

EBOLA, THE ROAD TO ZERO CASES AND RECOVERY

Key recommendations from organisations working in West Africa

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One year on after the declaration of the Ebola outbreak in Guinea, the EVD (Ebola Virus Disease) has cost the lives of more than 9000 people. While major progress has been achieved to bend the curve of the outbreak under the leadership of Governments, work of dedicated national responders and the support of the international community, **the situation remains alarming**. Recent reports on epidemiological trends from Guinea, Liberia and Sierra Leone highlight the urgent need for sustained and coordinated efforts by governments, national and international responders and the donor community to reach the goal of zero cases. While the focus must remain on getting to zero, the response phase must now include a greater emphasis on responding to the ‘hidden crisis’ unfolding due to the collapse of health systems, education and the impact on livelihoods and food security. Planning for recovery is already underway in all three countries and – learning the lessons from the factors underlying the vulnerability to this outbreak – substantial investment in both financial and technical resources will be needed to support Governments to rebuild and transform essential services including health and education.

This briefing paper by INGOs working in West Africa and strongly involved in the Ebola response, identifies some of the key interventions that are required in the response phase, including those that support the safe re-opening of essential services and outlines principles and priorities for the recovery phase.

GETTING TO ZERO CASES

As of February 2015 the overall Ebola transmission rates are decreasing in Guinea, Liberia and Sierra with 22,859 total number of cases reported by the first week of February 2015. While incidence rates have fallen in all countries, Western Guinea and Western Sierra Leone are still experiencing a substantial increase in new cases per week.

Conscious of the massive efforts made by all governments, national responders and international partners since the beginning of the outbreak, it is fundamental for all **stakeholders to maintain absolute focus on getting to zero and guarding against a further resurgence of the outbreak in areas that have remained at zero cases for a period of 42 days**.

Strong leadership by community leaders and governments is required to reinforce the need for continued vigilance by communities, particularly in areas where transmission rates are in decline. Preventive measures – such as hand washing and adopting a ‘no-touch’ policy - must continue to be adopted by communities. It is also essential to prioritise activities including: community mobilization and community surveillance; contact tracing and active case finding; Infection Prevention and Control (IPC) training for healthcare workers in health facilities and safe burials.

Furthermore, there is an urgent need to tackle overlooked needs in the direct response to EVD including: provision of psycho-social care (for children, health workers, burial teams, and survivors); protection for children and for women and girls. Orphaned and unaccompanied children need to be placed as soon as possible with families able to care for them in order to reduce their vulnerability to abuse, exploitation and violence. Livelihood support, for example income generating activities is also needed for households that have lost an income-generator and in areas under quarantine. Finally, care must be taken that all response measures respect basic human rights (including measures that isolate potential cases).

SAFE REOPENING OF ESSENTIAL SERVICES DURING THE RESPONSE

The transmission rates are finally starting to decline but the outbreak is also having a devastating impact on essential services. The measures to contain the outbreak, the sense of fear and mistrust among communities and the loss of frontline health workers to the disease, have crippled health and education services. Today, as health care facilities and schools start to re-open, it is critical that key elements of the

emergency response - including comprehensive IPC and WASH interventions - are mainstreamed into all sectoral responses to ensure a “safe” reopening of these services.

National health systems were largely unable to respond to the routine healthcare needs of children and women, leaving them highly vulnerable to specific threats to health and nutrition. In Phase 2 of the response, it is essential to put more focus on closing this gap and ensure that children and women access safely basic healthcare including routine immunization and maternal healthcare. This will require a multi-pronged effort including activities like Infection Prevention Control for healthcare workers; stock and supply of health posts and confidence building measures with communities to restore their trust in the healthcare system. Quick and coordinated action will be needed in the coming weeks to expand surveillance activities, resume routine vaccination campaigns and establish ‘safe’ access to health facilities.

While the most visible impact of the crisis has been on the health sector, children have missed out on almost one year of formal **education**. In addition to ongoing work to support the Ministry of Education to ensure the ‘safe’ re-opening of schools in the context of ongoing transmission of EVD, a major push will be needed to help students ‘catch-up’ on their curriculum.

PRIORITIES FOR RECOVERY PLANNING AND RESILIENT SYSTEMS BUILDING

The outbreak has offset much of the progress Guinea, Liberia and Sierra Leone, had made over the last decade in building essential services. This highlights the fragility of public services, whose structures have been unable to cope with or mitigate the impacts of the epidemic.

