



THE SECRETARY-GENERAL

15-00577

9 February 2015

Dear Ms. Clark,

I would like to thank you for your letter dated 21 January 2015 on multi-partner support to national Ebola Virus Disease recovery strategies. I commend the work of all concerned through this collaboration, led by the United Nations Development Programme, with the African Development Bank Group, the European Union, and the World Bank Group. This collaboration showcases the strengths of a coordinated approach at an operational level.

It is of the utmost importance that the process is inclusive, by ensuring quality participation and avoiding parallel assessments; that it is integrated, by covering health, economic and social aspects of the recovery; and that it is led by the governments of the affected countries so that it properly reflects national priorities. This exercise has benefited from attending to all three fronts.

Let me express appreciation for the thoughtfulness and thoroughness of the key strategic messages. They address the present and future needs of the Ebola Virus Disease epicentre countries in a comprehensive manner. The commitment to recovery, the attention given to pre-existing questions that turned the outbreak into an epidemic, emerging priorities across a variety of themes and sectors, and the principles of implementation, together comprise the basis for a carefully directed response over the coming months.

I take note of the steps towards the finalization of the report by the end of February 2015, beginning with the review of its draft contents. We now look forward to a number of important international commitments where these messages can be introduced and built upon. These commenced with the 24th Summit of the African Union, which will be followed by the High Level Conference on Ebola on 3 March 2015, organized by the European Union, the 2015 Spring Meetings of the World Bank Group and the International Monetary Fund, and a United Nations conference likely in May or June of 2015.

Ms. Helen Clark  
Administrator  
United Nations Development Programme  
New York

15-00577

CRT/03/03

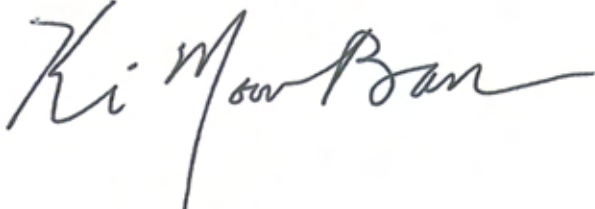
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Through these events, I look forward to the United Nations communicating how it expects the international community to address the recovery effort, with national and African institutions in the forefront. Our attention is now turning to sustaining today's level of energy and support as the situation evolves.

Let me thank you again for your personal leadership in this matter and all others involved.

Yours sincerely,



BAN Ki-moon

**Note to the Chef de Cabinet  
(through the Deputy Secretary-General)**

Reply letter to the Administrator, United Nations Development Programme (UNDP) on the  
Multi-partner support to national Ebola Virus Disease recovery strategies

1. Please find attached for your consideration and approval, a response letter from the Secretary-General to Ms. Helen Clark, Administrator of UNDP.
2. In her letter, Ms. Clark informs the Secretary-General of the close partnership between the United Nations system, the African Development Bank, the European Union and the World Bank Group to support the three epicenter countries in their recovery efforts. A team of experts from these organizations met with national leadership and a wide range of stakeholders between 12 and 16 January 2015. The product was a draft set of "key strategic messages" that were attached to Ms. Clark's letter (these messages are in draft form and subject to a review process that is now ongoing).
3. The attached draft letter of reply expresses the Secretary-General's interest in the final report of the assessment due at the end of February. It furthermore draws attention to a series of Ebola-related events in which the United Nations system is closely invested, and for which the assessment will be an important input.
4. The draft was prepared by the Economic, Social and Development Affairs Unit and reviewed by the Ebola Response Liaison Office.



Paul Akiwumi  
4 February 2015

**Received in ODSG**

5 February 2015

**Seen by: PV**

5 Feb 2015

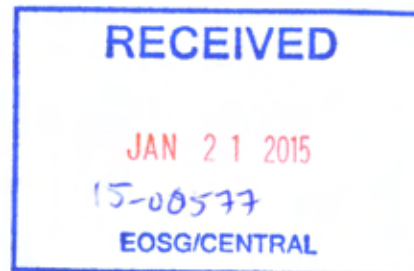


**United Nations Development Programme**

The Administrator

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Empowered lives.  
Resilient nations.

21 January 2015

Dear Secretary-General,

**Subject:** Multi-partner support to national EVD recovery strategies

On 12 December 2014 you requested UNDP to lead the initiatives of the United Nations system on Ebola-related recovery, in close consultation with the relevant UN entities and multilateral partners.

It is my pleasure to inform you that, a close partnership has developed involving the United Nations system, the World Bank, the African Development Bank, and the European Union to support the Governments of the three epicenter countries in their recovery efforts. A team of experts comprising representatives from these Organizations visited Liberia, Sierra Leone and Guinea from 12 to 16 January 2015, and met with national authorities, national and international response actors on the ground, UN, World Bank, European Union and African Development Bank Country Teams, civil society actors, private sector partners, and key bilateral donors. During these visits Governments and other national and international actors appreciated your initiative to bring together these four major development partners in order to provide integrated and coordinated support to the countries' EVD recovery efforts and called for an even broader partnership to facilitate national co-ordination. The Governments shared with the team their priorities and plans for sustained recovery from EVD, and the support role they would like the international community to play. In turn, the multi-partner team shared with the Governments your commitment and that of the international community as a whole to support early recovery from the EVD crisis, as well as your wish to ensure that the Governments are in the driving seat, providing all partners with the guidance needed to achieve national recovery priorities.

