

West Africa Network for Peacebuilding

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EBOLA GOVERNANCE ALERT

31st October 2014

Sierra Leone's Ebola Response: Contending Issues on Human and State Security

Background

The Ebola virus disease (EVD) outbreak in West Africa has been the most fatal and widespread in history with a reported case fatality rate (CFR) of about 70%. The epidemic struck first in Guinea on the 6th of December 2013 and then spread to neighboring Liberia in March and 25th May 2014 in Sierra Leone. Sub-regionally these countries are within the MRU Basin that shares common borders, trade, culture, tradition and tribal groupings, this provides them for enhanced interactions and cross border activities. A small outbreak of twenty cases occurred in Nigeria, with only 8 fatalities and a single case in Senegal that was not fatal. The WHO already is monitoring other 15 African countries with one recent case reported in Mali in October 2014. Nigeria and Senegal were however declared Ebola disease-free in October 2014 after a 42-day waiting period without reporting any new case.

WANEP and its partners commend the H.E Ernest Bai Koroma for the leadership provided so far in working assiduously to put an end to the EVD. Further, the UK, US, China, Cuba, WHO, CDC, MSF, ECOWAS, EU, AU, The World Bank, IMF and Red Cross are fully appreciated for their role in supporting Sierra Leone at this crucial moment in our history. We also thank Sierra Leoneans that have sacrificed and contributed to addressing this scourge.

Sierra Leone experienced the first outbreak of the EVD in the eastern part of the country in May 2014 and this was disclosed by the former Minister of Health and Sanitation, Miatta Kargbo. Since that time, the pandemic has been on the increase and contrary to people's expectation that it will subside shortly, the nation continues to see an exponential increase of reported new cases over the past four months especially in the Western Area. Though signs of infection reduction and stabilisation are being experienced in the Eastern Region of Sierra Leone where it first started.



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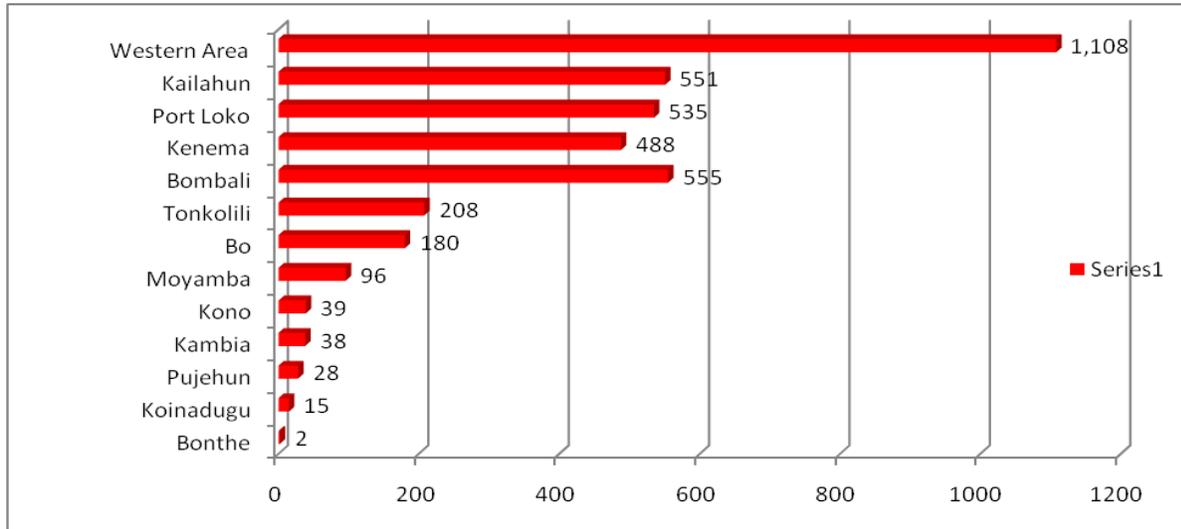
To step up efforts in breaking the chain of transmission of the EVD, the United Nations Security Council (UNSC) passed UNSCR 2177 to establish the United Nations Mission on Emergency Ebola Response (UNMEER) with the appointment of Mr. Anthony Banbury as Special Representative of the Secretary-General (SRSG) with its Headquarters in Ghana. This resolution was supported by 130 countries in the UN, the first to be established for disease emergency since the creation of the UN. In Sierra Leone, President Dr. Ernest Bai Koroma issued a proclamation of a State of Public Health Emergency on Tuesday 30th July, 2014. That proclamation was unanimously ratified by the Honourable House of Parliament on Thursday 7th August, 2014, prior to a 3-day nationwide Ebola house-to-house awareness raising and understanding of the disease and possible preventive measures.

