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ROUNDTABLE ON GOVERNANCE ISSUES IN THE MULTI-STAKEHOLDER RESPONSES TO THE EVD IN WEST AFRICA

FINAL CONCEPT NOTE

I. Background

The first cases of Ebola in West Africa are believed to have occurred in December 2013, in Guinea. Yet with scarce surveillance and laboratory capacities, it was not until four months later, on March 21, 2014, that a confirmed case was actually reported. The outbreak of Ebola virus disease (EVD) in parts of West Africa is the largest, longest, most severe, and most complex in the nearly four-decade history of this disease.

This was West Africa's first real experience with the virus, and it delivered some horrific shocks and surprises. The entry of Ebola into other countries via infected air travellers was also unprecedented. Exceptionally mobile populations moving across exceptionally porous borders infected new areas, re-infected others, and eluded contact tracing teams. Health systems, already weakened during years of civil war and unrest, collapsed under the weight of this disease. The disease was unexpected and unfamiliar to everyone, from physicians and laboratory staff to governments and their citizens. Ebola preyed on fear of the unfamiliar.

Africa with support from the international actors has managed to turn the Ebola challenge into an opportunity. After months of extra-ordinary effort by the governments and people of the three affected countries, and partners the tide has turned against the epidemic. While this news brings a sense of relief, there is still a palpable sense of uncertainty as UNECA warned in December 2014 "about the disease's future epidemiological path."

On 15 January 2016, a new case of Ebola was confirmed in Sierra Leone, reflecting the ongoing risk of new flare-ups of the virus in the Ebola-affected countries. The Sierra Leone government acted rapidly to respond to this new case. Through the country's new emergency operations centre, a joint team of local authorities, WHO and partners are investigating the origin of the case, identifying contacts and initiating control measures to prevent further transmission. Sierra Leone is still in a 90-day period of enhanced surveillance following the declaration on 7 November 2015 of the end of

Ebola transmission in the country. This period is designed to ensure no hidden chains of transmission have been missed and to detect any new flare-ups of the disease. On 29 December 2015, WHO declared that human-to-human transmission of Ebola virus has ended in Guinea, after the completion of 42 days with zero cases since the last person confirmed to have EVD received a second consecutive negative blood test for Ebola virus RNA. Guinea entered a 90-day period of heightened surveillance. Guinea and Liberia have all now succeeded in interrupting human-to-human transmission linked to the original outbreak in West Africa. The most recent cases in Liberia was the result of the re-emergence of Ebola virus that had persisted in a previously infected individual. Although the probability of such re-emergence events is low, the risk of further transmission following a re-emergence underscores the importance of implementing a comprehensive package of services for survivors that includes the testing of appropriate bodily fluids for the presence of Ebola virus RNA.

Given the severity of the epidemic for the affected countries as well as its profound ramifications for the international community, there is understandably a lot of attention in policy and academic circles. The focus of the ECA report was on the "socio-economic impacts of the Ebola Virus Disease on Africa." Broadly, the Report highlighted the "real costs entailed and growth and development prospects" for the continent. In terms of economic impacts, the Report drew attention to how the outbreak affected public finance, revenue and spending; created fiscal deficits; slowed down investment, short-circuited labor supply and productivity, and piled up inflationary pressure on money and exchange rates in the affected countries.

The Report further identified a wide-range of social impacts relating to the epidemic: stigma of infection; weak health systems/services; the high deaths rates among well-trained health workers who, in most cases, were in short supply in the affected countries; closure of schools; unemployment and commercial closures; the growing number of orphans; Overall, the Report concluded: "there is no need to worry about Africa's growth and development prospects because of EVD" (2014: VII). While there may be no cause for alarm - as argued by the report – there are bound to be significant adverse socio-political ramifications in the affected countries that transcend prospects for economic development.

II. Governance Perspectives to the Multi-stakeholders' Responses to EVD

To date, most reports on the EVD only implicitly acknowledged or dwell on the political and governance dimensions of the multi-stakeholder's responses to EVD. Without following up in any detail, for instance, the ECA Report clearly identified three of the "common characteristics" shared by the most affected countries namely the persistence of "political fragility, a recent history marked by civil war and weakened institutional capacity" (2014: X).

