State of emergency
How government fought Ebola
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Foreword

The Tony Blair Africa Governance Initiative (AGI) has been a strong supporter of Liberia over the past five years. Tony and his team of advisors have worked alongside my government to prioritise, plan and deliver our 2030 vision – our Agenda for Transformation.

Over the past year, we have needed support more than ever. The Ebola outbreak in West Africa was absolutely unprecedented. After our hard work to rebuild our nation, following more than a decade of civil war, we were suddenly faced with an invisible enemy. It was a frightening time. As a leader your responsibility is to reach out to your people and guide and reassure them, to inspire the nation to come together to tackle the issue. However, in the early days, how we would get there was far from certain.

Ebola knows no borders, which is why it needed a truly international response. We needed the medical and technical expertise of those agencies and countries who have dealt with large-scale emergencies. We needed doctors, nurses, epidemiologists. We needed our citizens to get behind their country and change their way of life – to stay back from schools or the marketplace – in order to contain the virus. And we needed the ongoing support of our old friends. In the case of AGI, an organisation which knew Liberia, understood government and believed in us, and who stayed working alongside government officials to help us to plan and implement critical structures. Structures like the Incident Management System, the vehicle for day-to-day management and oversight of the response, or the Presidential Advisory Committee which enables me to take an overview and make decisions that need resolution from the top.
Together we have come a long way from those terrible months last summer before the situation was in check. We are proud of where we have got to, but we are not complacent. We have learned much from this response that the world should consider for the next emergency. There are lessons about the importance of strong leadership and genuine collaboration between government and international partners, with everyone pulling together under one system to one end. We have learned lessons about how to build effective systems to improve decision-making and make the most of the range of expertise and resources. We have seen it is critical for the people of the affected countries to have a stake in securing their own futures. And, perhaps above all, we have seen why governments are uniquely placed to lead the response efforts in their own countries.

We should use these insights to arm us for the next stage of the fight. In Liberia, Sierra Leone and Guinea we need to move forward rapidly with a regional plan to protect ourselves for the future. Recovery will be a long road. We need to restore our economies and build for a more sustainable future. As with the response so far, we will need our international partners to join us on this journey. As we move to self-sufficiency we need government to steer the course, while all of us take our turns to row. I look forward to tackling the next challenges, building new systems and infrastructure with capacity to withstand any reoccurrence of the virus. And I look forward to working with AGI and all those others who have been with us in these difficult times. I welcome those who wish to join us now, as we push to the end with Ebola and deliver our new Marshall Plan for recovery.

**Her Excellency, President Ellen Johnson Sirleaf**
State of emergency: how government fought Ebola

Monrovia, Liberia
Summary

Ebola shocked us all. In early 2014, Guinea and Liberia thought they had eradicated the apparently small outbreaks in their countries. But in the middle of 2014 the disease came back, spreading at an exponential rate as it moved into the urban areas of Liberia, Sierra Leone and Guinea.

It was the first time an Ebola outbreak had reached such densely populated regions. The situation was unforeseen and the right response untested. While the catastrophic predictions of 10,000 cases per day never materialised, the epidemic has been a tragedy for the three countries, killing over 10,000 people and setting back development after the progress each made in recent years.

The Tony Blair Africa Governance Initiative (AGI) had never worked in a crisis before and yet by December 2014 one third of our 50-person organisation was working on the Ebola response. Why? Firstly, we’d worked in Sierra Leone, Liberia and Guinea for years. Being government-led is at the core of our approach, so we asked our partner governments frankly if they wanted us to stay and what they wanted us to focus on. They answered ‘yes’ and ‘Ebola.’ Secondly, in July and August as the epidemic worsened, our staff, who live and work in the affected countries, began to see that Ebola was not just a medical problem. We realised that, in the words of Peter Graaff – Acting Special Representative for the UN Mission for Ebola Emergency Response, it was also “a systems problem”. One of the biggest challenges would be how the governments could manage this complex response. Unlike running a special treatment unit or advising on the epidemiology of the disease, this was something we and our partner governments felt AGI could be useful in supporting.

We have worked on different things as the disease and the response took different paths in different countries. From working with the Presidents and their top advisors directly in each of the three countries, to supporting technical areas like social mobilisation in Liberia and data systems in Sierra Leone, to the setup and management of different coordination bodies, such as the National Ebola Response Centre in Sierra Leone and the Incident Management System in Liberia. One of the lessons has been that there is no off-the-shelf approach to a crisis like this, so the shape of our advisors’ work was different according to what each country needed.
The Ebola outbreak in West Africa is not over, but we think there is already a lot to be learned for governments and international partners facing the next complex crisis. In the words of OB Sisay, Director of Sierra Leone’s National Ebola Response Centre “there are no perfect Ebola fighters, everyone is learning.” We have developed this piece, part of an ongoing series of case studies on our work, by reflecting on AGI’s experience and by gathering the views of government colleagues and international partners. The lessons in this paper are for three groups: political leaders, governments and international partners (including AGI).

**Lessons for political leaders**

AGI has had the privilege of working with the Presidents of Sierra Leone, Liberia and Guinea for several years and we have supported the Presidents’ engagement in the Ebola response. We have seen how indispensable political leaders were in this crisis and seen these Presidents play three critical roles: symbol, system-builder and decision-maker.

**LESSON 1** There is no substitute for political leadership

The leaders have been essential in getting their countries through this unprecedented crisis. They have played three special roles:

1. Symbol: being seen to lead
2. System-builder: putting top people in charge to manage the crisis
3. Decision-maker: the buck stops with you, you can delegate work but you cannot delegate accountability

**Lessons for governments**

The Ebola response was complicated, with lots of moving parts, including thousands of national staff. In October 2014, the UN estimated that only two per cent of those involved in the response would be internationals. Underneath the countries’ political leaders, governments needed to manage a multitude of activities and people to make sure they fit together in a coherent system which recognises the cultural and political context.