His Excellency  
Mr. Ban Ki-moon  
Secretary-General  
United Nations  
New York

CRM/03/003 HEA/08/003





*Empowered lives.  
Resilient nations.*

At regional level, the partners have consulted with the African Union, the Economic Commission for West African States, and the Mano River Union to ensure that the regional dimensions of EVD recovery, as well as the need for regional responses to future epidemics, are fully incorporated into recovery strategies. I am attaching herewith for your attention the key strategic messages and initial findings which are emerging from this first engagement with the countries, and based on assessments undertaken by the Governments concerned with the participation of international partners. The goal of this interim feedback to you is to update you on progress made so far in the Ebola Recovery Assessment process, as well as to contribute to current and upcoming advocacy events in which the UN will be participating.

The multi-partner team has outlined a plan and timeline - also attached - to continue its engagement with the epicenter countries over the next five weeks to understand better and support where needed the finalization of national EVD recovery plans, and reach agreement with the Governments on support strategies which are sustainable, building on the lessons of the response so far. The underlying principles guiding the plan are national ownership and leadership in the recovery effort, and capacity development of national crisis response co-ordination mechanisms.

As this process continues, we are available to brief you further as needed, and will appreciate any further guidance you may want to provide at this mid-way point. ✓

Yours sincerely,

A handwritten signature in black ink that reads 'Helen Clark'.

Helen Clark

Enclosure

# **SUPPORT TO NATIONAL EBOLA RECOVERY STRATEGIES**

**KEY MESSAGES FROM JOINT COUNTRY ENGAGEMENTS BY:**

**THE UNITED NATIONS**

**THE WORLD BANK GROUP**

**THE EUROPEAN UNION**

**THE AFRICAN DEVELOPMENT BANK**

**January 2015**

## 1. KEY STRATEGIC MESSAGES

*Commitment to recovery:* Ebola has taken a toll on human life; weakened and disrupted systems of public services delivery; and severely undermined the economic growth and human development of the three epicenter countries. It has also revealed governance weaknesses, exposed state-society distrust and strained social cohesion and gender inequality, and further exacerbated pre-existing capacity limitations—all of which contributed to the rapid spread of the EVD. The governments and people of Liberia, Sierra Leone and Guinea, with coordinated support from the international community are determined to win the fight against the epidemic and rebuild more resilient, inclusive and accountable systems. Fissions revealed by the epidemic will have to be addressed for the countries to return to a steady path of sustainable development, with resilient systems and institutions that enable them to respond better to future shocks of this nature and magnitude. Current downward trends in the epidemic show that lessons are being learnt and applied. However, much remains to be done to achieve the overriding imperative of ‘zero-case’.

*Pre-existing conditions that transformed EVD into an epidemic:* Extremely weak national health systems, much delayed national and international response, socio-cultural factors, lack of previous EVD experience in the affected countries, and lack of diagnostic capacity in-country leading to delays in confirmation, all contributed to EVD spiraling out of control. Another major factor was the poor state-society relations revealed by the epidemic in all three countries. Inadequate communication and mistrust of state institutions created resistance among the population to sensitization efforts, even resulting in violence against health workers and people wrongly accused of bringing the virus from outside the communities concerned. This distrust of government and state institutions is a warning sign of disconnect between the states and their people, and should be heeded to reduce the risk of instability and conflict. Policy and structural reforms are essential to deal with lack of accountability, transparency, equity and participation, all of which were cited by the populations to justify their distrust.

*Emerging Recovery Priorities:* The steady decline of incidents of infection and EVD related deaths and the foundations being laid for recovery through the ongoing response have prompted the governments of the affected countries to call for international support to the ongoing national recovery planning processes aimed at designing a comprehensive recovery agenda that seeks to foster resilient systems and communities—building on gains being made in the Ebola response. Based on the assessments conducted by Governments with support from partners, priorities for national and sub-regional recovery are emerging:

- a. Recovery should build on the successful bottom-up decentralized governance and service delivery gains of the response phase, and leverage the significant amount of funding already provided to countries. It should take into account reforms and development progress that was made prior to the crisis. These decentralized approaches are proving to be the best model to respond to Ebola-type shocks. Governments appreciate the vital role decentralized governance can play in risk sensitive sustainable development. At the heart of this bottom-up action is accountability, transparency and strong engagement by communities especially youth, women, and civil society.
- b. The speed at which the health sectors and basic service delivery systems in the affected countries collapsed under the weight of this epidemic has prompted governments in the three countries to call for systems rebuilding rather than just the recovery of particular sectors. The goal is to build robust and inclusive health systems that provide equitable access to safe essential health services. Countries are also committed to ensuring coherence between Ebola recovery strategies and national development plans and priorities. In this context, it is crucial to ensure immediate support to the safe reopening of schools and other basic social services, including the safe delivery of non-Ebola health services.
- c. The ability of state institutions at national and local levels to anticipate and respond to emergencies in an inclusive, participatory and equitable manner should be reviewed and strengthened. In addition to health sector responses, the ability of the security sector to prepare and respond to emergencies should be reviewed and augmented as part of early response mechanisms in the three countries. This requires harmonized,



coordinated and stronger disease early warning and response measures at country and regional level, embedded in strengthened national disaster risk management institutions, to ensure effective messaging and communication, stronger capacities for early detection, investigation, confirmation, contact tracing and surveillance.

