



AFRICAN UNION

AFRICAN UNION: Support to **EBOLA** outbreak in West Africa **ASEOWA**



FACT SHEET:

AFRICAN UNION RESPONSE TO THE EBOLA EPIDEMIC IN WEST AFRICA, AS OF 1/26/2015

The Ebola outbreak was first reported in December 2013 in Guinea. As the African Union has stressed, the current outbreak of the Ebola Virus Disease is the worst that has ever been experienced since the first outbreak in 1976. Through its Peace and Security Council and the Executive Committee and the various mechanisms put in place, the AU is working alongside other major actors to bring an end to the spread of the disease.

MEETING OF MINISTERS OF HEALTH

The AU response to Ebola started in April 2014 at the first 1st African Ministers of Health Meeting jointly convened by the African Union Commission (AUC) and the World Health Organisation (WHO) in Luanda, Angola. A strong Communiqué and an appeal to Member States with experience in handling Ebola disease to assist were issued. The response was positive. Some AU Member States sent experts to the affected countries.

AU AND AUC STAFF MEMBERS PROVIDE FUNDS FOR EBOLA RESPONSE

\$1,000,000 was released from the Union's Special Emergency Assistance Fund for Drought and Famine in Africa in August 2014.

\$100,000 was released from the Special Fund Contributions – IDPs and Refugees in September 2014

The staff members of the African Union donated \$100,000 dollars to the Ebola effort.

The use of these funds is determined by the funding agreement with the Member States.

DECISIONS OF THE AU PEACE AND SECURITY COUNCIL

The Peace and Security Council of the AU met at its 450th meeting in Addis Ababa on 19 August 2014, and adopted decisions on the Ebola outbreak in West Africa:

Two key decisions of the Peace and Security Council were:

- To authorize the immediate deployment of an AU-led Military-Civil Humanitarian Mission, comprising medical doctors, nurses and other medical and paramedical personnel, as well as military personnel, as required for the effectiveness and protection of the Mission: and,
- That the Commission should take, without further delay, the necessary steps to develop a Concept of Operations for the AU Mission, including its logistical, financial and other relevant aspects. The full communiqué of the PSC is available on <http://au.int/en/content/communiqu%C3%A9-peace-and-security-council-african-union-au-decision-ebola-outbreak-west-africa>

ASEOWA IS FORMED

As a follow up to these decisions, the ASEOWA team was formed. The Strategic Task Force comprises Representatives from various AU departments, UN agencies, and partners. The strategic taskforce is led by the Commissioner for Social Affairs Dr Mustapha Sidiki Kaloko. Regular

meetings are held under the guidance of the Director of Social Affairs, Dr Olawale Maiyegun.

Dr. Julius Oketta, who has previous experience in dealing with Ebola, was appointed ASEOWA Head of Mission. Mrs Wynne Musabayana is the ASEOWA communications lead.

CONCEPT OF OPERATIONS DONE

The ASEOWA Concept of Operations (CONOPs) envisages having up to 1000 health workers in the field, on a rotational basis over a six month period (December 2014-May 2015), to be assessed based on whether the affected countries are declared Ebola free. The ASEOWA deployment cycle is divided into three stages: Pre-deployment, Deployment and Exit or Rotation as illustrated below:



DEPLOYMENT OF ASEOWA TEAM

The first groups of ASEOWA health workers were direct volunteers who did not come under the banner of their countries. These 86 health workers came from countries as diverse as: Burundi, Cameroon, Congo, DR Congo, Ethiopia, Kenya Niger, Nigeria, Rwanda, Tanzania, Uganda and Zimbabwe.

