

# Ebola in Sierra Leone: moving towards sustainable recovery

## Introduction

Thirteen months into the deadliest-ever outbreak of the Ebola virus disease (EVD), West Africa is finally showing good progress in the fight against the epidemic.

Although the outbreak is not over yet, the focus has shifted from emergency response to early recovery. The governments of Guinea, Liberia and Sierra Leone recently developed recovery strategies for their countries and have asked the EU, UN, World Bank and IMF to support these plans. At the WB-IMF Spring Meeting on 17 April in Washington DC, the World Bank committed to financing the Ebola recovery plans of the three affected countries.<sup>1</sup>

The Ebola crisis presents an unparalleled opportunity to build more-resilient national health systems and well-designed emergency preparedness plans, and to shape appropriate policies to sustainably finance national strategies.

This briefing looks into the specific situation of the crisis in Sierra Leone. It provides an overview of the urgent issues that Christian Aid has identified as being the priorities now, including:

- investment in water, sanitation and hygiene (WASH) facilities in most of the country
- prioritisation of primary health care (PHC) services
- support for socio-economic activities for Ebola survivors, their families and Ebola-affected communities
- training of traditional healers in infection prevention and control (IPC) and in referral of Ebola-suspected cases to health facilities, as part of the social mobilisation strategy.

This briefing also offers potential longer-term strategies that could generate significant resources to finance the Sierra Leone health system, such as:

- reviewing Sierra Leone's policy on tax incentives granted to multinational corporations

- developing a robust, effective and efficient national tax system.

Finally, some valuable lessons can be drawn from the Ebola response to help reform the humanitarian system.

## Sierra Leone Ebola situation

By the end of April 2015, EVD had caused more than 3,500 deaths and more than 8,500 confirmed cases in Sierra Leone. The situation since the end of 2014 has markedly improved. In the month of April between nine and eleven new cases per week were reported, compared with 321 cases reported in the second week of December 2014.<sup>2</sup> All new cases are concentrated in three districts in the west and north. This shows promising development in containing the epidemic geographically.<sup>3</sup>

Sierra Leone is finally showing some other signs of a return to normal: schools reopened on 14 April 2015,<sup>4</sup> eight months after closing because of the health crisis. However, the health system is extremely weak and there is a huge amount of work ahead to end all cases ('get to zero'), re-establish confidence in the national health system and ensure access to basic health services for the most vulnerable sectors of the society.

## Urgent issues to be addressed

Christian Aid welcomes the Sierra Leone health sector recovery plan, designed by the Ministry of Health. Conscious that all components of the plan should be equally funded and carefully implemented, this briefing suggests some urgent actions within specific areas of the plan, as well as actions not included in the plan. We believe these activities will be instrumental in ending transmission of the virus and in supporting the most vulnerable people affected by the ongoing crisis.

The recommended areas include the following:

- **Investment in WASH facilities in most of the country**

Poor WASH represents a critical challenge to the effectiveness of the Ebola response, especially in this

transitional phase towards recovery. Christian Aid urges the Government of Sierra Leone, humanitarian agencies and donors to give primary attention to improving WASH conditions, especially in health facilities and schools in very poor rural areas and urban slum neighbourhoods. Since Ebola is conveyed through body fluids, such as urine and faeces, poor sanitary conditions and lack of safe water supplies are conducive to the spread of the virus.

Poor sanitation will be made worse by the rainy season, which may increase the possibility of cholera outbreaks. Cholera is more likely to emerge where there are poor hygiene conditions, unsafe water sources and ineffective waste management, all of which deteriorate in conditions of heavy rain. The overburdened Sierra Leone health system would be severely challenged by a cholera outbreak on top of trying to reach zero Ebola cases.

Appropriate WASH conditions in peripheral health units (PHU) will improve hand hygiene, sterilisation, cleaning and disinfection, which in turn will increase the compliance with IPC measures, and patient and health workers' safety. WASH should be coupled with basic equipment for IPC such as chlorine, personal protective equipment (PPE) and gloves. According to WHO, a total of 303 health workers in Sierra Leone have been infected by Ebola since the beginning of the outbreak and 221 have died.<sup>5</sup> The deaths of health workers, including the country's most experienced physicians and nurses,<sup>6</sup> have further weakened the capacity of the fragile health system to cope with the ongoing emergency.

- ***Prioritise primary health care (PHC) services***

At this stage of the outbreak, strengthening access to PHC services would immensely benefit the most vulnerable sectors of society, especially those living in rural areas – where health facilities are often basic, lack essential infrastructure, staff and commodities, and span large distances. Restoring a minimum package of essential and safe health services at district and chiefdom levels, including maternal and child health care services, immunisations and malaria control, would improve health coverage. This, in turn, would create the basis to re-establish people's trust in the national health system.

During the transition towards recovery, ending fees for healthcare would ensure the poorest and most vulnerable patients could receive the necessary care. This measure will improve people's attitude to seeking healthcare, which has been affected by charges made for health services as well as by the fear of contracting Ebola in health facilities and by the inefficiency of the health system in general.

Sierra Leone is now at risk of other outbreaks. According to a recent study, measles and other vaccine-preventable diseases, such as polio, tetanus and diphtheria, may cause more victims than Ebola over the next 18 months.<sup>7</sup> It is essential that immunisation services, which have been interrupted due to the EVD outbreak, are intensified in Ebola-free areas and mass vaccination campaigns planned in order to avoid a second public health crisis.

