

# THE POLITICS OF PLAGUE

## CONCERN WORLDWIDE'S EXPERIENCES FIGHTING EBOLA IN WEST AFRICA

“ It is our strong belief that the scale of the Ebola outbreak could have been prevented...”

### INTRODUCTION

The scale of the Ebola crisis in West Africa in 2014 and 2015 challenged the national governments and international development and humanitarian agencies on multiple levels. It reverberated around the world, caused huge suffering for those affected, gripped the media and ultimately forced us all to examine how we responded, what we did well, and how we can do better.

Concern Worldwide, an Irish humanitarian international non-governmental organisation (INGO), has been at the forefront of the response to the Ebola outbreak in Sierra Leone and Liberia during 2014 and 2015. In this paper, we reflect on how politics affected our response as a medium-sized INGO and the national and international response.

We examine primarily politics with a small 'p', which is about people on the ground trying to do the best they can in a difficult situation and the challenges and obstacles that impede their progress.

We also touch on the big 'P' politics where the national and international governments and multilateral institutions are all thrown together with a common goal but often different and competing agendas where an initial lack of leadership and decisiveness transformed into a situation with arguably too many leaders.

▶ In Magbass village. One on one and group sensitizations. Photo: Stephen Douglas



## International Response Mechanism.

During 2014, the United Nations (UN) and its humanitarian partners were responding to three 'Level 3' emergencies: Syria, Iraq and South Sudan. This is the global humanitarian system's classification for the response to the most severe, large-scale humanitarian crises. The Ebola crises in West Africa, coming on top of these existing emergencies, stretched the global capacity to respond. As a humanitarian INGO, we are used to the UN cluster coordination mechanism and not as familiar with the World Health Organisation's (WHO) health emergency mechanisms which were used initially during the Ebola response.

In fact, the lack of coherence between the two systems has been highlighted and recommendations have been made for closing this gap.<sup>1</sup>

Many of the challenges to an effective response related to critical enabling factors, including logistics capacities; air transportation; mobilising international expertise; availability of adequate isolation, care and treatment facilities; and essential supplies.

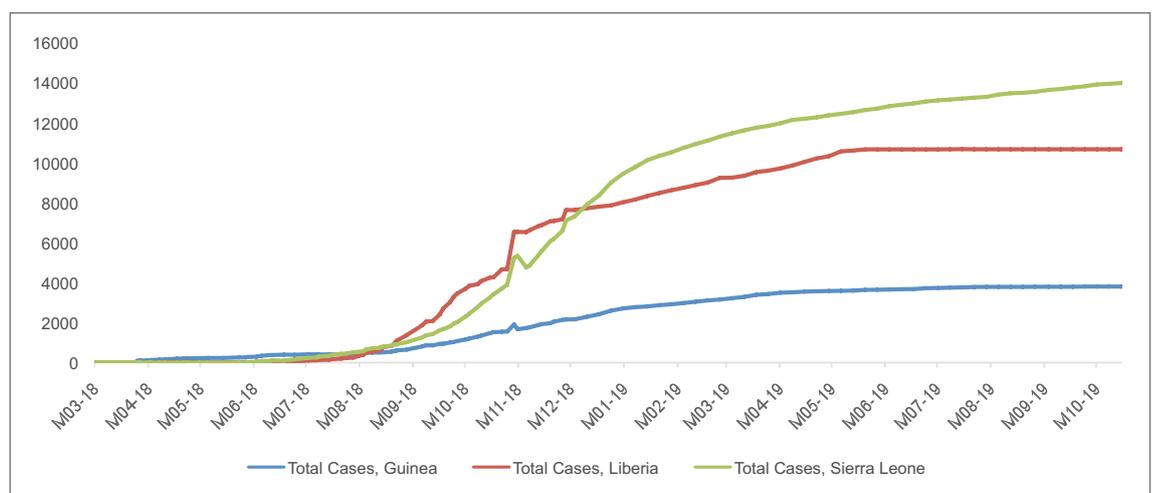
In recognition that measures being taken were insufficient to contain Ebola virus transmission, the international community established the first ever emergency health mission, the UN Mission for Ebola Emergency Response (UNMEER). UNMEER was successful in garnering high level political and financial support but did less well at on-the-ground coordination which may have been better organised through the cluster system headed by the UN Office for the Coordination of Humanitarian Affairs.<sup>2</sup>

The Ebola outbreak resulted in a very different type of humanitarian crisis to which INGOs typically respond, and lack of experience and a paralysis around what to do by all actors undoubtedly added to the delayed response.