**LESSON 2** Don’t go it alone – governments need to steer but everyone needs to row

**LESSON 3** Put in place systems and structures to allow the government to make the right decisions

Effective management systems are the beating heart of an effective response. Two important lessons for how to get this right are:

1. Keep it simple, get it started and adapt it
2. Work out what information decision-makers need
Lessons for international partners

International partners have been heroes during this epidemic. International expertise and financing have been essential, but there are also things that international partners, and we include ourselves in this category, could have done differently. We need to keep these in mind for next time.

LESSON 4 This is not OUR response
No one had more at stake than the governments and people in the affected countries. The other half of the ‘don’t go it alone’ lesson for governments is for international partners: the response was most effective when international partners supported the governments’ leadership, strategies and plans rather than pushing their own.

Underpinning this are two things:

1. You will save more lives if you help government manage the crisis without creating parallel systems
2. Be clear about what you can and cannot do

LESSON 5 Be flexible
Because this Ebola outbreak was unprecedented in scale and complexity and evolved in unexpected ways, the response needed to be constantly adapted.

LESSON 6 Understand the culture and context
For more obviously cultural issues – like the fact that many traditional burial practices in West Africa involve touching the deceased which increased the spread of the disease – partners generally did their best to tailor their approach, but too often partners failed to see that local context and politics mattered for seemingly more technical aspects of the response.

Looking ahead

These lessons are for political leaders, governments and international partners to use for the next crisis, whatever and wherever it is. However, they are equally important for driving improvements in Liberia, Sierra Leone and Guinea as the governments begin the transition from managing Ebola, to economic recovery. As the three countries look to rebuild their health systems, political leadership, collaboration and effective systems are as important as ever. As international partners, we should not forget what we have learned in taking our cues from the government, continuing to be flexible and remembering the importance of context. It took these elements to manage Ebola; it will take them too to rebuild better.
The Ebola crisis: a systems problem

In June 2014, we had no idea that one third of the Tony Blair Africa Governance Initiative (AGI) would soon be working on a global health crisis. We are not health experts and have never worked in an emergency environment before. Yes, we had been in Sierra Leone, Liberia and Guinea for a number of years. However, our focus was on helping those governments to deliver their long-term priorities, on things like economic and infrastructure development.

As Ebola was emerging as a catastrophic threat to the three countries in summer 2014, it was not an easy decision for us to get involved. Our instincts pulled us in two directions: we wanted to stay to help our friends and colleagues in each of the governments, but we did not want to get in the way of the Ebola experts in what felt like a health crisis. Over time it became clear that staying to support the Ebola fight was the right thing to do, for a few reasons. One was demand from the governments we work with. In late July, we asked the then Minister of Health in Sierra Leone, who was familiar with AGI, whether she thought we could help. She said “yes” and we placed an advisor in the Ministry for several weeks. It was both an early test and insight into what is now blindingly obvious to us: this emergency was an insight into the huge delivery challenge.

By late August, with the crisis continuing to escalate, we had small teams in each of the three countries assessing if there was more we could do. A few things were becoming clear; the government priorities we had been working on for the last few years, like energy and infrastructure, were largely on hold until Ebola could be brought under control. But we also saw that the response required more than treatment centres and doctors on the front lines. Ebola looked like a purely medical problem but in reality, as Peter Graaff, Field Crisis Manager for the UN’s Ebola Mission (UNMEER) in Liberia says, it was “a systems problem.” The biggest question was how could the governments manage this increasingly complex outbreak and response? Once we saw the problem in that light, we realised that our experience of working with governments to build implementation systems could be useful. And so, in September and October, we began to ramp up our support.

“There are no perfect Ebola fighters … everyone is learning.”

OB Sisay
Director of the National Command Centre in Sierra Leone
We have worked on different things in Guinea, Sierra Leone and Liberia because the trajectories of the disease and the necessary response have been different in each. But in each we have worked “shoulder-to-shoulder” with government, in the Sierra Leonean President, Ernest Bai Koroma’s words, to coordinate aspects of the response. We are honoured that in each of the three countries we have had the chance to work with the Presidents and their top advisors directly, but we have also worked at an operational level. For example, in Sierra Leone, one of our advisors worked with the Republic of Sierra Leone Armed Forces (RSLAF) and international partners to establish an Emergency Response Centre in the Western Area (the region that includes Freetown) to coordinate the response there.

The Ebola epidemic in West Africa is not over, but the situation is vastly improved so many are rightly now reflecting on what we should learn. Some international organisations are emphasising the need for stronger health systems and others a better global health crisis response capability. These are important issues to raise. Our expertise is government effectiveness: how to build strong implementation systems that fit the local context. From working on this since the earliest days of the epidemic, we have seen that this was a government systems challenge as much as a medical problem. The lessons developed in this paper start from that core insight as well as reflections from AGI staff, government officials and international partners who have worked on the response.

Much of the analysis of the Ebola response has focused on the negatives. Of course, mistakes have been made at all levels, as they will be in any crisis situation. We should learn from them. But we should not miss the lessons from what has gone well. These are our thoughts on the things that governments and international partners should do when the next crisis strikes.
AGI’s role in the Ebola response

AGI worked across the response in all three countries, from presidential level to district coordination. The coloured boxes in the diagram below show where we worked.