- d. The economic impact of the outbreak has been severe especially for SMEs and the informal sector, many of which are owned by women, and on the mining sector that employs a sizeable portion of the youth populations. Agriculture is also affected. Even as the response continues, efforts should be made to restore livelihoods and generate jobs, for instance, through the encouragement of local content, SME development, and make-work programs targeted at youths and women. Resuming public works should also be seen as an instrument for short-term solution to problems of youth unemployment, but a longer-term strategy is required. Ensuring the safe and early reopening of markets and providing immediate support to the upcoming planting season is also crucial for the early recovery of economic livelihoods. The participation of the private sector at both the national and international levels has already been mobilized in the Ebola response and can contribute to more nimble national responses. Youth employability should also be enhanced through, for instance, further education and vocational training, as well as through national volunteer schemes that engage youth fully in the recovery effort.
- e. National ownership, leadership and self-help have been strongly revealed during the crisis. The governments are determined to strengthen their self-reliance and the international community, including international response systems and institutions must support that, while learning lessons from the weakness of the initial response to be better prepared for future epidemics, and to commit to support recovery for the long term. Governments will need to draw, first, on available domestic resources to fund recovery efforts. While international support is essential, the recurrent budget implications of Ebola recovery priorities and programmes must be integrated into national budgets to ensure sustainability of investments made, and strengthen predictability of funding.
- f. Countries have fully recognized the regional dimensions of the epidemic and the need for regional and sub-regional considerations to be part of the recovery effort, especially through accelerated implementation of those plans and programmes of the Mano River Union, the Economic Community of West African States and the African Union that can directly contribute to Ebola recovery, strengthen preparedness and facilitate joint responses to future epidemics and other hazards. Governments however also stress the importance for any regional approaches to recognize and address country specificities.
- g. International solidarity has contributed greatly to the response but is being undermined by stigmatization, which seriously affects economic growth and recovery capacities. It is urgent to correct international perceptions around the disease, and de-stigmatize the countries and the region through international information and communication campaigns. As soon as possible, restrictions on national and international movement, markets and related activities should be eased.
- h. *Principles of implementation:* Implementing an Ebola recovery strategy will require effective partnerships under national leadership and coordination. Equal partnership principles agreed as part of the New Deal for Engagement in Fragile States should guide the Governments and partners in the recovery effort. Priority should be given to community based and led approaches, building national capacities and strengthening national systems, and increased transparency and mutual accountability between the governments and their international aid partners. Existing national coordination and reporting systems should be used, and strengthened where necessary, to avoid creating parallel systems. Cross cutting considerations should include targeting the social and economic empowerment of women, the special livelihood needs of youth and the poor, and management of risk. It will also be important to bear in mind that the epidemic remains very much in the stop and treat phase, and recovery activities should enhance rather than distract from the ongoing response.



## **2. STRATEGIC MESSAGES BY SECTOR**

### **2.1 SOCIO-ECONOMIC REVITALIZATION**

#### **Pre-existing context:**

- The three countries are poor, with large development needs, even after more than a decade since protracted civil conflicts ended.
  - At least half their populations live below national poverty lines, and other human development indicators are low. Provision of essential public services and goods is limited and delivery is constrained by weak systems and limited capacity.
  - Informal activity dominates these economies, with at most 15% of the workforces in formal sector employment. Subsistence agriculture provides one quarter to one half of GDP and half to three quarters of the livelihoods, followed by small traders, especially in more urbanized Liberia.
  - A rapidly growing and young population is moving to urban areas, generating environmental stresses and political pressures.
- The past decade has brought important gains, but these are fragile.
  - National poverty reduction and development plans and programmes are being implemented. Significant foreign investment, largely linked to the extractive industry, has supported strong growth in Liberia and Sierra Leone, although its spillover effects have been limited. Political instability contributed to Guinea's weak development performance.
  - The pre-Ebola economic outlook for 2014 was mixed. Generally, external conditions were deteriorating, although investments, especially in mining production, were expected to support increased overall GDP, export receipts and, to a lesser extent, government revenues. Government budgets were generally sustainable, with low levels of public debt following recent debt forgiveness. The countries' external public debt is all concessional.

