

# Ebola outbreak in Sierra Leone

## Introduction

The recent outbreak of Ebola poses an enormous threat to the people of West Africa and to development in the poorest countries of the region, as well as being a danger to the wider world.

Described as the worst ever outbreak of hemorrhagic fever, there have been more than 8,300 reported cases of the disease and more than 4,000 deaths in Sierra Leone, Guinea, Liberia, Nigeria and Senegal, as of 8 October 2014.<sup>1</sup> Linked to these outbreaks, additional cases have surfaced in the USA and Spain.

Urgent action is needed now to address this global public health emergency. Infection rates continue to rise (an estimated five cases are reported every hour in Sierra Leone),<sup>2</sup> putting thousands, if not millions, of lives at risk.

Secondary impacts are affecting the economy, education and healthcare systems, leaving millions struggling in the face of food insecurity or dying of preventable, treatable health issues such as malaria, diarrhoea and childbirth.

This briefing note outlines the situation, the impact of the crisis and the urgent action needed to support national authorities, health workers, humanitarian agencies and community groups to break transmission rates and halt the spread of Ebola cases, including:

- urgent community outreach and education, and provision of local health services
- scaled-up, specialised medical care and training
- rapid disbursement of flexible, emergency funding
- support to address secondary impacts of the crisis.

## The impact of Ebola in Sierra Leone

Sierra Leone, along with Liberia and Guinea, is experiencing the worst outbreak of Ebola virus disease. Between the first reported case on 23 May and 7 October 2014, Sierra Leone has had over 2,500 confirmed cases of the disease and over 700 reported deaths. This may well mask a greater number of unreported cases.<sup>3</sup>

Estimates for the spread of Ebola vary, but the UN's planning assumption is for 20,000 cases by the end of 2014. The US Centre for Disease Control and Prevention

(CDC) estimates 550,000-1.4m cases in Liberia and Sierra Leone by 20 January 2015, unless current control measures are improved.<sup>4</sup> The impact of these deaths is devastating both on a personal and practical level.

As well as losing family members, communities across the country are already experiencing the secondary impacts from loss of livelihoods, rising food prices, lack of medical attention for other health risks, and more.

## Food security and livelihoods

Because of restrictions to the transportation of foodstuffs and the closure of weekly, local markets around the country, the prices of food commodities and essential household items are already on the increase. For example, a 50kg bag of rice (the nation's staple food) sold for Le130,000 before the outbreak is now sold at Le170,000.<sup>5</sup>

The Ebola outbreak has disrupted farming and livelihoods. Seventy-one per cent of farmers interviewed for a recent survey reported a struggle to find labourers for their farms and 80% expect reduced yields in 2014, compared to 2013.<sup>6</sup>

## Hunger is undermining quarantine efforts

Endemic poverty, increased food prices and limited support to affected communities have often forced people to leave quarantined homes to fend for their families – increasing the chances of transmitting the virus to others.

## Health services are overwhelmed and preventable diseases are proving fatal

Addressing the Ebola crisis is the priority for already fragile health services. This has led to an increase in deaths from other easily treatable diseases such as malaria and diarrhoea, and from childbirth-related complications.<sup>7</sup>

## Education

In order to minimise physical contact and interaction, and so stop transmission, the Ministry of Education postponed the opening of all schools, colleges and educational establishments at the start of the new school year. This is posing immediate social problems, disproportionately affecting girls and young women because they are the group least likely to return to school following gaps in their education.

## Economic impact

Between 2012 and 2013, Sierra Leone recorded an encouraging economic growth rate, projected to be 11.3% in 2014. This was driven mainly by investment in the mining and construction sectors. The spread of the Ebola virus is undermining this growth prospect and may reverse gains made in poverty reduction, if the disease is not contained.

## Stigma and isolation

Most international airlines have stopped scheduled flights to Sierra Leone, and several countries have imposed travel restrictions for Sierra Leoneans entering their territories. The suspension of direct flights to the country is holding back the delivery of emergency supplies. Gambia Bird was due to resume flights from London on 17 October, but has been ordered to reverse the decision, putting at risk the lives and livelihoods of people in Sierra Leone.

## Response to the Ebola crisis in Sierra Leone

### National government action

Initial government efforts to constrain the disease were limited by lack of expertise and capacity within the Ministry of Health and Sanitation (MoHS). However, with President Koroma's declaration of a state of emergency on 4 August 2014, the following measures were taken by the Sierra Leonean government:

- Police and military were mandated to set up roadblocks throughout the country so that travellers' temperatures could be monitored, and in order to reduce movement both from quarantined homes and over the borders with Guinea and Liberia.
- Public gatherings were banned in cinemas, nightclubs and other public spaces.
- The Emergency Operations Centre (EOC) was established to bring government and partners together to plan and coordinate response efforts to end the outbreak.
- A nationwide quarantine was held for three days between 19-21 September to reduce physical contact between people and allow volunteers to distribute information on Ebola to over 1.5m homes.
- Information gathered during the quarantine revealed districts where case numbers were rising. As a result, Bombali and Port Loko, in the north, and Moyamba, in the south, were quarantined for a further 21 days.<sup>8</sup>
- The government established an emergency telephone number to enable people to report Ebola-like symptoms and deaths at home.
- To minimise transmission through unsafe burial practices, MoHS mandated that all deaths must be

reported (whether at home or in hospital), to enable health staff to test remains and issue a death certificate before burial. The purpose is to ensure the safe disposal of bodies, by trained burial teams, in cases of death caused by Ebola.