Similarly, on 8th August, 2014, the Director-General of the World Health Organization, Dr. Margret Chan declared the epidemic a Global 'public health emergency' of international concern. Dr. Chan added that the Ebola outbreak in West Africa was unquestionably the most severe public health emergency in modern times and stressed inequality in the context of the rich get the best care while the poor are left to die. Her declaration saw a turnaround in the attitude and response efforts of both government and its development partners. In order to contain the pandemic, more hands have been provided by the African Union, ECOWAS Commission, Chinese, British and Cuban Governments to name a few. There are currently 174 medical personnel from China's Centre for Disease Control (CDC), 900 British military and medical staff and 180 Cuban medical staff in the country to response to the global call for action to defeat Ebola.

Despite the extraordinary and number of proactive measures that have been undertaken by government, the UN and other international development partners to curb the scourge in Sierra Leone, the epidemic continue to spread like wide fire and causing increased fatality among poor people on a daily basis. As at 31st October 2014, a total of 3,843 cases were laboratory confirmed, 811 survived and released, and the cumulative number of deaths was 1,064¹

¹ National Ebola Response Center (NERC) daily update of 31st October, 2014

Figure 1: Cumulative Cases as at October, 31st, 2014²

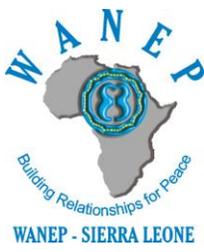


The figures suggest that the disease is way ahead of us and continue to stretch the medical teams and resources to the limit, while mistrust, weak health infrastructure, cultural practices to a more illiterate public in some communities have impaired prevention work and raised questions about the delivery of health and security warnings. This has prompted the President to request the need for increased international assistances including finance, logistics, human resources and the reconfiguring of the Emergency Operation Centre (EOC) to the National Ebola Response Center (NERC) and also moving the office from the WHO Headquarters to the former UN backed Special Court for Sierra Leone premises.

The disease burden has invariably affected all the sectors of development including agriculture and food production, trade and export, banking and finance, mining, education, state security etc. The epidemic has dismantled the already existing fragile nation's economy and has now left with renewed challenges in attaining economic prosperity and the positive transformation of the lives of many poor and vulnerable citizens. The impact of the disease has left all national development actions interrupted with the potentials to largely affect critical state security issues. International partner organizations like the USAID and the Famine Early Warning Systems Network (FEWS NET)³ have already anticipated that there are potentials

² WANEP National Early Warning System (NEWS) open source information generation

³ USAID/FEWS NET Report "Projected Food Security Impact of Ebola in Guinea, Liberia and Sierra Leone", October, 8th 2014



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that the number of cases shall continue to rise exponentially over the coming months, with possibilities of major food crisis to occur, disruption to market functioning (including cross border trades) and may significantly contribute to low household incomes, scramble for available sparse resources and hence potent threat to human and state security.

This report therefore catalogues critical and apt Ebola governance pit falls that have leaped the entire national Ebola response efforts and are potentials for human and state security disruption. Contextual and feasible solutions are also proffered to enhance efficiency, effectiveness and robust curtailment of the spread and mitigation of its impact.

Under its National Early Warning System (NEWS), and with support for the UNDP governance portfolio, WANEP has been closely monitoring with keen interest the pattern of spread of the Ebola virus and the response efforts. As a result, this briefing paper highlights the following challenges and their potential implications to human and state security:

1. Quarantine actions and services

The Ebola virus transmission cannot be curtailed without appropriate quarantine actions been fully implemented but the case scenario is different for Sierra Leone. The process is clouded with routine short falls including inadequate robust and constructive intervention strategies, despite the development and implementation of a Standard Operating Procedure (SOP) to enhance effectiveness in the process. Nationwide daily reports have suggested that these misfits cannot be unconnected with;

- a. Poor manning of quarantine homes and communities
- b. Delay in implementation of quarantine actions and provision of need-based services
- c. Uncoordinated quarantine service provision leading to duplication and wastage of available resources
- d. Poor strategies in service provision leading to overcrowding and increase transmission and spread among people

