A Long Way to Go

The Ebola response in West Africa
at the sixty day mark

The international response to the Ebola epidemic is on the right path, but there is a long way to go. The UN's interim objective was to treat 70 percent of cases and to ensure that 70 percent of burials were done safely within 60 days, i.e. by 1 December 2014. Case numbers are stabilizing in Liberia and Guinea, but remain out of control in Sierra Leone – such that the targets for cases treated has not been met. The UN has not provided figures for what had been achieved by 1 December, but a previous sitrep on 21 November showed that only 13 percent of Ebola cases in Sierra Leone have been isolated, compared with 72 percent in Guinea.

The issues raised by the Ebola crisis go way beyond transmission rates, but other issues are not yet being properly addressed: the absence of non-Ebola healthcare is leading to deaths from preventable illnesses and risks prolonging the epidemic; new orphans and female-headed households are more vulnerable; household incomes are dropping while unemployment is rising and hunger is likely by March 2015.

The scale and complexity of this crisis has been extremely challenging for all actors, including Oxfam. This emergency is unlike any other we have faced and has pushed us to develop new partnerships and ways of working.

This briefing outlines the key operational challenges that Oxfam faces, and recommends urgent robust action in multiple areas to contain the spread of the disease and to support those most affected.

Better access, roads and infrastructure

Well-functioning infrastructure is critical to the response, in order to get affected people to medical facilities, to get samples to laboratories, and to have a functioning referral system, among other things. In Liberia, the response is now less about providing more beds, and more about a flexible, agile and rapid response to new cases. In Sierra Leone, inadequate transport networks and infrastructure are creating serious delays in getting samples to laboratories and in getting the diagnosis back to patients. There have been cases of people waiting at home for the results for up to six days, all the while leaving their families at risk of further infection. There needs to be a greater focus on improving road access, transport links and road networks, particularly outside the capital cities.

Recommendations

- Basic but essential road improvements could be undertaken by the military, through donors funding cash-for-work projects, or by the private sector (such as mining companies).
- Satellite phones or VHF radios should be provided by donors, the private sector or UN agencies, to connect communities with clinics, response teams and medical facilities.

Enhanced coordination at national and sub-national level

The national governments are working hard to streamline coordination, but they lack experience, as does UNMEER. There have been positive steps, but there are still huge needs – at both national and sub-national levels – and this level of uncertainty is not appropriate at this stage in the response.

At national level: The government and UNMEER response pillars (e.g. case management, contact tracing, social mobilization, burials) function separately to the UN clusters and there is no

formal link-up between the two sets of structures. What is needed is a *genuine one-UN response*, building on the current situation, with UN agencies bringing in the missing expertise needed to achieve a coordinated, effective and comprehensive response. In Mali, there is an opportunity to get things right from the outset and establish clarity around roles and responsibilities of the government, UNMEER, WHO and the existing UN system.

At sub-national level: As the response moves to a more tailored approach with a specific plan per district, stronger coordination at the sub-national level is needed – between government authorities, NGOs, and communities. There is a need for a better information flow to and from all levels to inform the response. Flexibility is essential. In Liberia, in some counties, coordination is extremely nascent. In Sierra Leone, district coordination is starting to improve, but it is highly uneven; districts are now just starting to get UN crisis management support. The district structures are expected to be fully up and running within a month, but that is far too slow.

Recommendations

- The 62 district plans under preparation need to be developed in a participatory way and made publicly available.
- OCHA's experience and expertise is required. Skilled coordination staff – from OCHA or elsewhere – must be embedded within governments at national and sub-national level.
- Ensure clarity at country level on the roles and responsibility of the different actors – government, UNMEER, WHO, clusters – especially where the UN cluster system already exists.

Improved information and data management

Information management is improving, but remains a block to the response, with no certainty on numbers of cases or progress against the 70 percent targets. At national level, information is shared across multiple websites and email groups, but there is no comprehensive, central repository for information on the response; including basic materials such as coordination meeting details, key resource documents, assessments, meeting minutes, funding grids and contact details for leads of groups. Much of the analysis of the activities of different actors is still at district/county level rather than at community level. While gender-disaggregated data and programming is available in some places, it is not very visible and the response appears to be gender-blind. Much more analysis is needed to understand and document the gendered exposure to the virus.

Recommendations

- OCHA/UNMEER/national government urgently needs to set up a webpage that includes all critical information for the partners involved in the response.
- Cluster and Pillar leads should provide a leadership role in information sharing, and ensure that key documents are publicly available.
- Operational mapping needs to occur at the local level, with key data disaggregated for gender.
- More experienced information management staff are required.

Robust transparency and accountability

Accountability relating to information and data management is being neglected. The plans available on the UNMEER operational website are from August and September, and although valuable, are significantly out of date. This means that gaps and unmet needs are not clear, reducing the ability of donors/implementing agencies to meet them, and UNMEER roles are still unclear for many. With regard to funding, what is lacking from the UN is a clear analysis of the funding requirements for the work of the different pillars, and the needs for those areas of work that fall outside of the core Ebola response work. There is also a lack of clarity on how affected-country government funding is being allocated for work, both at national and at sub-national level.