On 3RD December, ASEOWA, in collaboration with the Nigerian government, sent 178 Nigerian health workers to Liberia and Sierra Leone. Others joined later to bring the total to 196. In the same month, 187 Ethiopian health workers joined the ASEOWA contingent. On 26th December, 81 health workers from the Democratic Republic of Congo left for Guinea. On the 9th of January 2015, 170 health workers joined the ASEOWA team from Kenya

As of 10 January 2015, deployments under ASEOWA stood as follows:

ORIGIN	Guinea	Sierra Leone	Liberia	TOTAL
ASEOWA volunteers	21	32	33	86
Nigeria	0	110	86	196
Ethiopia	0	101	86	187
DRC	81	0	0	81
Kenya	0	75	95	170
TOTAL	102	318	300	720*
ECOWAS	49	27	39	115
Total + ECOWAS	151	345	339	835

DUTIES OF ASEOWA HEALTH WORKERS

The following summary of ASEOWA activities was provided by Dr Oketta in December 2014:

A. LIBERIA

ASEOWA is managing the 100 bed MOD1 Ebola treatment unit (ETU) in Monrovia. There are 16 ASEOWA staff members and 168 local staff

ASEOWA is also carrying out the following:

- Supporting the Chinese ETU in Monrovia
- Supporting the training of medical teams and 60 traditional and religious leaders, youths and women in Liberia
- Donated a 45 KV power generator to support Cape Mount St. Timothy Referral hospital, donated 500 bottles of chlorine, 10 (20ltrs) hand washing barrels, 250 bottles of hand sanitizers, 10 pcs of body temperature thermometers, IEC materials (800 stickers, 15 banners, 6 megaphones) in Liberia
- Supporting Grand Cape Mount County on Ebola Awareness campaigns
- Supporting the re opening of the Redemption hospital in Monrovia
- Working with Ebola survivors in MOD 1 and Chinese ETU
- Supporting the survivors network in Monrovia through awareness campaigns
- Providing epidemiological support to 9 counties in Liberia

B. SIERRA LEONE

ASEOWA is managing a 100 bed ETU with 242 local staff in Bombali. The team is also:

- Managing a lab in Freetown
- Training the local medical teams
- Supporting the opening of a new lab in Koinadugu
- Providing epidemiological support in 6 districts

GUINEA

In Guinea, **ASEOWA** is

- Supporting one ETU in Eastern Guinea
- Supporting a second ETU in Conakry
- Providing epidemiological support in 6 prefectures

EXECUTIVE COUNCIL MAKES DECISIONS ON TACKLING EBOLA

An emergency meeting of the Executive Council was held on 8 September 2014. It was called with a view to craft a united, comprehensive and collective response to the Ebola outbreak. Among the decisions of the Executive Council were that the AU Commission should:

Call upon Member States to urgently lift all travel bans and restrictions to respect the principle of free movement and that any travel related measures be in line with WHO and ICAO recommendations, in particular proper screening;

Engage with media and advocacy groups, local communities, civil society organizations, social networks and other relevant actors on the ground to ensure proper communications about EVD to the general population and the international community at large.

Work closely with Member States, Regional Economic Communities (RECs), international and regional Organizations, Africa's partners, public sector and other relevant actors on the ground, with a view to mobilizing adequate resources to respond to the EVD crisis, in the spirit of Africa solidarity and global approach and in a very well-coordinated and transparent manner, including the sharing of information on commitments

and contributions of the various partners;

Take all the necessary steps for the rapid establishment of an African Centre for Disease Control and Prevention (ACDCP), pursuant to Assembly Decision AU/Dec.499 (XXII) on the establishment of the Centre; and ensure the functioning of the ACDCP, together with the establishment of regional centres by mid-2015, including the enhancement of the early warning systems to address in a timely and effective manner all the health emergencies and the coordination and harmonization of health domestic regulations and interventions as well as the exchange of information on good experiences and best practices;

(Full decisions are available at http://www.au.int/en/sites/default/files/Final%20Decision%20Ext%20EX%20CL_E.pdf)

LIFTING OF TRAVEL RESTRICTIONS

In pursuance of the implementation of the decisions of the Executive Council, the Commissioner of Social Affairs visited Nigeria, Ghana, Liberia, Guinea and Sierra Leone from September 28 to 14 October with a view to discussing the major decisions of the Executive Council, such as flight cancellations and closure of borders.