Guinea

President
National coordination

Regional coordination structure

Technical teams
Surveillance Research Sanitation and burial Case management Communications

Support teams

Individual support functions

Sierra Leone

President CEO, NERC COO, NERC

Plans directorate Transition Logistics Plans District support

Situation room and secretariat
Information management & analysis

Field operations directorate

Rapid response

Pillars
Surveillance Case management Burials Social mobilisation Psychosocial support Logistics

District Ebola Response Centres (DERCS)

Liberia

President PACE
Incident Management System (IMS)

IMS support

IMS

Monaterrado IMS District IMS

Laboratory Social mobilisation Case management Contact tracing Logistics Finance/procurement Operations Planning M and E
Presidential level
AGI has worked with the Presidents of Sierra Leone, Liberia and Guinea for several years. We have also supported their engagement in the Ebola response. Our work has included providing the Presidents and their advisors with information to help them keep on top of trends in the crisis or deal with contentious issues. For example, in Sierra Leone AGI gave weekly briefings to the President and offered him and his office support and guidance on issues such as restructuring hazard pay for doctors and nurses. In Liberia AGI helped to establish a new committee attended by Ministers and international partners, through which President Sirleaf oversaw the response.

National coordination
Each of the countries has managed the Ebola response through a national task force or committee. They had different names – the Cellule in Guinea, the National Ebola Response Centre in Sierra Leone and the Incident Management System in Liberia. Each were hubs for information that allowed the crisis managers to identify and respond to emerging issues. AGI helped set up the Situation Room in Sierra Leone; the centre for data collection and analysis of the Ebola response, and developed systems for reporting on different elements of the response in Liberia. We have provided advice and support to the crisis managers in each of the three countries in their roles to oversee the response.

Technical functions
The Ebola response is made up of different activities like contact tracing; identifying and monitoring people who have been in contact with those who have Ebola, and burials; ensuring that everyone is buried safely, quickly and in line with cultural and religious practices. AGI has worked on these technical functions in the three countries. In Sierra Leone, we worked with the 117 Call Centre Coordinator, Reynold Senesi, to establish the centre, train staff and expand capacity to deal with a significant increase in call volume. In Guinea, we worked with Dr Pépé Bilivogui, National Head of the Surveillance Unit which oversees the detection and investigation of cases and the monitoring of contacts of previous cases. AGI supported Dr Bilivogui to restructure the unit to reinforce integration of national and international partner surveillance teams and to respond more flexibly to local issues.

Local-level coordination
Each of the countries set up task forces to manage the local response in different parts of their countries. AGI has worked with a few of these bodies including the coordination centres in Sierra Leone’s capital, Freetown, and Liberia’s capital, Monrovia. In Sierra Leone, we provided support to the District Health Management Team which was overseeing the Ebola response in Freetown, and then supported the transition to a stand alone Emergency Response Centre.
Part 1: Lessons for political leaders

AGI has had the privilege of working with the Presidents of Sierra Leone, Liberia and Guinea for several years and we have supported their engagement in the Ebola response. For example, in Liberia we helped establish, and were part of the secretariat for, the Presidential Committee (the Presidential Advisory Committee on Ebola and Restoration of Healthcare Services – known as PACE) that oversaw the Ebola response. In Guinea, we have worked with President Condé and his advisors to ensure he has the information he needs to keep on top of the response. We have seen how indispensable the Presidents were in this crisis, playing three important roles.
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LESSON 1

There is no substitute for political leadership

“The Presidents were at the centre of this response”, said UN Special Envoy for Ebola, David Nabarro. The leaders have been essential in getting their countries through this unprecedented crisis.

The Presidents have played three roles, as:

- **Symbol**: being visible as leaders, providing confidence that the state was capable of responding to the crisis;
- **System-builder**: the Ebola response needed strong day-to-day management which has meant the Presidents putting their top people in leadership positions; and,
- **Decision-maker**: there have been some issues so critical or so delicate, for example certain political issues, that it was necessary for the Presidents to step in.

Leaders in future crises should understand and embrace these three roles.

1. **Symbol**: Be seen to lead

While the eyes of the international community were focused on the WHO or CDC for guidance, the eyes of the people of the affected countries were on Presidents Condé, Koroma and Sirleaf. Their hopes and expectations rested on their Presidents and their ability to govern effectively. In any crisis, it is important for a leader to be visible and in command. The Presidents of Guinea, Sierra Leone and Liberia knew this was especially true in this situation.
Firstly, there is the recent history of civil conflict and instability in the region. The leaders needed to consider how people and political opponents would react to the escalating crisis. Creating the sense that capable leadership was at the helm was critical.

Secondly, was the unknown and frightening nature of Ebola. When the Ebola epidemic was escalating in summer 2014 no one knew how, or if, it could be contained. Its invisible, sudden and deadly spread seemed unreal to some. So much so, there were rumours that Ebola was a conspiracy led by the Liberian Government, the US Government or the United Nations. As people in dehumanising protective equipment took the sick away in ambulances and the sound of sirens filled the streets, or jungle roads; as families and in some cases large communities were quarantined; there was a palpable air of fear.

There are many ways messages about Ebola have been delivered in the countries: over the radio, on billboards, by government officials and by community and religious leaders. But the Presidents themselves have played a central role in communicating and engaging the public about the disease.

Being in charge in a crisis is not easy. As President Sirleaf said:

“We didn’t know what we were dealing with. It was an unknown enemy ... We did not know what to do. We were all frightened. I was personally frightened.”

But in a crisis there is a need for a leader to instil confidence and to demonstrate that the state is capable of managing the situation.