There is no doubt that governance issues are central to, and writ large in understanding a number of issues or challenges associated with the fight against EVD. For instance, why the health systems in the affected countries failed to mobilize an immediate and adequate response to the EVD? It is self-evident, for example that the health emergencies produced by the outbreak and spread of the disease is not only directly linked to the paucity, or outright absence, of effective health systems but also speak to the problems of governance in the three affected West African countries. Furthermore, governance issues were at the roots of the inability/failure of the three governments (and even the international community) to timely mobilize prompt and effective responses. In the three cases, they were not only caught unaware but evidently were ill-prepared and/or incapable to act on time; even to inform the public and put in place containment protocols. Finally, a number of governance-related social-economic and political issues featured prominently, including but not limited to: accountability of the state, effective consultation, erosion of trust and social contract between state and society; participation and engagement of citizens in state public affairs; access to and effective delivery of public services, legitimacy and credibility of governance institutions and public leadership, the shrinking writ of the government beyond the capital and major urban centers; decentralization of authority and infrastructure; disconnect between rural and urban centers, to name a few.

The international community mobilized to support the three heavily affected governments, availing much needed resources to support the response and aiding the affected governments' planned recovery initiatives. The pledging conference in New York on the 15th July 2015 was one such action by the international community. Various donor agencies and governments pledged certain amounts of financial support. However, there is evidence that nearly 30% of the pledges are yet to be made available to those countries. This raises questions, not about aid effectiveness, but also about accountability of the donor community to recipient governments and citizens.

Although there is a nexus between effective governance and the efficacy of response to EVD, there has been scanty- if any serious- attention to them. While it is necessary to focus on the epidemiological, economic and social impacts of EVD (and other potential health epidemics), it is only by situating them within the broader context of critical governance issues, priorities and challenges that national governments, regional and continental institutions, and the international community can gain better understanding of ways to respond to and manage them now, and in the future. Why, for instance, was Lagos State, Nigeria, which received the first index case patient from Liberia, better able to handle and contain what would have resulted into a more calamitous outbreak in Nigeria? How did Senegal, the closest neighbor to the heavily impacted Mano River Union countries, especially Guinea, manage to keep its borders open but still succeeded in checkmating the incursion of the virus into the country? How do we explain the reasons (beyond geographical contiguity) why post-conflict West African countries appear to have been particularly vulnerable to the EVD contagion?

III. Rational

The Consortium wishes to use the opportunity of the Roundtable to engage in stocktaking around lessons-learned; with emphases on a well-grounded, but nuanced understanding of the complexity of national, regional, continental (and global) responses to the Ebola Virus Disease (EVD) beyond the media hype.

It is time a concerted effort was mobilized to identify, articulate, document and share the critical governance issues/lessons arising from the fight against EVD. This meeting seeks to respond to this urgent imperative for a holistic stocktaking and forward-looking strategies by organizing the proposed high-level roundtable.

The High-Level Roundtable shall interrogate the Ebola epidemic beyond the health-related lens by drawing attention to the complexity of critical governance issues and concerns involved. It should be clear by now that we need to adjust and broaden our interrogation of the response to EVD by including governance perspectives and issues; including those linked to capacity of government, the link between the governments and the governed, accountability and effectiveness of aid, social cohesion and trust, etc.

To effectively do this, there is need to take the EVD and the multi-stakeholder's responses to it as only a point of departure that allows participants (and policy makers at the highest national, regional and continental levels) to reflect on what worked well, what did not, and what lessons to be learned.

IV. Key Questions and Issues

In specific terms, participants at the High-Level Roundtable should reflect on the following questions:

- Could the Ebola epidemic in terms of scope and scale have been prevented and if so how and by who? What will it take to contain the EVD for posterity?
- What did Nigeria, Mali and Senegal do differently to keep to contain/avert the outbreak? What lessons related to governance of the crisis response can we tease out from the diverse responses by each of the affected countries? To what extent have we documented, internalized and shared those lessons?
- How much local knowledge on EVD is documented and available within Africa? How can knowledge gaps be addressed?
- What did the Ebola response tell us about rethinking/recomposing existing early-warning systems, early actions and practices?
- What did the varied responses to Ebola by various stakeholders – affected populations, governments, regional actors, humanitarian community, African private sector and philanthropy, and the international community, tell us about the link between governance, continental integration and development? What are the critical gaps that should concern Africa?

