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SURVIVING EBOLA

Public perceptions of governance and the outbreak response in Liberia

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June 2015

Ashoka Mukpo

Disclaimer

This report was finalised when Liberia was free of Ebola. The author and the International Alert team behind this research are saddened by the resurfacing of the virus in late June, after a seven-week lull, and encourage communities, civil society and the government to work together to effectively contain and eliminate the new outbreak. We would ask readers to keep in mind the evolving situation as they read the report. Despite the re-emergence of the virus and the potential for future outbreaks, we consider the conclusions and analysis of this report to remain accurate as they are.

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Abbreviations

AfDB	African Development Bank
AFL	Armed Forces of Liberia
ASEOWA	African Union Support to Ebola Outbreak in West Africa
CSO	Civil society organisation
ETU	Ebola treatment unit
FGD	Focus group discussion
GAC	General Auditing Commission
GDP	Gross domestic product
IMC	International Medical Corps
KII	Key informant interview
LNP	Liberia National Police
MSF	Médecins Sans Frontières
NGO	Non-governmental organisation
UN	United Nations
UNMEER	United Nations Mission for Ebola Emergency Response
WHO	World Health Organization

Executive summary

The findings in this report are based on data collected through an in-depth process of desk and field research – including interviews with experts in Liberia, focus group discussions (FGDs) held in heavily affected communities and a survey of 200 Liberians. The research aimed to understand the experiences and perceptions of Liberians in the wake of the Ebola virus outbreak. The research looked at non-health impacts of the outbreak, the response to the outbreak, the reasons for denial of the virus' existence and seriousness, and overall perceptions towards government. Based on these findings, this report makes the following conclusions.

- **There are negative perceptions concerning the performance and trustworthiness of the government:** The government received an average score of 2.2 (indicating 'poor') when a pool of 200 Liberian survey respondents were asked to rate the government in terms of 'how well the government is doing for you' on a scale of 1 to 5. When they were asked to give a rating for the 'trustworthiness' of various institutions, the government again fared poorly. On the same scale of 1 to 5, the lowest marks were given to the Liberia National Police (LNP) (1.5), government officials (1.7) and legislators (1.9).[1]
- **There is a sentiment of anger at the government's initial efforts to combat the outbreak, mostly due to delayed and ineffective early measures:** A total of 81% of survey respondents reported being 'angry' at the government's response efforts, mainly due to its perceived slowness. Despite Liberia's eventual success in combating Ebola, the early phase of the outbreak was marked by logistical shortfalls and a haphazard containment strategy. While some interviewees also questioned the international community's delayed response, survey respondents expressed greater dissatisfaction with the government's efforts than they did with international efforts.[2]
- **Grassroots initiatives by Liberian community structures played a vital role in preventing the worst-case scenario from coming to pass:** Interviews with high-ranking figures in the government's Ebola Taskforce revealed a shift in philosophy from top-down, authoritative measures to an approach that emphasised two-way communication and mutual respect with affected communities. Evidence points to the actions of Liberian community members – many of which were not directed by the government – as critical in reducing transmission rates.[3]
- **There was no widespread violence or instability resulting from the outbreak:** While some commentators feared that popular frustration with inadequate government efforts to contain the outbreak could result in violence or other forms of large-scale confrontation between citizens and the state, the crisis generally did not have a significant security dimension. Aside from one high-profile incident, Liberians were mostly compliant with the measures imposed to address and combat the spread of Ebola.[4]
- **The worst impacts of the Ebola crisis have been felt by the poor, who report loss of income, difficulty accessing medical services and traumatic feelings of fear:** Over 42% of survey respondents said they had lost their jobs due to Ebola and 55% said they had lost income. The most heavily affected neighbourhoods in Monrovia tended to be those that were also the most densely populated, under-serviced and economically deprived. Survivors of the disease have faced stigma and reduced employment opportunities. Those who were involved in hospitality work and the informal market were hit particularly hard during the crisis.[5]

1 See the section on 'Methodology' in this report for details of the survey, which was administered in Bong, Montserrado and Margibi counties in February 2015. Full results are on file at International Alert and available on request.

2 Ibid.

3 International Alert interviews with members of the Liberian National Ebola Taskforce, February 2015; S.A. Abramowitz et al, Community-centered responses to Ebola in urban Liberia: The view from below, PLoS Neglected Tropical Diseases, 9(4), 2015

4 International Alert interviews with organisations involved in the Ebola response in Liberia, February 2015. While there were instances where communities set up roadblocks or confronted health workers, they were sporadic and mostly limited to the late summer of 2014.

5 International Alert survey results; International Alert interviews with civil society organisations in Liberia, February 2015

Now that the Ebola crisis has come to a close in Liberia, it is imperative that the lessons of the outbreak are carefully examined and straightforwardly discussed by the government, its international partners, civil society organisations (CSOs) and community members in the country. Particular attention must be paid to the underlying social dynamics that enabled the outbreak to evade detection and delayed effective response by public health officials until it was too late. These dynamics are intimately connected to the political processes of peacebuilding and responsive governance, as they touch on issues of public trust, the fairness of Liberian institutions, and social and economic marginalisation.

Moving forward, post-Ebola policy-making and aid delivery must take into account the need to repair the bonds between Liberians and their government, in order to strengthen good governance and accountability. Projects that seek to strengthen health services, promote good governance and rebuild service delivery must incorporate civil society and beneficiary communities into planning and decision-making, ensuring that they play an active role in accountability measures and project implementation. Relying entirely on legislators or government officials to represent the interests of Liberians who are the intended beneficiaries of aid programming risks reinforcing the mistrust described in this report. Strengthening peacebuilding measures must be paramount in the post-Ebola phase. This will require direct engagement with poor and marginalised communities, and must involve soliciting their input into how the government and donors can assist in building a more stable, fair and equitable society in Liberia.

International Alert recommends that:

- Aid programming includes a monitoring role for civil society and the active involvement of communities in how projects are designed and implemented.
- The mistrust described in this report and exposed during the Ebola crisis is proactively addressed by determining its causes and including community representatives in the development of solutions. This will require a combination of participatory research and dialogue, which will have most legitimacy if it is initiated within civil society or by government, and supported by donors and international agencies.
- Multi-stakeholder dialogues are held, bringing together CSOs, government representatives and affected communities to discuss what lies behind the weaknesses in the state–society compact and trust between citizens and government that contributed to Ebola, and how these should be addressed. Recommendations that emerge from this process should be integrated into partnership agreements between donors and the Liberian government, inform national recovery prioritisation and planning, and be integrated into national development strategies that are funded, implemented and monitored.
- Measures are taken to ensure that security forces exercise restraint in handling demonstrations and protests.
- Independent anti-corruption bodies such as the General Auditing Commission (GAC) and the Liberia Anti-Corruption Commission are strengthened and adequately financed, so that they are free from political interference and able to successfully bring cases against offenders.
- Donors speak out against issues of corruption, and that they and the government should meaningfully support the right and capacity of the press and civil society to criticise public officials without consequence.
- Specific support is provided to those most affected by the crisis – survivors, the bereaved, and those who have lost income, jobs and education opportunities – to recover and reintegrate.

1. Introduction

In December 2013, a young boy fell ill and died in Guéckédou, a remote and densely forested region of southern Guinea, near the Liberian border. His death was the first in what would become the largest recorded outbreak of the Ebola virus disease – one of the worst public health crises in modern history.[6] The Ebola outbreak has claimed the lives of over 10,000 people in Guinea, Liberia and Sierra Leone, pushed health infrastructures in the three nations to collapse, and exposed the shaky foundation of international mechanisms set up to address epidemics.[7]

Liberia has been hit hard by the crisis. At the time of writing this report, 4,769 people had been confirmed to have died of Ebola in the country – the highest toll of the three nations. Although thousands more survived the virus, they are now coping with health problems, stigma and the heart-breaking loss of loved ones.[8] Hundreds of healthcare workers also died during the crisis. In economic terms, Liberia's economy had been posting gross domestic product (GDP) growth rates of over 8%, but is expected to grow at 4.5% in 2015.[9] At the outbreak's peak, schools were closed for nearly a full academic year, large numbers of Liberians lost income and employment, and nearly all airlines that connect Liberia to the outside world cancelled flights, provoking a sense of abandonment and isolation in the country. At one point, a violent clash between citizens and government forces erupted after a quarantine was imposed on one of Monrovia's largest slums, fuelling fears of a larger breakdown in social order.[10]

Since those dark days, Liberia has made remarkable progress in the fight against Ebola, achieving the milestone of 42 days without a diagnosis and being declared 'Ebola-free' by the World Health Organization (WHO) on 9 May 2015.[11] Despite projections made last autumn that hundreds of thousands could fall ill, by mid-January 2015 confirmed cases had dropped from a high of over 300 per week to only eight.[12] A recent World Bank survey provides evidence that informal employment rates are beginning to recover, and the political instability that some feared might accompany a worsening of the outbreak did not emerge.[13] Liberian communities played a critical role in this success: many became active participants in efforts to reduce Ebola cases by organising local networks that promoted awareness, safe behaviour and case monitoring.[14] Liberia has rightly celebrated its immense victory against Ebola, a collective effort that shows the potential for problem-solving that exists at all levels of Liberian society.

For their part, after a series of delays, international donors realised that a major allocation of funds and resources would be needed to combat the outbreak in Liberia and its neighbours. While organisations such as Médecins Sans Frontières (MSF) had sounded the alarm months earlier, by September 2014 Liberia's international partners began a sustained effort to assist Liberian health responders to contain Ebola.[15] Donors cooperated in building treatment facilities, training and deploying medical personnel, providing emergency funds and donating much-needed supplies. This mobilisation of resources, combined with the tireless efforts of Liberian healthcare workers and frontline responders, appear to have successfully prevented the worst-case scenarios from coming to pass.

6 C. Ni Chonghaile, How Ebola turned a Guinean family tragedy into a west African crisis, The Guardian, 9 October 2014

7 WHO, Ebola situation report, 13 May 2015. Report puts total confirmed fatalities at 11,080.

8 Ibid.

9 World Bank, Liberia overview, 18 November 2014

10 N. Onishi, Clashes erupt as Liberia sets an Ebola quarantine, The New York Times, 20 August 2014

11 WHO, The Ebola outbreak in Liberia is over, 9 May 2015

12 WHO, Ebola situation report, 14 January 2015

13 K. Himelein and J. Kastelic, The socio-economic impacts of Ebola in Liberia: Results from a high frequency cell phone survey round 5, World Bank Group, 15 April 2015

14 A. Mukpo, Young people played a game-changing role in the battle against Ebola in Liberia, The Guardian, 15 April 2015

15 H. Cooper, M.D. Shear and D. Grady, US to commit up to 3,000 troops to fight Ebola in Africa, The New York Times, 15 September 2014

A Liberian Red Cross employee collects bodies from the WHO Ebola treatment unit at John F. Kennedy hospital, Monrovia, September 2014

However, there are reasons to temper the celebration of victory against Ebola. Many commentators have pointed out that international organisations charged with mobilising preventative operations against epidemics performed poorly, bowing to political pressure and downplaying the risks that the virus posed to the region.[16] In Liberia, widespread denial of Ebola's existence was a major factor in the disease's early spread. At the time, many Liberians openly stated that they did not trust government warnings, claiming that public officials were using the outbreak as a means to pocket funds donated by the international community.[17] This pervasive dismissal of the reliability of government by so many Liberian citizens is worrisome, suggesting that there is an entrenched and corrosive sentiment that the state does not adequately communicate with or serve the public's needs. Mutual trust between those in power and those whom they are supposed to serve is an essential element of peace, while mistrust is a typical predictor of conflict. This state of affairs highlights the need for measures that traditionally are part of peacebuilding: building trust, supporting social cohesion and improving state–citizen relations.

This report is intended to provide governance, development and peacebuilding practitioners, as well as Liberian citizens, civil servants and politicians, the opportunity to critically evaluate the effects of 12 years of post-conflict programming and aid delivery on the current state of Liberian society. The hope is that the evidence presented here will stimulate debate on how to improve social services and foster an inclusive sense of justice and fairness among all Liberians. International Alert hopes that this report will add to the discussion of what the Ebola crisis taught us about the current state of governance and social cohesion in Liberia, and of how aid can strengthen bonds between disparate economic and cultural groups rather than foster mistrust and grievance.

16 D. Roland, Experts criticize World Health Organization's 'slow' Ebola outbreak response, The Wall Street Journal, 12 May 2015
17 C. MacDougall, Death and denial in the hot zone, Foreign Policy, 28 July 2014

2. Methodology

Research for this report was conducted in late 2014 and early 2015. An extensive literature review was conducted from London, covering reports and articles produced by academics, non-governmental organisations (NGOs), the Liberian and international media, and organisations involved in the response. The review – as well as the research team's prior experience in Liberia – formed the basis of the survey questionnaires and interview questions that were used for the field research.