Recommendations

- The UN's operational plan, the updated analysis of needs, and the 62 district plans under preparation must be made publicly available: clarity is required on leadership of all parts of the plan, and transparency is required on funding.

Increased focus on community mobilization for prevention

The historical lack of focus on prevention and containment during this outbreak means that the international response has been running behind the spread of Ebola. A proactive focus on containment, reduction and breaking the chain of infection is required. This needs more focus on genuine community engagement at the local level, with strong accountability to community members. Many communities are being proactive and trying to protect themselves, but there is still fear; some are afraid to get tested, or hide sick people or dead bodies, and survivors and family members are often stigmatised. Building capacity in communities is required now and for the future. In Liberia, Oxfam is working with community health workers on 'active case finding' to seek out individuals who show symptoms and to ensure that they are immediately referred or isolated. In Sierra Leone, Oxfam is setting up and strengthening community organizations and empowering them to understand the barriers to Ebola prevention, and to proactively address them.

Recommendations

- Donors should support local NGOs and existing local responses.
- All implementing partners need to ensure that accountability to local communities and better communication is a key feature of their work.
- All social mobilization and community engagement initiatives should be developed in conjunction with women's rights and youth groups, female community health workers and volunteers, traditional birth attendants, traditional female healers etc., and include tailored messages.
- UNICEF (as the lead on social mobilization) needs to provide strong coordination to avoid overlapping programmes and to facilitate approaches such as community mapping and active case finding.
- Donors and governments need to increase their support for social mobilization.

Greater focus on gender to improve the Ebola response

Women and men are exposed to the virus through their different roles. As primary care-givers, women are exposed through caring for sick relatives, as health workers, and in preparing bodies for burial; men are exposed through working in surveillance, in burial teams and as cleaners in medical centres. Understanding the gender dimensions is a critical part of the fight against Ebola and for reaching those most at risk, and this requires, at minimum, the collection of gender disaggregated data as mentioned above. Women are particularly affected through the reduction in health services: maternal health was already very poor and there has been an increase in pregnant women dying from preventable causes, due to lack of access to health services. Statistics are hard to come by, but there is a real risk that women who are too afraid to seek medical care are instead dying at home from complications of childbirth.

Recommendations

- All implementing agencies should integrate gender dimensions, gender equality and women's participation throughout the outbreak management and recovery processes, to ensure that the needs of both women and men are being met and that gender equality is strengthened wherever possible.
- Women's rights groups are at the frontline of this response and play a key role. They must be further supported financially and integrated into response structures.

<u>Increased preparedness in some at-risk countries</u>

According to the WHO, the two main factors that are crucial for determining the risk of the spread of infection to other countries are government preparedness and conditions in the wider healthcare system. The level of preparedness in neighbouring countries varies significantly. Many have preparedness and response plans, but there remain critical weaknesses in some. Oxfam's own experience of working in Guinea-Bissau near the Guinea border is that the country is medically totally unprepared, with insufficient staff, training, equipment, access and systems. In rural areas, the internet and phone networks are unreliable at best, and the clinics often do not have electricity for refrigeration or light. The border guards are not equipped with thermometer guns. The Government of Guinea-Bissau adopted an Ebola prevention and response plan in May, but it lacks the resources and infrastructure to fully implement the plan.

Recommendations

- Donors and the WHO need to provide more financial and technical support to enable countries at risk to prepare for and prevent Ebola taking hold.
- WHO is undertaking assessments, and these reports need to be made public.

<u>Working towards recovery and ensuring that Ebola cannot take hold again in the region</u>

Although the crisis is far from over, it is time to consider the long-term consequences and to work to ensure that this situation could never happen again. The Ebola crisis has exposed weaknesses in the healthcare systems of the affected countries – including a severe lack of trained health workers and managers – that are the result of years of lack of investment in health and education services. It has also exposed structural failures globally in relying on the market to stimulate research and development in developing country diseases.

Oxfam will be publishing briefings which explore this in more detail, but top-line recommendations are:

- **Livelihoods:** Donors need to support major funding and programmes to kick-start the economies of the affected countries, to support re-employment, and to stave off food insecurity.
- **Health, education and social protection:** Governments need to prioritize universal health coverage, and donors must make clear long-term investments of financial and technical resources to rebuild health services, support free public education and for social protection.
- **Vaccines:** Donors must support the cost of running clinical trials and of purchasing and distributing the resulting vaccines/medicines in the affected countries.
- **Global solutions to prevent future disease outbreaks:** Solutions must be found in terms of financing for epidemic response and pharmaceutical R&D; developing an international medical corps; and supporting WHO as the global organization mandated to protect and promote global health.

Oxfam's Ebola response

Oxfam is working alongside communities in Sierra Leone and Liberia, providing water and sanitation support to Ebola treatment facilities, and information, hygiene assistance, and access to safe water in communities. It works to give a voice to communities and to their concerns, to improve the effectiveness of the overall response. Oxfam is also working to strengthen preparedness measures in Mali, Guinea-Bissau, Gambia, and Senegal through mass public and community awareness campaigns, training community health volunteers in surveillance, supporting local government health directory prevention initiatives and the provision of hygiene kits and hygiene assistance in communities.