Entering the rainy season, there is an increased risk of incidences of malaria infection. As malaria symptoms are very similar to those of EVD in its early stages, it is crucial that malaria preventive treatments are widely distributed in Ebola-stricken areas, that bed nets are used and communities are made aware of how to minimise risk of contracting malaria – by, for example, removing standing water to avoid mosquito-breeding sites. This would reduce the burden of malaria on the health system and keep the focus on reaching zero Ebola cases.

- ***Support socio-economic activities for Ebola survivors, their families and Ebola-affected communities***

A total of 3,545 patients have survived Ebola and been discharged from Ebola Treatment Centres (ETCs) in Sierra Leone, according to the National Ebola Response Centre.<sup>8</sup> Ebola survivors have been highly discriminated against during the outbreak, which has discouraged people from seeking help when ill.

Many Ebola survivors have been left without a job, some have been evicted from their homes, and when their houses were decontaminated most lost all of their possessions, including personal and household goods, education and legal certificates. We therefore recommend that all strategies for reaching zero cases of EVD are paralleled by strong socio-economic support to Ebola survivors, their families and affected communities. The process of reintegrating Ebola survivors into their communities should be coupled with economic and livelihood support, in order to break the stigma against survivors and enhance their psychosocial wellbeing and dignity.

- ***Training traditional healers in IPC, and referral of Ebola-suspected cases to health facilities, as part of the social mobilisation strategy***

In Sierra Leone, traditional healers are widely consulted when anyone becomes sick. This is because of traditional and cultural beliefs, and a distrust in the health system. In much of the country, traditional healers have operated in parallel to the severely under-resourced health sector. Distance from formal health facilities (especially in rural areas), prohibitive costs, and under-resourcing in skilled staff, medications and

equipment, have led to a lack of confidence in the ability of formal facilities to treat people. Recent studies confirm the crucial role played by traditional healers in community education, suggesting that their involvement in the Ebola response could be of great value and should be encouraged, even at this late stage.<sup>9</sup>

Christian Aid welcomes the various studies identifying the need for mobilising traditional healers and recommends that specific training should be held for them in IPC and in the referral of suspected Ebola cases to health facilities. As highly respected members of communities, potentially traditional healers can unlock an existing barrier in the communication of Ebola-prevention messages to local communities and facilitate the entry of potential Ebola cases into the health system.

People will continue to seek treatment and advice from traditional healers, so it is desirable to create strong synergies between them and the official health system, rather than sidelining local beliefs and practices. This could lead to a longer-term repositioning of the role of traditional healers, in which they continue to refer health issues to health centres, beyond Ebola.

### **Focus on long-term strategies for a resilient health system**

International funding to support the recovery plan over the next five years will not necessarily guarantee a sustainable health system, unless long-term strategies are developed to finance a resilient health system from within. This would break the chains of dependency from external aid and give Sierra Leone the ownership of its own humanitarian response and development process.

Donors at the WB-IMF Spring Meeting spurred the private sector and international investors to restore operations in West Africa, suggesting that the region is a place where it is safe to work and to invest. The Government of Sierra Leone should consider this as an opportunity to increase its domestic revenues. Christian Aid's Sierra Leonean partner Budget Advocacy Network (BAN) has documented, in a recent policy brief, how a review of the government's policy on tax incentives granted to multinational corporations could generate significant resources to strengthen the health system.<sup>10</sup> Christian Aid urges international donors, the UK and governments in the global South to support Sierra Leone in developing a robust, effective and efficient national tax system that is able to raise greater tax revenues and consequently create better public services.

Increasing domestic revenues and strengthening health-financing mechanisms would enable Sierra Leone to fulfil its commitment to the Abuja Declaration and finally allocate 15% of its annual budget to health.<sup>11</sup>

### **Lessons for the humanitarian system from the Ebola outbreak**

Ebola has demonstrated how the fragility of the health systems in a single region of the world, combined with poverty and poor water and sanitation, can lead to a global health threat.<sup>12</sup> Moreover, the crisis stands as an example of the failure of the international community to respond quickly to supporting Sierra Leone, Liberia and Guinea in their struggle against the virus. Support was mobilised five months after the start of the outbreak,<sup>13</sup> following cases appearing in Europe.<sup>14</sup>

As we approach the World Humanitarian Summit in May 2016, we in the humanitarian sector need to reflect upon the international response to the Ebola outbreak in West Africa to find innovative ways to respond to further complex and challenging crises in the future.

Christian Aid reiterates its petition to governments, donors and all humanitarian actors to increase investments in building resilience and reducing disaster risks. In the specific post-Ebola context, this would mean investment in health facilities and in the creation of a health system able to resist future health shocks and adapt to the consequences of infectious disease outbreaks.

Implementing disaster risk reduction approaches in health work would lead to locally owned responses to health emergencies. This approach may be beneficial to Sierra Leone and all disaster-prone countries in striving towards self-sufficiency and self-determination.

### **Christian Aid's contribution to the early recovery stage**

In the second phase of its response, from May 2015, Christian Aid will be supporting local partners to restore PHU, particularly in marginalised rural areas, including upgrading their WASH facilities. In order to enhance the livelihoods of Ebola affected groups, Christian Aid will support survivors, Ebola widows and other vulnerable individuals with the provision of livestock and veterinary services, seeds, farming tools and vocational training. Traditional healers will be trained in IPC and procedures for referring Ebola-suspected cases to health facilities. Where needed, Christian Aid will also continue to support quarantined homes and survivors with food and non-food items.

#### **For more information, please contact:**

Jacopo Villani, Senior Advisor Humanitarian Policy and Advocacy, Christian Aid – [jvillani@christian-aid.org](mailto:JVillani@christian-aid.org)

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## Endnotes

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