International Federation
of Red Cross and Red Crescent Societies

AFRICAN UNION

INTERNATIONAL CONFERENCE ON AFRICA'S FIGHT AGAINST EBOLA

"Africa helping Africans in the Ebola Recovery and Reconstruction"

Malabo, Equatorial Guinea 20 – 21 July 2015

Session Description

Type of Session: Side event or Panel discussion

Name of the Session: Consultation on Ebola lesson learned and Recovery

■ Date XXX ■ Time XXX – 17:00 ■ Room - XXXX

Participation: Open

Language: English with French interpretation and bilingual documents Concept note and programme

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Note-taking: IFRC

Background

- The Ebola epidemic in West Africa, affecting mainly Liberia, Sierra Leone and Guinea, is the first time this type of disaster has hit this region and is the biggest Ebola epidemic in terms of size and impact the world has ever faced.

- The West Africa Ebola epidemic is not only the largest, it is also the most complex as it has affected mainly countries previously affected by civil war and/or with very weak public health systems and other basic social service delivery systems.

- **The number of cases and deaths from this Ebola epidemic is more than all previous Ebola epidemics combined**. Since Ebola discovery in 1976 till December 2013, the world experienced 23 outbreaks, 2388 human cases including 1590 deaths. The 2014 current Ebola epidemic in West Africa (WHO sitrep of 24 June 2015): 27443 human cases including 112017 death (to be updated with the last report).

- The impact in terms of loss of human life and suffering is severe, as is the socio-economic impact, the World Bank report indicates that second-round effects and investor aversion suggest 2015 growth of -0.2 percent in Guinea, 3.0 percent in Liberia and -2.0 percent in

Sierra Leone. The projections imply forgone income across the three countries in 2015 of about $1.6 billion.

- Most of the schools have been closed since June 2014 and 5 million children and youth are not attending. The already weak public health care system collapsed and most -if not all- programmes addressing basic social services delivery including immunisation, water and sanitation, livelihoods etc…stopped.

One year of Ebola response:

- Despites challenges linked to Ebola particularities and difficult environments, great achievements have been accomplished by Red Cross volunteers, and by the National Societies with support from the IFRC: 4,790 trained volunteers, 466 international Red Cross Red Crescent staff deployed, more than 7.6 million people reached by social mobilisation activities, 98,126 people traced, 25,573 bodies safely buried, 298,045 people (including volunteers) received psycho-social support, 36,172 houses and other facilities disinfected (cumulative data since March 2014).

- The main challenges of the operation are related to the lack of established response guide lines for an EVD epidemic of such a scale as well as lack of well documented of previous epidemic to support operational action in the ground. NSs supported by IFRC deployed rapidly team in the ground to be effectively with affected communities and play our auxiliary role of governments, while adopting a learning by doing approach. All of us (humanitarian actors) were learning and adapting strategies to field realities.

- Red Cross National societies supported by movement partners developed response strategy based on five pillars which was shared and accepted by partners and government: Social Mobilisation, Contact tracing, Psychological Social Support, Case management and SDB.

- Response activities were conducted at the same time as training staff and volunteers; explaining the strategy and implementing it. This situation is different from managing and implementing a prepared contingency plan. In the EVD operation all these planning steps were implemented simultaneously: thinking, strategizing, planning, training, implementing, responding, revising appeals to adapt to changing risks and stigma.

- With leading SDB pillar both at international level (with UNMEER) and at country level the Red Cross national societies volunteers were in the front line of the fight against Ebola epidemic. Virus transmission when manipulating dead bodies is a high risk, the responsibilities of red cross volunteers is high while perception from some communities did not consider SDB as a public health programme targeting to stop the Ebola virus transmission but as a "picking dead bodies" and disturbing the ancestral burial processes.

- Despite clear efforts of the Red Cross movement to explain the respect for local burial practices and the dignity of concerned communities, pocket of resistance are still challenging our field work. Sensitisation campaign were launched to explain that the Red cross objective is **only** to make burial practice safe and stop Ebola transmission.

- Stopping Ebola epidemic need a strong community engagement, and to get community engagement, there is a need to open a honest dialogue with communities, and dialogue means listening and take in account their preoccupation.

- Social mobilisation approaches are mostly based on messaging on behaviour changes. In the case of burial practices, it is an identity and cultural pillar of the communities with a strong historical background and in some case a symbol of "resistance". Epidemiology is not enough

to gain the Ebola Fight. There is a need to understand better societal dynamics to ensure community engagement.