#### **Economic impact of Ebola**

##### **Contractions in output:**

- There was a significant slowing in these economies' output growth relative to pre-Ebola projections, and this slowdown is expected to extend into 2015. The global downturn in commodity prices is also contributing to economic contractions, especially in Sierra Leone. The bulk of the economic effects are due to behavioral changes and movement restrictions, rather than the direct impacts of the disease itself.
- There has been a significant decline in incomes for some farmers in the most affected areas. All farming activities have been affected, leading to 8 percent, 5 percent, and 3 percent decline in 2014 harvest for Liberia, Sierra Leone and Guinea respectively. The effect is uneven, with up to 17 percent in the affected areas in Liberia and Sierra Leone, and a 75 percent decline in palm oil production in Guinea, where it entirely occurs in the Forestiere regions which were most affected by the epidemic.
- Restrictions on intra- and international movement and trade are also having large impacts on other sectors, including trading, transport operations and tourism. Regional border closures have largely halted food trade through the Mano River. Women dominate the trading sector, and the closure of borders has meant loss of income, although some trade continues informally. Nascent tourism sectors, while small, have been severely affected. Reduced flights have had large flow-on effects throughout the tourism sectors and construction and other large investments have slowed or halted.
- The loss of cash flow into rural communities and reduced turn over and profitability across the business sector are also having spillover effects. Smaller banks report emerging stresses, as creditors become delinquent. Mine bankruptcies and delays have amplified these effects. Savings and loans groups have exhausted their reserves, with several microfinance groups going bankrupt.

- Fiscal impacts:
  - Reduced activity and trade, amplified by decline in commodity prices, has meant reduced revenues.
  - On the expenditure side, the effect has been mixed, given the high cost of Ebola, while capital investments have largely been put on hold. Public school staff and teachers have been sent home but have continued to be paid.
  - Budget positions are sustainable and well financed for 2014 and into 2015 but pressures will increase thereafter due to weaker revenues, ongoing recovery needs and a decline in immediate donor financing.

### **Impact on livelihoods and welfare**

- The crisis has halted the provision of non-Ebola related health and education services. Schools and other educational facilities were closed from July 2014 to be reopened from February 2015. This has been particularly significant for women, due to demand for health services, increased child minding demands with schools closed, and reports of increased sexual violence with idleness.
- Nutrition: Lower revenues, disrupted trade patterns and quarantine measures aggravated food insecurity and worsened nutrition status. The situation may worsen due to impact on harvests. Internationally provided rations need to be supplemented by governments and partners to ensure proper nutritional balance.
- Orphans resulting directly from EVD number about 7000 in Sierra Leone; 4000 in Liberia and 3000 in Guinea (the estimates provided by Social Welfare Ministry/Action Sociale for is 4000 - 5000)
- Among the positive effect of the response is widespread training of healthcare workers, improved hygiene, extensive construction of health facilities and supply of basic health hardware. The challenge will be to redeploy these skills and maintain health infrastructure after the crisis.

### **Recovery activities:**

- All the countries are committed to commencing nationally owned and led recovery activities that build on existing national plans even while the Ebola response continues.
- There is a strong desire to build greater resilience and address underlying structural weaknesses
  - Countries recognize that deconcentration, devolution and decentralization are important in both ensuring broad recovery and improving general resilience.
  - Already, community-level social mobilization has been key to the response, and there are discussions on how to continue this positive development after Ebola has been defeated.
  - Response must include measures to reduce the risk of relapse.
- Urgent priority of reopening trade routes, removing movement restrictions, and correcting international perceptions around the countries and the disease. This ensures the private sector is able to lead the response. It is also the best means of supporting farmers' and traders livelihoods.
  - De-stigmatization of the region through international communications campaigns is essential to obtain the return of investors and skilled assistance.
- Immediate measures to offset particular sectoral impacts and ensure speedy resumption of activity
  - There is urgency in providing agricultural support before the planting cycle where input chains have been disrupted. Also essential is supporting rural markets and SME development, including refinancing depleted savings and loans groups and direct local and workplace interventions.
  - Well targeted and sustainable cash transfer and other social support schemes are urgently needed for already poor households that have suffered negative shocks due to EVD.



## 2.2 HEALTH, WATER, SANITATION AND NUTRITION

**Although in all three epicenter countries national efforts were yielding overall development progress, pervasive health systems problems prior to Ebola magnified the impact of the epidemic.** A legacy of political instability, insecurity, and governance challenges has limited the potential for shared prosperity from the natural wealth of these countries. While all three countries were making progress in achieving their MDGs, the progress has been uneven. Major and pervasive limitations and weaknesses existed throughout the three countries' health systems. All lacked adequate numbers of qualified health workers, most prominently in rural areas. Laboratories were few in number and concentrated in cities. Many large referral hospitals had no electricity and running water. Infection prevention and control systems were inadequate, as well health information, disease surveillance, governance and drug supply, and health financing.

**Sociocultural factors as well as weak surveillance systems contributed to the spread of the epidemic.** The Ebola epidemic in West Africa has taken place and evolved in areas with fluid population movements over porous borders. Cases have occurred in difficult-to-access rural areas, but also in densely populated capital cities. There has been high exposure to Ebola virus in the community through household care and customary burial procedures. Also, there has been denial, mistrust, and misinformation among the population, leading to rejection of public health interventions. Close community ties and movement within and across borders led to difficulties in tracing and following up of contacts. The situation was further aggravated by the particularly weak and limited capacity to detect and control infectious disease outbreaks. Because the initial responses to the Ebola outbreak were uneven and much-delayed, the disease and attendant human and economic costs have been high. As of 11 January 2015, the Ebola epidemic has recorded 21,296 cases and 8,429 deaths.

