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Ebola outbreak in West Africa 22 months on
Key issues for recovery and preparedness

This report aims to describe the current challenges facing humanitarian actors as they continue to respond to the Ebola outbreak in Sierra Leone, Liberia and Guinea as the response shifts towards addressing longer-term needs and recovery. Over a two week period, ACAPS interviewed key informants to understand the current issues, priorities and gaps that need to be addressed.

"We have funding until December and then the project will finish, just like the projects of other NGOs focused on relief work for emergencies. Who will then deal with the protection issues, food, education and basic medical services?"

Humanitarian worker, Health Sector, Sierra Leone

KEY FINDINGS

/ **Recovery and preparedness:** Adapt and strengthen the chronically weak health systems to be able to face current and future challenges, as well as addressing preparedness and contingency plans.
/ **Sustaining community engagement:** Build upon the current community engagement response models to better face future threats, as part of preparedness and recovery plans.
/ **Community reintegration:** Reintegrate those affected by Ebola, while ensuring equity of services among the wider population.

CONTEXT

Since the Ebola epidemic started it has killed at least 11,295 people, out of at least 28,295 reported confirmed, probable, and suspected cases (WHO, 23/09/2015). It began in Guinea in December 2013 and rapidly spread to neighbouring Sierra Leone and Liberia.

All three countries were highly vulnerable to external shocks before the crisis, and still are today, due to a combination of low socioeconomic indicators, high risks of natural hazards, and a history of poor governance and political violence (ACAPS, 05/2015). Chronic poverty and weaknesses in public services greatly contributed to the rapid spread of the Ebola epidemic, its scale and severity (African Affairs, 04/12/2014; WHO, 26/09/2015). The epidemic not only caused severe health issues, including high levels of psychological trauma among communities, it also further weakened health systems, and impacted food security and livelihoods (ACAPS, 04/2015; ACAPS, 04/2015).

As of 5 October 2015, the transmission of the virus has been confined to several small areas in Guinea and Sierra Leone; reported incidence has remained below 10 cases per week since the end of July this year (WHO, 30/09/2015). While surveillance and treatment efforts to stop the transmission and re-emergence of Ebola continue, the response is moving away from its emergency phase towards longer-term recovery and building a more resilient health system (WHO, 09/2015).

IMPROVING RESPONSE AND PREPAREDNESS

"There is not enough in-country capacity: If everyone leaves and the situation comes back to what it was before Ebola, meaning no health and surveillance systems, then there will be another big outbreak."

Humanitarian worker, Health Sector, Sierra Leone

50% of countries that have previously had Ebola outbreaks have suffered a new outbreak within 24 months of being declared free of the disease (WHO, 09/09/2015). Exposure to natural hazards such as floods and landslides and low quality WASH services are aggravating factors that may put Sierra Leone, Guinea, and Liberia at even higher risk of future epidemics. The following factors are the priorities to improve response and preparedness activities:

Chronically deficient health systems

Solutions need to be provided to systemic health system problems, so that they can cope with both current and future emergencies. Before the crisis, health clinics faced a critical lack of basic amenities including water, functional latrines, electricity, and refrigeration. Major challenges currently include a lack of adequate human resources at all levels of the health system, inconsistent supply of health equipment, and inability to provide high quality patient care. There is also a need to build better surveillance and reporting of infectious diseases into the health system to cope with future epidemic risks.

Ebola fatigue

Vigilance has been lost due to the drawn-out effects of the outbreak. Both responders and affected populations are fatigued. Washing of bodies is being reported again, raising fears this could lead to new sources of transmission and new Ebola cases. Messaging needs to be tailored and reinforced in this phase of the epidemic.

Decreasing international response capacity and funding

Donor funding is falling, and emergency response organisations are scaling down – some will leave around the end of the year. Government and national organisations lack the resources to sustain the current level of response and surveillance activities.

"No one wants to talk and be the one who reports a case or a contact, knowing that if they talk they will be quarantined. [...] We designed a system that promotes mistrust."

Humanitarian worker, Health Sector, Sierra Leone

Inadequate containment measures damaging trust

Government led mass quarantine policies in Sierra Leone have triggered additional humanitarian needs, due to inadequate food and water distributions and the disruption to livelihoods. Containment measures have damaged trust between the affected population and emergency responders. Restrictions on freedom of movement have raised protection concerns. The effectiveness of isolating entire villages, as opposed to placing only high-risk contacts in quarantine, has been questioned.

Lack of cross-border communication and activities

Recent new infections have been recorded largely in the border districts of Forecariah prefecture in Guinea, and Kambia district in Sierra Leone, where the population cross freely from one to the other. There is a need for enhanced cross-border surveillance and communication between districts that are on international borders.

Challenge in sustaining community engagement

Community engagement has been widely reported as key to successfully managing the outbreak and its impacts (WHO, 08/2015). A systematic focus on strengthening community engagement, in all aspects of the response, is required in order to foster enduring community ownership.

REINTEGRATING AFFECTED COMMUNITIES

"Who is a survivor? Is a child who lost his parents because of Ebola a survivor? There is a danger in stigmatising one group while the rest of the population has needs too."

Humanitarian worker-Sierra Leone

Barriers to reintegration

Ebola causes fear, and fear leads to the stigmatisation of survivors, survivors' households, health workers and other Ebola response workers, and their families. Barriers to community reintegration include issues related to equity of service, psychosocial support, livelihoods, and access to education.

Unclear messaging and need for communication

Confusion and rumours regarding the potential source of infection of the latest cases in Sierra Leone have hampered responders. The potential number of people with the persistent virus in their semen is much greater than expected; ongoing research has confirmed that 25-30% of men may still test positive nine months after recovery (WHO, 09/2015). Earlier messages, which called for vigilance for three months after an infection, are now outdated. There is a lack of clarity among the population regarding the procedures that should be followed to avoid infection.

Survivor households

The term 'survivors' needs to be broadened, when considering beneficiaries, to encompass survivors' households and others affected by the epidemic. It is also important to address the specific health and recovery needs of survivors with sensitivity, taking into account the needs of the wider population. Singling out survivors risks ostracising them further and overlooking the needs of others, who are starting to perceive survivors as a privileged group with greater access to food, healthcare and services.

Orphans

More than 18,200 children across the three countries lost one or both parents or primary caregivers to Ebola (UNICEF, 10/07/2015). Orphans face protection issues, the risk of dropping out of school, and an increase in household responsibilities.

Frontline Workers

Frontline workers, including safe and dignified burial teams, often suffer from high levels of psychological trauma and may face livelihood issues.

Grieving families

Families often suffer from heightened grief due to the distressing ways in which they have lived the death of their loved ones during the epidemic. This includes witnessing loved ones taken away to treatment facilities, not being unable to care for family members held in isolation, and culturally inappropriate or unknown burial practices.