As Ebola-affected countries are finalizing their recovery plans, these plans should address early recovery needs but also chronic issues that require reinforcement of existing structures to become more resistant and resilient.

The recovery planning process overall should reflect the needs and experience of people of all ages and genders within Ebola-affected communities. Governments, with support from international actors, should guarantee the consultation of community leaders, local level authorities, as well as civil society in the planning process. Women’s participation is also essential. To build a more accurate understanding of current needs, governments must set up mechanisms to gather disaggregated data by gender, age and disability for all age groups, but also by regions/districts.

In the recovery phase, the opportunity to improve the **quality and sustainability of essential services must not be missed**. Sectors most affected by direct and indirect effects of the epidemic should be the first priority during the recovery phase. The following priorities must be at the core of any recovery strategies to ensure countries are prepared to withstand any future health or food and nutritional crises.

- **Building resilient health systems**, to provide free universal health care that is able to cope with epidemics. This should include: the setup of an efficient epidemiological surveillance system; reinforcement of laboratories capacities and contact tracing mechanisms for any epidemic; safe transportation of patients; long-lasting and context-appropriate equipment; the development of vaccines, etc.
- **Improving access to Water and Sanitation**, with strong emphasis on health facilities and schools, and taking advantage of the gains made in awareness of and action around **hygiene behavior**
- **Guaranteeing food security and supporting livelihoods**: in parallel with interventions covering the most immediate food needs, activities strengthening the resilience of the most vulnerable population should be supported, such as investments aiming to enhance smallholders agricultural production, **social safety nets**, road access/ infrastructure, access to the market.

Preparedness and contingency planning/response should be included in recovery plans to strengthen the resilience of essential services and ensure their quality and sustainability. Significant attention should be given to bolstering human resources and technical capacities needed to prevent and respond to crises. Preparedness is essential to prevent any further spread of Ebola, but also to ensure that countries and their structures have the capacities to prevent or mitigate any future epidemics.

RECOMMENDATIONS

To reach zero cases and avoid a resurgence of the outbreak, governments and donors should:

- Continue investing in sustainable efforts to eliminate the epidemic and prevent its resurgence, with a strong focus on community engagement, contact tracing and active case finding
- Reinforce clear referral pathways to essential services and case management systems with a means to identify the most vulnerable children
- Strengthen community-based child protection systems and provide community safe spaces for children
- Enhance regional collaboration and cross-border coordination to ensure that early warning systems are triggered, responses are commonly designed and cross-border contamination contained.
- Allocate resources to assessing the impact and efficiency of the response and identify key lessons to be learned and built upon in recovery planning
- Strictly monitor the relaxing of emergency measures, including the reopening of borders

For the safe reopening of health facilities and schools, government and donors should:

- Invest in IPC interventions, hygiene promotion and provision of water and sanitation in health facilities and schools
- Use community engagement and social mobilization to restore trust in the health system
- Keep investing in education on Ebola prevention and awareness raising in schools

To secure a smooth transition from humanitarian response to long term recovery and system resilience, governments, with the support of the international community, must:

- Ensure that the recovery planning process is inclusive, needs driven, as well as built on the principles of transparency and accountability. The process should integrate instruments allowing financial traceability, as well as clear implementation plans and monitoring tools
- Ensure a sustainable improvement of essential services to address chronic issues and long-term needs
- Include Ebola preparedness, contingency planning and response as core elements of recovery plans to prevent or mitigate further outbreaks
- Take strong ownership in the recovery and rebuilding process and commit domestic resources

Donors should accompany Ebola affected-countries throughout the recovery and re-building process, through technical and financial assistance. Specifically, they should:

- Adapt their annual and multi-annual in-country strategies to both respond to recovery needs and support countries in re-building and strengthening the most affected and weakest sectors
- Ensure that funding is flexible enough to adapt to changing situations and ensure a smooth transition from the humanitarian phase to long-term recovery and rebuilding
- Strengthen the support provided for prevention and preparedness in all sectors with regards to outbreaks, natural disasters, etc.
- Put in place mechanisms for accountability and transparency (specifically ensuring that information on fund allocations are publicly accessible, not only to Governments and non-Governmental agencies, but also to Civil Society)
- Contribute to sustainability through ensuring that governments take strong ownership in recovery and rebuilding, commit domestic resources. The private sector should be encouraged to resume their investments in the countries' development
- Promote social and economic development across the West African region and de-stigmatize the worst affected countries



Save the Children



World Vision