addresses.

International partners should consider supporting these measures, even as they begin to plan their exit. The governments are also requesting that international partners base their exit on the evolving epidemiology of the disease and ensure that capacity is transferred adequately to national organizations.

Beyond getting to zero, the subregional dimension of risk management must also be addressed. The measures being considered by the MRU and likely to require robust international support include:

- Collaborating on health workforce capacity-building (particularly as Sierra Leone and Liberia had significant pre-crisis shortages in the health workforce that will now pose additional constraints to recovery);
- Complementing national efforts by strengthening subregional surveillance of diseases – for instance, by installing thermal imaging facilities at land, air and sea border entries;
- Establishing subregional disease prevention, control and reference centres;
- Establishing one biosafety protection level 4 (P4) reference laboratory in the subregion.

⁸¹ See MRU Post Ebola Recovery Strategy, Subregional Framework Position Paper, presented at the Extraordinary Mano River Union Summit, Conakry, Guinea, 13-15 February 2015, and Getting to Zero Plan, presented at the Mano River Union technical meeting, Conakry 14 February 2015.

There is also the larger challenge of restoring capacities and livelihoods that were damaged by the Ebola crisis and of restoring the platform for sustained growth and development. The border zones are considered strategic in the MRU's plans and programmes. Indeed, the organization's Strategic Plan, as well as its Cross-Border Security Strategy, calls for opening up border areas, jointly managing natural resources, providing basic public services and promoting long-term industrialization and enhancing livelihoods through the Growth Triangles concept. An Ebola recovery strategy provides a good opportunity to accelerate the programmes for subregional collaboration specifically geared to preparing the countries to deal more effectively with shocks of this or other kinds.

Measures being considered for the short term, and which partners could support include:

- Establishing a subregional forum for Ebola survivors for sharing of experience;
- Subregional collaboration in de-stigmatization campaigns across the region, Africa and the world to attract investors;
- Facilitating the restoration of livelihoods and generation of jobs, especially for women and youth, by reopening markets and borders;
- Establishing mechanisms to recapitalize MRU women entrepreneurs.

Over the medium term, additional efforts could include:

- Restarting transregional and subregional infrastructural projects such as the West African Power Pool, MRU initiative roads and transport and transit points;
- Intensifying support for the Growth Triangle Initiative to promote private sector and services provision at border settlement and rural areas;
- Encouraging subregional integration by facilitating the easier flow of capital and goods and supporting product development, certification and market access.

A bi-monthly post-Ebola strategy meeting at the ministry level, convened in rotation by MRU members, could be considered. The UN system and the Ebola recovery partnership could facilitate this process for at least the first year. In addition, more regular consultations by sector at the technical and policy levels will need to continue and would help in taking joint action and learning from each other's good practices as well as mistakes.