When the international response really kicked into gear there was a lot of confusion about who was in charge and there are many examples of duplication of roles or confusion between roles, resulting in mixed messages. Coordination meetings served to share information but were often very political with different actors becoming territorial and few clear decisions being made. Ultimately, the UK government took a leading role in Sierra Leone, the US government in Liberia and the French government in Guinea. These governments had very focused, if somewhat narrow, action plans which they implemented effectively, although there was some side-lining of the national governments in the process.

In violation of the International Health Regulations, nearly a quarter of the WHO's Member States instituted travel bans and other additional measures not called for by the WHO, which significantly interfered with international travel, causing negative political, economic and social consequences for the affected countries.<sup>3</sup>

► **2014 Ebola Outbreak in West Africa - Reported Cases**  
Total suspected, probable, and confirmed cases of Ebola virus disease in Guinea, Liberia, and Sierra Leone, March 25, 2014 – October 18, 2015, by date of WHO Situation Report, n=28476



1. Report of the Ebola Interim Assessment Panel, WHO, 2015  
2. ibid  
3. ibid

Members of Concern Worldwide's "Burial Team 7" remove the body of a 44 year old woman, who it's suspected died of ebola, from her home in the New England area of Freetown. Photo: Concern Library



## Relationship with Governments and Donors

The governments of the affected countries were overwhelmed by the scale of the outbreak and naturally made mistakes and sometimes let politics, rather than science, dictate their actions. There were difficulties in speaking frankly and critically, particularly to the media, about these issues as we have to remind ourselves that we were guests of the government and were working to implement government policies. At the same time, we have a humanitarian mandate that necessitates us to keep the best interests of the people we serve - the poor, the indigent, the voiceless - to the forefront. It is, therefore, part of our role to hold governments to account and work to influence government policies for the good of the poor.

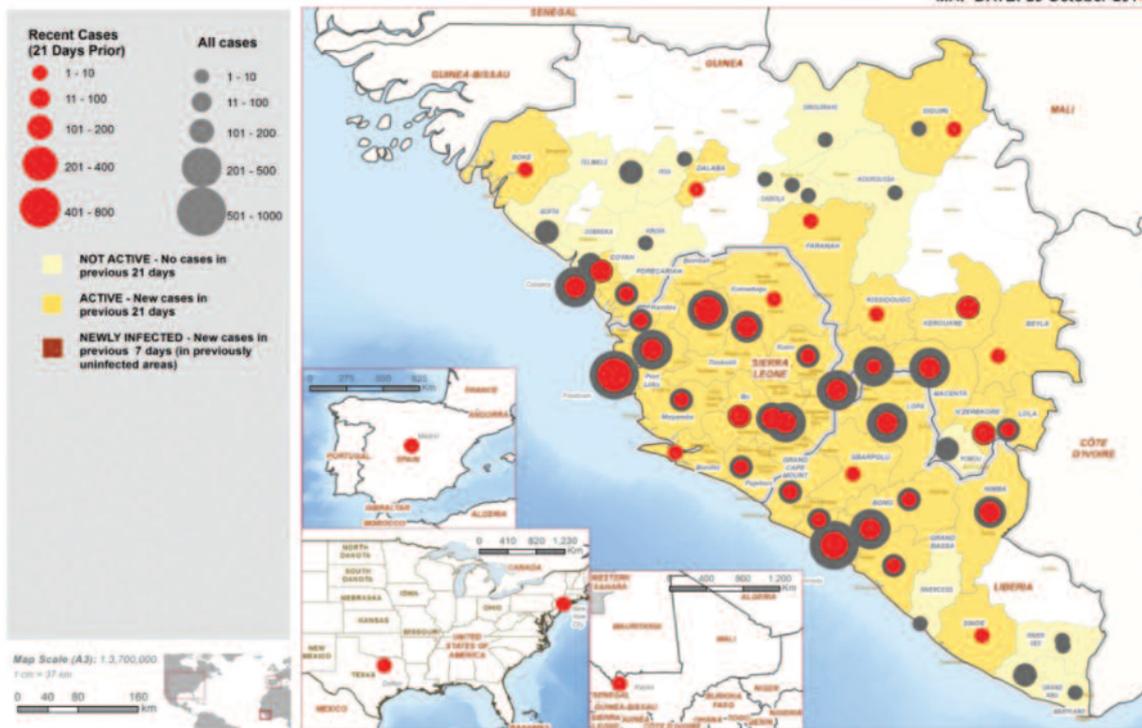
Concern had an existing good relationship with the governments and institutional donors from many years of working in Sierra Leone and Liberia. In the early days of the outbreak, the delayed international response meant that it was difficult to get any funding apart from some repurposing of existing funds.

