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EBOLA: Battling for zero, working for recovery

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Fifteen months into the largest Ebola epidemic in history, the number of cases has dropped dramatically, but the challenge of achieving and maintaining zero new infections remains significant. This was underscored recently in Liberia when new cases of the virus were confirmed more than three months after the last infection had been recorded in the country. In neighbouring Guinea and Sierra Leone, new cases continue to be identified.

The Ebola outbreak in West Africa was unprecedented, as was the international response. But the epidemic will not be over until all cases have been found and treated and their contacts traced. Getting there will require more painstaking work by communities, governments and their partners. There can be no complacency or lack of determination to end this emergency. The three worst affected countries will also need help in recovering from the epidemic, and to build up their resilience to confront future health threats.

The governments of the three countries were to outline their recovery priorities at a July 10, 2015 International Ebola Recovery Conference hosted by United Nations Secretary-General Ban Ki-moon to focus international attention on the need for targeted investments over a 24 month period. Guinea said it needed \$1.5 billion in fresh funding, Liberia, \$812 million and Sierra Leone, \$896 million, while the regional Mano River Union is seeking \$4 billion.

The Ebola virus disease (EVD) hit some of the world's poorest countries and some of the most vulnerable communities, and had a devastating impact on children. About one in five of those infected is a child. Mortality rates are particularly high among children who have been infected – as high as 95 per cent for those under the age of 1.¹ More than 18,200 ²children lost one or both

¹ WHO press briefing Geneva 6 Feb 2015

² Guinea: 6,000, Sierra Leone: 8,619, Liberia: 3,623

parents to Ebola and many more have seen a loved one die. The emotional scars will likely take years to heal.

“The best way to help children affected by the Ebola crisis is to get to zero cases – but also to address the conditions that enabled a localized epidemic to escalate into a major, lasting crisis,” said Manuel Fontaine, UNICEF Regional Director for West and Central Africa.

“That means continuing to work with communities to bring an end to the epidemic and prevent future outbreaks. It means strengthening health systems by making sure that lifesaving medical equipment and other supplies deployed for the Ebola response are used to support recovery. And it means continuing to build human resources – increasing the number of medical professionals, health workers, and social mobilizers in the affected countries,” Fontaine added.

COMMUNITY ENGAGEMENT

The Ebola response has shown just how critical community engagement is. Where communities have assumed safe behaviours and taken it upon themselves to track down Ebola cases and contacts, transmission has dropped. Communities are the best-placed to know if there are any diseases in their midst, and are essential to successful infection prevention measures. That is why it is so important to engage them early in the recovery process, setting up or improving social services centres at the local level and strengthening district authorities, while at the same time building the capacity of national ministries to guide the delivery of basic services. Recovery efforts should also aim to maintain positive social behaviours that emerged during the Ebola outbreak, such as handwashing practices.



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UNICEF has capitalized on existing relationships with local leaders, and further engaged traditional influencers – including paramount chiefs, clerics, women, youth groups and teachers – to reach communities. Thousands of UNICEF-supported social mobilizers have been deployed to help promote healthy behaviours and support case finding and contact tracing. Support by community leaders is particularly important in convincing people to allow specialized teams to conduct safe and dignified burials, a tough task in a region where deeply-rooted burial rites often involve washing and touching the body. Because bodies can be highly infectious, these ceremonies have been a major factor in spreading the disease. Social mobilizers are out in force to help convince communities of the need to end the secret movement of cases and the washing of dead bodies that has propagated transmission in recent months. UNICEF-supported social mobilizers also play a major role in immunization and other health-related campaigns – an important element in rebuilding the affected countries’ health sectors.

HEALTH AND NUTRITION

Ebola infected more than 27,000 people, killing about 40 per cent of them.³ The outbreak further disrupted already weak health systems, facilitating the spread of the disease and making it more difficult to control transmission.

“Our public healthcare systems were simply not robust enough to deal with a problem of this scale,” Liberian President Ellen Johnson Sirleaf said recently in a ‘letter to the world’. “We owe it to the next generation, throughout the developing world, to build health infrastructure that works – health care systems that won’t leave people suffering or dying in the streets.”

As the new cases in Liberia have made clear, even once Ebola has been contained, there is a strong chance it will eventually return. And while working to contain Ebola, the countries in the region must also contend with other killer diseases such as malaria, measles, cholera, tuberculosis and Lassa fever. This makes it all the more important for Guinea, Liberia and Sierra Leone to build back stronger.