THE IMPORTANCE OF BEING VISIBLE

In Sierra Leone, as in the other countries, community acceptance and behaviour change has been an ongoing challenge that continues to prolong transmission of Ebola. International partners mobilised to get the message out to communities around the country, but ultimately President Koroma recognised that Sierra Leonean leadership and authority structures were critical to getting through to his people.

The President started touring the affected districts and has done so almost every week since October 2014. He has met with the local Ebola response leadership to keep pressure on them and talked to local communities to engage them directly on the threat of Ebola and the responsibility of all Sierra Leoneans to fight the disease. As President Koroma said: “I know what we are being asked to do is very difficult; we are a people that have built our humanity on hugging each other, on shaking hands, on caring for the sick and showing communal empathy by participating in funeral activities. But today the Ebola devil of illness and death hides in the innocent clothing of our culture to get us.”

“Leadership is one of the strongest things you need to have to move the crisis and solve problems ... If you don’t direct people to say this is what we need to do, this is what you need to be accountable for, then you miss the boat.”

Tolbert Nyenswah
Head of the Incident Management System, Liberia
2. **System-builder: put your top people in charge of the crisis**

Systems start with the people who are in them and those who lead them. In a crisis you need your most competent leaders, leading. In this case, this meant moving top people from their regular jobs into roles in the response. Once in place, these leads needed delegated authority from the top to manage the situation.

As Tolbert Nyenswah, Head of the Incident Management System in Liberia put it:

“It needs to be high on the political agenda. Government needs to quickly identify smart nationals who understand the subject matter, who can take charge. People cannot be put in charge for political or other reasons.”

There is not a single template for who this person should be. Liberia selected an official from the Health Ministry, while Sierra Leone chose the Defence Minister. The common element is that these were people appointed by the Presidents for a particular set of skills that was needed (see “Finding someone with the ‘right stuff’” on page 17) and were backed by delegated authority, from the President.

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**THE LEADERS OF THE EBOLA RESPONSE**

Before his appointment as Head of the Incident Management System, Tolbert Nyenswah was an Assistant Minister in Liberia’s Ministry of Health and Social Welfare (reporting to a Deputy Minister, who reports to the overall Minister). Putting him in the lead meant that he was suddenly directing the work of more senior figures from a range of Ministries. There was a risk that others could undermine his leadership, or that he might be reticent to take hard or unpopular decisions. However, he took the reins decisively and soon started putting in place a structure for delivery, in which he set clear roles for international partners, alongside the Liberian nationals who led different elements of the response. Despite his more junior position, from the outset Tolbert had clear delegated authority from President Ellen Johnson Sirleaf, which was critical. As one of the international partners said:

“When he spoke even the Minister had to listen. The President entrusting him and sticking with him was a big decision. It made a big difference. All other Ministries’ support came under Tolbert’s Leadership.”

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There is a similar story of the importance of using the right leadership in Sierra Leone. Initially led through the Ministry of Health, it became clear that there was not enough logistical capacity within the Ministry to manage the response to the scale required.

What President Ernest Bai Koroma decided was to shift management of the Ebola response out of the Ministry of Health and into a separate command and control structure. This was under the Defence Minister and was resourced with a combination of local and international civilians and military personnel. It was a bold change to make, particularly because the epidemiological picture was still getting worse in October. But the idea was that by transitioning technical expertise to the new structure government could capitalise on expert medical input, while simultaneously making the most of the Military’s command and control and logistical expertise. All the countries talked about ‘fighting Ebola.’ Sierra Leone’s approach was to meet the enemy with the discipline and structure of a military operation.

Meanwhile in Guinea, President Alpha Condé has used a team of strong leaders to manage the country’s response. The response coordinator Sakoba Keïta (an infectious diseases doctor whose regular job is as Director of the Prevention Department at the Ministry of Health) is joined by his deputy, Sékou Condé, and the Head of Surveillance as the main people in charge. In November, President Condé added a close advisor to lead a strategic committee to oversee the response and keep him informed on the details of what was happening.
FINDING SOMEONE WITH 'THE RIGHT STUFF'

Although it is obvious that you want the best person for the job, it is not always as clear what the right skills are. A few practical suggestions for leaders on the characteristics to look for in your crisis manager are:

Don’t only think technically
Decision-makers and coordinators do not need to be the technical experts, as vital as they are. They need to be leaders who can pull on a wide range of resources to make decisions; are able to prioritise; and, can effectively escalate those issues which are not solvable through the main coordination body like Sierra Leone’s National Ebola Response Centre.

Playing at the highest levels
Not all countries appointed a crisis manager at the level of a senior minister, although the role involved deploying resources and leading senior colleagues. For this reason, no matter their previous position, leaders needed to be someone with personal credibility; the ability to pull together a wide range of people; and, to set a clear course. There is no room for second guessing chains of command in a crisis. So you need to endorse the crisis manager by publicly delegating authority to them.

Doing it together
Governments need to manage the response, but do not necessarily have to do everything themselves. The crisis manager needs to be able to work out what international partners can contribute to the overall response, and create a structure which enables them to slot in where they can be most effective. While clear and decisive leadership is important, the most effective crisis managers do not fall into the trap of trying to do everything themselves, or pretending that government can. They need to steer while others, like international partners, row response and keep them informed on the details of what is happening.
3. **Decision-maker: the buck stops with you, you can delegate work but you cannot delegate accountability**

   It is not feasible or desirable for a President to manage the day in day out crisis response. But Presidents sometimes had to step in to deal with issues that were highly political, contentious, or outside of the mandate of the response system.

   As President Condé put it:

   
   “These problems are much bigger than just one individual. But the reality of it is, when you are the leader, it falls on your shoulders.”