WIDER REGIONAL IMPLICATIONS

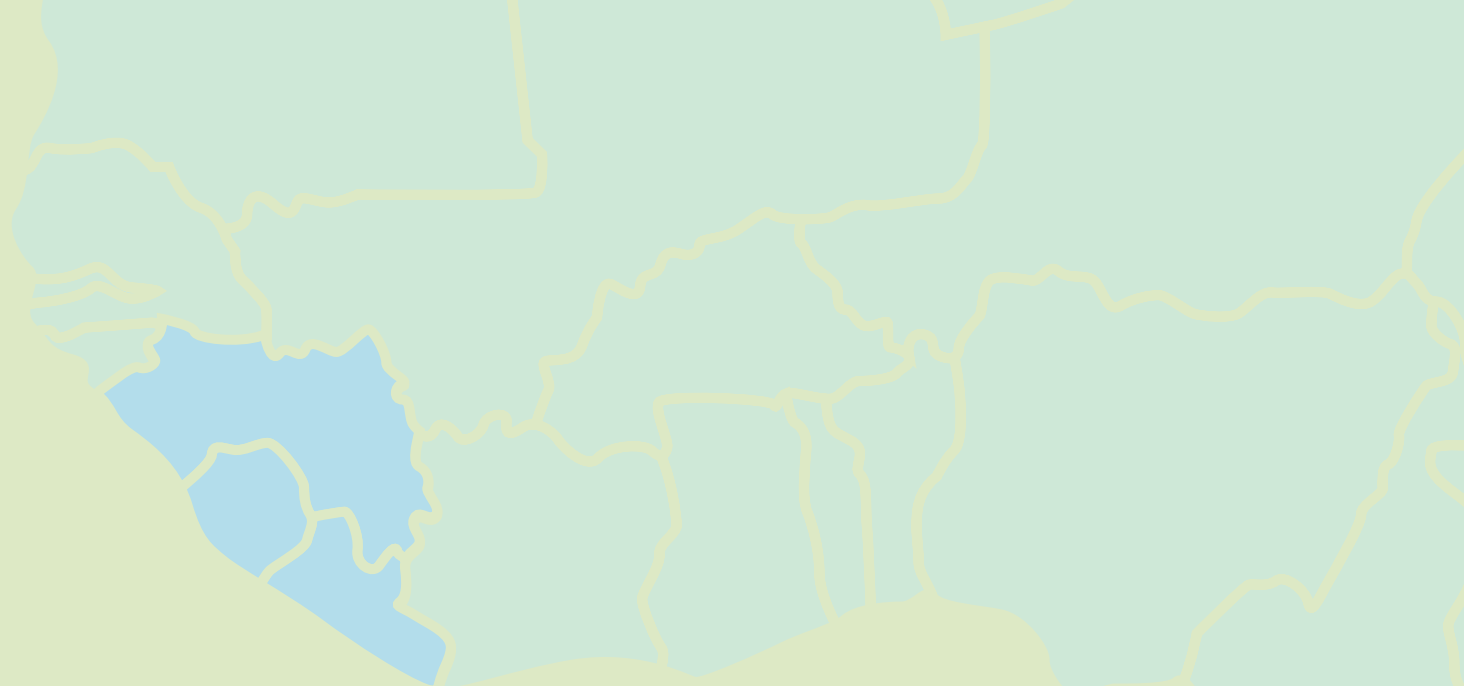
The infections in Mali, Nigeria and Senegal, though quickly contained, point to the advantages for coordination mechanisms that include countries surrounding the worst-hit countries. As discussions started on the creation of a permanent regional committee for emergencies, such mechanism must include mechanisms for regional disease surveillance, preparedness and response support. Such regional mechanisms can be effective only if they build on ongoing initiatives. Examples of this include the regional mechanism for Sahel countries to be better prepared for droughts and other hazards and, more broadly, the Global Alert and Outbreak Response Network (GAORN). This regional disaster risk management function should also have clear links with the ministries of health of the countries in the region. They should strengthen national disease early warning and response systems, building on the International Health Regulations (IHR 2005). Countries within the region should have a minimum capacity to confirm the existence of pathogens by using well-equipped and well-staffed national and regional reference laboratories and should have protocols for shipping potentially infectious samples.

The Emergency Response Team of ECOWAS has the objective of creating a civilian standby capacity to respond to humanitarian crisis and threats to human security in West Africa. Its database of West African humanitarian personnel and resources could be expanded to include health experts and particularly infectious diseases specialists.

The African Union also is planning to set up a database of all health workers whom it mobilized for the Ebola response. This could grow into a larger database of professionals in Africa who could be readily made available to respond to future crises. It also promoting the establishment of an African Centre for Diseases Control to provide surveillance, research, coordination and information management services to combat infectious diseases. The Ebola crisis has strengthened the case for the establishment of such a centre and member states endorsed it at the recent African Union summit. Indeed, the Centre could very well have branches in the various subregions of the continent.

INTERNATIONAL REPERCUSSIONS

The widespread stigmatization of nationals or travellers to countries hit by Ebola is having economic effects and encouraging a peculiar form of xenophobia that could further harden negative perceptions about these countries in other areas. There now need to be a carefully crafted communication strategy centred on the major media houses with global reach and using social media.



*Mother and child at a community for people with disabilities
in Freetown, Sierra Leone. PHOTO: LESLEY WRIGHT*



VIII. OVERALL CONCLUSIONS

In conclusion, the key messages that emerged from the assessments may be reiterated.