Restoring and strengthening health systems will be a huge challenge. Sierra Leone, for example, had the world’s second highest under-five mortality rate and the highest maternal mortality rate even before the Ebola outbreak.⁴ Investing in quality health services and surveillance systems will help save lives and build resilience. Measles, polio, whooping cough, and malaria can all be prevented. Routine immunization, provision of treated bed nets, screening and treatment of acute malnutrition can save thousands of lives. Close attention

³ WHO Situation Report 1 July 2015

⁴ UNICEF State of the World’s Children 2015

needs to be paid to improving the quality of maternal, neonatal, infant and child health services, particularly in areas most affected by Ebola.



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How UNICEF is helping:

UNICEF is helping reduce transmission by:

- *helping communities adopt safe behaviours and track down cases and contacts;*
- *contributing to the development of standards and supporting Ebola treatment units and community care centres;*
- *training health workers;*
- *providing drugs, nutrition supplements, and supplies;*
- *providing basic protective equipment for non-Ebola health facilities to maintain a minimum set of key interventions;*
- *promoting standards of safety in schools.*

UNICEF is also helping restore and improve access to basic health and nutrition services. This includes supporting high-impact interventions for young children and women, such as measles vaccinations, anti-malarial drug distribution and paediatric HIV treatment. UNICEF is also engaged in a global team planning for the procurement and introduction of an Ebola vaccine, once approved.

WATER, HYGIENE AND SANITATION

Lack of access to water and sanitation, and poor hygiene practices also exacerbated the outbreak. Early in the crisis, deficient water, sanitation and hygiene (WASH) services in health facilities, such as a lack of functional handwashing systems, increased the risks to patients and health workers. The outbreak also exposed major gaps in WASH services in urban slums.

As part of the Ebola response, there have been some improvements in access to water and sanitation in health centres and schools, while huge efforts have been deployed to promote good hygiene, which is essential to halt transmission of the virus. But much remains to be done in a region where only about 16 per cent of people have access to proper sanitation and 70 per cent to a safe water source. The numbers are far lower in rural areas.⁵

⁵ UNICEF State of the World's Children 2015

Addressing these weaknesses is critical to fighting the virus, and, in the longer term, to minimizing the impact of any future outbreaks and preventing other epidemics, such as cholera.



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How UNICEF is helping

UNICEF has supported the three governments in improving WASH services both as an immediate response to Ebola and as part of efforts to build back better. This includes:

- *Provision of WASH services to Ebola treatment units and community care centres.*
- *Provision of handwashing stations and soap to all schools.*
- *Distribution of hygiene and water purifications kits to millions of people.*
- *Massive outreach campaigns to promote handwashing and waste management.*
- *Building of gender-appropriate latrines in some schools.*
- *Providing access to safe drinking water for hundreds of thousands of people by constructing or rehabilitating boreholes.*
- *Developing protocols for the safe collection, transport and disposal of liquid waste.*

CHILD PROTECTION

Ebola has been terrifying for many children, who witnessed death and suffering, lost loved ones, were infected themselves, or had to spend weeks in isolation because they had contact with an infected person. The financial impact on the families of vulnerable children also has been immense, as the epidemic undermined social safety nets and service delivery.

More than 18,200⁶ children are registered as having lost one or both parents, or their primary caregivers, to Ebola in Guinea, Liberia and Sierra Leone. Thanks to community resilience and strong kinship networks, less than 3 per cent of these children were placed outside family or community care. Support is being provided to families looking after children who lost their caregivers, but many of these families were already poor, and have been made even more vulnerable by Ebola. They will need longer-term support to provide quality care for both their own children and those they have taken in. Child protection agencies are also looking closely at the degree to which the epidemic has exacerbated other forms

⁶ Guinea:6,000, Sierra Leone: 8,619, Liberia: 3,623

of child vulnerability – such as child labour, violence against children and teenage pregnancy – which pre-dated Ebola.

The EVD outbreak has demonstrated the critical need for field-level social workers for the identification, registration and referral of vulnerable children. Strengthening the workforce will also help prevent and respond to violence, including sexual violence and other rights violations. As part of the recovery, it will also be important to review existing social welfare and child protection policies and set up systems to provide support to all vulnerable children.