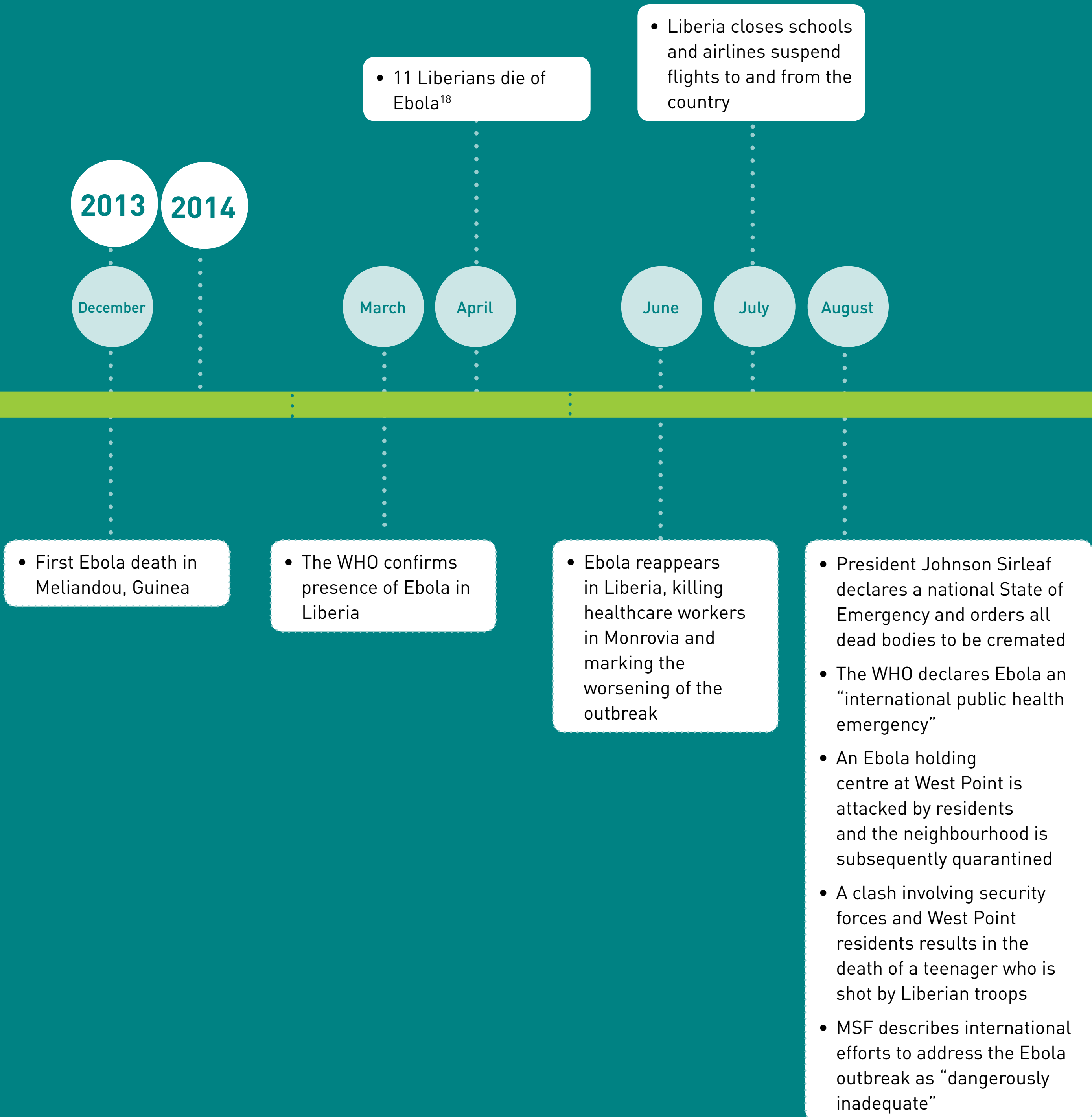
In Liberia, the research team conducted a total of 16 key informant interviews (KIIs) with individuals who were involved in the response to Liberia's Ebola outbreak or who have been long-time observers of socio-political dynamics in the country. They were members of Liberian civil society, the United Nations (UN), the African Development Bank (AfDB), international NGOs, government consultants, union representatives and officials who worked for the National Ebola Taskforce.

Two FGDs with approximately 15 to 30 participants each were also held in affected communities in Monrovia – one at West Point and one at St Paul Bridge. In addition, a total of 200 surveys were administered in nine districts spread across three counties that were heavily affected during the crisis: Bong (four districts), Margibi (one district) and Montserrado (four districts). Within these districts, communities were selected on the basis of whether they had direct experience of Ebola during the crisis, and specifically whether they met one or more of the following criteria:

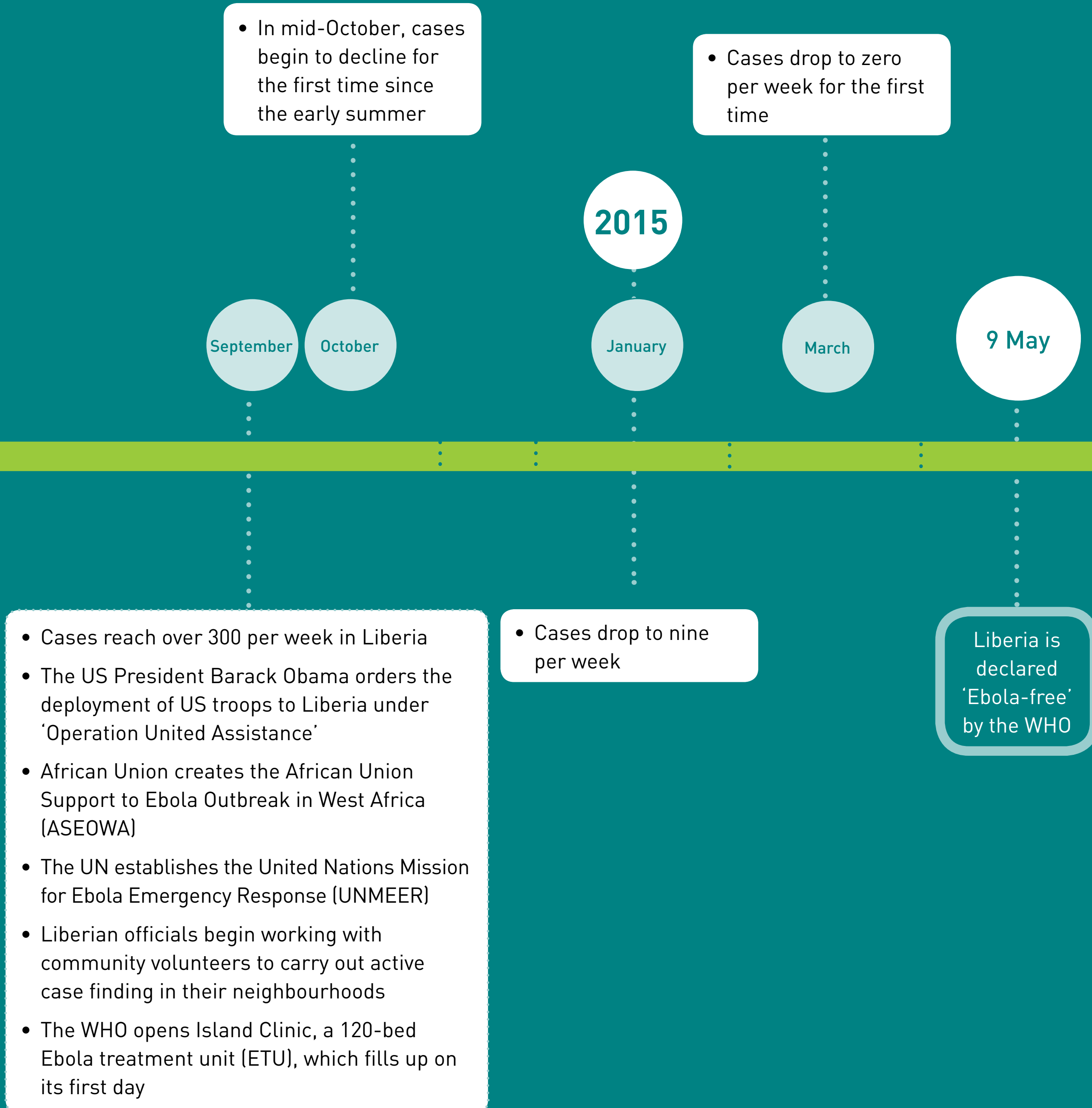
- the community had Ebola cases;
- the community was quarantined;
- the community had a confrontation with health workers; and
- the community had conflicts with security forces.

Approximately 20 questionnaires were administered per district to purposefully selected individuals. The target was to proportionally interview a mixture of leaders, healthcare workers, youth (16–35 years), adult men, adult women and commercial vehicle drivers. Healthcare workers were chosen due to their personal experiences of the outbreak, and commercial vehicle drivers (including motorcyclists) because of their involvement in trades that were affected by the crisis. Enumerators were instructed to seek out individuals who met the criteria requested by research supervisors. Of the surveys, 50% were conducted in Montserrado County, 40% in Bong County and 10% in Margibi County. In all, 55% of respondents were men and 45% were women. A total of 32% of the respondents said they were small business owners or petty traders, 7% healthcare workers, 7.5% teachers and 8% farmers, while 44% were listed as 'other' – primarily students, drivers and motorcyclists.

3. The Ebola crisis in Liberia: A timeline



18 This is the stated number. However, the total number dropped to nine the following month, demonstrating the challenge of distinguishing between suspected, probable and confirmed deaths from Ebola, especially during the early stages of the outbreak. See: Ebola: Previous case counts, Centers for Disease Control and Prevention, http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/previous-case-counts.html



- In mid-October, cases begin to decline for the first time since the early summer
- Cases drop to zero per week for the first time
2015
September
October
January
March
9 May
- Cases reach over 300 per week in Liberia
- The US President Barack Obama orders the deployment of US troops to Liberia under 'Operation United Assistance'
- African Union creates the African Union Support to Ebola Outbreak in West Africa (ASEOWA)
- The UN establishes the United Nations Mission for Ebola Emergency Response (UNMEER)
- Liberian officials begin working with community volunteers to carry out active case finding in their neighbourhoods
- The WHO opens Island Clinic, a 120-bed Ebola treatment unit (ETU), which fills up on its first day
- Cases drop to nine per week
Liberia is declared 'Ebola-free' by the WHO

Ebola hides from sight

The WHO first confirmed the presence of Ebola in Liberia in late March 2014.[19] By that time, the virus had spread from Guéckédou, a remote region of Guinea, to its national capital, Conakry.[20] The news of Ebola's arrival in Liberia was met with concern by health officials, particularly after an infected patient travelled from the northwestern county, Lofa to a private hospital outside of Monrovia.[21] A public information campaign was launched via the radio and other media, warning people to stay away from 'bushmeat' and to avoid people displaying symptoms of Ebola.[22] In all, 11 people died of the disease in Liberia by the end of April 2014.[23]

By May, officials believed that the disease had been successfully contained, opting not to implement border closings or declare a public health emergency.[24] In many parts of Liberia, a commonly held view at the time was that the outbreak had been a fabrication.[25] Many openly stated that the alarm that had been raised by government officials in April was a means of soliciting funds from the international community, essentially amounting to much ado about nothing. In late June, however, it became apparent that the disease had 'gone underground', after a number of health workers at a key government hospital in Monrovia fell ill and died of the virus, including the hospital's chief surgeon.[26] People were getting sick and dying out of sight of the health officials. Ebola infections were observed across Monrovia, and by late June cases had been registered in three of Liberia's counties.[27]

Worried healthcare workers refused to go to work, citing inadequate equipment and fears of infection.[28] From this point onwards, medical services in Liberia suffered as residents opted to stay away from clinics where the risk of Ebola transmission was perceived to be particularly high. For those who sought treatment for routine illnesses such as diabetes or malaria, there were often limited options as health facilities either partially closed or refused to inspect patients who displayed symptoms that could be construed as Ebola-related.[29]

From bad to worse

By late July 2014, the Ebola outbreak had developed into a major crisis, prompting multiple airlines to suspend services to and from Liberia after an infected government employee travelled to Nigeria.[30] President Ellen Johnson Sirleaf ordered the country's borders to be closed, schools to be shut down and restricted public gatherings, saying that the government had been "compelled to bring the totality of our national resolve to fight this scourge".[31] In early August, a 'State of Emergency' was declared, citing "ignorance, poverty, and entrenched religious and cultural practices" as causes for Ebola's spread and warning that the government would "institute extraordinary measures, including, if need be, the suspension of certain rights and privileges".[32]

