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**Theme: “*Social Protection for Inclusive Development*”**

**THE SOCIAL IMPACT OF EBOLA AND IN PARTICULAR THE  
NATURE OF SOCIAL PROTECTION INTERVENTIONS  
REQUIRED**

## **A. INTRODUCTION**

1. This report intends to provide a more comprehensive assessment of the social impact of the Ebola Virus Disease, and in particular in the three affected Countries of Guinea, Sierra Leone and Liberia, and generally to Africa as a continent. The report will further suggest possible social protection interventions strategies which could address the aftermath of such magnitude anywhere in Africa. Reports<sup>1</sup> on the epidemic have highlighted that the epidemic has disrupted the development progress achieved since the restoration of peace and democracy in the three most-affected countries. Further evidence has confirmed that health services in Guinea, Liberia and Sierra Leone were not well equipped to fight the disease and therefore, the crisis ended up completely outstripping their ability to stem its spread.
2. The available evidence from secondary sources shows that a lot has been researched and reported on the health and economic impacts of the Ebola Virus in the affected countries. Anything closer to reporting on the social impact of the epidemic has been on the socio-economic impact, with a small part of the whole report being devoted to the social evidence. However, reliable measurements of how much the epidemic has halted, or even reversed, recent progress in social indicators was not available in the secondary sources consulted. This was the case in spite of the ground evidence of the mode of infection being through cultural rites performed on dead bodies during burials as well as the disruptions on the family structures due to the need for the isolation of sick relatives.
3. It is also the focus of this report to highlight the family and community challenges experienced during the war against the containment of the virus. The epidemic affected the education systems, religious way of life, cultural and community institutions among others.

## **B. BACKGROUND**

4. According the World Health Organization (WHO)<sup>2</sup>, the Ebola virus causes an acute, serious illness which is often fatal if untreated. Ebola Virus Disease (EVD) first appeared in 1976 in two simultaneous outbreaks, one in Nzara, Sudan, and the other in Yambuku, Democratic Republic of Congo. The latter occurred in a village near the Ebola River, from which the disease takes its name. The current outbreak in west Africa, (first cases notified in March 2014), is the largest and most complex Ebola outbreak since the Ebola virus was first discovered in 1976. There have been more cases and deaths in this outbreak than all others combined. It has also spread between countries starting in Guinea then spreading across land borders to Sierra Leone and Liberia, by air (1 traveller only) to Nigeria, and by land (1 traveller) to Senegal. For the first time in history, the Ebola outbreak has occurred in West Africa, where it commenced in Guinea Conakry and later spread to Liberia, Sierra Leone, Nigeria and Senegal. The 2014 Ebola outbreak is unique not just because it has occurred in an area never affected before, but it has also shown greater propensity to spread across national borders, putting Africa's integration to a test.
5. The 2014 Ebola outbreak has also been costly to Africa, where it has been estimated that there has been a full percentage point fall in GDP growth from 4.5 per cent to 3.5

per cent in just one of the affected countries<sup>3</sup> with losses emanating from reduced agriculture, cross border trading and as much 80% losses in the hospitality industry<sup>4</sup>. The costs encountered during the Ebola outbreak re-emphasises the fact that health is a beneficiary of and a contributor to development and that investments in health enhances economic output. Health is therefore much more significant to poverty reduction than previously thought.

### C. SOCIAL IMPACT OF THE EBOLA VIRUS

6. The Ebola Virus Disease (EVD) outbreak in West Africa was the worst death toll since the disease was diagnosed in 1976 and it also has far-reaching socio-economic consequences. The epidemic has disrupted the development progress achieved since the restoration of peace and democracy in the three most-affected countries.

6.1. **Economic:** The social impact is related to the economic activity. The economic activity has shrunk, which was a reflection of multiple cross-currents: falling sales in markets and stores; lower activity for restaurants, hotels, public transport, construction and educational institutions (also caused by government measures such as a state of emergency and restrictions on people's movements); and slowing activity among foreign companies as many expatriates leave, with a knock-on felt in lower demand for some services.