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How UNICEF is helping:

As part of the Ebola response and recovery efforts, UNICEF:

- *Finds extended family members willing to care for children who lost their parents, or, alternatively, foster parents.*
- *Supports centres for children who have been in contact with an infected person and who do not have any other family members available to look after them during the 21-day observation period.*
- *Provides social welfare support to families affected by EVD.*
- *Supports governments in mobilizing and training more social workers and community leaders and volunteers.*
- *Supports the expansion of social safety nets for extremely poor and Ebola-affected households.*
- *Ensures that children who have been affected by EVD receive psychosocial support.*
- *Supports the development of child protection information management systems to improve preparedness to respond to potential future emergencies.*
- *Promotes access to education for children in quarantine and for the most vulnerable children.*

Ebola robbed some 5 million children aged 3 to 17 of months of school education. Schools remained closed at the start of the school year in September/October 2014, and did not reopen until the first months of 2015 (January in Guinea, February in Liberia and April in Sierra Leone). Getting children back to school has been critically important in a region that already had poor education indicators. Before the Ebola outbreak, 58 per cent of children attended primary school in Guinea, 34 per cent in Liberia, and 74 per cent in Sierra Leone.⁷ In order to make the education systems more resilient, it will be important to address the issue of low enrolment as well as other structural challenges, including internal efficiency and insufficient numbers of quality teachers.

In addition, schools in these countries have limited access to safe water, a critical factor given the importance of handwashing in preventing transmission of EVD and other diseases. Only 33 per cent of primary schools have access to water in Guinea⁸, 45 per cent in Liberia⁹, and some 40 per cent in Sierra Leone¹⁰. As part of safety measures put in place to minimize the risk of Ebola transmission, most schools now have handwashing stations. Maintaining safe hygiene practices and standards will also be important in protecting from other illnesses, but clearly, major investments are needed to improve water and sanitation infrastructure, including the replenishment of soap and cleaning materials.

Schools are a major platform for engaging children and their communities in the fight against Ebola. It is important to continue promoting communication campaigns on the key prevention messages starting from the classroom.



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As part of the Ebola response and recovery efforts, UNICEF:

- *Supported radio education programs for children who could not access schools.*
- *Helped monitor enrolment and attendance as schools reopened.*
- *Supported the development of Ebola-specific safety protocols, making sure every school has handwashing facilities, infrared thermometers, hygiene kits and referral mechanisms.*
- *Helps ensure the protocols are observed.*
- *Promotes accelerated learning and access to learning materials.*
- *Engages teachers and students in the fight against Ebola, through civic education and Ebola prevention communication campaigns in schools.*
- *Promotes and supports the provision of psychosocial support in the classroom for all children, and psychological first aid for teachers.*

⁷ UNICEF State of the World's Children 2015

⁸ Annuaire Statistique. Enseignement Primaire, 2014

⁹ Education Management Information System (EMIS) Liberia, 2014

¹⁰ Annual school census Sierra Leone 2012/13

SUPPLIES

The Ebola response has included a massive deployment of technical expertise and supplies, including Personal Protection Equipment (PPE), chlorine, medical equipment and ambulances. The Ebola response has also meant establishing adaptive supply chains that deliver a range of supplies to Ebola Treatment Centres, Community Care Centres, health posts, schools and mobile teams.



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How UNICEF is helping:

UNICEF has maintained a steady stream of airlifts and sea shipments to Guinea, Liberia and Sierra Leone, sending more than 8,000 metric tonnes of life-saving supplies between August 2014 and June 2015. To ensure efficiency, UNICEF established an air coordination cell which consolidated cargo and offered more than 160 relief agencies space on charter flights. The response required the coordination of expertise to innovate and procure new materials such as Ebola-resistant Personal Protective Equipment (PPE) and body bags. UNICEF helped ensure there were enough supplies by convening partners and industry to transparently coordinate demand during periods of rapid scale-up and great variation. UNICEF provided millions of dollars in bridge-financing to prevent delays in availability of life-saving products. UNICEF supported the design and construction of Community Care Centres to care for those showing Ebola-like symptoms. As part of the Ebola response, UNICEF has also helped strengthen the supply chains that serve the health system at community level, prepositioning stocks and providing funding, logistics, technical expertise, joint planning, and support to national systems. UNICEF is also working with the vaccine, diagnostic and pharmaceutical industries as a part of the coalition that is aiming to bring more quickly to market appropriate tools and therapies for prevention, treatment and diagnosis of EVD.

UNICEF is providing measles vaccine to prevent and stop outbreaks, and has continued to deliver vaccines for routine immunizations.

UNICEF is committed to working with governments and partners on building resilient supply chains, inventories and professional capacity so that life-saving supplies are available to children on a routine basis and during emergencies.

UNICEF

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[http://unicef.org/emergencies/ebola`](http://unicef.org/emergencies/ebola)

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