

After the Outbreak

Analysis of the post-Ebola
recovery period of Sierra
Leone and Liberia with lessons
for future health emergencies.

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Executive Summary

Introduction:

The Ebola Virus Disease (EVD) initially broke out in Guinea in late 2013 before spreading to Liberia and Sierra Leone in early 2014. Each country declared a public health emergency and put measures in place to control the disease. It severely disrupted social life and economic activities, with gruelling effects on household livelihoods and the national economies in general (UNDP, 2015). According to the World Health Organisation (WHO), the total number of confirmed, probable and suspected cases from the outbreak, as of 30 March 2016, was 28,646 with a case fatality rate of 11,323 (39.5 per cent) (WHO 2016).

The United Nations Secretary General convened an international conference on the 10 July 2015. The purpose was to elicit the attention and support of the international donor community to halt the spread of Ebola in Guinea, Liberia and Sierra Leone. As each of these countries shared and discussed their Ebola Recovery Plans at the conference, various donor organisations and governments pledged up to \$3.4 billion in total to the recovery effort. Following the conference, the three countries have developed policies to not only guide their general recovery from the socioeconomic setbacks of Ebola, but to also directly respond to the needs of the survivors and other people affected by Ebola.

Now that the Ebola epidemic has been officially declared over, the situation in these West African countries has fallen from the media spotlight. This study, jointly commissioned by World Vision and Tearfund, evaluates Sierra Leone and Liberia's road to recovery by analysing their post-Ebola policies (particularly those for survivors and affected persons) and how these have been implemented in practice. The purpose of this is not only to make recommendations to aid the full recovery of Sierra Leone and Liberia, but also to record lessons learnt for the recovery period in future health emergencies. This study was made possible with funds from the Disasters Emergency Committee (DEC).

For the purpose of this study Ebola survivors are people who were infected by Ebola and survived and other 'affected persons' are those who did not contract Ebola but were directly affected through being orphaned or widowed, or by losing a close relative, especially the breadwinner, and being quarantined. Although they did not participate in the study, burial teams and health care workers are also considered to have been affected by Ebola albeit indirectly.

Research aims:

1. To establish the Ebola recovery policies of Sierra Leone and Liberia, particularly for survivors and those affected by Ebola.
2. To evaluate support received in practice by survivors and others affected.
3. To record lessons learnt for recovery periods in future health emergencies.

Methodology:

The research used a mixed methods approach of quantitative and qualitative data. Qualitative data sources included Key Informant (KI) interviews, and Focus Group Discussions (FGDs), while the quantitative segment was in the form of questionnaires involving a sample of survivors and affected persons. 308 people from Sierra Leone and 77 people from Liberia participated in the questionnaire. Due to the sensitive nature of the subject, the majority of the quotes in the report have been kept anonymous.

Results & Analysis:

The key findings presented below have been drawn together from the KIs, FDGs and questionnaires.¹

Post-Ebola policies

Below are the key policies affecting Ebola survivors and affected persons in Sierra Leone and Liberia (see full report for a more extensive list).

Sierra Leone:

1. The National Ebola Recovery Strategy (ERS) – 2015

This is the central policy developed to guide the first 24 months of the Ebola recovery programme following the end of the epidemic in November 2015. Sierra Leone's ERS has broad national social and developmental aspirations which go beyond addressing the needs of survivors and affected persons. It articulates strategies around the priority areas set by the President to enable Sierra Leone to rebound from the debilitating social and economic effects of Ebola. These priorities relate to health, social protection, education and private sector development (including agriculture), while water, energy and governance were added to the list following the end of the first phase of the recovery programme (in June 2016). It is aligned with the Agenda for Prosperity², the country's third poverty reduction strategy paper.

2. Comprehensive Programme for Ebola Survivors (CPES) - 2015

Developed by the Government, with donor and civil society support, the CPES is an integrated and long-term package of health, psychosocial and welfare measures to provide support for survivors.

3. Clinical Care for Survivors of EVD –2016

This is a customised guide for Sierra Leone from the WHO Survivors Clinical guide.

Liberia:

1. The Republic of Liberia EVD Survivors Care and Support National Policy - May 2016.

The Government of Liberia, in partnership with UNDP and WHO, has developed an all-encompassing policy specifically designed to address the needs of survivors. It spells out priorities relating to clinical care – physical, mental and psychosocial health; it also covers education, social protection, legal protection and fighting stigmatisation, as well as social support for Ebola victims through various stakeholders.

In addition, the policy outlines essential service provision mechanisms. These include ensuring survivors' involvement in decision-making, community engagement, media engagement, data management, coordination and research and documentation.

2. Liberia Ebola survivors Clinical Care Guidelines - 2016

Similar to Sierra Leone, the Liberian Government Ministry of Health produced a customised version of the WHO clinical care guidelines for survivors.