**Early action in health systems recovery must be grounded in several key priorities, starting with safe health services.** The first priority action for the international community is to continue to work closely with governments in the affected countries to get the infection levels down to zero. This requires a shift in the focus of investments and technical support provided to country governments, to include the expansion of the number of trained people to track contacts of every EVD transmission chain; decentralizing the response; ensuring national response strategies are nimble and adapted to local conditions; and empowering local leaders and teams. Along with the community based care for Ebola, rebuilding essential health services is critical. As a consequence of the EVD epidemic, the provision of essential health services has declined severely. An urgent effort is thus needed over the short and medium term to develop new models of health service delivery anchored on a strong primary care system and supported by adequate and sustainable levels of finance, staffing, commodities and flow of information. A particular focus on infection prevention and control is a critical bridge between response and resilience. Other immediate priorities include rapid health worker training and incentive mapping for return to normal work, repurposing surveillance systems to routine information systems and building on Ebola social mobilization efforts to re-engage district and prefecture community engagement mechanisms and child vaccination programs. Instead of creating yet another vertical programme for a specific health condition or to respond to a crisis, investments should be used to build systems that are grounded in primary health care and universal health coverage principles and capable of responding to diverse challenges that might arise in the future. Access to safe services needs to be supported by reducing financial barriers. High out-of-pocket payments in the affected countries have led to barriers for access by vulnerable groups in the communities.

**A focus on strengthening district health management, linked with stronger community engagement.** Re-establishing safe services needs to be supported by adequate governance capacities at subnational level. This is part of the wider process of decentralization ongoing in the three countries. Furthermore, the crisis highlighted the need for a strong link with communities and their engagement in health services provision. Such decentralization can only be effective when it is supported by investments in core national governance functions such as regulation, supply systems, policy and planning processes, sound health information management systems & disease surveillance, and donor/development agency coordination. Mandating subnational levels of



government to perform tasks in healthcare needs to be accompanied by the provision of commensurate funds to support these mandates.

**Reinforcing the health workforce has immediate challenges and immediate opportunities.** As of 7 December 2014, 825 health workers had been infected with the Ebola virus and 493 had died. The absence of these health workers exacerbates preexisting dire shortages in the numbers of qualified health workers. Special measures are underway in all three countries for training programmes and facilities to produce rapid workforce reinforcement for basic safety and care management training. In addition, the establishment of community facilities for Ebola could be used to reinforce community health worker programmes, disease prevention and over the longer term, primary care networks. Innovative health workforce capacity development (quantity & quality of workforce) needs to be factored into a comprehensive health workforce development plan post-Ebola.

**Strengthening core public health capacities for surveillance and response will be essential.** Strengthened disease surveillance and early warning and response (EWARN) systems are essential to ensure that affected countries are able to detect similar and other diseases in the future that have the potential to become epidemics with implications for cross border transmission. While the International Health Regulations (IHR 2005) mandate countries to put in place effective provisions for surveillance and response, the Ebola affected countries, as others in in sub-Saharan Africa, are lagging behind in operationalizing these provisions. Thus while support is provided for strengthening their essential public health infrastructure and service delivery platforms, there must also be parallel and complementary support in West Africa for the establishment and expansion of regional disease surveillance networks in order to foster cooperation among neighboring countries to control cross-border disease outbreaks at their source. Given the multi-sectoral nature of the Ebola epidemic, the One-Health agenda that requires the building of sustainable partnerships between the agricultural, environment and public health sectors must be supported. Health system strengthening should also include the integration of essential nutrition preventive and curative interventions at both facility and community levels to address deficiencies and promote quality nutrition services and practices:

**Water and sanitation were an issue pre-Ebola, and will remain one post-Ebola.** National coverage figures for safe water and basic sanitation were low before the crisis, leaving communities vulnerable to water borne diseases (cholera) and other infectious diseases whose transmission is linked with poor hygiene or vector control. Notwithstanding numerous national plans prepared, limited capacity exists for implementation at central or peripheral levels. These plans need to be re-examined to determine immediate, mid-term and long term actions as part of a wide inter-connected Ebola recovery endeavor.

**Next Steps.** Health systems recovery plan meetings are being held in all three countries by 23 January (12 January in Liberia, 20-21 January in Guinea and 22-23 January in Sierra Leone). These meetings are allowing the governments to assume full ownership and lead the post-Ebola recovery effort with the support of international partners.



## 2.3 BASIC SERVICES AND INFRASTRUCTURE

### 1. Increased Social Vulnerability

The Ebola crisis has exacerbated existing vulnerabilities amongst the population. Government and civil society in all three countries reported that many formal and informal economic activities have come to a halt or have severely declined. This is leading to **increased poverty and growing problems with child labor and other forms of violence and exploitation of women and children**. The Ebola crisis is causing high levels of psychological trauma amongst children and women, growing incidence of violence against women and girls, early pregnancies and early marriage. Thus, a strong gender focus of the Ebola recovery plans will be important. Infected people, their families and survivors are confronted with stigma and discrimination. Several thousands of children have lost one or both parents and foster families are under severe economic and social stress. Widows and single headed households will need special attention in social cash transfers and employment programmes.