19 Ebola: Liberia confirms cases, Senegal shuts border, BBC News, 31 March 2014
20 Ebola: Guinea outbreak reaches capital Conakry, BBC News, 28 March 2014
21 V. Nah and O. Johnson, Ebola kills woman at Duside hospital in Firestone, Heritage (Liberia), 4 April 2014
22 Consumption of 'bushmeat' – or animals hunted from the forest such as deer, woodchuck and monkey – is common in Liberia. Due to scientific evidence that Ebola is carried in bats and primates and transmitted through human contact with them, government officials warned the public to cease consumption and hunting of 'bushmeat' in Liberia in April 2014. See: 'Spoiling business' – Economic effects of Ebola in Liberia, FrontPageAfrica (Liberia), 4 April 2014
23 See footnote 18.
24 J. Campbell, "No Ebola incident in 42 days in Liberia", says Health Ministry, The Inquirer (Liberia), 27 May 2014
25 A-V. Rogers, 'Doubting Ebola', New Kru Town residents in denial over Ebola, FrontPageAfrica, 18 June 2014
26 E. Tweh, Ebola kills doctor at Redemption Hospital, The New Dawn (Liberia), 2 July 2014
27 E. Tweh, Ebola death toll rises, The New Dawn, 30 June 2014
28 O. Johnson, At Redemption Hospital, fear grips nurses, patients after Ebola outbreak, Heritage, 1 July 2014; D. Hinshaw, Ebola virus: For want of gloves, doctors die, The Wall Street Journal, 16 August 2014
29 L. Bernstein, With Ebola crippling the health system, Liberians die of routine medical problems, The Washington Post, 20 September 2014
30 Arik Air suspends flights to Liberia, Sierra Leone over Ebola virus, Leadership (Nigeria), 28 July 2014
31 Government of Liberia, Special Statement by the President, 27 July 2014
32 Government of Liberia, Statement on the Declaration of a State of Emergency, 6 August 2014

Two incidents then placed Liberia's Ebola outbreak at the top of the global news cycle. First, in late July, two American aid workers employed by Christian charitable organisations working in Liberia were infected with the disease.[33] A few weeks later, an Ebola holding centre that had been set up in one of Monrovia's most heavily populated neighbourhoods, West Point, was attacked by angry residents.[34] Furious at the attack and concerned that the virus would spread throughout the neighbourhood, the government ordered West Point to be placed under quarantine. This provoked a confrontation between West Point residents and Liberian security forces in which live ammunition was fired at a crowd, killing a young boy and injuring another man.[35]

By early September, the government's anti-Ebola strategy had been unified under the command of the Ministry of Health. A National Ebola Taskforce that had been established in April coordinated government efforts on a number of fronts: contact tracing, treatment of patients, logistics, ambulance services and body disposal, among others.[36] The International Federation of the Red Cross's Liberian chapter coordinated body disposals, following a directive from President Johnson Sirleaf that all of those who died in Monrovia would be cremated at a site on the outskirts of Monrovia.[37] Many in the city complained that their calls to the 'Ebola hotline' for ambulances and body pickups went unheeded, prompting residents of some neighbourhoods to set up roadblocks to draw attention to the presence of cases in their area.[38]

By mid-September, over 300 new cases per week were being reported in Liberia. This far outpaced the capacity of health officials to trace those who had come into contact with victims of the virus and forced ETUs to turn patients away unless they were visibly at a late stage of the disease.[39] The tragic sight of sick Liberians lying in front of treatment units hoping to be admitted was commonplace and broadcast across the world by the international media. On 9 September, President Johnson Sirleaf penned a letter to US President Barack Obama, pleading for assistance.[40]

People asking to be admitted to a busy MSF Ebola treatment unit, Monrovia, September 2014

33 D. Fahrenthold, Doctor with Ebola arrives at Atlanta hospital for treatment, The Washington Post, 2 August 2014
34 Ebola virus threatens Liberian slum after residents raid quarantine center, Al Jazeera America, 17 August 2014
35 N. Onishi, Inquiry faults Liberia force that fired on protesters, The New York Times, 3 November 2014
36 International Alert interviews with members of the Liberian National Ebola Taskforce, February 2014
37 H. Alexander, Ebola victims must be cremated, Liberian government says, The Telegraph, 4 August 2014
38 M. Azango, Dead bodies everywhere – Are Ebola hotlines really working?, FrontPageAfrica, 3 September 2014
39 A. Mukpo, "We are laying down like dogs": The long wait for Ebola treatment in Liberia, VICE News (US), 17 September 2014
40 H. Cooper, Liberian president pleads with Obama for assistance in combating Ebola, The New York Times, 12 September 2014

Better late than never?

Among the most pressing questions of the tragic outbreak is whether more could have been done in the first months of the epidemic to prevent it from reaching such a desperate stage. Criticism has been directed at multiple actors on this point: the government for failing to effectively trace the sick and prepare the health sector once the virus was confirmed present in Liberia, the WHO for downplaying the magnitude of the threat, and wealthy nations for acting indecisively during mid-2014 when it became clear that a disaster was looming.

An in-depth investigation by *The New York Times* examined the reasons why the Ebola outbreak was not effectively contained in its early days.[41] The piece highlights that some organisations, in particular MSF, recognised early on that the outbreak was unlikely to end quickly and urged the WHO to declare an international public health emergency and deploy adequate resources to prepare for a sustained epidemic. However, the WHO had suffered from budget cutbacks in recent years, reducing its ability to quickly deploy assets and personnel in response to emergencies.[42]

More damningly, the African regional office of the WHO was cited as having become overly politicised.[43] Adding to the confusion were awareness campaigns that emphasised the high mortality rate of Ebola rather than its treatability. This potentially exacerbated the crisis by reducing incentives for the sick to seek medical care.[44] International assistance to Liberia was slow to arrive, and on 15 August MSF released a statement referring to international efforts to battle the outbreak as "dangerously inadequate".[45]

The WHO finally declared the Ebola outbreak to be an "international public health emergency" at the beginning of August 2014.[46] The World Bank pledged emergency support worth US$200 million to the region, a figure that later increased to US$400 million, to pay the salaries of health workers, finance food distribution and help the country implement its response to the outbreak.[47] MSF, however, cautioned earlier that financial resources alone would not be enough, and that specialised personnel and equipment were needed.[48] Treatment for Ebola patients was challenging; ETUs run by organisations such as MSF were overwhelmed and forced to take extraordinary measures such as suspending the use of intravenous rehydration, which arguably increased Ebola's fatality rate. In contrast, the vast majority of foreigners infected with the virus and airlifted to the West survived.[49]

By early September, international efforts to aid Liberia had begun to increase. On 8 September, an emergency meeting of the African Union Executive Council authorised the deployment of the ASEOWA mission, deploying medical personnel across the sub-region. By late November, the first 34 healthcare workers under the ASEOWA flag had begun to work in ETUs in Liberia.[50] By 10 January, deployments under ASEOWA to Liberia numbered 300; the mission managed an ETU in Monrovia and provided support to one other ETU, worked with Ebola survivors and donated medical supplies, among other activities.[51]

41 K. Sack, S. Fink, P. Belluck and A. Nossiter, How Ebola roared back, The New York Times, 29 December 2014
42 Ibid.
43 Ibid.; A. Rogers, WHO acknowledges flubbed response to Ebola outbreak, Time (US), 17 October 2014
44 K. Sack et al, 2014, Op. cit.
45 Médecins Sans Frontières (MSF), International response to West Africa Ebola epidemic dangerously inadequate, 15 August 2014
46 M. Kennedy, WHO declares Ebola outbreak an international public health emergency, The Guardian, 8 August 2014
47 World Bank, World Bank Group to nearly double funding in Ebola crisis to $400 million, 25 September 2014
48 MSF, Global bio-disaster response urgently needed in Ebola fight, 2 September 2014
49 D. McNeil, Ebola doctors are divided on IV therapy in Africa, The New York Times, 1 January 2015
50 ASEOWA, 34 ASEOWA health personnel now at work in Liberia, 26 November 2014
51 African Union, ASEOWA fact sheet: African Union response to the Ebola epidemic in west Africa, 26 January 2015, http://pages.au.int/ebola/events/fact-sheet-african-union-response-ebola-epidemic-west-africa-1262015

For its part, the Economic Community of West African States established a 'solidarity fund', allocating US$500,000 to Liberia.[52] Responding to concerns over the fragmented activities of various agencies involved in the response, the UN established UNMEER in late September, with the Liberian team coordinating logistics and communications from its headquarters in Monrovia.[53] Doctors and nurses from across Africa and the world travelled to Liberia to work alongside their Liberian counterparts.

On 16 September, the United States announced that it would deploy military personnel to buttress the efforts of epidemiologists who had been sent by the US Centers for Disease Control and Prevention. Dubbed 'Operation United Assistance', the deployment included plans to build a series of ETUs throughout Liberia, train healthcare workers, operate a treatment facility for those who fell ill while caring for patients, assist with the transport of responders and increase the ability of medical personnel to quickly obtain blood test results.[54] At the time, there was confusion among some Liberians as to why the US had opted to send military personnel rather than healthcare workers.

A Liberian Red Cross employee disinfects after removing a body suspected of having Ebola, Monrovia, September 2014

The tide turns

After the disastrous incident at West Point, some Liberian health officials recognised that their engagement strategy would have to shift to secure greater cooperation from community members. By September, health officials began implementing a creative 'bottom-up' strategy to increase cooperation and communication with at-risk communities. Volunteers were self-selected and dubbed 'active case finders', with officials promising to seek funding for a small stipend if they were willing to seek out those who were displaying symptoms of the virus.[55] In other neighbourhoods, locals formed watchdog groups independent of any official support to spread information about safe behaviour and battle residual Ebola denial.[56]

52 Nigeria donates US$500,000 to Liberia's fight against Ebola, The Inquirer (Liberia), 11 July 2014
53 International Alert interview with staff from the United Nations Mission for Ebola Emergency Response, February 2015
54 L. Sun and J. Eilperin, US military will lead $750 million fight against Ebola in West Africa, The Washington Post, 16 September 2014
55 A. Mukpo, 15 April 2015, Op. cit.; International Alert interviews with members of the Liberian National Ebola Taskforce, February 2015
56 J. Beaubien, Block by block, health workers lead Liberia to victory over Ebola, NPR (US), 9 May 2015

This shift in strategy immediately produced results as case finders submitted lists of sick residents as well as their contacts on a daily basis. People exhibiting Ebola symptoms were urged by case finders to submit themselves to ETUs rather than attempt to evade detection. Officials involved in these efforts say that the 'approach' to communities was vital, and that the best results were achieved through respectful communication and a partnership mentality.[57] Research has subsequently revealed that these measures, along with other grassroots adaptive strategies, were key in reducing case transmissions across Liberia.[58]

On 21 September, the WHO opened a 120-bed ETU on the outskirts of Monrovia, providing space for those who could not be treated at other facilities run by MSF, the WHO and the Liberian Ministry of Health.[59] Statistically, this was a turning point in Liberia's Ebola crisis. The increased bed space, diligent efforts of community case finders and greater overall awareness of Ebola's dangers among Liberians combined to produce a stunning drop in case rates. By mid-October, cases began a weekly decline, which continued through the end of the year.[60] In Lofa County, where Liberia's outbreak began, many villages implemented a 'fencing' strategy where new arrivals were quarantined for 21 days and prevented from physical contact with other community members.[61]

By the time other ETUs financed and constructed by the US and China opened, there was little to no need for them.[62] Facilities that had been overwhelmed with patients just months earlier suddenly had spare beds, providing cause for cautious optimism. In the coming months, periodic outbreaks flared up in rural areas, but quickly fizzled out. On 1 March 2015, the WHO situation report recorded zero new cases.[63] Aside from one case that is thought to have resulted from unprotected sexual contact with an Ebola survivor, this marked the end of Liberia's Ebola outbreak.[64]

57 International Alert interviews with members of the Liberian National Ebola Taskforce, February 2015

58 S.A. Abramowitz et al, 2015, Op. cit.

59 WHO, Ebola clinic fills up within hours of opening, September 2014

60 WHO, Ebola situation report, 6 May 2015, Figure 5

61 A. Mukpo, 15 April 2015, Op. cit.

62 N. Onishi, US Ebola centers have been largely unused in Liberia, The New York Times, 12 April 2015; Chinese decommissions ETU, turns over facility to the Liberian government – renovation begins at Samuel K. Doe Stadium, The Executive Mansion, 12 May 2015

63 WHO, 6 May 2015, Op. cit., Figure 5

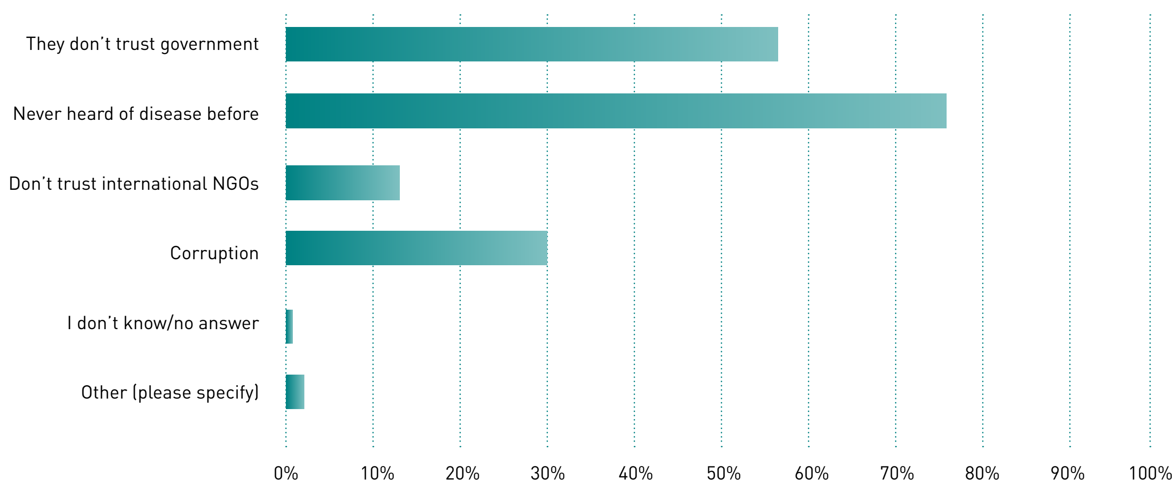
64 A. Toweh, Liberia urges sexual caution to beat Ebola outbreak, Reuters, 29 March 2015

4. Research results

Mistrust and denial

Many key respondents interviewed by International Alert who were involved in the response cited widespread denial of Ebola's existence among Liberians as having exacerbated the crisis by facilitating the spread of the disease.[65] Some described challenges in engaging with community members who believed that Ebola was a hoax or feared that it was being spread by healthcare workers. Many of the communities became cooperative only after seeing the effects of the disease firsthand, as residents became sick or died. Some interviewees and FGD participants pointed to unfulfilled development expectations, scepticism towards the aid community, and frustration over corruption and poor services as having created fertile ground for the denial.[66] Of the 200 people surveyed by International Alert, 70% said they did not believe that Ebola was real when they first heard of it.[67] When asked why some people did not believe Ebola was real, respondents pointed to lack of trust in the government (57%) and corruption (30%).