Decisions about whether to close borders or schools, or what to do about the cancellation of international flights, could not be decided by the crisis manager alone. A wider group of people and organisations needed to be involved. Other problems, such as what to do when the burial grounds were full, required oversight and decisions from the top.

The lesson for political leaders is the buck stops with you. On the biggest issues you need to be ready to assume responsibility and make the difficult decisions, fast.

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**MAKING TOUGH DECISIONS**

Liberia’s response has been coordinated through an Incident Management System (IMS), a team of government officials and international partners, led by the Ministry of Health Assistant Minister (and now Deputy), Tolbert Nyenswah. The system is overseen by the Presidential Advisory Committee on Ebola and Restoration of Healthcare Services (PACE), which the President uses to engage on issues which have wider political or economic implications. Minister Nyenswah can use PACE to escalate to the President issues that are outside the Incident Management System’s remit.

One example of when PACE was needed was when there was nowhere left to bury the dead in Liberia’s capital, as the crisis escalated in August and September 2014. The government decided on cremation as an alternative. But cremation is culturally an anathema to many Liberians – and funeral rites are extremely important. So there was intense public and political pressure to go back to traditional burials. Experts and others meanwhile continued to make the case that burials were not a safe option until Liberia could find land for a cemetery.
So the IMS escalated the issue and PACE considered what should happen next. PACE took the decision to continue with cremation, and the President spoke on its importance, given the current situation. The committee simultaneously used its convening power to get other government Ministries working on finding and resourcing a viable new cemetery, which they were able to do. Taking this bold decision to continue cremation, in the face of intense pressure, removed the single biggest risk of spreading the disease. It was an important factor in Liberia being able to turn the tide of transmission over the autumn of 2014.

President Koroma in Sierra Leone has also taken difficult decisions, including several that did not necessarily enjoy a consensus with the rest of government or the international partners. In September 2014, with case numbers rising rapidly, the President decided to require every Sierra Leonean to stay in their homes and all businesses to shut for three days. Thousands of community volunteers were to go door-to-door talking to people about the symptoms of Ebola, how it was transmitted and what to do if someone was sick. The international community, many newly arrived to Sierra Leone to support the emergency response, were almost unanimous in their opposition. They worried that poor Sierra Leoneans could not afford to stock up on food for three days and so would riot. But the President knew his people and felt that if he asked them to stay at home for the good of the country, they would. And they did. The three days passed without major incident. Awareness and engagement went up as a result.

In Guinea, President Condé quickly stepped in to pressure the international community on strategic issues around which it would have been difficult for his response coordinator to get traction. For example, he has lobbied on behalf of the three main Ebola-affected countries for the resumption of commercial flights to the region, urging international partners to “isolate Ebola and not the countries.” President Condé has also been a strong voice on pushing international partners for faster technical and financial support. These are examples where the President recognised and engaged in those areas where his intervention was likely to help most.
DEMANDING WHAT YOU NEED

To play the role of decision-maker, leaders needed a clear picture of what was going on and support from the international community.

With Ebola, particularly early on, it was hard to get an accurate picture of how bad the crisis was and how the response was going. This was partly because there were a lot of unknowns, like whether all cases were being reported or not. But it was also a challenge because it was sometimes difficult for people to admit to their superiors how bleak the picture was. Leaders dealt with this by having their teams, who were managing the responses, develop more reliable data collection systems and demanding frequent, data-driven updates on what was happening.

It is politically difficult for any leader to admit they and their government cannot manage a crisis. For these Presidents the politics were even trickier because they needed to balance the differing pressures of domestic and international audiences.

Given the region’s recent history of instability, the Presidents had to consider how their people and political opponents would react to declaring an emergency. At the same time, the international community was unlikely to provide enough support if the affected countries did not sound the alarm. Ebola broke out at a time when aid and support efforts were simultaneously focused in Syria, Central African Republic and South Sudan and agencies such as the Office of Humanitarian Assistance reported that aid systems were stretched.13

Demanding help was a huge turning point in the crisis. President Sirleaf wrote an open letter to President Barack Obama saying “only governments like yours have the resources and assets to deploy at the pace required to arrest the spread. Without more direct help from your government, we will lose this battle against Ebola.”14 The US responded by sending 3,000 troops to help build treatment centres, response teams and more than $100 million worth of laboratory equipment, protective equipment and other items. This played a major role in turning the tide on transmission.
Part 2: Lessons for governments

The Ebola response has had interlocking components. In the last section we talked about leaders and why they matter. Alongside leadership, the governments have needed to manage all response activities and the vast army of national and international staff who carry them out to make sure they fit together in a coherent system.
The Ebola response was complicated. For the first time this deadly disease, with no known cure, was unleashed in three urban centres. Unseen and largely unchecked at first, by September it was doubling in transmission every three weeks. Managing the outbreak has required a large number of moving parts. People have had to be persuaded to change their way of life; shaking hands, touching the sick or dead, eating some traditional foods (known to harbour the virus), or even attending school or market were no longer options once Ebola broke out.

This meant that the response has had interlocking components. There has been a medical response to test, isolate and treat the sick; a logistical response to make sure that every district and facility had the right life-saving equipment and goods; a system to ensure that infectious dead bodies were safely put to rest; and campaigns that used volunteers, community leaders like Chiefs and Imams, and media such as radio, to build public awareness of the disease and to encourage people to change behaviours likely to spread Ebola.

In the last section we talked about leaders and why they matter. Alongside leadership, the governments have needed to manage all of these activities and the vast army of national and international staff who carry them out to make sure they fit together in a coherent system.

This section draws out lessons for governments from Ebola for future complex emergencies.