- NS supported by IFRC are currently integrating **anthropological dimensions** in operational strategy for social mobilisation and SDB in order to understand better the various burial practices and adapt accordingly. NSs volunteers will focus on negotiations to identify with communities critical steps in which strict measures should be applied to ensure safety of staff, family and stop the virus transmission from dead bodies.

- The red cross movement has a strong capacity and added value in developing regional and cross border approach as it is ONE Movement acting under the coordination of the their secretariat- IFRC- with enough flexibility to adapt to field changing challenges. Cross border activities were conducted with success in term of same messages sent to communities across the borders at the same time with volunteers, who in most of the case, speaks the same local languages. These cross border field operations were challenged by the lack of harmonisation of national policies in term of contact tracing and/or quarantine.

Continue efforts to bring Ebola to Zero, planning ahead to recovery and build resilience programming

- The RC Movement is now progressing with a flexible and responsive approach that enables a continued focus on getting to zero, while also integrating recovery and resilience programming to manage ongoing risk and supporting communities gradually to recover from the impacts of Ebola.
- We need to integrate in our planning the potential transition from recovery to response and back again, and consider resilience programming to be able to be flexible enough to address vulnerability drivers and rapid and timely response for early action to avoid outbreaks to escalate into global health treats. .
- The recovery steps focuses on risk reduction, building community resilience and preparedness, livelihood and food security with improved strategy in working with women association, girls club, school and youth etc….
- Response and recovery activities should be underpinned by a coordinated regional approach that facilitates effective cross-border coordination and collaboration, and aligned policies across the affected countries need to be considered; in close relation with MANO River Institution and ECOWAS.
- IFRC and NSs started some research project on SDB and PSS, and are planning to invest in lesson learned from Ebola operation. The West Africa Ebola crisis will be translation improved health emergency planning and in knowledge for learning across the movement but open to largest public and partners.
- Building National Societies capacities to deliver the above and improve quality services is an important strategic priority for the IFRC as building NS capacities is building national capacities.

Addressing roots causes and vulnerability drivers

Most of the papers speaking about Ebola identify well why Ebola epidemic reached such high humanitarian crisis scale. In summary it is about MDGs goals and indicators which are low to very low: functionality of Health care system, population health indictors, education, infrastructure, basic social services if we need to refer to main one only.

NSs supported by the IFRC will focus in developing community health programme in order to improve health surveillance, sensitisation about potential epidemic diseases, safe water and sanitation,

Hygiene, community based first aid, maternal new born and child health and the PSS which will be strongly needed both for RC/RC volunteers and Ebola survivors and their families.

The paradox of the Ebola epidemic response field reality is that all these activities addressing basic social services or vulnerability drivers which led to severe Ebola humanitarian crisis stopped.

The probable consequences is that as soon as Ebola is topped a peak of epidemic of preventable diseases through immunisation will need our urgent attention. Measles epidemic already started in some countries and red cross in actively involved in immunisation campaign conducted under the leadership of ministries of health.

Good/reasonable balance between Humanitarian intervention and long term community resilience programmes

Why all programmes targeting basic social services stopped during Ebola?

Was it a requirement for effectiveness of Ebola response activities? Was it a bad balance between humanitarian response to acute epidemic and long term development? Have we learned enough from HIV-AIDS pandemic?

Objectives of the event:

IFRC is organising this event (side event or expert panel) in order to engage discussion and to collect ideas and new elements in order to build a common background to find a reasonable balance between Ebola response intervention, the need to be well prepared for complex health emergencies and linking recovery to development efforts addressing community vulnerability drivers giving priority to most fragile segment of our societies.

Expected Results:

- Lesson learned from Ebola Humanitarian Crisis and build knowledge to face similar future epidemic.
- Common understanding on recovery strategy in order to build bridges between support provided to rebuild health system and the Red Cross movement leading communities health resilience at local level.
- Identify area of collaboration with both government and decentralised authorities as well as development/humanitarian partners to ensure that overall efforts and resources reaches the vulnerable communities.

Programme: for 1:30 Hours

Chair: IFRC (opening with short speech to set the ground) 10mn

Moderator: President of NS host country? 3mn

Principal Speaker: Manu River Unions SG? Role of communities and RC in Ebola response and recovery. 20mn

Discussants: one volunteer from the front line (female?), AU Ebola Focal person ? someone high level staff form NS from Liberia, Guinea and Sierra Leone (5mn each)
Main messages to the audiences. (Total 25 mn for discussants)

Discussions and wrap up (30 mn)