6.2. **Restrictions on the Movement of People:** Given the size of the outbreak and its potential to be exported to any other country in Africa or the world, two international airlines based outside Africa<sup>6</sup> cancelled flights to the Ebola affected countries. Within Africa, three West African airlines had their flights to affected countries restricted<sup>7</sup> and one trans-African airline restricted its flights to the Ebola affected countries<sup>8</sup>. Reduced flights between African countries could imply less communication and interaction and could not be in the best interest of integration, which is the vision of the African Union.

6.3. Three<sup>14</sup> African countries closed their borders with Ebola affected countries. The closure of borders could impede integration to a limited extent as not all borders in Africa can be practically and definitely closed where evidence shows that the continent's borders are in some cases porous and not well demarcated. In August 2014 one African country banned passengers from the three most affected Ebola countries<sup>9</sup> whilst three other countries banned the entry of passengers from all the four countries affected at the time<sup>10</sup>. One country banned the entry of passengers from the four affected countries and from all suspected West African countries. Airport entry restrictions are a likely impediment to integration due to possible reduction in cross border trading, meetings, and other forms of activity that are enablers of integration. Two of the affected countries had put in place internal movement restrictions where one almost resulted into a riot by affected citizens.

6.4. **Resource mobilisation:** AU Member States made donations towards countering the outbreak. Apart from the international response to the Ebola outbreak, Africa also demonstrated that it can mobilise its internal resources to resolve its own problems. The Ebola outbreak has therefore served as an opportunity for African countries to

serve one another, which could be a stepping stone to integration. Member States mobilised citizens against the Ebola outbreak and the African Union deployed a joint military and civilian humanitarian mission composed of different experts from various Member States to tackle the Ebola outbreak<sup>2</sup>. The Ebola outbreak was therefore an opportunity to strengthen integration, where African countries showed solidarity and determination to work together.

- 6.5. Morbidity and Mortality:** EVD risks causing a rise in morbidity and mortality from diseases not related directly to EVD itself, given the following combined effects on regular health care provision: Fewer people are seeking formal medical attention because of fear or the stigma of being exposed to the disease. Weakening health services can allow the incidence of other diseases to rise, including malaria, dengue fever and yellow fever, and push up the risks linked to fewer vaccinations and to less pervasive antenatal and child health care, all of which can raise maternal and infant mortality rates.
- 6.6. Education:** The EVD outbreak has curtailed educational services. The implications for educational outcomes are not yet clear. The related economic losses borne by the national budget are high as wages to teachers still need to be paid and facilities maintained. Even worse may be future productivity losses, reflecting the lower education of those who do not return to school, which will also require heavy additional investment in an attempt to bring educational outcomes back to pre-outbreak levels.
- 6.7. Unemployment and Underemployment:** Unemployment and commercial closures have risen. Many businesses or branches were shutting down every week, and even those staying open have cut staff or reduced working hours. The largest proportion of the population exposed consists of rural families who depend on subsistence farming. Such people seldom have much stock to fall back on and have seen most of their savings eroded. And as markets have closed for weeks and economic activity has contracted, producers of perishable products cannot sell their produce, affecting household security, particularly in border areas.
- 6.8. Orphans and Vulnerability Children:** The crisis is leaving behind a growing number of orphans, who will require targeted support—both them and the families looking after them.
- 6.9. Social stigma:** Stigma is growing inside countries, and those saving lives are the most affected: doctors and health workers are being treated by the population as potential vectors of infection, making it hard for them and their families to lead anything approaching a normal life.

#### **D. SOCIAL PROTECTION INTERVENTIONS**

- 7.** Social protection is an essential public service (along with, for example, health and education) that encompasses a broad range of public actions that provide direct support to people to help them deal with risk, vulnerability, exclusion, hunger and poverty.