¹ The statistics from the field come from the questionnaires taken and therefore may not be representative of the whole country.

² Sierra Leone's Agenda for Prosperity (AfP) contains plans and strategies to move the country to a middle-income status between 2013 and 2015 (GOSL, 2012). The AfP was abruptly disrupted by the Ebola epidemic just one year after it was launched and the Government wanted to make sure that the ERS fully complements and helps to get the AfP back on track.

Policy approaches

Sierra Leone and Liberia have approached the post-Ebola period somewhat differently in terms of their policies. Sierra Leone's main policy – the National Ebola Recovery Strategy (June 2015-June 2017) – makes passing reference to survivors but the main focus is on broader development objectives, as laid out in the president's priorities. Liberia's main post-Ebola policy on the other hand, is a wide-ranging policy specifically focused on Ebola survivors - The Republic of Liberia EVD Survivors Care and Support National Policy. Instead of including broader development-focused aims it refers back to pre-existing sector policies. Sierra Leone has also produced the Comprehensive Programme for Ebola Survivors (CPES) (2015) and both countries customised the WHO clinical guidelines for Ebola.

Time lag

There has been a notable time lag in developing some of these key policies since the end of the outbreak. For example, Liberia's EVD Survivors Care and Support National Policy was not published until May 2016 and the implementation structure was only recently finalised in November 2016. In Sierra Leone the customised version of the WHO policies were not completed until the end of 2016.

Coordination

The research highlighted mixed reviews of the coordination mechanisms for developing and delivering the policies. For example in Sierra Leone, key informant interviews reported strong coordination and buy-in of the ERS and CPES. With the ERS, the ownership and oversight of the programme through the President's Delivery Team was considered as pivotal to the success of the entire initiative, at the very least enhancing buy-in and cooperation from the various stakeholders.

However interviews also suggested some overlap on the part of organisations providing specific intervention packages, especially in the social sector.

"Every agency came and did what they could do. There was a lot of overlap and confusion sometimes. No proper coordination and collaboration."

Constituency Chairman, Rural West.

In Liberia top officials in the Education sector reported that they were neither involved in the formulation nor informed about the Survivors Care and Support Policy.

Registration

An example of the importance of coordination is the issue of registering of survivors and affected persons. Both Sierra Leone and Liberia lack a comprehensive and reliable database of Ebola victims necessary to systematically address the health, social and livelihood needs of survivors and affected people. In Sierra Leone less than a third of the study participants have had their details recorded as part of the Ebola Recovery Strategy.

In Liberia though, an overwhelming majority of the survivors asked, confirmed being registered. The Liberia EVD Survivors Support and Care Policy indicated that only one-third of the approximately 5,000 survivors were listed (as of May 2016), and this was supported by information from KI interviews. This could therefore highlight the fragmented approach to collecting details from beneficiaries for specific intervention packages.

Both countries however have encouraged the formation of an Ebola survivors' association. These groups have been recognised and involved, as key stakeholders, in decision-making and forums regarding the needs of survivors.

Funding

Along with the challenges of registration and coordination, both countries faced resource constraints. This presents a key obstacle to effective delivery of interventions and ensuring the sustainability of such programmes. Both governments are faced with budgetary constraints and reliant on donor support for the bulk of the funds needed to actualise the Ebola recovery programmes. It can take significant time for donor pledges to materialise.

Needs and support for Ebola survivors and affected persons

Inclusion of survivors and affected persons

Although there are specific policies in both Sierra Leone and Liberia for Ebola survivors, other affected people are not directly referred to. It could be argued that the entire populations of Liberia, Sierra Leone and Guinea are affected persons and this issue is certainly complex. However the evidence from the research emphasises how much affected persons (such as widows, orphans and those who lost family members), have endured alongside survivors, including loss of livelihoods and stigmatisation.

It is clear from this research that the Ebola epidemic affected every facet of life and every segment of the population, down to the household level. For example, one respondent in Sierra Leone said:

“Ebola affected me greatly; my father was unable to do his business transactions. We were quarantined because someone died of the virus in our compound.”

However, much of the attention is being paid to survivors while people who were affected in other ways, such as those quarantined, were less likely to be targeted by initiatives.

Livelihoods

In Sierra Leone, affected people faced very similar situations to survivors. For example, unemployment increased from 1 per cent to 20 per cent for survivors and from 3 per cent to 19 per cent for affected persons. In Liberia, unemployment figures among affected people were actually higher than among survivors (35 per cent and 19 per cent respectively).

Stigmatisation

There has been a significant reduction in stigmatisation in the post-Ebola era compared with during the outbreak. However, a small number of survivors and affected people alike continue to suffer the effects of it.