**LESSON 2**

**Don't go it alone – governments need to steer but everyone needs to row**

International partners brought a huge amount to this response. They brought financing for everything from building treatment centres to operating logistics, like helicopters, to hiring staff. They also brought technical skills in the form of hundreds of international personnel who worked across the affected countries, including doctors and epidemiologists.

Because international partners were essential, governments had to be receptive to outside help. But governments also had to stay in the lead for a few reasons. First, there needed to be a way to coordinate all of the response activities and the actors – ranging from international organisations to community leaders – carrying them out. International partners could not do this, in part, because they did not always agree on the right approach. Second, there were cultural dimensions to many response activities that Liberians,

‘The government [was] firmly in control, giving space to the international partners to come up with their ideas and their interventions and keeping all that together in a spirit of partnership and spirit of openness.’

Peter Graaff
Acting Special Representative and Head of UNMEER
Sierra Leoneans and Guineans were best-placed to understand and manage. Take the need for people to change the behaviours that spread Ebola such as attending school or shaking hands. Getting these shifts to happen, meant working through existing structures which people trusted such as traditional councils or religious institutions. Governments were better at understanding these local nuances than international partners.

The Ebola response has been most effective when international partners and government have worked collaboratively to jointly solve problems, and when government has felt confident in delegating responsibility when it did not have the technical capacity. At its best this has meant integrated teams working together – say developing a new data system or investigating a new case, with nationals in the lead working closely with international partners.

Minister Nyenswah recognised the importance of this:

“You need to manage the international partners, but you need to work with them. They need to be involved in every decision. If they are not at the table when you decide x then x may not happen quickly. If they are there with you when you agree, it will happen faster.”

The lesson for governments is that an emergency response is not just about harnessing the right national expertise: it is about making sure you use all resources as effectively as possible.
Sierra Leone’s National Ebola Response Centre (NERC) is a particularly effective example of government and international partners working together. The space, housed in the Special Court for Sierra Leone, is a hive of activity with Sierra Leoneans working side-by-side with international partners on the core elements of the response like logistics, surveillance, building and staffing of treatment centres and community engagement.

There are daily (and during the worst of the epidemic, twice daily) briefings for the centre’s Chief Executive to update him on trends and issues. Each briefing features an update from different international partners which allow the Chief Executive to keep tabs on what everyone is doing. Although an array of international partners are invited to the briefings, each meeting ends the same way: with the centre’s Chief Executive tasking government and international partners with what action he expects to be taken. This routine has been an effective way of getting governments and international partners to work collaboratively, but also of making clear what international partners are accountable to government for.

Another example is how the government and international partners worked together under Liberia’s Montserrado County Incident Management System, the task force that managed the response in Greater Monrovia. In January, the task force decided to decentralise management of the response to four offices in different parts of the county to allow for locally tailored interventions. The task force, recognising the need to keep Liberians in the driving seat, chose Liberians as coordinators for each of the four offices, supported by advisors from different international organisations.

This arrangement is part of what allowed the Montserrado Incident Management System to successfully track down Liberia’s final Ebola cases in January and February 2015. Because everyone’s roles were clear and organised under Liberian leadership, it paved the way for effective collaboration, such as when international technical advisors worked alongside Liberian investigators to assess (and quickly respond to) a complicated new case in early February.
LESSON 3

Put in place systems and structures so the government can make the right decisions

They are not the first thing most people think of, but management systems are one of the most critical parts of getting a crisis response to be effective.

Imagine you have Ebola in half the districts in your country. Hospitals are closing as health care workers become infected, and there are issues with paying doctors and nurses on time. People are dying. There are bodies in the streets because there is no centralised ambulance system. You need to appeal for stocks of supplies, but you do not yet have a clear system for knowing how much you already have and how much you need. This was the reality early in the response. The medical side is, of course, vital, but you could have the best doctors, epidemiologists, lab equipment and still always be behind until there was a system for working out who needed to do what, by when and where.

In time each country put effective systems in place to oversee the response. The systems differed but there were common features that mattered. Things like the international partners and governments having defined roles and objectives and clear lines of accountability; mechanisms for information to be collected and shared; ways for issues that could not be resolved to be escalated up the chain; and consistent opportunities for experts to engage decision-makers.

We got there in the end, but the way to get there sooner in the future is:

1. **Keep it simple, get it started and adapt it**

   By the summer of 2014, as Ebola was escalating, governments and international organisations had not yet settled on an agreed structure for coordination. There were competing theories of what the organogram should look like, each put forward by a different international agency (or in some cases a single agency proposing more than one). The focus was on what the ideal structure should look like, often at the expense of thinking about what was needed at that time and what resources were in place already.

   At some point in each country, a decision was taken just to go with what was there. Government and international partners coalesced around a single idea and got on with it. Every country’s response looks different now to how it did when it was first set up. Their features have evolved over time, to fit what was needed. We wasted time getting there in this crisis. Part of the reason was that people held on to their own ideas of what the ‘best approach’ was far too long. Next time, the test should be ‘is this good enough’. Once the answer is yes, get started and make improvements as you go.
SOLUTIONS TO THE EBOLA ‘SYSTEMS PROBLEM’

An example of how systems evolved is the Emergency Response Centre which manages the response in the Western Area in Sierra Leone (the region that includes the capital, Freetown). The centre is a model local Ebola command centre with hundreds of staff working on laptops and phones, in units organised by function. It is impressive to see in action. Visiting today can give the false impression that it all started that way. The real story is this: they started small, focusing on a particular problem, got that working and built from there.

Back in October 2014, burials were one of the biggest problems in Freetown. The teams were struggling to keep up with the monumental task of burying the dead within 24 hours, vital because dead bodies were the most infectious potential transmission source. There were a number of challenges. Even so, on the whole, the teams were not operating efficiently: sometimes it could take up to four days for a team to conduct a burial.