Figure 1: Why some people did not believe Ebola was real



Rumours surrounding Ebola have been common in Liberia since the onset of the outbreak. At one point, an expatriate Liberian academic wrote an article pointing to bioweapons research being conducted by the United States as to blame for the epidemic, which was widely shared on social media among Liberians.[68] In mid-August, a story began to make the rounds that poisoned wells were to blame for the illness, prompting incidents where suspected poisoners were beaten by mobs.[69] Others in the country understood that the threat was real and necessitated preventative measures, although one interviewee said that this sentiment was most prevalent among the "educated class" of Liberians.[70]

65 International Alert interviews with participants in the Ebola response in Liberia, February 2015
66 Ibid.; International Alert interviews with members of Liberian CSOs, February 2015
67 International Alert survey results
68 T. McCoy, A professor in the US is telling Liberians that the Defense Department 'manufactured' Ebola, The Washington Post, 26 September 2014
69 'No evidence of well poisoning' – LNP warns rumor mongers, FrontPageAfrica (Liberia), 12 August 2014
70 International Alert interviews with members of Liberian CSOs, February 2015

Many interviewees and FGD participants explained that the denial was rooted in a common perception of modern Liberian society and political governance.[71] Corruption is a major concern in Liberia, corroding the public's trust in the intentions and integrity of government officials. The difficulty of finding paid employment has produced a cyclical trap, whereby many simultaneously resent corruption but also expect politicians and their appointees to make payouts during and after elections. FGD participants pointed to the lack of social services such as affordable schools, latrines and health facilities as partially to blame for the frustration with the government, expressing the view that corruption is at the heart of these problems.[72]

Some FGD participants said there has been progress since the end of the war, particularly in areas of freedom of speech and infrastructure. Mistrust towards government officials was not described as a new development in Liberia that is specific to the current government, but rather as deeply rooted in the country's history.[73] One interviewee spoke of a widespread sense of mistrust, covering government, civil society, and both urban and rural communities, all of which are sceptical of each other's intentions. In her view, this is largely a result of psychological scars from the war experience that will take time and effort to address.[74]

Still, results from the survey that was conducted for this report show that the current government has a serious and troubling credibility gap with the Liberian public. When asked whether the government was 'doing well', two-thirds (66%) of respondents said 'no'. Only 10% said the government 'tells the truth to people', with 50% saying they do not, and 32% saying they only do 'sometimes'. When asked how the Ebola crisis affected their trust in the Liberian government, a majority (55%) said they now have 'less trust'.[75]

The survey asked participants to assign a score to various institutions that are present generally in Liberian life or were active during the Ebola crisis. On a scale of 1 to 5, with 1 representing 'terrible' and 5 representing 'excellent', officials from all branches of government received low scores (see Figure 2). President Johnson Sirleaf was given a weighted average of 2.0, similar to the score of senators and representatives (1.9) and government officials overall (1.7). The least trustworthy institutions were in the justice system, with the LNP (1.5) and judges (1.5) at the bottom of the scale.[76] The highest averages were given to family members (4.3), religious leaders (4.2), radio talk show hosts (4.2), international NGOs (4.0), and nurses and doctors (3.9).

71 Ibid.; International Alert FGDs held in West Point and St Paul Bridge, February 2015

72 International Alert FGDs held in West Point and St Paul Bridge, February 2015

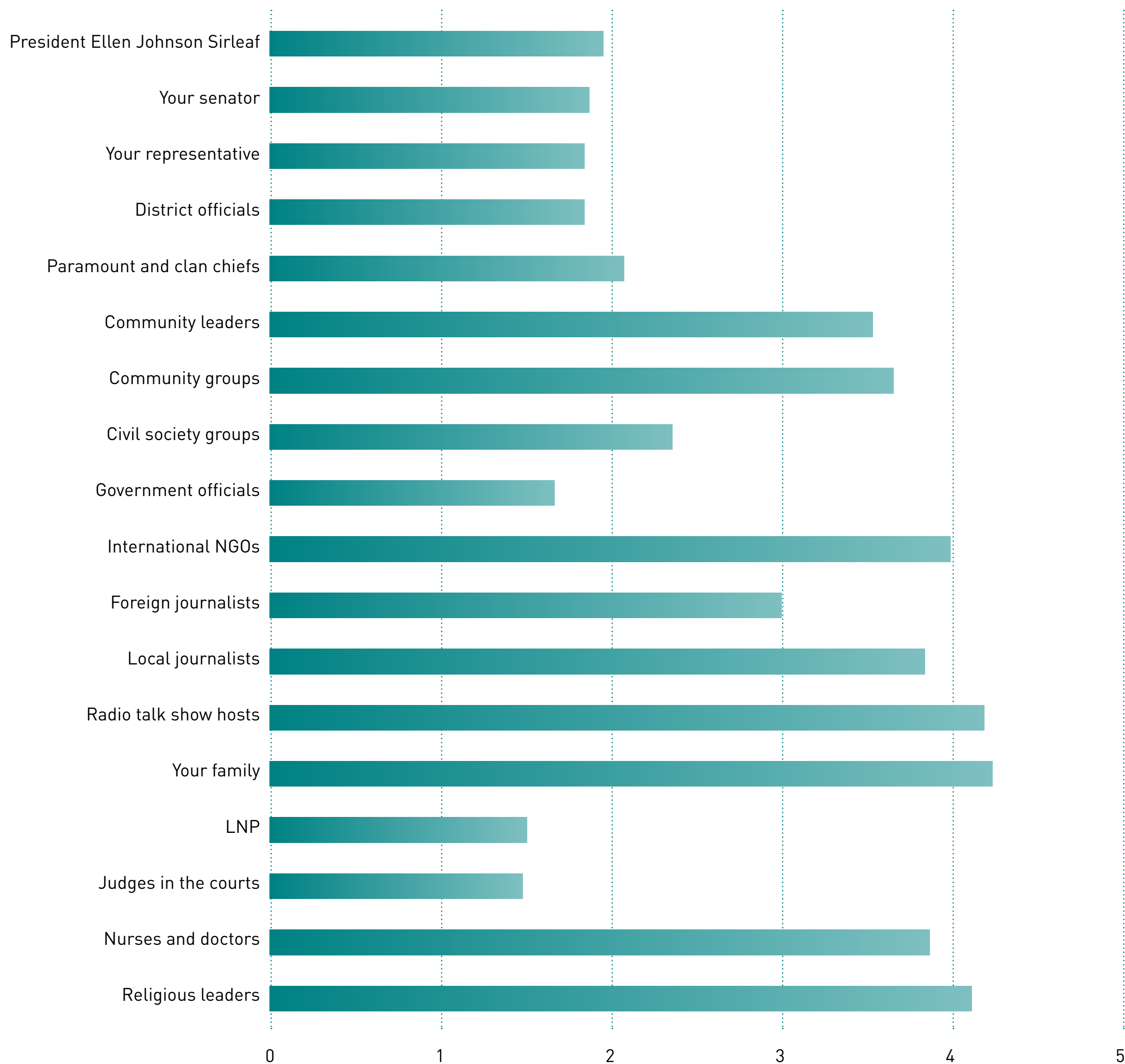
73 Ibid.

74 International Alert interview with a member of a Liberian CSO, February 2015

75 International Alert survey results

76 Ibid. The rating system was complicated for some respondents. In general, between 100 and 150 responses were gathered for individual ratings rather than the 200 that were obtained for other questions.

Figure 2: How trustworthy did people think organisations and individuals were



When asked to rate the Liberian government's overall efforts on a similar scale, the average score was 2.2, a few points above 'poor'. Somewhat surprisingly, despite the world's severe delays in deploying assistance to fight Ebola, survey respondents assigned a relatively high score to the 'international community' for both trustworthiness and overall efforts: an average score of 4.0 was given for overall efforts, while 61% of respondents said that the international community 'tells the truth to people', and 85% said they believe the international community is working for the Liberian people.[77]

It is somewhat difficult to understand why the international community outperformed the government among survey respondents on this scale, given its long-standing political and financial support to the government. It is likely that the outside world has seen its standing increase due to a perception that it 'bailed out' Liberia during the crisis. Conversely, governance concerns and economic hardships faced by Liberians may be attributed to failures of local, rather than global, leadership.

77 Ibid.

Results from the survey, as well as KIIs and FGDs, point to mistrust towards government as a major factor in the severity of Liberia's Ebola outbreak. This underlines the poor communication between the government and its constituents, a general sentiment of dissatisfaction with elected officials, and the failure of the post-conflict peacebuilding process to ensure a responsive and accountable government for Liberians.

Accountability for aid funds

Many key informants and FGD participants expressed concern over the extremely large sums of money that had been spent on the Ebola response, wondering how much of it was spent effectively. Some spoke of the fleet of vehicles that had been purchased by international donors and given to various government agencies and NGOs compared with the relatively low number of functional ambulances.[78] ETUs that were planned and built during the peak of the crisis have had a relatively high cost-to-benefit ratio, as many have only treated a handful of Ebola patients, if any. While the construction of these ETUs was certainly a prudent action, some key informants were concerned that the facilities were unsustainable, wondering whether they would be put to use after the crisis. Moreover, they asked if it would not have been better to halt construction on some ETUs, instead allocating the funds to non-Ebola healthcare infrastructure once cases began to decline.[79]

Expenditure of Ebola funds was a major concern at the peak of the outbreak. When nearly US$6 million was allocated by the government to fight Ebola in late August, accusations abounded that funds had been misused, provoking the country's minister of finance to promise that culpable parties would be "prosecuted in accordance with the law".[80] The GAC, one of Liberia's key anti-corruption institutions, recently issued an audit report that pointed to improper accounting of funds, particularly by the Ministry of Defence.[81] Many key informants and FGD participants stated their desire to know how much was spent on the response overall, by both international and government agencies.