### 2. Social Sectors and Resilience prioritized for Recovery

All three Governments have prioritized health, WASH, education and social protection for the recovery. They expressed urgency to restart basic services. This is important a) to prevent a rise in child and maternal mortality that may claim even more victims than the Ebola virus and b) to mitigate the negative social and economic impact of Ebola on the development and stability of affected countries. **Key stakeholders in all countries highlighted that social services should be rebuilt quickly in a way that a) enables them to withstand future shocks, b) create systems to reduce vulnerabilities of women, children and youth in the long term; c) support the resilience of the local population and d) mitigate and ease tensions in communities.** For the latter it will be of utmost importance to engage communities early in the recovery process and to ensure equitable access of local populations to basic services. Any sense of exclusion, privileges or political manipulation during the recovery process could be destabilizing for countries and communities.

### 3. Recovery and response to be closely linked

Once the virus is under control, a visible and quick integration of existing assets from the current Ebola response into the regular social services, particularly at the community level, was identified as an **important starting point for a successful and credible recovery process**. The recovery efforts need to ensure that trained and semi-trained personnel and volunteers, vehicles, ICT and mobile phone platforms, warehouses and many other supplies and facilities established for the Ebola response are used in the efforts to re-build basic social services in the affected countries. This will require **Governments to plan sufficient posts and salaries to retain teachers, health workers and community mobilizers so that education, health and other sector ministries can integrate the work-force that was build-up during the Ebola response into their regular budget.**

### 4. “Back to school” is the next big entry point for recovery of social services

Liberia and Guinea are at the verge of reopening their schools. This requires significant efforts in implementing safety protocols and sanitary measures, refurbishing of schools, teacher training and parental awareness. Referrals to the local health clinics must be arranged and good monitoring systems put in place. **The recovery plan could and should support the back to school campaigns with short and medium term investments into teacher trainings on school safety, hygiene education and school sanitation as well as psychosocial care.** Catch-up programmes for pupils who missed West-African exams due to school closure will have to be installed. There is a risk of increasing numbers of out of school children because many adolescents will have to continue working to help their families to make ends meet and may not return to school, at least not in the first year. Another factor for school drop-out is teenage pregnancy. Hence, part of the recovery of the education system must consist of alternative education opportunities for out of school children. Furthermore, future



employment programmes and economic recovery projects will have to avoid unintended impacts on school drop-out of adolescents.

#### **5. Cash transfers and long term social protection systems are needed**

In all countries, Governments articulated a strong need for cash transfers, not only as a means to mitigate rising poverty due to the economic meltdown caused by Ebola but also as a way to inject cash into local economies, local agriculture and small enterprises. One proposal (in Liberia) was that recovery plans support a social fund or a similar mechanisms for families and small businesses affected by Ebola. **It will be important for the recovery plans to combine cash transfers to mitigate the immediate social and economic impact of Ebola on poor households with investments into a sustainable social protection system that reduces social vulnerabilities in the long run.**

#### **6. “Retain” positive social behaviors in health and hygiene**

Recovery efforts should also aim to maintain positive social behaviors that emerged during the Ebola outbreak, such as hand-washing practices or reduced harmful practices such as FGM, just to give two examples. In this regard it will be important to retain and strengthen local resources and mechanisms of social communication, social mobilization and social awareness during the recovery phase as well as in the long run.

#### **7. Decentralization a key pillar for “building back better”**

All countries articulated that empowered districts and communities were a key factor for successful infection control and that the recovery plans should foster decentralization, community participation and community-based accountability mechanisms. Hence **the recovery plan should include support for the decentralization of social services, while building-up the capacity of national authorities to guide and monitor service delivery of good quality in provinces and districts.**

#### **8. Human resources are key**

There are significant gaps in human resources across all social sectors, either because staff have died or abandoned/changed their jobs or because well-trained staff was lacking even before the Ebola outbreak. Against this background, Governments have pointed out that **the recovery plan should help to improve or build-up their capacity to train professional staff in the social sectors, through support to medical schools, teacher training school or colleges for social workers and psychosocial counsellors.**

#### **9. Infrastructure Investments need to be linked to rehabilitation of social services**

Finally, there is a very clear need to provide schools, health posts and local markets with water and electricity, hand-washing facilities and latrines. Furthermore roads to schools, hospitals and health posts as well as to local market places are badly needed and provision of investments into the underlying infrastructure should be included in the recovery plan.

## 2.4 PEACEBUILDING

### A. Impact of Ebola, as assessed by Governments and international development partners

**Fragility of institutions:** The crisis has revealed that public institutions continue to be fragile, and have been further weakened by the crisis in many ways: their ability to communicate and coordinate effectively with each other and with the public; their ability to adapt existing procedures to respond to rapidly emerging contingencies and mitigate their social impacts; to organize an effective and equitable provision of emergency relief and services, and to have or gain public confidence, including through better management of social dialogue.

**Erosion of specific peace-building capacities:** The loss of human capital due to death or displacement has severely compromised the functioning of peacebuilding including local peace committees—specifically established to address recurring conflicts.

**Exacerbation of existing divisions:** In all three countries, public perception has been high that the states are unable to respond equally to the needs of all segments of the population. In Sierra Leone, these perceptions have centered on traditional inter-ethnic divisions. In Liberia, the economically vulnerable groups, especially slum dwellers, are perceived as relatively neglected. In Guinea, the concern has been that certain regions of the country (Guinea Forestiere in particular) have borne the brunt of the impact. These perceptions can also exacerbate political tensions.