It seemed like everyone was waiting to see if the outbreak would die out on its own.

Once the donors got on board and committed serious money to help control the outbreak they pushed all INGOs to scale up very significantly and take on activities that, in some cases, they were not well equipped to undertake. We found that we had to negotiate strenuously around what we would and would not do. One of the negative outcomes of the heavily donor-driven response was that it narrowed the scope of the response and didn't allow for much innovation. While the donors encouraged NGOs to incorporate flexibility into proposals, and continually asked NGOs to adapt with each new wave of the outbreak, in reality it was difficult to adapt quickly enough and the flexibility was limited by donor procedures. The result was that as the crisis in Liberia was winding down, all NGOs supported by one particular donor were doing essentially the same, and no longer relevant, response.

The political pressure on the key donors to respond quickly and decisively to the crisis and to achieve results may have led them to take a particular approach that on reflection could have been more holistic.

**“ ” The Ebola outbreak resulted in a very different type of humanitarian crisis to which INGOs typically respond...**



## Corruption

Corruption and greed were key drivers fuelling the prolonged crisis. There have been many reports in the media of financial corruption such as ‘A third of Sierra Leone’s Ebola budget unaccounted for’<sup>4</sup>. However, there are other forms of corruption which we experienced throughout the outbreak that served to undermine the system. For example, we have experience of relatives of important people in society jumping the queue for Ebola beds and beds being allocated outside the formal system. We have experience of families trying to evade the medical burial system, sometimes backed by police and government officials, and instances where bribes would be offered. This led to tensions in the community between those who complied with the rules and those who did not.

Implementation of Concern’s quarantine support services package in Liberia met with opposition, mainly of a political nature, as various government officials who were responsible for the delivery of food aid from the WFP did not want to be ‘monitored’. It was clear that there was significant corruption in the delivery of food including delays, missed houses, and difficulties in accounting for all the food supplies. Only after very aggressive lobbying did the quarantine support services package receive approval in late January 2015, almost three months after it was proposed.

The influx of such a large amount of money in such a short space of time into weak economies is bound to lead to some corruption. The business community, particularly those with the means to import supplies, benefitted through price gouging. Prices for certain commodities were unreasonable and were considered to be exploitative to a potentially unethical extent.

There were accusations of abuse by the governments’ state of emergency powers, particularly that they were being used to silence members of the opposition and to unduly delay elections. The decision as to when to withdraw from a state of emergency is a difficult one. The temptation is to maintain it when it leads to increased political powers and control and to lift it too early when it is leading to negative economic impacts.