As the clock ticks, the situation of manning quarantine homes and communities in the Western Area and the country side continue to deteriorate. Observations and reports from different platforms suggest that

even the basic materials needed to secure quarantine homes are inadequate. For instance, the Members of Parliament for constituencies 93 (Goderich community) and 109 (Sumaila town and Dwarzack communities) reported to various radio stations and newspaper outlets of delays in the implementation of quarantine actions and provision of need-based services for confirmed-cased homes, as houses were left unmanned and catered for over a lengthy periods in their constituencies. They reported that inhabitants of such residence were left with no option but to freely move around fending and in search of their livelihoods, thereby putting ordinary citizens at risk of infection. Further exacerbated the problem is poor and uncoordinated quarantine service provision that has led to duplication of efforts and wastage of available mega resources. A case in point was residents of 14 Richards Street in Freetown received multiple supports with similar packages from Planned Parenthood Association Sierra Leone (PPASL), Ministry of Social Welfare, Gender and Children’s Affairs (MSWGCA) and the World Food Programme (WFP). Most stressful is the bemused manner of distribution of food items by WFP as evidenced in the 5-5 community in Waterloo which is totally against the Avoid Body Contact (ABC) health warning and has great potential to kindle increase transmission of the disease. Quarantining districts, chiefdoms or houses have implications for the role of security forces especially the police with no protective gears in restraining uncooperative or stubborn citizens in homes that are quarantined.



WFP Food Supply in Waterloo, Western Rural District

2. Poor case management and burial actions/strategies

Breaking the chains of transmission of the Ebola virus requires swift and timely response actions, but both local and international concerns continue to pinpoint that the slow pace and poor response mechanisms and actions has to a large extent contributed to the exponential increase in the spread of the virus. Delay to respond to distress calls from affected individuals,

Road Block at Aberdeen, Western Urban Area



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families/households and communities continue to spark unrest among angry and frustrated youths and community members. Compounding the problems are the excessive use of chlorine to disinfect both suspected and confirmed patients which angers affected communities and family members in Port Loko, Kambia, Tonkolili, Bombali and other districts. They complain that the excessive use of chlorine has led to the death of beloved family members even before the suspects arrive at the holding or treatment centers. Other common concerns that have led to the spate of riots and mistrust for health workers is the issuing of alleged fake Ebola test result certificate to affected families, communication disconnects between patients (both suspected and confirmed) and family members and inhumane treatment of the deceased and poor burial methods, have all led to correlated episodes of turmoil across the country. Related riot incidences have occurred in Aberdeen, Goodrich, Kenema, Kailahun, Port Loko and Kono Districts to name a few.

Frustration among groups of young community residences have led to mounting of road blocks and clashes with security personnels, which has reportedly led to wounding, loss of lives, destruction of properties, unlawful arrests and residents quarantined under curfew. On the 27th of October, 2014, an incident in Lokomasama in the north-western district of Port Loko saw an ambulance carrying suspected Ebola patients crashed into a gully after frustrated angry young community residents pelted it with stones.



Attack on Ambulance along Lokomasama Highway, Port Loko District

3. Issues of grievances around burial sites of Ebola Victims



Poor handling of the deceased

In Sierra Leone, people's response to the dead and burial ceremonies is traditionally revered to ensure that the deceased is treated with care and befitting ceremonies. Death and burial rights are deeply engrained in the cultural of most communities. The WANEP observatory mechanism has gathered that most Ebola victims are robbed of their dignity by mass burials and unmarked graves. Instances across the entire country indicate that there are

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manifold grievances and serious concerns about the unavailability of proper records of where loved ones/ fallen heroes were buried. Issues of unmarked burial sites will increase community based conflicts and pose challenges to the post-Ebola recovery phase. Therefore, it is important within traditional culture to know where certain people are buried to avoid unanswered questions.



Unmarked graves

4. Power relations among stakeholders in the response process

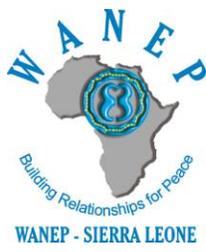
Power relations among stakeholders in the Ebola response process has served to undermine timely actions and degenerated into factions and tensions between citizens who have taken sides. This was seen in Brimaia Chiefdom in the Kambia District and the Aberdeen community in the Western Area. Reports monitored at district level platforms have confirmed that the Paramount Chief (PC) and Member of Parliament (MP) in Brimaia Chiefdom, and the MP and a set of Councilors in the Aberdeen have been on each other's throat. It may surprise many to know that there are two separate chiefdom ebola response task forces in the Brimaia Chiefdom either belonging to one of them. These ugly situations continue to weaken the Ebola menace curtailment efforts and escalation of the virus in said locations.