**Lack of trust between citizens and state institutions:** In all three countries distrust towards national authorities, and failure to effectively decentralize, undermined the efficacy of the response, reflecting deeper social issues. Government messaging competed with alternative explanations of the Ebola outbreak. In rural areas in particular, but also in urban centers, lack of trust in public institutions caused affected communities/people to turn to traditional leaders who had themselves been marginalized from governance structures and therefore were not effectively included in the response. Perceptions of misuse of public funds have fuelled discontent locally. Internationally, widespread distrust of national accountability mechanisms has led to diversion of funds to NGOs and international organisations. This has, in turn circumscribed the ability of governments to manage and supervise the response

**Stigmatization of survivors, families and communities:** Rejection of Ebola survivors and affected families has weakened community cohesion. In Sierra Leone, for example, a survey found that 96 per cent of Ebola survivors have experienced some form of discrimination and over three-quarters of respondents would not welcome an Ebola survivor back into their community. As a result, some survivors have had to relocate. Burial teams and health care workers have also faced stigmatization. New by-laws enforcing a ‘do not touch’ policy may also have a negative impact on social cohesion. Relatedly, stigmatization of nationals at the international level was widely reported.

**Economic impact on women:** Women have been hit harder by Ebola due to their more common role as care givers. In addition, the sectors of the economy which have been most adversely affected (trade, agriculture and tourism) are dominated by women. Women are using their business capital and savings to cope with the hardship imposed by Ebola, which may deplete their future economic capacity and the viability of their small enterprises.

**Impact on young people:** in all three countries young people represent an important part of the population. Schools closures, the drastic reduction of job opportunities, and lost livelihoods could increase the potential for young people to engage in activities likely to exacerbate social and political tensions.

**Social impact of emergency procedures:** New regulations designed to combat the epidemic, including restrictions on the movement of individuals and travel and transport services; and restrictions on the people’s right of assembly, have had a negative impact on livelihoods, food security and social cohesion.



**Impact on children:** Thousands of children in the three countries have been orphaned or have lost one parent as a result of Ebola, and many are rejected by their relatives for fear of infection. There are increasing numbers of unaccompanied and separated children and communal responsibility for children appears to have been weakened. Children in affected communities are also suffering from increased mental health problems and psychological distress.

**Weaknesses in national and sub-regional early-warning-and-response:** While all three affected countries boast somewhat integrated national early warning and response systems, they failed to prevent and control the spread of the outbreak. National early warning systems, which were centered primarily on security institutions and on traditional risks such as conflict or natural disasters, were not able to integrate early on with Ministries of Health and other institutions dealing with non-traditional emergencies.

## **B. Urgent priorities for recovery in the areas of governance, peace-building and social cohesion**

**Institutions:** In all three countries, the ability of state institutions at national and local level to anticipate and respond to emergencies as well as routinely provide effective service delivery, in an inclusive, participatory and equitable manner will have to be reviewed and strengthened. In particular, the ability of the security sector to prepare and respond to emergencies should be reviewed and augmented.

**Accountability:** The reality and perception of extortion and corruption during the provision of basic services and security greatly undermined public confidence in the state before and during the crisis. All three countries will have to take systematic steps to address this challenge. In particular, the risk of the politicization of cash transfers will need to be minimized through strong transparency- and (local) accountability measures.

**Social Services: Social services should be rebuilt in a more conflict sensitive, equitable and resilient manner.** It will be critical to engage communities early in the recovery process and to ensure equitable access of local populations to basic services. Any sense of exclusion, privileges or political manipulation during the recovery process could be destabilizing for countries and communities.

**Polarization:** Specific steps will have to be taken by all three governments at the national level to **address the deepening of lines of polarization across ethnicity, class and region.** The more equitable and inclusive functioning of state institution will partly address this challenge, as well as steps to ensure that core governance processes such as elections are not disrupted.

**Vulnerable groups:** The particular impact of Ebola on women, children, the elderly, the handicapped, the internally displaced, and Ebola survivors that have been subsequently stigmatized will have to be systematically assessed and addressed. Concrete steps in this regard will go a long way towards restoring hope and trust at the community level. Women, in particular, will have to be supported concretely and systematically in both helping to reweave the torn social fabric, but also in being able to better shore up the economic burden of Ebola.

**Local peace-building capacities** will have to be re-evaluated and strengthened. The roles of local peace committees and traditional leaderships will be especially critical in this regard. Further peace dividends may need to be specifically targeted in a conflict-sensitive manner where the impact of Ebola, as well as perceptions of marginalization, have been high. The targeting could be by region or sector, and will contribute towards rebuilding trust.

**Early warning and response systems will need to be strengthened across the region.** Possible action points include: harmonizing and coordinating measures by Member States to fight the disease; consulting with each other before major decisions and declarations related to Ebola are made; and building the capacity of Member States for surveillance, active case search, contact tracing as well as information sharing with key stake holders.



### **3. PROCESS AND NEXT STEPS**

#### **C. The Approach**

In response to the call by the United Nations Secretary-General (after his visit to the three highly hit countries) to begin preparations for Ebola recovery alongside the ongoing response, the United Nations, the European Union, and the World Bank, and the African Development Bank in consultation and collaboration with a range of partners including the African Union, the Economic Commission of West African States and the Mano River Union, have come together to support national Ebola recovery strategies in the three most affected countries.