Economic and livelihood impacts

The Ebola crisis threatened to derail what had been described in recent years as solid economic progress by causing serious damage to trade flows, raising the price of vital goods and bringing key sectors of the economy to a halt.[82] Research conducted by the World Bank and others has shown that the outbreak had a severely negative impact on the livelihoods of many Liberians, who lost jobs and incomes as a direct result of the Ebola outbreak.[83] Among respondents to the International Alert survey, 55% said they had lost income during the crisis and 42% said they had lost their jobs. High food prices were cited as a major impact by 62%, along with the closure of schools (71%), restrictions on movement (68%) and fear (63%).[84]

78 International Alert interviews with members of Liberian CSOs, February 2015; International Alert FGDs held in West Point and St Paul Bridge, February 2015

79 Ibid.

80 W. Williams, Money eaters in hot water: Liberia to probe 'misapplied' Ebola funds, FrontPageAfrica (Liberia), 12 September 2014

81 Liberia audit report questions $673,000 in Ebola spending, Associated Press, 15 April 2015

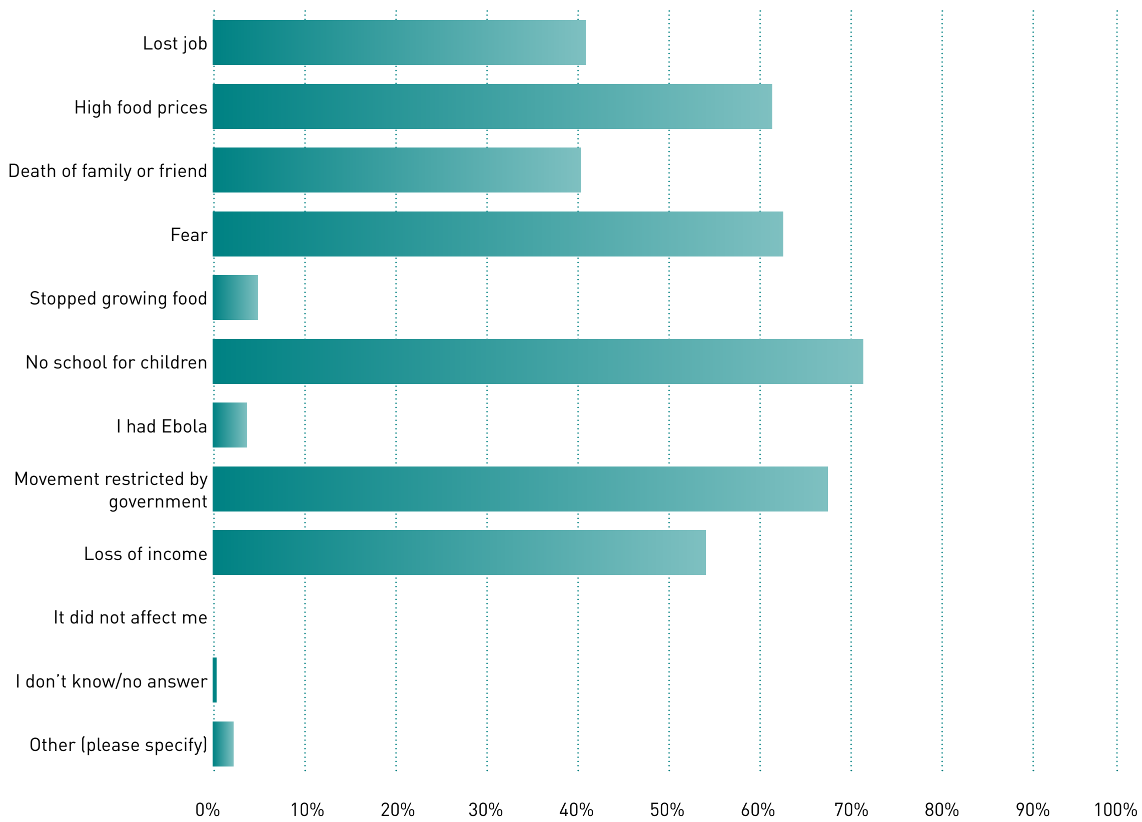
82 World Bank, Ebola: Most African countries avoid major economic loss but impact on Guinea, Liberia and Sierra Leone remains crippling, 20 January 2015

83 K. Himelein and J. Kastelic, 15 April 2015, Op. cit.

84 International Alert survey results

Two West Point residents wait for an ambulance while watching health workers disinfect a courtroom, Monrovia, September 2014

Figure 3: How Ebola affected people



Officials at the AfDB who were interviewed by International Alert reported that the worst impacts were felt by those who had part-time work, those who worked in the hospitality industry and those who make their money through petty trading – a key source of income for most of the country's poor.[85] According to the AfDB, Liberia's debt burden has significantly increased as a result of the crisis through borrowing for emergency measures to cope with the outbreak, although much of the foreign financial assistance that was disbursed came in the form of grants rather than loans.[86]

Agricultural production also suffered, as some farmers did not plant during the crisis due to restrictions on movement, closure of border crossings and the shutdown of some local markets.[87] Food prices skyrocketed during the height of the crisis, although they have subsequently fallen. There are varying views on the extent of the damage. Research from the World Food Programme points to restrictions in credit and the closure of markets as having restricted the availability of food in Liberia, particularly in areas that were hardest hit by the outbreak, but suggests that the resumption of cross-border trade and harvests in spring 2015 likely mitigated some of those impacts.[88] AfDB officials interviewed for this report say that there was only a 3% decline in rice production during the crisis overall.[89]

Goods and sales tax receipts fell by 20% during the crisis, according to AfDB figures, and microfinance initiatives took a hit from a series of defaulted loans. A complicating factor is the decline in global market prices of iron ore, one of Liberia's key export commodities, which fell from US$115 per tonne in April 2014 to US$52 per tonne in April 2015.[90] Reduced prices have jeopardised proposed expansions by mining companies that were previously expected to provide significant budget revenue in the coming years.[91]

The health sector suffered immense damage during the Ebola outbreak, which claimed the lives of some of the country's top doctors and nurses, and led to severe challenges for many Liberians who sought treatment for non-Ebola health complications. Liberia was already short of qualified medical professionals, and while facilities have largely reopened they are said to be operating at reduced capacity. This has made it more difficult for people to obtain treatment for endemic diseases such as malaria and diabetes, or for maternal care for pregnant women. Many preventable deaths are likely to have occurred as a result of the crisis and its aftermath.[92]

Disparate impacts on social groups

Nearly all key informants and FGD participants pointed to the fact that the most heavily affected communities in Liberia were among the poorest in the country, particularly those in Monrovia.[93] Lack of sanitation, crowded conditions and low levels of education were cited as having exacerbated systemic violence against the poor by placing them at the greatest risk of contracting Ebola. Some pointed to the stigma that was directed at Kissi people, an ethnic group that dominates the northwestern part of Liberia, where Ebola first appeared in the country, and to an extent Muslims due to high-risk burial practices. Overall, however, the crisis did not appear to have put significant strain on ethnopolitical relations in Liberia.[94]

85 International Alert interviews with officials from the AfDB in Liberia, February 2015

86 Ibid.

87 Permanent Interstates Committee for Drought Control in the Sahel (CILSS), Cadre Harmonisé for identification of areas and populations in food insecurity in Guinea, Liberia and Sierra Leone, March 2015

88 Ibid.

89 International Alert interviews with officials from the AfDB in Liberia, February 2015

90 World DataBank: Global Economic Monitor (GEM) Commodities – Iron ore, $/dmtu, nominal$, World Bank, http://databank.worldbank.org/data/reports.aspx?source=Global-Economic-Monitor-(GEM)-Commodities

91 International Alert interviews with officials from the AfDB in Liberia, February 2015

92 International Alert interviews with members of Liberian CSOs and participants in the Ebola response, February 2015

93 International Alert interviews with members of Liberian CSOs, February 2015; International Alert FGDs held in West Point and St Paul Bridge, February 2015

94 Ibid.

Reports on the gender-based impact of Ebola are mixed. Women are typically the primary caregivers in Liberian society, leading to an oft-repeated early estimate that they comprised as many as 75% of Ebola patients.[95] Indeed, 39% of respondents in our survey said they thought Ebola had affected more women than men, versus 18% who answered 'no' to this question (44% did not answer or did not know). However, a United Nations Development Programme report released in January found that overall fewer women than men had been infected with Ebola during Liberia's outbreak, although the figure captured less than half of the overall cumulative cases and may have underreported the number of women who died according to other sources.[96]

Women who were pregnant when they contracted the virus were at a particularly high risk, dying in much larger proportions than other groups. Pregnant women who did not have Ebola were also affected, given the difficulties of obtaining prenatal care and delivering safely in a period when health facilities were closed.[97] Research also suggests that the prevalence of women in small-scale trading activities indicates that market closures likely had a significant gender impact, although when International Alert's survey data is disaggregated by sex, slightly fewer women than men reported income and job losses.[98]

Ebola survivors, many of whom already faced gender- and class-based discrimination before contracting the illness, have faced profound challenges since being released from treatment. Key informants who work closely with survivors said that many were stigmatised and isolated from their communities, particularly in the early phase of the outbreak, and continue to suffer from health challenges such as vision loss and joint pain. Survivors whom International Alert spoke to described untreated grief and depression over the loss of family members, saying that they had received only limited support to help them rebuild their lives and cope with the losses they experienced. Many said that international aid programmes set up to assist them have suffered from poor coordination.[99]

Ebola survivors meet to discuss their concerns in City Hall, Monrovia, February 2015

95 C. Hogan, Ebola striking women more frequently than men, The Washington Post, 14 August 2014

96 United Nations Development Programme, Confronting the gender impact of Ebola virus disease in Guinea, Liberia and Sierra Leone, UNDP Africa Policy Note, 2(1), January 2015; L. Kotilainen, Study on the gendered impacts of Ebola in Liberia, Finn Church Aid, February 2015; Ebola data and statistics: Situation summary by sex and age group, WHO, http://apps.who.int/gho/data/view.ebola-sitrep.ebola-summary-age-sex-20150715

97 MSF, An additional challenge: Tending to pregnant women with Ebola, 9 January 2015

98 L. Kotilainen, February 2015, Op. cit.; International Alert survey data

99 International Alert interview with staff of the #ISurvivedEbola campaign, February 2015; International Alert interviews with Ebola survivors in Monrovia, February 2015

A majority (52%) of those surveyed by International Alert stated that they had Ebola survivors in their communities. Of that group, most (57%) said the community had 'welcomed them back', but 35% said they had not, reflecting the stigma and social isolation that survivors frequently describe. While 54% of the respondents said they were not afraid of survivors, 28% said they were, despite the awareness campaigns that have been implemented to help reintegrate them. Overall, 91% said that the outbreak had 'pushed Liberians apart', compared with only 6% who said it 'brought them together'.[100]

Nearly 60% of respondents said that the disease affected the poor more than the rich. Only 26% said that some social groups had been treated better than others during the crisis. Those who felt that some had received favourable treatment overwhelmingly pointed to the wealthy and politically well connected.[101]

Interestingly, a majority (60%) of survey respondents said that the 'Guinea forests' were where Ebola originated, with only a small proportion (8%) claiming that 'international people brought it here'. Anecdotally, the perception that the Ebola outbreak was purposefully created does feature in conversations with Liberians, although a sentiment of uncertainty generally accompanies that suggestion. A total of 22% of respondents said they 'did not know' where Ebola came from, and 10% said 'other' – mostly pointing to Lofa County, where Liberia's outbreak began.[102]

Community engagement

While much of the early commentary on how to address the outbreak focused on the need for international mobilisation of resources, in retrospect one of the key interventions occurred at the grassroots level and was to some extent entirely driven by at-risk communities. In the early days of the crisis, many of the measures adopted to stop Ebola's spread were authoritarian and harsh, culminating in the quarantine of West Point – which was subsequently described by President Johnson Sirleaf as a "mistake".[103] Health responders spoke of facing resistance in communities, and FGD participants said they initially felt that their traditions and customs were under attack by the government, which was asking them to abandon cultural burial practices without providing adequate evidence of the existence of Ebola. This dynamic made it difficult for burial teams and contact tracers to operate effectively.[104]

As described above, some members of the Liberian National Ebola Taskforce recognised that a more participatory strategy was needed, emphasising contributions to case finding that could be made by communities themselves.[105] The creation of community 'active case finders' was a critical element of the success in combating Ebola, as were other measures independently taken by communities to safeguard themselves against the spread of the disease. Increased awareness of the dangers of Ebola were at least partly the result of visual evidence of the disease's presence, but the creative and self-actualised interventions developed by community members in response to the outbreak were cited by one key informant as an important lesson for the value of 'the right approach' to engagement initiatives.[106]

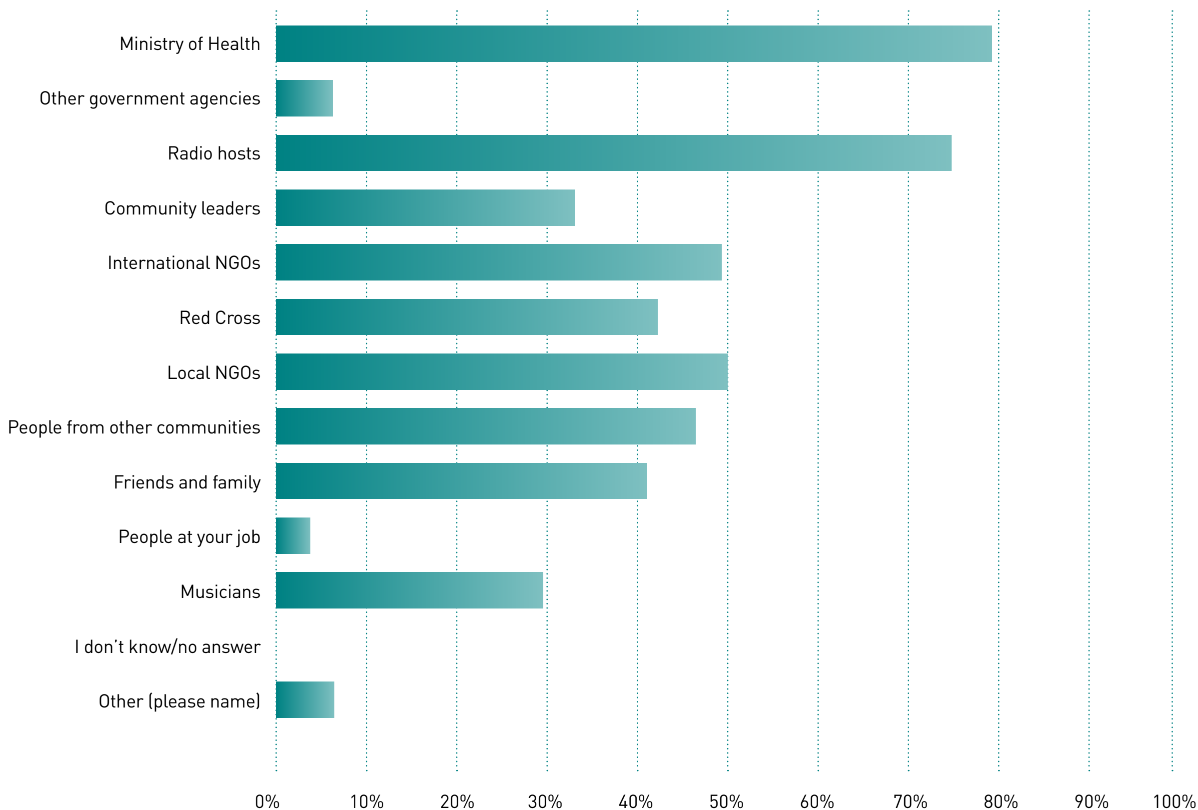
According to some key informants, the initial awareness campaign in Liberia about Ebola placed too much emphasis on fear. People who were already sick had a motive to hide themselves to avoid stigma, and the sense that treatment would not increase their chances of