5. Weak Enforcement of the Public Health Emergency leading to increased lawlessness and public disorder among citizens.

The declaration of a State of Public Health Emergency was in line with Sub-section (1) of Section 29 of the Constitution of Sierra Leone; Act No. 6 of 1991. This makes it incumbent on every law abiding and peace loving Sierra Leonean to act within the confines of the law and also the security forces to enforce it. But the continued negative attitude and lawlessness demonstrated by some citizens have made the fight to end Ebola very tough for government and other



Riot in Koidu, Kono District



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international partners. In an exclusive interview on Radio Democracy FM. 98.1 Good Morning Sierra Leone Program on Thursday 23rd October, the Special Adviser to the President, Alhaji I.B. Kargbo expressed government frustration over the contravention that the declaration of a state of public health emergency policy calls for extraordinary measures needed to aptly address the Ebola outbreak. Other reports have confirmed that uninterrupted trade and market activities are still evident in some parts of the country including Bamoi Luma, in Kambia District, Waterloo market, Guard Street market, Salad ground, Lumley market etc still continue converging to conduct business as usual; the situation is same for some football cinema owners showing football games, funeral processions and receptions, drivers overloading, bike riders plying the roads after 7:00pm all in violation of the ban on public gathering with impunity. Most frustrating and worrisome are the attacks on health workers and ambulances by irate youths as well as people in quarantined homes resisting actions to prevent the disease spread which affirms steep lawlessness. Without positive change of attitudes and behavior of citizens, no amount of support from the government and the international community shall end the fight against Ebola in Sierra Leone. Citizens must give back by abiding by the health warnings otherwise the virus would continue to ravage the nation.

6. Diverse Opinions of conspiracy theories around the evolution of Ebola in Sierra Leone and the sub-region.

Observations from the public spheres have revealed a lot about diverse conspiracy theories emerging since the Ebola outbreak in Sierra Leone and the Sub-region. These Ebola conspiracy theories have overwhelmed the social media to an extent that people are beginning to believe and place trust on the theories. Some people say the deadly disease was developed in a lab that was put up by the Tulane University researchers in Kenema, East of the country, some say it is a population control tool, others say it is a weapon of mass destruction, a bio weapon or even non-existent. In reality, whether these theories are true or false, they deserve thorough investigations and research to prove the test of time. However, it is worth noting that these theories continue to spread faster than the facts about the Ebola Virus Disease in our communities. The fact that the non-literates make up the bulk of the population positioned these theories as a potential threat to peace and security. In as much as the Government and its partners are preoccupied with the containment of the disease, urgent attention is also needed to diffuse the seemingly rising tension within the social media not to distort the Ebola preventive messages as well as the security of the state.

As a result of the above analysis, WANEP recommends the following:

- The National Ebola Response Center (NERC) to step up implementation and assurance of more robust, constructive, contextual and action oriented strategies in the implementation of the national Ebola response plan.
- NERC to ensure and enforce decentralization of all Ebola response efforts to the district and chiefdom levels for enhancement of timely and contextual response actions.
- The National Ebola Response Center (NERC) and the Ministry of Health and Sanitation to ensure apt responses to calls from distressed/affected families and communities to mitigate the potential eruption of community riots and violent attacks on health personnel.
- The need to establish a national pool or platform where all local and international supports including finances, logistics and materials can be harmonized to enhance timely and well coordinated actions, and avoid duplication of efforts and wastage of resources as we should not underestimate the lengthy stay of the Ebola epidemic in the sub-region.
- Government and partners to fast track the construction of well equipped testing laboratories, holding and treatment centers with sufficient health service providers with the requisite technical expertise.
- The need for more gel between national, district, chiefdom and community stakeholders to ensure cooperation, well tailored and holistic Ebola response actions.
- Government to ensure stiff implementation and enforcement of the public health emergency and the Chiefdom bye-laws on Ebola prevention without exempting any person or groups.
- Despite all the increased international and local supports, the Ebola scourge will be difficult to curb without positive oriented changes of attitudes, behaviors and practices of citizens.
- The general public should also be alert on security and safety issues. In an event of any seeming threats, they should contact the **Office of National Security (ONS) Situation Room on the following numbers: 119 Toll Free Lines (from any phone/network) OR 025 313 559, 099 339 766, 079 237 043**

For further information, please contact the National Network Coordinator, Edward Kingston Jombal on +232 76 644 242 OR Email: edijombal@yahoo.co.uk