<sup>4</sup> <http://www.theguardian.com/world/2015/feb/16/ebola-Sierra-Leone-budget-report>

## “ Care must be taken not to institute large population lock downs with little notice.

### Politics in Ireland and the West

There was great fear and ignorance in the population of the western world about Ebola and we saw it as our role in Concern to adopt a non-hysterical, measured tone in our national and international media exposure. From the beginning there was significant media interest but the Ebola outbreak was very much seen as ‘their problem in West Africa’. Once Western aid workers with Ebola began to be medically evacuated and, in some cases, transmitted Ebola to other health care workers the threat of Ebola became real. There were a few suspected Ebola cases in Ireland and, like in other Western countries, these received huge media coverage and led to excessive precautions being taken by the authorities, despite the cases turning out to be negative. It is probably to be expected that there is popular fear and panic in the face of a horrific disease that is poorly understood. Public health officials in many countries, including Ireland, struggled to convey the low risk of community and individual transmission from imported cases in the face of extreme media attention and a politically charged backdrop.

### Human Resources

Concern's existing responses to two ‘Level 3’ emergencies in South Sudan and Syria along with a new programme just established in the Central African Republic during 2014 drew heavily on our finite resources. The Ebola crisis stretched our human resources to the limit with most of our staff, who were on standby for rapid response, already deployed. Movement of staff internally also proved difficult as some countries would not allow re- entry within 21 days to people who had spent time in a country with Ebola. The fear surrounding Ebola led to reduced applications for positions and in some cases where positions were offered they were turned down in deference to family concerns.

Concern engaged with the Irish Defence Forces, the Irish Health Service Executive and other external bodies to source staff for potential secondment. Despite support from the highest level of government in Ireland, the risks unique to the Ebola crisis (for example, unclear medical evacuation procedures and liabilities of the employers) limited this support.

▶  
Community meeting at the community care centres in Rochen, April 2015. Photo: Renee Zandvliet



## Prevention is Better than Cure

By September 2015, 18 months after the start of the outbreak, there were over 28,000 cases and 11,000 deaths from Ebola reported by the World Health Organisation (WHO).

It is our strong belief that the scale of the Ebola outbreak could have been prevented.

However, the weak capacity of the national health systems in the affected countries meant that instead of the outbreak being quickly identified and control measures put in place, Ebola was able to get a strong foothold and continue to spread, particularly once it reached urban areas. Weak health systems are a symptom of an overall weak governance system.

The response to the outbreak, at least initially, focused on Ebola Treatment Units (ETUs). Funding and activities for Ebola messaging, contact tracing, medical burials and quarantine came later. With the initial focus of the response on case management, the engagement of the community was not timely, nor strategically implemented. It is likely that the lack of adequate social mobilisation, quarantining, and contact tracing resulted in greater fear, distrust and lack of cooperation from communities and contributed to the exponential increase of cases and deaths.

Any large outbreak will raise the dilemma for a government of curtailing the public's freedom in order to combat the disease. Imposing curfews, mandating quarantine, restricting mass gatherings and travel and mandating medical burials do not conflict with democratic decision-making when done for the public good. However, how these decisions are communicated and enforced are crucial. Care must be taken not to institute large population lock downs with little notice. Some of these measures increased fear and distrust and served to alienate some communities making them less likely to comply with Ebola control measures.

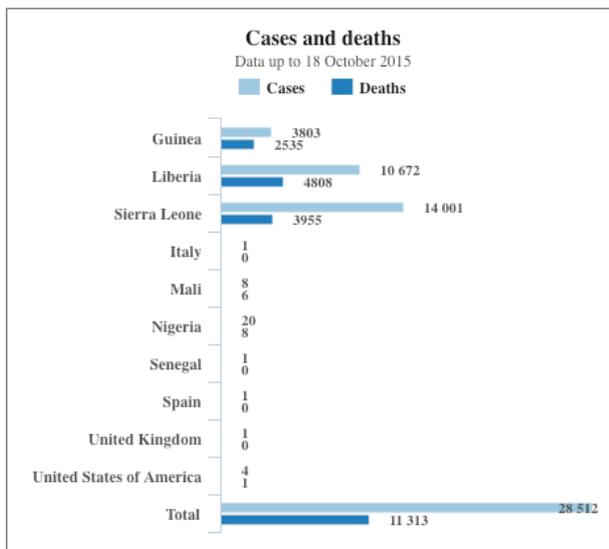
## Internal Politics: Becoming Less Risk Averse

In the initial stages of the emergency, Concern prioritized what we knew – prevention and working with communities. We adopted a preventative approach and responded within our existing expertise. We adapted our existing development programmes, focused on sensitisation work with communities, supported coordination and provided logistical support to the Ministry of Health. However, as the outbreak continued to grow, existing medical INGOs became overwhelmed and, when it became apparent that the international response was too slow, it was clear that we needed to do more. It took a lot of internal discussion at both headquarters and country level to come to a consensus on increasing the levels of risk we were willing to take. Concern was not unique in having these internal deliberations and in reversing some early decisions about our risk thresholds.