100 International Alert survey data
101 Ibid.
102 Ibid.
103 C. MacDougall, Liberia's military tries to remedy tension over Ebola quarantine, The New York Times, 12 May 2015
104 International Alert interviews with participants in the Ebola response in Liberia, February 2015; International Alert FGDs held in West Point and St Paul Bridge, February 2015
105 International Alert interviews with members of the Liberian National Ebola Taskforce, February 2015
106 Ibid.

survival discouraged them from admitting themselves to ETUs – although the reputation of ETUs as 'death traps' and their tendency to refuse admission to patients likely contributed to this dynamic as well.[107]

Most Liberians who were surveyed first heard about Ebola through the radio (64%) or word of mouth in the community (21%). The most common source of further information about the disease (as shown in Figure 4) was the Liberian Ministry of Health (79%).

Figure 4: Who gave people information about how to protect themselves from Ebola

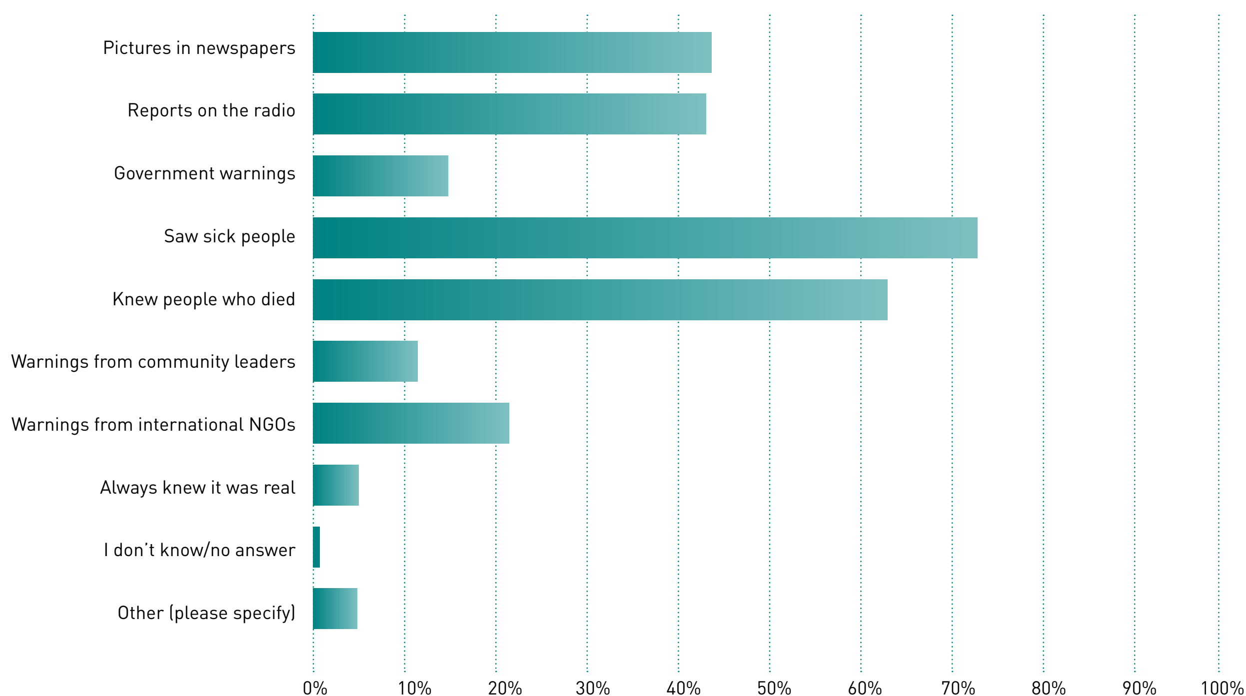


The Ministry of Health was also deemed the most reliable source of information – surprisingly, given the overall low marks to government – as cited by 32% of respondents, followed by radio hosts (19%) and international NGOs (15%).[108]

While awareness campaigns that emphasised the fatality rate of Ebola may have been counterproductive, the most common means by which people came to realise that Ebola was a real threat (see Figure 5) was when they saw sick people (73%) or knew people who had died (63%). This was followed by pictures of burials and Ebola patients published in newspapers, which was cited by 44% of respondents (46% of men and 41% of women), and radio reports, cited by 43% (38% of men and 49% of women). This overall picture points to multiple dynamics. Denial of the disease was fuelled by mistrust towards government, which was only reduced when people saw visual evidence of Ebola or heard firsthand accounts from trusted sources. Meanwhile, campaigns that suggested it was not possible to survive Ebola may have driven the sick underground. Ideally, the correct approach would have been to provide the visual evidence as early as possible, to emphasise that it was possible to survive Ebola, and to engage with community groups to identify those who were displaying symptoms.

107 International Alert interviews with participants in the Ebola response in Liberia, February 2015
108 International Alert survey data

Figure 5: How people came to know Ebola was real



Perceptions of the response

Key informants who were involved in the Ebola response described a steep learning curve in their efforts to contain and address the epidemic, while also expressing pride at the eventual successes that followed.[109] International responders gave high marks to their Liberian counterparts in interviews conducted by Alert. However, many key informants and FGD participants described a view of the initial government response to the outbreak as cumbersome, slow and inadequate.

Suspected Ebola patients wait to be admitted to the WHO Ebola treatment unit at John F. Kennedy hospital, Monrovia, September 2014

109 International Alert interviews with members of the Liberian National Ebola Taskforce, February 2015

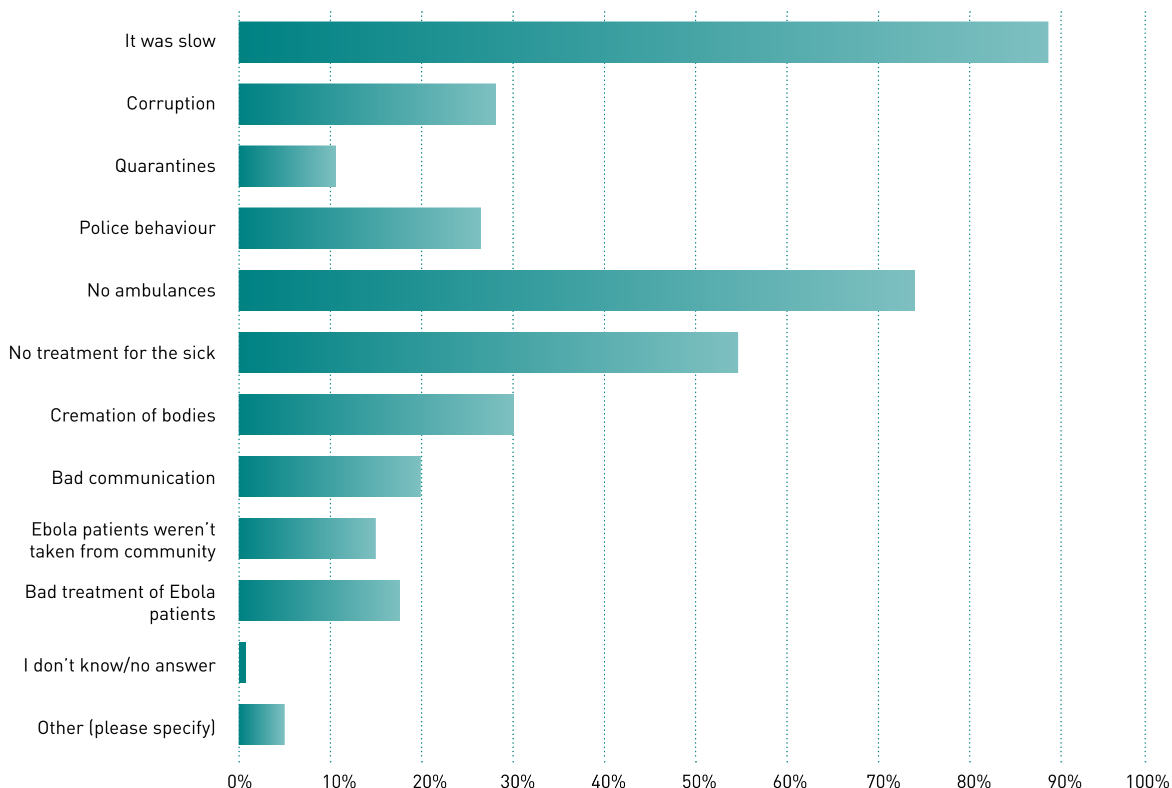
They spoke of ambulances taking days to respond to calls and of lengthy delays in removing dead bodies from communities.

The decision to cremate bodies was unpopular among many Liberians, although it was described by many key informants as an important element of a successful response. A few key informants expressed frustration at the delayed international response, while still expressing a mixture of gratitude for the resources that were eventually deployed, and frustration that the government was not able to handle the crisis on its own.[110]

The behaviour of security forces during the quarantines was described by some key informants as concerning. Despite significant efforts to train the Armed Forces of Liberia (AFL) in human rights sensitivity, quarantines were handled aggressively and resulted in loss of life after excessive use of force. However, one key informant indicated that blame for the West Point incident should be partially shared by the community itself for its conduct in releasing patients and attempting to break the quarantine.[111] A review board imposed penalties on commanders and soldiers who were involved in the violence, but some key informants spoke of concern over what could happen once the UN Mission in Liberia draws its forces down and the AFL and the LNP are given full responsibility for security in the country.[112] According to media reports, the AFL has attempted to repair its image in West Point recently through community engagement work.[113]

Survey results show a high level of dissatisfaction with the government response (76% said they were not satisfied), and significant anger, as cited by 81% of respondents (78% of men and 84% of women). The most common reasons for that anger were its perceived slowness, cited by 88%, along with limited ambulances (74%) and inadequacy of treatment for the sick (55%).

Figure 6: Why people were angry with the national response



110 International Alert interviews with participants in the Ebola response in Liberia; International Alert interviews with Liberian CSOs and FGDs held in West Point and St Paul Bridge, February 2015

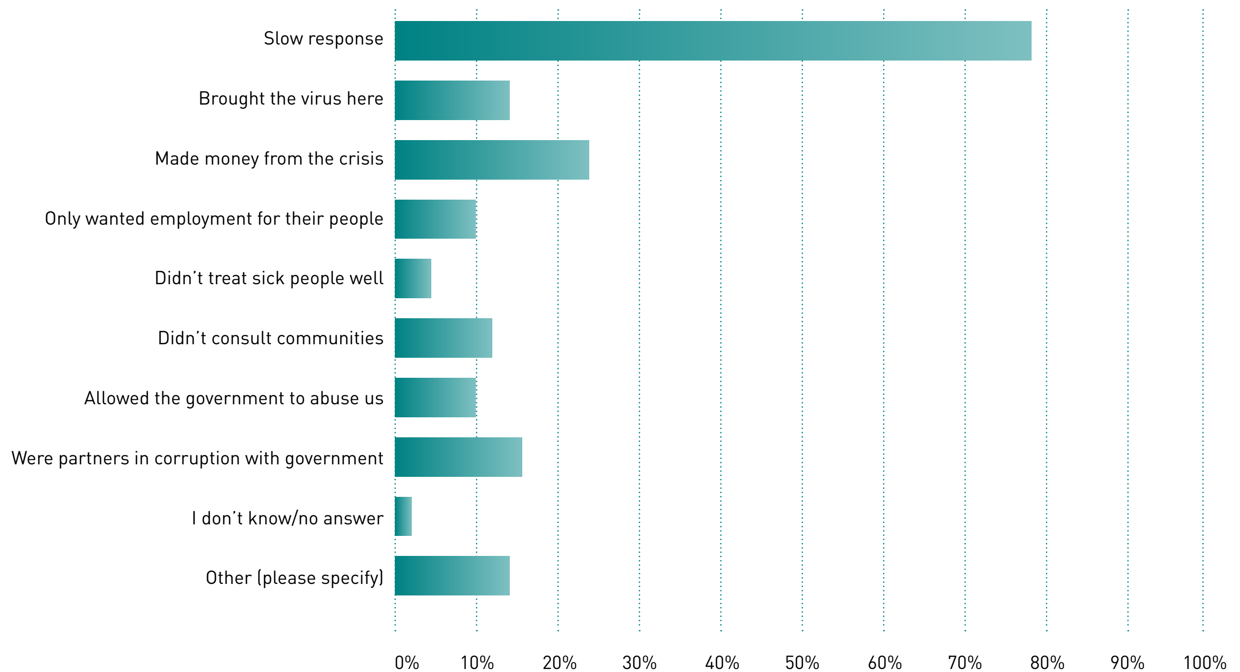
111 International Alert interview with a member of Liberian CSOs, February 2015