### International assistance

International assistance to tackle the crisis has been slow to arrive, but is now increasing. The UN estimates (based on already exceeded caseload predictions) are that almost \$1bn is required for the next six months (\$473m for Liberia, \$220m for Sierra Leone and \$194m for Guinea).<sup>9</sup> Currently, \$467.3m has been committed, mainly by the USA, World Bank, African Development Bank, European Commission and UK, with a further \$138.1m in contributions made outside of the appeal and \$332m remaining in uncommitted pledges.<sup>10</sup>

The crisis has attracted a significant amount of in-kind support from both government and private donors, the value of which is sometimes included in the totals reported to the UN Financial Tracking Service, and sometimes in the overall amount reported in press releases. This includes the provision of military personnel and assets; healthcare workers; investment in, and development of, treatment and vaccines; and the supply of medical equipment and emergency food aid.

The UK Government provision of \$200m<sup>11</sup> includes both financial aid and in-kind military aid – through the deployment of British army forces to build and manage an Ebola treatment centre in Kerry Town in Western Area, Sierra Leone. In addition, UK parliamentarians have recommended that the bilateral budget for Sierra Leone, which was previously cancelled, be reinstated.<sup>12</sup>

### Christian Aid's support for the crisis

Christian Aid is working with partners in Sierra Leone to address widespread community fear and distrust about the virus and its causes, to distribute medical materials and increase understanding about the disease. Our partners are building the confidence of communities and supporting the response from the Ministry of Health.

We work through the Methodist Church of Sierra Leone (MCSL), Network of people living with HIV (NETHIPS), the SEND foundation, Rehabilitation and Development Agency (RADA), and Network Movement for Justice and Development (NMJD). These organisations are reaching out to communities in 10 of the country's 14 districts, using trained volunteers. Christian Aid has also contributed to the Ebola response efforts through its collaboration with ACT Alliance and an intervention resourced by the Start Network's Start Fund, involving five partners operating in nine districts.

We have adapted existing structures, originally set up to deal with HIV, to provide advice, information and support about Ebola. Volunteers inform communities about basic

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preventative measures, such as handwashing with soap and water, and encourage use of local health facilities for early diagnosis and treatment.

So far, more than 200,000 pairs of disposable gloves have been distributed to medical teams across nine districts. In addition, our partners have provided more than 360kg of powdered chlorine – with the potential to produce 11,600 gallons of diluted liquid chlorine – to disinfect health centres and for handwashing by medical teams.

Our partners have also trained 900 community health volunteers to conduct door-to-door awareness-raising with key messages on how to prevent Ebola transmission. They also rolled out the training to a further 9,000 volunteers, enabling them to reach nearly 50,000 households across the country.

Christian Aid and partners are coordinating with Ebola response structures in-country: the Ministry of Health's strategic Ebola Task Force group, INGO health groups, INGO networks, and the working groups for the five pillars to tackle Ebola at national and district levels: (i) coordination, (ii) logistics, (iii) social mobilisation, (iv) child/social protection, and (v) surveillance and laboratory.

### **The urgent response needed:**

Urgent assistance must be made available now to support the government of Sierra Leone to respond to the Ebola crisis. This must include:

- **Community outreach, education and health services**

Ebola is associated with fear and trauma in the minds of Sierra Leoneans, after initial attempts to inform people focused on the fact that it has no cure. This fear must be reduced, by informing communities of the benefits of early diagnosis and treatment, and training them in safe methods of caring for infected people until they can reach specialised care. In fact, while fatality is currently at 28%, 533 people have been discharged from hospitals, having survived the disease.<sup>13</sup>

Local people must be trained in methods of safe burial and in providing trauma counselling for affected families. Community involvement in responding to Ebola will further help to reduce stigma suffered by health workers, people who have survived the disease and households that have been quarantined. This community based approach is consistent with the concept of Ebola care units promoted by the World Health Organization and DFID.<sup>1</sup>

- **Scaled-up, specialised medical care and training**

More holding units and treatment centres (with enough beds) are needed, as is training and appropriate equipment for healthcare workers nursing Ebola patients. Humanitarian agencies are now taking the rare step of calling for military and civilian personnel to be urgently deployed to meet the crisis, in line with the UN's Oslo Guidelines (on the use of foreign military and civil defence assets in disaster relief). This must be done in clear coordination with the Sierra Leonean government and the Global Ebola Response Coalition (GERC). Where Ebola cases continue to rise, serious options must be explored, including the quarantining of significant parts of Freetown.

- **Rapid disbursement of flexible emergency funding**

Donors must significantly increase funding to meet more than the \$1bn – and growing – that is required. As recommended in a recent joint NGO statement, such funding must be flexible enough to allow NGOs to readjust planned activities in a fluid and rapidly changing environment.<sup>15</sup>

- **Support for addressing secondary impacts of the crisis**

The hidden cost of the Ebola outbreak is huge. The immediate and long-term impact on livelihoods and the economy could be devastating unless measures are taken to mitigate this. As national resources have been diverted to respond to the outbreak, health systems have collapsed and hundreds of people have died of preventable conditions and diseases. Vital months of education are being missed by children, many of whom may also be made orphans or lose a parent. Donors and the national government must work together to address the holistic impacts of the Ebola outbreak to mitigate the worst of the secondary impacts.

The outbreak of Ebola in Sierra Leone poses a significant global, regional and national threat, but with rapid and targeted response efforts it can be curtailed. Action is needed now to reduce its worst effects and to help affected countries manage the threat and to recover.

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## Endnotes

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