From 23- 25 October, the Chairperson of the AU Commission Dr Nkosazana Dlamini Zuma visited the three Ebola affected countries of Liberia, Sierra Leone and Guinea. She was accompanied by ECA Executive Secretary Dr Carlos Lopez and African Development Bank President Dr Donald Kaberuka.

ENGAGEMENT WITH MEDIA AND OTHER KEY STAKEHOLDERS

A comprehensive communication strategy has been done, encompassing activities at headquarters, at mission headquarters in Liberia and at mission stations in Sierra Leone and Guinea. Its main objective is to ensure proper communications about EVD to the general population and the international community at large.

The key messages of the AU response to Ebola are: Ebola is real but now we know that you can Avoid getting Ebola; you can Recover from Ebola and you can Contribute to the fight against Ebola: Together we can defeat Ebola.

On 5 December 2014, the Commission and UN Economic Commission for Africa (UNECA) joined with the African Communications Agency (ACA) to host the 10th Annual African International Media Summit (AIMS) under the theme "Mobilizing Media: Re-Writing The Narrative on Ebola Through Responsible and Coordinated Efforts". This strategic platform enhanced the capacity of journalists on the frontline of the EVD crisis in Guinea, Liberia and Sierra Leone and encouraged positive messaging reporting on the untold stories and unsung African heroes in the battle against EVD.

MOBILIZATION OF ADEQUATE RESOURCES

On 8th November, the African Union organized an African business roundtable on Ebola with Africa's private sector, for the first time, to fight the Ebola epidemic in West Africa, at the AU headquarters in Addis Ababa, Ethiopia. This was the first wave of pledging, and 32 million US dollars was raised from the private sector and the African Development Bank.

The AfricaAgainstEbola sms campaign was launched in Lagos on 3rd December. Through the collaboration between the AUC, mobile telephone operators and regulators, it is now possible for anyone in about 42 participating countries to contribute US\$1 simply by sending STOP EBOLA to a common short SMS code applicable in their country.

The following short codes are operational:

Botswana 17997, Chad 6969, Lesotho 35552, South Africa 40797, Rest of Africa 7979.

Participating mobile network operators to date are: Airtel, Econet Wireless International, Etisalat, Glo Nigeria, MTN, Orange, NetOne, Safaricom, Telma, Tigo, Vodacom and Vodacom Ghana. Other mobile operators are being encouraged to join the campaign. Citizens are also encouraged to donate through the AfricaAgainstEbola website. By donating, each person will be helping to win the fight against Ebola.

Participating mobile networks will not benefit at all- all the money will go towards supporting the African Union response to the Ebola crisis. Appropriate mechanisms have been put in place to ensure accountability and transparency in the use of the funds.

ESTABLISHMENT OF AN AFRICAN CENTER FOR DISEASE CONTROL

Since the decision to accelerate the establishment of the CDC, the AUC has

- i. Conducted a rapid assessment of all CDC-type existing centers in Africa
- ii. Convened a meeting of the Multinational Task Force that was established in June 2014 at the instance of the African Ministers of Health from 29 to 30 October 2014. The Task Force comprised of 16 Member States. The Task Force discussed the type of CDC to be established, its areas of focus and necessary partnerships to support its functions
- iii. Produced a comprehensive but concise Roadmap for the establishment and functioning of the African CDC by mid-2015.
- iv. This includes the legal, structural and financial implications of the establishment and take off of the Centre to be submitted to the January 2015 AU Assembly in line with Assembly Decision AU/Dec.499 (XXII).

PARTNERSHIPS WITH SPECIALIST AGENCIES

Within the ASEOWA task force are specialist agencies that are supporting the AU with expertise, information updates and additional resources. These partners include UN agencies, the US Mission to the African Union, the US Center for Disease Control, the European Union, the African Humanitarian Action and various Embassies who attend meetings from time to time.

USA, EU, China, Norway and Canada have pledged financial support to ASEOWA.

CONTACT DETAILS

For more information on the work of the ASEOWA response, contact

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