112 International Alert interviews with members of Liberian CSOs, February 2015

113 C. MacDougall, 12 May 2015, Op. cit.

However, a majority (83%) of respondents were satisfied with the international response, and only 26% (22% of women and 28% of men) said they were 'angry' at the international response, again likely reflecting the narrative of international support 'rescuing' Liberia from the crisis. Of those who were angry at the international response, 78% cited its slowness.[114]

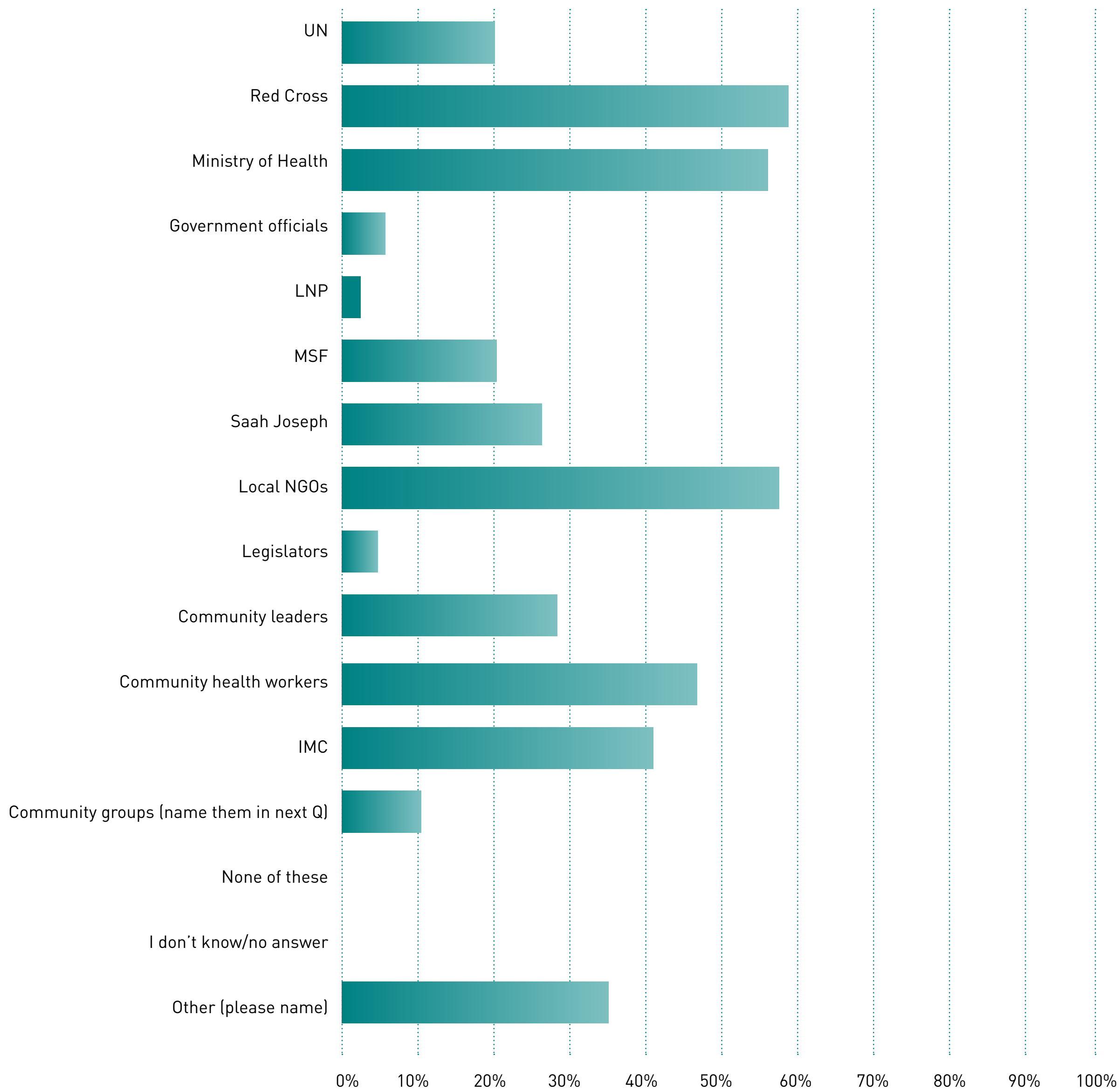
Figure 7: Why people were angry with the international response



Survey respondents were also asked to identify organisations that had responded to Ebola in their community. The Liberian Red Cross was the most visible institution, with 59% listing it as having played an active role. This is intuitive given the central role the Red Cross played in entering affected communities and removing dead bodies – many of whom did not die from Ebola infection. Other organisations listed as key responders included local NGOs (58%), the Ministry of Health (56%), community health workers (47%) and the International Medical Corps (IMC) (41%).[115]

114 International Alert survey results
115 Ibid.

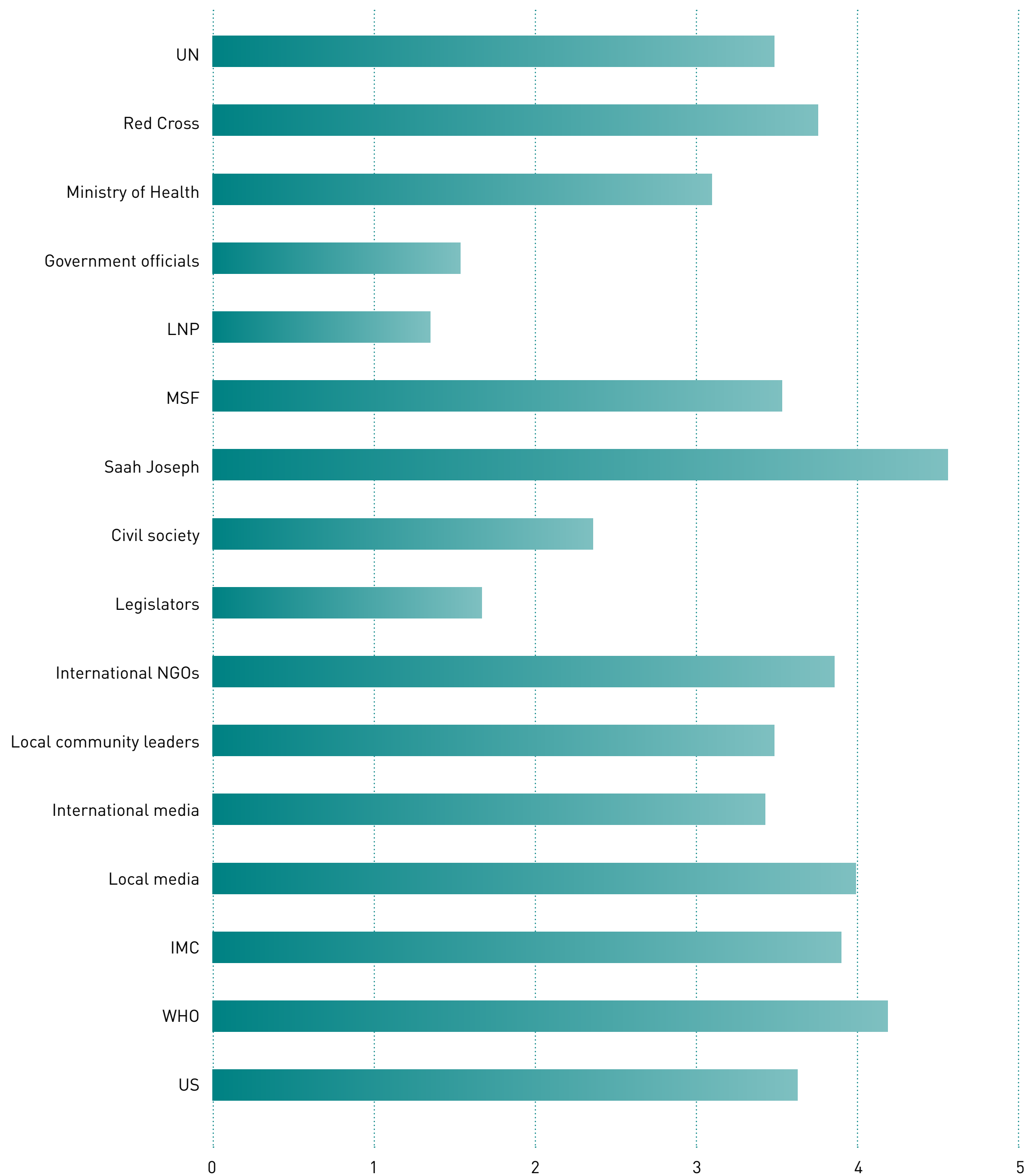
Figure 8: Who responded to the Ebola crisis in people's communities



Respondents were also asked to rate how well these institutions responded to Ebola, giving them a score from 1 to 5, where 1 represented 'terrible' and 5 represented 'excellent' (see Figure 9). The highest score (4.6) went to Representative Saah Joseph, a Montserrado legislator who financed a volunteer ambulance service during the peak of the outbreak. The WHO also scored highly (4.2), as did local media (4.0), the IMC (3.9), international NGOs (3.9), the Red Cross (3.7) and the US (3.7). The poorest scores were given to the LNP (1.4) and government officials (1.5).[116]

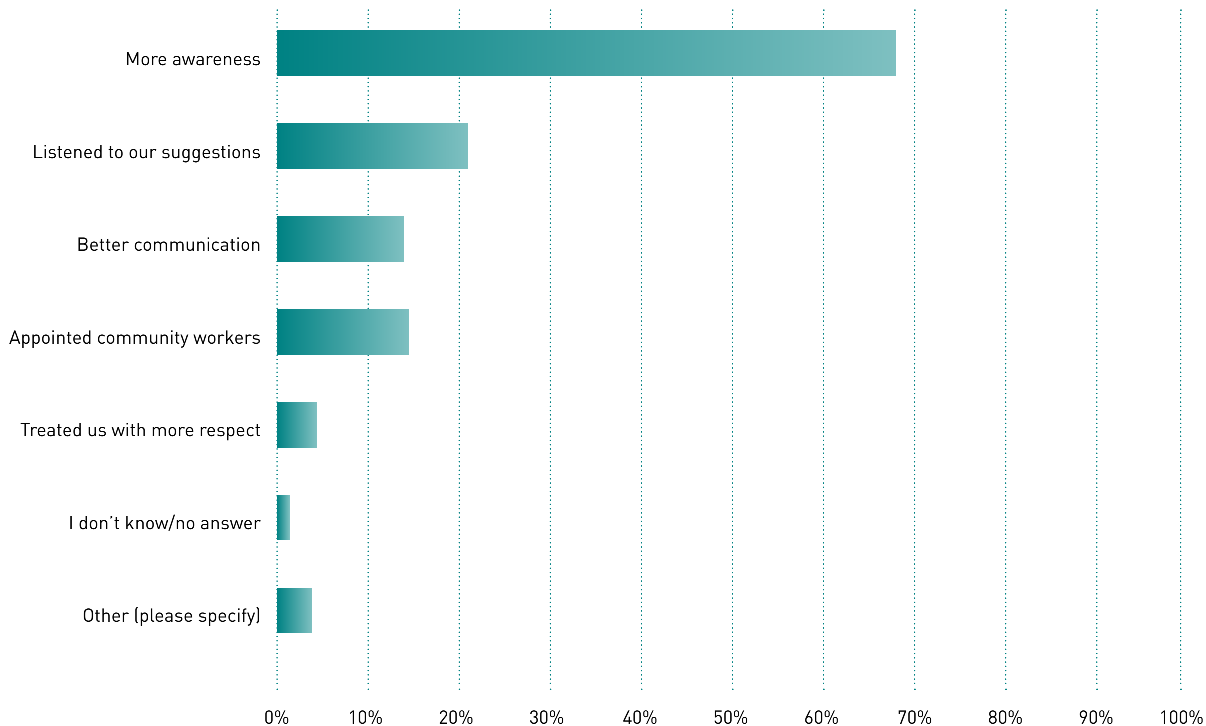
116 Ibid.

Figure 9: How well these groups helped Liberia fight Ebola



A significant number (54%) of respondents in the survey said that the government did not come and meet with the community about Ebola at the beginning of the crisis. When asked how organisations could have done better for the community (see Figure 10), respondents cited 'more awareness' (68%) and 'listened to our suggestions' (21%) as key recommendations.