- **Stop transmission of EVD as the first priority:** Efforts towards achieving 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 lead in preparing and implementing the recovery strategy. Recovery strategies should be integrated into the existing strategies developed by the countries and recovery assistance should strengthen and use country 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 subregional framework for the post-Ebola recovery strategy;
- **Restore and strengthen capacity at the national and subnational levels:** The capacity of the health care system to handle Ebola morbidity and non-Ebola morbidity and to 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 particularly important for the decentralized district health system focusing on primary health care 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 the more effective, equitable, transparent and accountable governance of health and ancillary systems. Strengthening capacity is also essential for other sectors such as education, water and sanitation, nutrition, child protection and social protection that offer financial security and social welfare;
- **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 the Ebola crisis has ended. 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 so they can take root and grow. It will be important to diversify partnerships that can be effective mediators between the health system and communities, particularly in remote and hard-to-reach areas that are 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 analysed, improved, adapted and eventually used in preparedness and in 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 subnational 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 and includes the prepositioning of supplies, the creation of logistics hubs and support for central medical stores and training. It is also important to establish mechanisms to monitor real-time responses to 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 the 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. The Ebola crisis is also exacerbating existing problems of child labour, gender-based violence and the exploitation of and violence against, women and children. Recovery efforts should prioritize support for these vulnerable groups, including by providing psycho-social support services to affected populations. To address this situation, it is important to strengthen child protection, psycho-social 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 also hampered the response. Nonetheless, communities were in the forefront of the successful response, having witnessed the impact of Ebola. They should play a central role in the formulation and the implementation of the recovery strategy. Trust in public institutions could be strengthened through inclusive dialogues, efforts to enhance accountability, and equitable service delivery. Popular participation in decentralization and strengthening of local governance as part of the recovery efforts would promote the equitable delivery of social services, 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 institutional development needed to ensure the sustainability of any recovery gain. Efficiency gains could be achieved through the reinforcement of subregional 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 and in safe burial practices and a decrease in harmful practices such as female genital mutilation. 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 establishment of financial support mechanisms for families and small businesses affected by Ebola. This would mitigate the immediate social and economic impacts of Ebola on poor households and could become the platform for a sustainable social protection system that reduces social vulnerabilities in the long run. In order to eliminate extreme poverty while lightening the fiscal burden, 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 for vulnerable groups;

- **Ensure that the strengthening of national systems and ownership also includes civil society organizations:** Prior to the Ebola outbreak, international support for the countries had been moving away from using civil society organizations as service providers and organizers of communities towards increased support for governments, especially through budget support, according to civil society sources. The role played by civil society in combatting the Ebola outbreak indicates the importance of forging partnerships between civil society and governments and of 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 (e.g., in the health and education sectors) as well as the value of 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 the Ebola crisis. Women either dominate or have a central 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 the Ebola crisis, which may deplete their future economic capacity and undermine the viability of their small enterprises. It is important that all recovery strategies and initiatives consider women's economic role by ensuring that women are full participants in 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 be significant agents of change in the recovery process if they are given the proper 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 through 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 subregional mechanisms to tackle problems that may arise in these zones. The post-Ebola recovery must therefore include measures that consider the regional and subregional 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 insist on accelerating the development of remote border areas. Such a strategy, if successfully realized, would reduce the vulnerabilities that expose the three countries to unmanageable disasters. Regarding border areas, the countries should take the following steps:

- Review the services and facilities in the border regions and bolster 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 and including the animal-human interface. This would strengthen cooperation among neighbouring countries in efforts to control cross-border disease outbreaks at their source. It would also support Ebola-affected countries in their attempts to strengthen their essential public health infrastructure and service delivery platforms;

- 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 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;
 - 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.
- **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 subregional 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 that have been set up and promote communication between the private sector and the governments of the Mano River Union member countries in specific areas such as information and communication technology 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 terms, 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.

Boys scale the stairs at the Mabella community market in Sierra Leone. PHOTO: LESLEY WRIGHT



IX. OUTLOOK AND NEXT STEPS

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

The Governments of Guinea, Liberia and Sierra Leone outlined their recovery strategies, priorities and principles at the high-level conference in Brussels on 3 March 2015. Since the Brussels conference was not a pledging conference, fully costed country strategies were not presented. Work on the strategies will continue after the Brussels conference to further refine them, identify related programmatic initiatives and undertake proper costing while considering the availability of resources already available to the countries.

The Ebola Recovery Assessment partners stand ready to continue their support for the three governments and for 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 of 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:

- Finalizing the list of priority needs to be considered in the recovery effort for every country specifically and also at the subregional level (Mano River Union and ECOWAS), regional level (African Union) and international level (all external partners);
- Facilitating discussions with national authorities and other stakeholders on the extent to which the existing recovery strategies cover the recovery needs identified and on how the ideas contained in the Ebola Recovery Assessment reports could contribute; Identifying gaps in existing national recovery plans and developing programmes to help fill these gaps;
- Determining more precisely the roles, existing capacities and available resources to assess willingness among partners to contribute to the recovery effort;
- Proceeding with the costing of all activities, projects and programmes that will be retained in the costed recovery strategies;
- Discussing with the authorities risks identified in implementing the recovery strategies and proposing mitigation options;
- Indicating concrete activities, projects and programmes to be implemented to address each priority or need.