In Liberia, stigma amongst survivors is still a significant concern as 29 per cent claimed to experience

stigmatisation, though it has dropped from 77 per cent during the outbreak. Of survivors in Liberia, 19 per cent moved home since the outbreak, two-thirds of these due to stigmatisation. In some cases, whole neighbourhoods were singled out for marginalisation as a young woman whose street was quarantined three times explained:

“We face isolation as a community. Our street here was even named ‘Ebola Street’ during the outbreak. We couldn’t buy from the market and neither could we take taxis’ to any place. All the people nearby us warned each other to avoid dealing with people from Baby Ma Junction. This kind of scenario forced many people to move to other communities, I thought about moving also, but I do not have the means to move.”

Baby Ma Junction (Voice Of America Community) Monrovia.

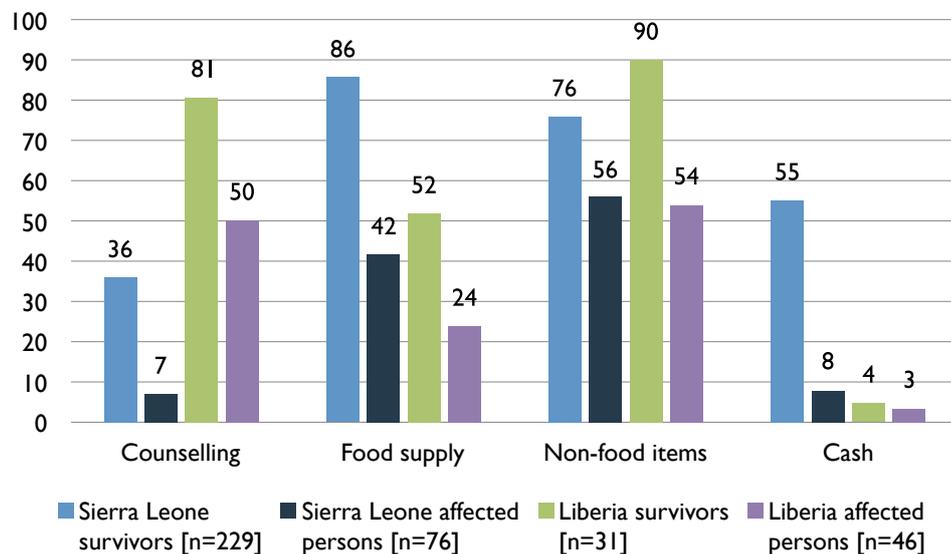
In Sierra Leone the experience of stigma since the end of Ebola has followed a very similar trajectory for both survivors and affected persons, dropping from 55 per cent to 10 per cent for survivors and from 47 per cent to 11 per cent for other affected persons.

Though there has been an appreciable drop there is significant cause for concern that stigmatisation does still take place, especially given the time passed since the outbreak ended. It is also important to consider whether recovery policies and support programmes focusing on survivors only, could increase the risk of stigma against survivors.



Social Protection

As perhaps expected, survivors received more direct support in terms of social protection than other affected persons, particularly with psychosocial support. Given the statistics of affected people suffering stigma (particularly in Sierra Leone) it's worth highlighting the importance of including affected persons in these types of support.



Healthcare challenges

Healthcare is an important focus of the post Ebola policies in both countries. Ebola recovery interventions show the measures being taken to respond to the health and psychosocial needs of survivors, such as providing free healthcare. Challenges remain however, as highlighted by key informants in both countries, especially regarding provision of drugs and qualified health personnel for specialist care and medication. Clarification of key terms in the policies is also a challenge.

Policy ambiguity

In Sierra Leone the policy pronouncement on 'free healthcare' has left a lot of room for ambiguity with no deliberate attempt so far to delineate between this and the traditional free healthcare programme for pregnant women, breastfeeding mothers, and children under-five. The sustainability of such policy pronouncements is also a challenge without strong support in place by donors and institutions.

During the survey, in Sierra Leone, an overwhelming majority of survivors (81 per cent) confirmed that they received free healthcare treatment. However just over half (55 per cent) of survivors have undergone follow-up health checks. The Survivors' clinical guide requires that survivors undertake regular health checks. In Liberia, only a third of the survivors interviewed confirmed benefiting from free healthcare and having a follow-up health check.