8. A working typology to distinguish three major elements of social protection:
- i) **Social legislation** provides a legal framework that defines and protects citizens' rights, and ensures minimum civic standards to safeguard the interests of individuals (e.g. labour laws, health and safety standards).
  - ii) **Social insurance** consists of contributory schemes, managed by governments, which provide financial support to participating individuals in times of hardship. In countries where social insurance schemes exist, contributions are generally compulsory (e.g. unemployment benefits, national insurance). There are few examples of social insurance schemes in low income countries.
  - iii) **Social transfers** are non-contributory (in the sense that the recipient is not required to pay for them through premiums or specific taxes) social assistance provided by public and civic bodies to those living in poverty or in danger of falling into poverty (e.g. non-contributory pensions, child benefit, disability allowance). This element of social protection is the focus of this series of briefs.
9. The role of social protection and targeted safety nets will be crucial in addressing groups disproportionately affected by the outbreak and in monitoring the rise in the number of vulnerable groups such as orphans owing to the EVD.
10. The following social protection interventions are proposed in order to mitigate the effects of the Ebola Virus Disease on communities, families, households and individuals in affected regions and areas.
- i) Direct social transfers such as cash, food, agricultural inputs (seeds, fertiliser), assets (tools, livestock), including emergency safety nets are advisable in this case. They will address acute food shortages, particularly among the most vulnerable groups, such as women and children at risk of malnutrition. These may be short term reactive humanitarian assistance in times of emergency, to long term, pre-planned and predictable support to those entrapped in need, or in danger of becoming entrapped partly due to EVD.
  - ii) Special incentive packages such as agricultural input subsidies to farmers will help to re-launch the agricultural sectors which were adversely affected because of quarantines and or ill health.
  - iii) Building skills and human capital in the short, medium and long term will enhance labour supply that is necessary for socio-economic growth.
  - iv) A strategy to ensure complementarity between social protection and other social services will be helpful in reversing the negative effects of EVD.
  - v) Services such as education, health (including WASH and nutrition) and agriculture (including promotion of livelihoods and agricultural production) can go a long way in supporting the social protection efforts.

## **E. CONCLUSION AND LESSONS LEARNT:**

11. The following could be considered as some lessons learned from the outbreak as relates to integration and social development:

- i) Africa's integration should not only focus on economic integration but on all socio-development sectors. The Ebola Virus Disease outbreak has clearly demonstrated that economic integration alone will not suffice; in fact the outbreak has reversed the gains that could have been accrued through economic integration. If health systems were strengthened and integrated in Africa, the Ebola could possibly not have spread across borders with countries reacting differently or at variance with one another.
- ii) The outbreak should also be viewed as an opportunity to use inter-regional social development as a tool for integration as it has brought solidarity among some African countries and there should a consideration to invest more into the social development sector due to its impact on human development. Underdevelopment has a significant impact on the management and control of epidemics such as the EVD.
- iii) The outbreak exposed the gap among Member States regarding the failure of clear policies and laws on movement of people and flights across borders. The movement restrictions and other measures that occurred during the 2014 Ebola outbreak maybe deemed by some as not fostering integration but the countries making such decisions consider this action as being done in national interest. It delayed the mobilisation of volunteers and the transportation of needed medical and relief goods.
- iv) Fear, distrust and ignorance encourage the spread of Ebola. Ebola was a new phenomenon to almost everyone. Health professionals unfamiliar with the disease had difficulties in diagnosing it, particularly as the symptoms resemble other diseases endemic in the region. This delayed appreciation of the existence and magnitude of the epidemic until after it had already spread considerably. Communities have been unwilling to cooperate with medical teams or with those responsible for monitoring contacts.
- v) The epidemic has been a social catastrophe of vast dimensions, by the reduction in economic activity is reducing employment, boosting poverty rates, and increasing food insecurity. Households have used several strategies to cope with these events, including the sale of productive assets such as land, buildings, livestock and seed rice, reduce future income opportunities. It has impact on school attendance, visit to health services, and affect women than men, largely because their traditional role as caregivers exposes them to infection.