The key high risk activities we took on were management and support to community care centres (CCCs) and a Safe and Dignified Burial programme. CCCs were an interim solution to the shortage of ETU beds. We initially voiced our resistance to this proposal as we feared that these would become 'warehouses for the dying' where care would be rudimentary at best and that we wouldn't be able to stand over the quality or ethics of the programme. Ultimately, through a combination of pressure from donors and further clarifications around how the CCCs would be managed we ended up supporting several CCCs in both Liberia and Sierra Leone. One of our main challenges, also experienced by other INGOs, was that the design of CCCs became increasingly complex to a point where they were essentially small ETUs. In some cases, they took months to complete, by which point they were redundant due to the decline in Ebola cases. This was in part due to the fact that no one (UN, government, donors and NGOs) wanted to be seen as advocating a 'less than perfect' solution. In hindsight, a more practical and streamlined approach should have been taken but both politics and inexperience militated against that.

**“““ Lessons need to be learned about the unintended consequences of the Ebola outbreak response...”**

Source:  
World Health  
Organization



Burials during the earlier months of the outbreak were haphazard with no standard operating procedures and no tracking system in place. Sierra Leone and Liberia took different approaches in the management of the dead. Initially, Monrovia in Liberia went down the route of cremation. Cremation was culturally unacceptable and as people were cremated together the ashes received by families were not specific to a person. The cremations created a 'push' factor where people fled the capital city to their original home villages in order to be sure they would be buried if they died and not cremated. In September 2014, Concern took over dead body management in the Western Area District of Sierra Leone, which includes the capital, Freetown. At that point, the system was

overwhelmed and families were experiencing delays of up to five days to have bodies collected and buried. Having accepted the need to assume a higher level of risk, we took over the programme three days after the initial request. Over a year later, we have medically buried over 16,500 people and at the height of the outbreak we were burying up to 450 bodies per week. All burials are tracked so graves can be identified and families were encouraged to participate in burials from a safe distance.

## Lessons Learned and Recommendations

What we have learned from this outbreak is that although there was a system wide failure in the early response, the real failure lay in the little things: ambulances that didn't work or had no fuel, phones that had no credit, thermometers that malfunctioned, inability to read instructions for making up a chlorine solution, and one or two contacts missed during contact tracing.