Drawing on a range of completed and ongoing assessments and recovery strategies by the governments and other development partners, the ERA is mostly a consolidation exercise, with brief field missions to fill jointly identified information, resource and capacity gaps, and to engage with national authorities and key response actors on the ground. The ERA is framed through a resilience lens—involving rigorous analyses that go beyond needs identification to understanding the drivers of fragility and vulnerability that caused, or worsened the impacts of the Ebola crisis, as well as the broader risk landscape including health, governance and conflict risks within countries and the Mano River sub-region as a whole. It is organized around four inter-related thematic areas: a) socio-economic revitalization; b) health and water and sanitation, c) basic services and infrastructure; and d) peacebuilding, institutions, and core government functions. Both the desk review and field missions are organized around three overarching questions:

1. What pre-Ebola structure conditions enable the EVD to escalate to epidemic levels?
2. What impact is the EVD outbreak having on conflict and violence dynamics, political stability, and the pre-Ebola structure conditions?
3. What recovery priorities will lay foundations for resilient communities and systems?

#### **D. Team Composition**

The ERA process is being coordinated and facilitated by UNDP. It brings together the World Bank, the African Development Bank, European Union, and the United Nations agencies, funds and programmes. This quadripartite partnership has organized itself in the above four themes: health and water and sanitation led by WHO and the World Bank; Infrastructure and Basic Services led by UNICEF and ILO, Socio-economic revitalization led by the World Bank with AfDB, UNDP, ECA as co-leads; and Peacebuilding and Core Government functions co-led by UNDP and the EU.

#### **Process to date**

Following a desk review of available assessments and studies, a core team of experts representing the four organizations visited the epicenter countries during the week of 12 January to meet and discuss with national authorities and other response actors on the ground, including civil society and the private sector. Initial feedback has been provided to the Principals of the 4 Organizations. The timeline in the table below has been established to undertake follow-up analysis with the Governments and other relevant actors and reach agreement on how the partnership can best support national recovery strategies.

## Next Steps in the ERA Process

Desk review and initial field missions have been undertaken in the four countries with mission reports developed including key messages emerging from the process. The following include the next steps in the process:

Dates	Deliverable	Remarks
Jan 18	Key Messages for the Principals	This deliverable is <b>no more than 1 page of key messages</b> with annexes describing the ongoing process and some initial findings
Jan 19 - 21	Thematic Working Group reports with clearly delineated country elements	The thematic reports based on the agreed outline will be done with country specific sections to be consolidated into national reports that will be integrated by the technical team
Jan 22-25	Integrated mission report submitted to the TWG leads and co-leads	This report will be referred to as mission report (not to be confused with a recovery plan – which is the role of the Governments. It will have the necessary caveats linked to where the process then finds itself in terms of available information, date and analyses, and will be a synthesis drawing on national reports and other available information. It will be based on the materials it has consolidated and the issues discussed during the first field mission, and will contain a chapeau that includes cross cutting and regional aspects.
Jan 26 – 29	Inter-agency dialogue and enriching the mission report	This process will be facilitated by the leads and co-leads focusing on their thematic contents and the cross-analysis with consolidated tracked changes. We would appreciate one track changed document per TWG
Jan 30-31	Revised mission report produced by the technical team, resubmitted to the TWG leads and the UNCT, and returned with comments for integration.	It is important that clarifications and exchanges between the leads and co-leads do not wait for this process. This product should be an outcome of that to facilitate the next step
Feb 1 - 7	National dialogue on the Mission report to obtain initial feedback from Governments on the process and the substance	We proposed that this process be led by the UNCT and the national coordinators. The national coordinators can use the mission report to discuss and design their own national strategic frameworks.
Feb 8-11	Draft reports (global and national) drawn from the exercise ready	The preliminary report will be integration of national reports with the cross-country analysis and regional specificity
Feb 12 – 16	Costing of national strategies and the global report, preceded by country level mapping of available resources	The costing exercise will go hand in hand with the drafting. This period require strong technical support and negotiation with Governments to ensure that expectations are realistic, that available resources for Ebola recovery (both domestic and external) are mapped, in order to make recommendations on how they may be reallocated for the recovery agenda, and determine the additional resources needed for effective and sustained recovery.
Feb 17 – 20	Validation workshops in three countries	It will be good to have the TWG leads and co-leads in the validation exercise at the national level taking into consideration the country's own validation timeline (as we heard from Sierra Leone Finance Minister).
Feb 21- 25	Final report with copy editing and publication	
Feb 26-28	Submission to the principals	This process should be led by the governments with support from the partners through UNDP.

**Note to Ms. Susana Malcorra  
Chef de Cabinet**

Multi-partner support to national EVD recovery strategies

Please find attached a Letter to the Secretary-General on Multi-partner support to national EVD recovery strategies.

I would be grateful if you could kindly submit this letter and its attachment to the Secretary-General.

A copy of the letter is attached for your information.

A handwritten signature in black ink, appearing to read 'Helen Clark', is positioned above the printed name and date.

Helen Clark  
21 January 2015