Working from what would later become the Command Centre, the burial team decided to make important changes. They re-zoned the city to make sure teams were assigned in ways that made most sense given geography, number of cases and logistics. They then put an officer in charge of dispatching teams to each zone and set up a connection to the national call centre ‘117’, so that the officer could see new dead body alerts in realtime. The new system made a huge difference: within a week, burial rates rose to 80% and then nearly 100%, a huge factor in reducing transmission.

Once this burial system began working people took notice. The President himself came to visit and was so impressed that he announced that the operation should be expanded to other elements of the response, such as contact tracing. The story of the Emergency Response Centre is not about building the perfect response from scratch. It is about starting with a focused problem, testing a solution and scaling from there.
COMMON SYSTEMS MISTAKES

Because situations vary, it is impossible to say what ‘the right’ response system looks like. That said, there were some systems mistakes we saw that should be avoided:

- **Too many people in the room** – taking decisions with huge numbers of people, sometimes nearly 100, in the room. This diluted expertise and could skew advice (as people who were not experts on a particular issue felt compelled to offer their opinions to influence decisions). Be clear who needs to be there and keep it tight.

- **The most important people not in the room** – taking decisions without the right experts on hand. It is tough when things are moving quickly and there are so many meetings in a day, but you need to make sure that the people who understand the issues best are there, even if it means delaying the conversation.

- **Not being in one place** – scattered workspace layout and people working from different places. This makes it hard to have meetings with the right people there and hinders informal information sharing. The command centre, first and foremost, needs to allow everyone to be in the same place.

- **Missing the basics** – a command centre that lacks the basics (such as internet or furniture) will not work. Eventually each of the countries got this right, but sometimes it took too long. An emergency operations centre does not have to be fancy but it at least needs to have the amenities necessary for government and international partners to use it. For a long time Liberia did not have enough room or connectivity required by the data team in the emergency operations centre. This held up work as the teams had to travel back and forth for meetings.

- **Focusing on information that no longer matters** – data that is relevant in a fast-evolving crisis like this one keep changing. At some points indicators of burial effectiveness were most important and at others it was the number of suspect cases. Adapt the measures and information you are focusing on as the situation requires.

- **Working from different data on the same topic** – at one point in Liberia there were three different laboratory site lists being used. Get in the same room and agree on what serves your purpose best.
• **Missing parts of the response that you think are ‘fixed’** – in some of the countries things that were important, say dispatching ambulances, sometimes dropped off decision-makers’ radars, because they had not heard anything about them for a while. Put in place routines for leaders to hear about how these forgotten pieces are going.

• **Focusing too much on the ‘usual suspects’ for help** – it was natural in a fast-changing situation to focus on the core group of organisations fighting Ebola, such as the government, the big international partners and NGOs. But this misses some important resources. For example, local leaders could have been enlisted when there were outbreaks in their areas, to help track suspect cases or raise awareness of the disease. Or might the private sector have been used to manage aspects of the response, such as logistics? Find the time to examine who is not involved and who might be able to help, perhaps at a more operational level.
2. Work out what information decision-makers need

Getting the right information into the hands of decision-makers often made the difference between the success and failure of this response. From the outset, analysing numbers of suspected, probable and confirmed cases was a way of tracking the disease, anticipating its movements and determining whether what was being done was working.

This was not easy because gathering data was often a complex process and the information that mattered varied over time. For example, in the early months of the response, the countries did not know how many people had Ebola at a given moment (known as the ‘live cases’ statistic). The disease moved quickly and sometimes it was a week before the official system knew about new cases in a community. This mattered because it meant you could not isolate or treat the sick in time, or identify who they had been in contact with until it was too late. Eventually data systems improved. A critical step was joining up different parts of the system like laboratories and treatment centres with the epidemiology analysis teams, allowing the leaders of the responses to target their resources better.

But it was not a one-off fix. The information that the response managers needed changed with the evolution of the crisis. Early on, data on how quickly and consistently burials were happening was critical. As the number of cases decreased, information on contact tracing effectiveness was more important. Getting that new information meant adapting systems and sometimes required creative approaches, such as the one Sierra Leone used with its 117 call centre described in the example below.

The lesson for future crises is that response must be nimble in spotting what information matters and creative in getting hold of it.
The data that mattered

The data that the response managers used to guide their decisions changed as the epidemic progressed and as the capability of the Ebola response improved. This is a snapshot of which information and data was important at different points in the response in Liberia. See appendix on page 47 for more details.

Early on, no one knew how many current Ebola cases there were, only the cumulative total. This made it difficult to manage basic activities. For example, it was impossible to know how many contact tracers or treatment facilities were likely to be needed in the coming weeks.

Once it was possible to know current numbers of confirmed, probable and suspected cases, the national response started to report on all cases within the past 21 days. This live picture of the disease allowed better decision-making.

As the disease waned to less than a case per day, those involved in the response could analyse how each new case was connected to previous cases. Mapping the “transmission chain” like this, helped make sure no cases fell through the cracks.

To get to zero the response had to focus on immediately identifying and isolating each new case. This required detailed, detective-like investigations so that every suspect case was found and monitored and that all their contacts were traced.
GETTING THE DATA YOU NEED

In Sierra Leone, AGI helped the government set up the ‘117’ national call centre, which took calls from people reporting a suspected case or a dead body. This information was routed to the dispatchers and district teams for action and response. Tracking the information from the call centre was central to informing the national coordination structure about trends in the disease.