Lessons learnt and recommendations for future health outbreaks

- 1. Produce recovery policies in a timely way.**
Both Sierra Leone and Liberia produced recovery policies and implementing structures in late 2016 – months after the outbreak was declared over. A timely, coordinated response is important for clarity and managing expectations.
- 2. Inform communities of their rights.**
A lack of clarity as to what different stakeholders are entitled to – and for how long – can lead to unmet expectations, confusion, tension and people missing out on vital support. It is important to disseminate this key information as soon as practically possible.
- 3. Strong coordination both within and between affected countries is crucial.**
Liberia and Sierra Leone approached the recovery period differently but coordination presented a challenge in both countries, for example with registration. Given how similarly the countries were affected, strengthening cross-country coordination and learning could have improved recovery approaches.
- 4. Have clear and effective registration processes put in place early on.**
The creation of a well-designed and integrated information management system around Ebola infection and outcomes, from the onset of the outbreak to the very end, at district and national levels, could have mitigated later challenges. Registering people early on will ensure a smoother and better coordinated response.
- 5. Consider the needs of affected people alongside survivors.**
Both Sierra Leone and Liberia have target policies for survivors, but the research reveals how affected persons have suffered alongside them, especially with unemployment and stigma. It is important that affected persons are considered alongside survivors. This may also serve to reduce tensions in communities.
- 6. Ensure clarity on key policy terms such as ‘free healthcare’.**
Lack of clarity of the term ‘free healthcare’ has been a challenge in this outbreak. For managing expectations and sustainability of programmes it is important that policies are clear, lacking any ambiguity and include end-dates.
- 7. Do not underestimate the length of time that people will be impacted by stigma.**
Months after the Ebola outbreak was officially declared over, both survivors and affected persons alike continue to face the heartbreaking effects of daily stigma and exclusion. It is important that policies and implementing agencies take this into account.

Conclusion

The devastating impacts of Ebola continue to run deep across the affected region, more than a year since the outbreak was declared over. Effective recovery policies are therefore key. Sierra Leone and Liberia have taken different approaches to the post-Ebola policies, however common challenges remain. These include the fact that affected persons have also suffered considerably as a result of the outbreak in areas such as unemployment and stigma, and yet are not directly addressed in the recovery policies. Stigma is still a significant cause for concern, especially given the time that has passed.

Clarity in policy statements is critical for publicising rights and managing expectations. In this case the statements promoting free healthcare should be made clear, including end-dates. In addition the sustainability of such policies should be taken into consideration. Strong coordination is essential for targeting interventions and avoiding fragmentation and overlap. The example of the setbacks caused by registration challenges highlights this. Finally there was a notable time-lag in producing policies in both Sierra Leone and Liberia. Publishing recovery policies in a timely way following an outbreak is crucial for the recovery for all those whose lives have been severely impacted.

Recommendations for the recovery period:

Below are recommendations for the governments, institutions and NGOs working to support Sierra Leone and Liberia during the Ebola recovery period.

- **Hold institutions accountable for implementation of recovery policies:**
It is important that governments and other institutions responsible for the development and implementation of the post-Ebola recovery policies are held to account for their delivery by civil society and donors.
- **Ensure post-Ebola policies are linked to on-going development policies and agendas:**
It is important for government and donors to establish a synergy between ongoing efforts to respond to the needs of survivors and affected persons and their broader social, economic and health agendas. The aspect of continuity and sustainability at the end of each recovery period should also be carefully considered. For example the Ebola Recovery Strategy in Sierra Leone is due to come to an end in June 2017.
- **Honour pledges made to Ebola recovery:**
Development partners and donor organisations should honour their pledges toward the Ebola Recovery Programme without delay. It is also recommended that they work closely with the two governments to streamline funding support making sure that core government institutions are kept abreast of the flow of funds and appropriately oversee delivery. Resources are particularly needed for the special health needs of survivors, including medical personnel and procurement of drugs.
- **Strengthen coordination:**
Strong coordination is key to efficient distribution of resources and implementation of Ebola policies. Strengthening both in-country and cross-country coordination is recommended.
- **Disseminate key information to Ebola survivors and affected people about their rights:**
Going forward it is important to share the information contained within policies. Those who can benefit should be clear on their rights and be able to act on them. It is also important that relevant parties (health service providers and survivors) are familiar with policies, to ensure that all survivors access and benefit from free health care treatment, regular health checks and tests.
- **Support the reduction in stigmatisation:**
Interventions to address stigma are still required to support both survivors and affected persons alike. Engaging with community leaders such as faith leaders should be prioritised to address this.
- **Include affected persons in social protection and mental health interventions:**
Policies and actions on social protection and mental health need to include other affected persons as well as survivors. This will ensure that others affected psychologically by Ebola (for example quarantined families, orphans, burial teams, Ebola front line health workers) receive the health support they need. It will also help to reduce stigmatisation of survivors and potential tension within communities.
- **Support long-term livelihood recovery:**
Livelihood support for survivors and other affected persons must not stop at one-off interventions such as cash transfers. It should also focus on sustainable long-term strategies for socio-economic recovery and advancement.

View/download full report at:

www.tearfund.org/aftertheoutbreak

www.worldvision.org.uk/our-work/reports-papers-and-briefings/#section03

Acknowledgements:

This research was designed and commissioned by Tearfund and World Vision UK with funding from the Disasters Emergency Committee (DEC).

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