Figure 10: How could these groups have done better in people's communities



Viewing the results of this survey, a few key points emerge. Firstly, radio hosts and local media were seen as highly reliable and were crucial sources of information about Ebola, raising awareness about the disease and distributing knowledge on how citizens could protect themselves. This speaks to the relevance of Liberian journalists in disseminating information, highlighting problems and connecting with average people.

The efforts of international responders were generally viewed as favourable by the 200 people who completed Alert's survey, while the Ministry of Health received mixed reviews and other key government institutions were seen as having performed poorly. While the initial terror of Ebola and a clear national sense that the government was outmatched is a likely factor in these figures, pre-existing mistrust towards the government almost certainly contributed to its low scores as well.

Interviews with key informants clearly suggested that many government officials and consultants performed admirably during the Ebola crisis, but this does not appear to have trickled down to survey respondents. It is likely that the general unpopularity of government implied in many of the survey results may have influenced perceptions on the challenges it faced in the response. Commonly held views on endemic corruption, impatience with the development process and limited responsiveness by officials to public concerns are among the reasons why the government does not appear to have built much public goodwill, despite the successful efforts against Ebola.

Political fallout

Fears that the crisis would cause political instability and provoke substantial disorder or other forms of conflict thankfully appear to have been unfounded. As one interviewee put it, "it became clear to the people of Liberia that Ebola was the enemy, not the Liberian government".[117] Despite initial suggestions by some politicians that Ebola had been fabricated, most national figures refused to politicise the issue last autumn, saying that the threat of Ebola required the country's leadership to work together. Nonetheless, in legislative elections held in December 2014, nearly all of the candidates who were backed by President Johnson Sirleaf, including her son, lost to their challengers. Key informants who are familiar with the political context in Liberia say that the election results are a clear indication that the government has lost credibility in the public's eyes.[118]

117 International Alert interviews with members of Liberian CSOs, February 2015

118 Ibid.

5. Towards a post-Ebola future: Analysis and commentary

Before Ebola, Liberia was beginning to emerge from its 'post-conflict' phase. Twelve years have passed since Charles Taylor's exile and the signing of the Accra accords, which marked the end of the country's vicious civil war. The war itself was a result of complex historical factors, including elitist and exclusionary politics, popular anger at corruption, ethnic favouritism and international Cold War dynamics.[119] Since the end of the conflict, Liberia has implemented a wide-ranging series of reforms, introducing new laws to protect human rights, including those of women and children, soliciting billions of dollars in foreign investment and rebuilding much of the country's devastated infrastructure. Nevertheless, many Liberians complain that the pre-war legacy of elitism and corruption has continued in a new form, pointing to limited accountability for public officials, meagre service delivery, harassment of the poor by police forces, inequality and marginalisation of women and youth, among other concerns.

In the early days of Ebola, many who were unfamiliar with Liberia and its history were puzzled by reports of widespread Ebola denial. Searching for an explanation, many settled on familiar tropes and stereotypes of Africa, suggesting that poor education and superstition were to blame for the public's unwillingness to heed health warnings. In fact, this reluctance to accept the government's word is partly rooted in feelings of alienation and dissatisfaction that are almost certainly widely shared in Liberian society. This is not just the result of ineffective governance in Liberia; it is also the responsibility of donors and international institutions who have been engaged in recovery and development work in Liberia for the past decade. Undoubtedly, Liberia faces structural challenges – its position as a supplier of raw commodities and weak infrastructure arguably consigns it to severe underemployment in the near term. However, the country's position in the global economy does not entirely explain why as few as one in 10 of its citizens believe their government is truthful.[120]

An MSF health worker talks to an Ebola patient, September 2014

119 The Truth and Reconciliation Commission of Liberia, Final report, 3 December 2009; S. Ellis, The mask of anarchy: The destruction of Liberia and the religious dimension of an African civil war, London: Hurst, 1999

120 International Alert survey results

While Liberia has achieved GDP growth rates in recent years, poverty rates remain extremely high and employment is difficult to obtain. Many of those who spoke with researchers for this report pointed to an absence of a noticeable 'peace dividend' as being partially to blame for the high levels of mistrust and low opinion that many Liberians hold towards their government.

Exacerbating frustration with the slow progress of development is the improper behaviour of police forces, limited accountability for corruption, and concern over who comprises the primary beneficiaries of the country's natural wealth. Fragile justice systems are seen as unreliable, and many perceive government officials as being more concerned with their own power and wealth than with the plight of the poor.

In addition, there is often a sentiment in some tiers of Liberian society of condescension towards average Liberians, who are seen as uneducated and incapable of exercising an active role in the process of development. Moreover, electoral politics in Liberia sometimes entails the manipulation of voters with short-term financial incentives, and lengthy terms in office for legislators along with highly centralised governance structures have created a sense of distance between politicians and those whom they govern.

Regardless of Liberia's post-war progress, the comprehensive mistrust that was exposed during Ebola shows that there are festering wounds in Liberian society that have not yet been healed. Trust is an essential element of peace, and mistrust a typical predictor of conflict.

Challenges ahead

Liberia is still in a delicate phase that is likely to be fraught with opportunities for conflict. While the Ebola outbreak may fade into memory, there are crucial watershed political moments approaching. The UN peacekeeping mission that many credit with the absence of large-scale violence since the end of the war is due to leave in the next few years, before a high-stakes general and presidential election in 2017 that will bring a new administration to power. Meanwhile, reconciliation processes have been halted over political disputes, police forces have been accused of "rampant corruption" by rights groups,[121] and the decline in global iron ore prices looks likely to reduce future budgets from what was expected a few years ago. It is thus imperative that the international community and the government take this moment to absorb, understand and address the grievances of Liberians. As we have seen in the past year, these grievances can have tragic and unforeseeable consequences if they remain unacknowledged and unaddressed.

During the Ebola crisis, the inability of the government to win the widespread trust and support of its citizenry contributed to the severity of the crisis by providing fertile ground for denial, scepticism and uncooperative behaviour by the public. Blaming the reluctance of many Liberians to heed government warnings about Ebola solely on poor education or superstition misses the perspective that many in the country have regarding the way in which Liberian society is run and who benefits. In a political climate where those who are outside of elite circles perceive themselves to have limited leverage and power, it is unsurprising that an entrenched sense of alienation has taken root.

For anyone concerned with seeing Liberia permanently escape a cycle of shaky governance and fragility, the high rates of dissatisfaction and mistrust that were highlighted by International Alert's survey are a worrying sign. The sentiment that government exists for its own private benefit and is unresponsive to the priorities of the poor has had horrendous consequences in Liberian history: the process of recovery from Ebola is an opportunity to ensure this dynamic is addressed and challenged.

121 Human Rights Watch, Liberia: Police corruption harms rights, progress, 22 August 2013

It can be argued that international donors bear a share of the responsibility for the weak bonds of trust between Liberian citizens and the state. Most high-level development programming is conducted through government channels, with often insufficient efforts to understand the public mood beyond the view of security and stability. While Liberians surveyed for this report generally gave high marks to the international community for trustworthiness and overall impact, some key informants expressed a view that much of the most unpopular government behaviour has been enabled by the donor community. Liberia is a sovereign nation, and international donors do not have the right to dictate how it should govern its affairs. However, the large sums that have been spent on the peacekeeping mission and various aid initiatives do carry with them an obligation to understand how effective these efforts have been, and to ensure that the policy-making and aid monitoring sphere is widened to include Liberian non-government actors.

Key recommendations

The silver lining of the research offered by this report is its finding that respectful, two-way communication between the government and affected communities arguably provided the basis for a successful response to the Ebola outbreak. The tendency in recent years has been for government to deal with policy disputes without effective consultation. Yet, the most effective measure taken during the Ebola crisis was to include community members in the official strategy and to approach them as potential change-makers. This success should be built on in the coming years.

For example, as health services are rebuilt it would be wise to engage with communities, in an inclusive way, on how they can play a role in measuring and reporting on the quality of delivery, with accountability for any misconduct that the beneficiaries may encounter. It is difficult for many Liberians to obtain accurate, digestible information on what is being spent in their area. Bringing CSOs, local groups and self-selected community representatives to the table as active players in the implementation of development interventions, and giving them actionable methods of exercising oversight on those, could go a long way towards making Liberians feel included in the governance process and reducing their sense of mistrust towards public officials.

Managing expectations among the public for the timeline of development is crucial, but so is the need to shift from a 'top-down' culture of central management of funds and service initiatives to one that actively brings accountability and planning responsibilities to a local level. Holding poorly publicised public consultations in a government office is not sufficient, nor is relying entirely on elected representatives to serve as the 'voice of the people'. More needs to be done to create inclusive governance and meaningful oversight roles for those who use public services. Corruption remains a major concern in the country, and while efforts to reign in official misconduct are likely to meet resistance, they are vital to establishing public trust and cementing national bonds between the government and Liberian citizens.

Without such conditions, the coming withdrawal of peacekeeping forces may leave a risky, unpredictable political space in its wake. Repeating history by allowing mistrust and anger to grow in the country must be avoided. The government has a responsibility to reflect on the social dynamics that were exposed during the Ebola crisis, and which have been supported and verified by research conducted for this report.

The behaviour of security forces during the West Point episode is particularly troubling, given the significant resources that had been put into training members of the AFL to respect human rights and behave according to professional standards. If in the first major public emergency Liberia has faced since the war, AFL troops opened fire on unarmed civilians, it suggests that important ethics of restraint have not yet become fully entrenched in the culture of Liberia's security forces.

In the wake of Ebola, President Johnson Sirleaf has requested financial assistance from the world to cover a host of development needs that go beyond the immediate impacts of the outbreak.[122] The structural economic obstacles faced by the country mean that, in the short term, it is likely to require such assistance to finance infrastructure, governance systems and social services. These funds need to be disbursed wisely and with an eye on forging stronger bonds in Liberian society. Accountability is key, but so is better communication and approach. These changes will require real political willpower both inside the government and among donors. Above all else, the emergence of a reliable, responsive government is a critical factor in ensuring that the previous 12 years of gradually improving peace continue far into the future.

Thus, International Alert recommends that:

- Aid programming includes a monitoring role for civil society and the active involvement of communities in how projects are designed and implemented.
- The mistrust described in this report and exposed during the Ebola crisis is proactively addressed by determining its causes and including community representatives in the development of solutions. This will require a combination of participatory research and dialogue, which will have most legitimacy if it is initiated within civil society or by government, and supported by donors and international agencies.
- Multi-stakeholder dialogues are held, bringing together CSOs, government representatives and affected communities to discuss what lies behind the weaknesses in the state–society compact and trust between citizens and government that contributed to Ebola, and how these should be addressed. Recommendations that emerge from this process should be integrated into partnership agreements between donors and the Liberian government, inform national recovery prioritisation and planning, and be integrated into national development strategies that are funded, implemented and monitored.
- Measures are taken to ensure that security forces exercise restraint in handling demonstrations and protests.
- Independent anti-corruption bodies such as the GAC and the Liberia Anti-Corruption Commission are strengthened and adequately financed so that they are free from political interference and able to successfully bring cases against offenders.
- Donors speak out against issues of corruption, and that they and government should meaningfully support the right and capacity of the press and civil society to criticise public officials without consequence.
- Specific support is provided to those most affected by the crisis – survivors, the bereaved, and those who have lost income, jobs and education opportunities – to recover and reintegrate.

122 Liberia's Johnson Sirleaf urges 'Marshall Plan', BBC News, 3 March 2015

6. Conclusion

One only needs to examine events in nearby Burkina Faso and Mali to recognise that popular discontent can quickly turn into political instability. The hard work of peacebuilding is to recognise these dynamics before they become dangerous and to design appropriate intervention strategies accordingly.

Only Liberians can take the lead in developing a stable, fair and well-bonded society, and indeed many are already engaged in that effort. However, there are tasks that international donors, NGOs and other partners can perform to facilitate the country's post-Ebola recovery and to help repair some of the strained bonds of trust discussed in this report. The more that donors and aid organisations can partner with change agents and accountability advocates in Liberian society and support their efforts, the greater the long-term impact of their money is likely to be.

The past year has been full of frightening moments. At one point, Ebola threatened to completely derail the progress made by Liberia since the end of the war. It is hugely fortunate that Liberian responders and their partners were able to avert that catastrophe. Now, the recovery must embrace the opportunity for a fresh start and address the weaknesses that made the crisis possible. Some of these weaknesses are material; others are systemic and rooted in both attitude and policy. Sustainable peace in Liberia demands addressing the environment surrounding development and governance that made mass denial of Ebola possible. This will require self-reflection by actors across the spectrum and a willingness to recognise that feelings of isolation and powerlessness among many Liberians are as much of a threat to the country as Ebola ever was.

International Alert.
346 Clapham Road, London SW9 9AP, United Kingdom
Tel +44 (0)20 7627 6800, **Fax** +44 (0)20 7627 6900
info@international-alert.org
www.international-alert.org

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/InternationalAlert @intalert