## **F. RECOMMENDATIONS:**

- 12. Social Policy Review:** Recommendations on social policy and social protection programmes to ensure that all infected people access timely treatment in designated medical facilities, while preventing new infections.
- 13. Cultural Practices Review:** Community members abide by strict burial protocols, including the requirement that burials of victims only be conducted by trained personnel, to avoid further contamination through interaction with dead bodies.
- 14. Comprehensive assessment study:** To carry out a comprehensive assessment study on the socio-economic impacts of EVD in the affected countries (and the rest of Africa covering all known epidemics) in order to draw policy recommendations to accompany social protection measures and other mitigation efforts. Given that this is an on-going situation, the study will have to be updated and adjusted regularly until when the crisis is over. The study will assess which social protection interventions in focal countries are amenable to an assessment of impact on vulnerability such as poverty reduction and growth through investments in health, nutrition, and education for children and adults, development of productive infrastructure, and promotion of livelihoods activities.
- 15. Prioritize poor and vulnerable groups:** The elderly, people with disabilities, chronically ill persons and people living with HIV and other groups are already vulnerable and are now facing additional hardship and social exclusion. Their families are often facing income losses due to the economic slowdown and are unable to continue extended family support. This often leaves many such persons in precarious circumstances with little or no alternatives to make a living on their own. Ebola is also exacerbating existing problems of child labour, gender-based violence and exploitation of, and violence against, women and children. Recovery efforts should prioritize support to these vulnerable groups, including by providing psychosocial support services to affected populations. To address this situation, it is important to strengthen child protection, psychosocial support and welfare services for children and families in communities heavily affected by EVD, including children that have lost one or two parents or a primary caregiver, child survivors and their families. While caring for these vulnerable groups, it will be important to create resilient systems of social protection and livelihoods to minimize the risk of aggravating vulnerability in case of future outbreaks.
- 16. Inclusiveness and community engagement:** The low levels of trust in state institutions that existed before the epidemic hampered the response. Nonetheless, communities were in the forefront of the success of the response, having witnessed the impact of Ebola. Communities should play a central role in the formulation and implementation of the recovery strategy. Trust in public institutions could be strengthened through inclusive dialogue, efforts to enhance accountability, and equitable and harmonized service delivery. Schools can be leveraged as centers of community mobilization, including through linkages with health and protection services. Popular participation in decentralization and strengthening of local governance as part of recovery efforts would promote equitable delivery of social services and social protection, enhance accountability and strengthen state-society relations.

- 17. Nurture positive social behaviours:** Recovery efforts should nurture the positive social behaviours that became widespread during the Ebola outbreak. Such positive activities include an increase in hand-washing, safe burial practices, a decrease in harmful practices such as female genital mutilation (FGM). It is particularly important to retain and strengthen local resources and mechanisms of social communication, social mobilization, community organization and social awareness during the recovery phase and beyond.
- 18. Lay the foundation for improved social protection systems:** The recovery strategies should include the setting up of financial support mechanisms for families and small businesses affected by Ebola. This would mitigate the immediate social and economic impact of Ebola on poor households and could become the platform for a sustainable social protection system that reduces social vulnerabilities in the long run. National strategies should envisage the costs and benefits of integrated policies for employment, public investments through job-friendly approaches, livelihoods, basic services, social insurance for informal and formal workers, and social protection to vulnerable groups so as to eliminate extreme poverty while lightening the fiscal burden.
- 19. Ensure that the strengthening of national systems and ownership also includes civil society organizations:** Prior to the Ebola outbreak, international support to the countries had been moving away from using civil society organizations as service providers and organizers of communities towards increased support to governments, especially through budget support, according to civil society sources. The role played by civil society in the Ebola outbreak indicates the importance of forging partnerships between civil society and governments and ensuring that systems deployed by civil society organizations are also supported. It is important to recognize the role of workers in adopting strategies to improve the delivery of essential basic services, namely in the health and education sectors, as well as business actors who support functional supply chains.
- 20. Focus on the economic needs of women:** In all three countries, women may bear a disproportionate share of the economic impact of Ebola. Women either dominate or have a key role in sectors of the economy most adversely affected by the outbreak, including informal trade, agriculture and tourism. Women are using their business capital and savings and deploying other strategies to cope with the hardship imposed by Ebola, which may deplete their future economic capacity and the viability of their small enterprises. It is important that all recovery strategies and initiatives take account of women's economic role by ensuring that women are full participants in the social and political decision making related to the recovery process.
- 21. Ensure that youth are central to the recovery process:** The populations in all three countries are very young and young people can play a significant role as agents of change in the recovery process given the right investments in their health, employment, education and empowerment. The country consultations highlighted the strategic importance of involving youth from the three countries in the recovery effort and recognized the need to generate a dynamic that gives them livelihoods and hope – namely through reinforcement of their skills and job-rich strategies, such as building public infrastructure.



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