- What can the response tell us about the shape of national, regional and continental engagements with the international community (other governments, INGOs, business sector, especially pharmaceutical companies)?
- What was the role of communities and civil society during the EVD response? What were the good and bad practices of engaging with communities? What were the blockers and enablers to mobilizing communities and establishing behavior change? How could the role of community and civil society been strengthened and assisted by local and national authorities, humanitarian actors, military actors and civil society?
- What governance structures and systems are required to establish health systems that are resilient to shocks, do not collapse under pressure and are able to effectively manage outbreaks of contagious disease?
- Why is local leadership important? And how can we ensure greater community engagement, ownership and strengthen local capacity within health systems that provide universal and effective health care at the local, national and regional levels?
- What is the importance of aid and budget accountability and effectiveness and how does this relate to local leadership and community trust and ownership?

V. Expected outcome of the Meeting

It is not envisaged that the proposed Roundtable would be a typical one-off event. It is therefore expected to achieve the following:

1. Create a platform for leading academics, civil society actors and policy-makers at the levels of national government, RECs and the AU to engage in deeper reflections and holistic stocktaking around governance-related lessons learned vis-à-vis the multi-stakeholder's responses to EVD;
2. Provide a first-time opportunity for those who took the lead, at great cost, to mobilize national, regional, continental and global responses to share their first-hand experiences with key policy makers;
3. Give national governments, RECs and the AU an opportunity to re-evaluate available emergency response options, and the basis for future harmonization of such response options;
4. Produce critical insights and innovative outcomes capable of feeding into debate and deliberations on future health emergencies.

VI. Participants

The meeting will be attended by representatives of the African Union Commission, Member States especially official from the affected countries, UN agencies, DB, Scientists, CSOs, INGO, partner organizations involved in response against the EVD, Researchers, and Policy makers.

VII. Structure

The meeting will involve presentations of experts and panel discussions on the matter and plenary discussions where participants will contribute to enrich the debate. Thematic working group can be made to work on specific subject included Resource Mobilization, Development of Policy and Strategic framework, Governance and Coordination issues, etc.

- After the short opening ceremony and keynote statement, there will be three (3) panel/roundtables, and a fourth one to finalize recommendations

- **First Panel**: *Local Response, Mobilization and Accountability:* Community Engagement and Accountability to affected Communities

- **Second Panel***: 'Never Again' – learning from the Ebola crisis:* Resilient health systems and disaster preparedness

Third Panel: *Local to Regional* – Creating value-added local leadership with regional and international support

Time Management:

- The Opening ceremony, including the keynote, should last 45minutes (5 minutes to each of the four Partner, and 30 minutes for keynote
- Each of the three panels should be made of approximately 4 participants, and should be allocated 30 minutes.
- Each panelist then will have between 5-6 minutes within which to make summarized and pointed remarks.
- This would be followed by an open roundtable debate for 1 hour structured on key questions to be answered/recommendations to be made.
- The final session of the day (1 hour) will summarize the main findings and allow the members to come to an agreement on recommendations to be put forward at the World Humanitarian Summit and AU Summit.
- A recommendations paper will be created as an output from the event

VIII. Dates, Venue and Language

The Roundtable will take place at the AU Commission HQ in Addis Ababa, Ethiopia on 4 April 2016. The Roundtable will be conducted in both in English and French.

IX. Logistics

The AUC, with support from partners: "African Peacebuilding Network (APN) of the Social Science Research Council (SSRC)", Institute for Peace and Security Studies (IPSS), UNDP Regional Center for Africa, and OXFAM) will meet the costs related to the successful coordination of the roundtable. The AUC will not be in position to meet the costs of participants and therefore requests all participants to meet their costs. All

participants are requested to obtain visa from the Ethiopian Consulate/ Embassy in their respective countries. Visa on arrival will be arranged for participants from countries that do not have Ethiopian Embassy at their Cities of departure. Participants coming from outside Ethiopia are further requested to make their own hotel bookings.

Further Information
Additional information could be obtained from:

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