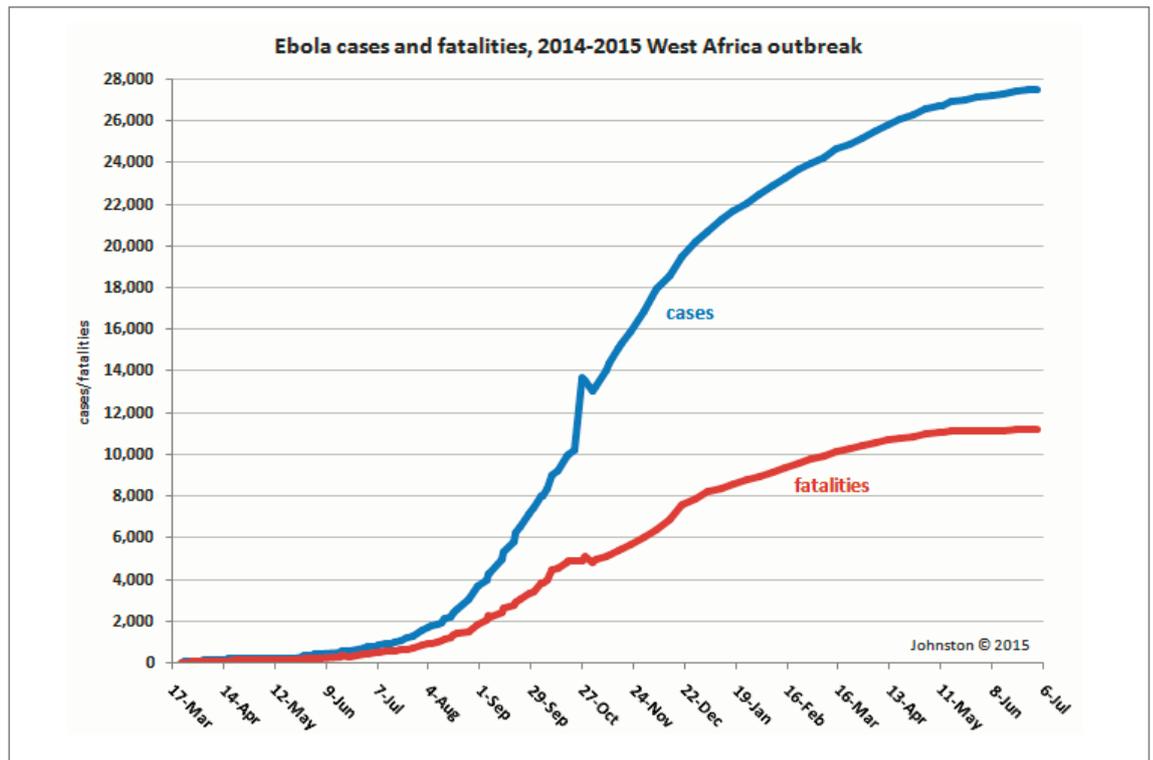
Lessons need to be learned about the unintended consequences of the Ebola outbreak response and strategies put in place to mitigate these in any other outbreak. The unintended consequences were mainly negative, including stigma among front line responders, loss of schooling for children and adolescents, worsening of health and HIV indicators, and a reduction in Gross Domestic Product.

The UN system, including the WHO, has learned lessons around the speed of response, the level of the response required, and improved coordination.

Waterloo cemetery, not far from the city of Freetown, is one of two burial grounds which were authorized for use during the Ebola outbreak of 2014/15 in Sierra Leone. It is managed by Concern Worldwide, who oversaw the burial of over 15,000 bodies in 12 months. Many of those buried here are young children. Photo: Concern Library



Source: Johnston's Archive 2015



National governments are likely to struggle with maintaining their political power in the face of a large Ebola outbreak and the likely public distrust. However, they will have learned from the affected West African countries that decisive action, clear communication and engagement by politicians are all crucial in the response. Consistent, fair and equal enforcement of all procedures to control the outbreak was and still is required. Collaboration with a range of international actors is also important so that all the skills and expertise are available to control the outbreak.

A more holistic approach that involved having all the components to break the transmission chain in place simultaneously rather than initially focusing on ETUs would likely have been more effective in controlling the outbreak. Adequate community engagement was key in the overall response. Donors need to have an all-encompassing approach and fund all aspects of outbreak control at the outset.

## Conclusion

Ebola has reversed years of hard won development progress in Sierra Leone and Liberia and it is not over yet. The focus now is shifting to recovery, but it should also remain on achieving and maintaining a resilient 'zero infection' in the entire region. Our staff on the ground talk of a sense of complacency that, most likely, stems from exhaustion and relief that the unrelenting march of Ebola has slowed to a trickle. There is a need at the political level to halt this complacency and to reinvigorate the thousands of health workers, contact tracers, burial team members and all the others involved in the response to stay the course and reach and maintain that all important zero. The recovery phase will require the political will to rebuild systems better than heretofore by taking on board all the lessons learned and advocating for the financial support and other resources to do so.

This paper was prepared in advance of The Princeton-Fung Global Forum, 'Modern Plagues: Lessons Learned from the Ebola Crisis' at which Concern Worldwide's CEO, Dominic MacSorley, will participate on a panel titled 'The Politics of Plague'.

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