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**ROUNDTABLE ON GOVERNANCE ISSUES
IN THE MULTI-STAKEHOLDER RESPONSE TO THE
EVD IN WEST AFRICA
ADDIS ABABA, ETHIOPIA
4TH APRIL 2016**

**STATEMENT BY H.E. DR MUSTAPHA SIDIKI KALOKO,
COMMISSIONER FOR SOCIAL AFFAIRS**



PROTOCOL

Esteemed delegates, Ladies and Gentlemen,

On behalf of the African Union Commission, let me begin by welcoming distinguished Participants to this Roundtable on Governance Issues in the Multi-Stakeholder Responses to the Ebola Virus Disease (EVD) in West Africa. This platform seeks to provide deeper reflections and holistic stocktaking around governance-related lessons learned vis-à-vis the multi-stakeholder's responses to the EVD

Allow me to convey to you warm greetings and felicitations from the Chairperson of the African Union Commission, H.E. Dr. Nkosazana Dlamini Zuma. She sends her best wishes for a successful and productive Meeting.

Let me emphasize that the outbreak of Ebola Virus Disease (EVA) in parts of West Africa was the largest, longest, most severe, and most complex epidemic in the nearly four-decade history of this devastating disease. The spontaneity and spread of the disease across countries through infected air travellers presented an unprecedented challenge of enormous proportion.

Following the extra-ordinary effort by the governments and people of the affected countries as well as unbridled support from the international community, the scourge has been contained.

The continental response to the Ebola epidemic included high-level advocacy, mobilization of financial resources and the deployment of health and other personnel to affected countries by Member-States and the African Private Sector. The ASEOWA Mission deployed 855 volunteers between September 2014 and February 2015.

The volunteers comprised of Doctors, Nurses, Epidemiologists, Clinical Officers, Laboratory Scientists, Pharmacists, Communication Officers and

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Data personnel were deployed in Guinea, Liberia and Sierra Leone. Volunteers were drawn from Nigeria, Mali, DRC, Rwanda, Uganda, Kenya, Ethiopia, South Africa, Malawi, Tanzania, and Zimbabwe and even from the diaspora.

The ASEOWA mission recorded the following achievements including; rapid deployment of up to 855 volunteers, recorded a highest rate of ETUs survivors, institution of community outreach along with treatment among others. The ASEOWA mission is a replicable model and the experience gives impetus to the formation of other rapid response mechanisms such as the Emergency Response Teams.

Whilst the achievements of ASEOWA have continued to reverberate across the world, there is still palpable concern as the UNECA had warned in December 2014 “about the disease’s future epidemiological path.” Conscious of this threat, this High-Level Roundtable will interrogate the Ebola epidemic beyond the health-related lens, albeit the nexus between effective governance and the efficiency of response to EVA. In retrospect, the Report identified three of the “common characteristics” shared by the three most affected countries which are namely the persistence of “political fragility”; a recent history marked by civil war; and weakened institutional capacity.

There is no doubt that governance issues had a significant impact on the fight against EVD. For example, why did the health workers in the affected countries initially have difficulties in mobilizing an immediate and adequate response to the EVD?

The countries were caught unawares and were ill-prepared and/or incapable to act in a timely manner. They were even unable to promptly inform their citizens of the scourge and put in place the necessary containment protocol.

Furthermore, governance-related issues were observed during the epidemic. These include in some instances: accountability of the state, effective consultation, erosion of trust and social contract between state and society;

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participation and engagement of citizens in state public affairs; access to and effective delivery of public services, amongst other challenges.

Excellencies, Distinguished Ladies and Gentlemen

It is my hope that this Roundtable should be able to engage in frank exchanges on the lessons learned; what accounted for the varied responses to Ebola by various stakeholders; what are the remedial or containment measures that should be in place as well as their availability; and in a nutshell, what did the Ebola response tell us about existing early warning systems, early actions and practices?

It is also my expectation that this Roundtable will prescribe the appropriate government structure and systems required to establish sustainable and resilient health systems to shocks, and that would ensure that the system in place does not collapse in times of national emergencies.

I wish you all fruitful deliberations at this High-Level Roundtable.

I thank you

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