The call centre built on this one-way information flow by setting up a system of random call-backs, to track what had happened following a call to the centre. What this showed (initially) was that only 50% of those who had called to report a suspected case had received a surveillance visit, despite the information being passed to the district teams. The data suggested that in just a few days over 1,000 cases had not been properly followed up. They also indicated that the issue was within the districts’ response systems. This insight is part of what led the government to move command and control out to the district level, eventually enabling Sierra Leone to improve its response.
Part 3: Lessons for international partners

There has been a lot of critical coverage of international partners and their role in the Ebola response, some of it fair, some not. But there is certainly room for us to learn about what we did well and how we can be more effective next time. We call this section ‘Lessons for international partners’ and we include ourselves in this category.
There has been a lot of critical coverage of international partners and their role in the Ebola response, some of it fair, some not. International partners have been heroes during this epidemic. People have risked their lives, spending exhausting days and nights doing what needed to be done to make things work, with the aim of saving lives. International expertise and financing, $5.1 billion was raised to respond to Ebola from over 50 countries as of earlier this year, have been essential to getting to the point we are at now, where hopefully this epidemic is on its last legs.

An epidemic of this magnitude and complexity was ‘uncharted waters’, in the words of one senior WHO official in Liberia, for international partners (even the most seasoned virus hunters) just as it was for governments. There is a lot for us to learn about what we did well and how we can be more effective next time. We call this section ‘Lessons for international partners’ and we include ourselves in this category.

**LESSON 4**

**This is not OUR response**

Sometimes international organisations tried to go it alone. They tried to lead on a particular element of the response because they felt it was what their members or the public expected of them, or that they could do it better. Often this desire for control came from the noblest motivations: a wish to move quickly and a strong belief in what they saw as the right approach.

This often led to problems. Just as the Ebola response was most effective when government recognised when it did not have all the answers and embraced the role of international partners, likewise the response worked best when international partners supported government to run the response rather than doing things on their own. This is the other side of the earlier lesson for governments – governments need to steer and everyone else needs to row.

One reason for this was that you needed a way of coordinating all of the response activities and the actors carrying them out, national government, international NGOs, local NGOs and community leaders. Early on in the epidemic, when there were not enough responders or beds and there was not a clear system to work through, it sometimes made sense for organisations to act on their own to save lives. But at a certain point, the main challenge was no longer that there were not enough resources, but rather that things needed to work coherently. For example, making sure that
different organisations and government were not sending social mobilisers into the same communities, giving conflicting messages that confused people, or even causing people to stop cooperating with the response. At some point there needs to be a single answer and government is the only institution which can legitimately decide, especially because the international partners did not always agree with each other.

Another reason was that a lot about the disease and response activities was local. This meant that governments were in a better position than international organisations to manage things. Take the example of traditional burial rites which was a primary way the disease was transmitted. Locals were much more likely than internationals to understand contextual dimensions and to come up with ways to, for instance, communicate why burial practices needed to change. Even things as basic as being able to speak local dialects almost certainly had to be done by people from the country. And indeed national staff outstripped the international by an order of magnitude meaning that government needed to hold the reigns. In October 2014, the UN estimated that approximately 98% of people supporting the response would need to be nationals of the three affected countries.

The lesson for international partners is that, here and in future complex crises, it is not our response. Working through government may sometimes feel slow and process heavy, but a response will not work if everyone is running around doing their own thing. Government needs to be at the helm.

Underpinning this lesson are two things:

1. **You will save more lives if you help government manage the crisis without creating parallel systems**

   In many ways the collaboration that has eventually been reached between the governments of Liberia, Sierra Leone and Guinea and their partner organisations is unparalleled. As Peter Graaff, Field Crisis Manager for the UNMEER mission to Liberia, said, "there was recognition that the response has to be under the government. I had never seen that before, including in other crises but even more generally. Somehow there was a shared credit between the government and internationals." ❯

   However, getting this working was not straightforward. There have been moments when the activities of international partners, however well-intentioned, were not coordinated with government’s own efforts, and as a result undermined the overall response.

   The lesson is that even if it does not always feel like the most efficient approach, you will be more effective if you work through government structures.
GETTING IN LINE WITH GOVERNMENT

An incident in Montserrado County in Liberia illustrates how an NGO with the best of intentions can undermine the government’s management of the response when they are not working from the same script.

A woman with Ebola-like symptoms was in the isolation ward of a health centre in Monrovia. The government’s contact tracers in the area had tried to convince the woman to go to a nearby Ebola Treatment Unit, so she could be isolated and tested for the disease. The woman had yet to agree to go and the tracers intended to continue making the case to her. After this initial interaction with government tracers, field staff from this NGO apparently had a separate conversation with the woman during which they emphasised that it was her choice where to go. The woman decided to go back home rather than to a treatment unit. She turned out to have Ebola. In doing this she risked exposing her family and neighbours to the disease.

Dr Mosoka Fallah, Head of Contact Tracing in Montserrado County, said that the NGO’s conflicting messages to the woman had ‘undermined’ the work of the government’s contact tracers. While there’s no way to know exactly what was said that day and what ultimately led the woman to go home instead of to the treatment unit, this was one of several incidents in Montserrado where it seems that field staff from this NGO were giving public health messages that conflicted with those of the government. The point is not that the NGO’s messaging was wrong, rather it is that not being on the same page with the government had dangerous consequences.

There were also instances when international partners used response officials’ time in unnecessary ways. In Guinea, early in the response, international partners would call government to meetings in their own offices rather than coming to the main operations centre – not a small waste of time in traffic-congested Conakry. And too often senior government officials were asked to participate in ceremonial events, for example, the cellule head being invited to an event where a partner was donating equipment, drugs or ambulances. While perhaps officials could have politely declined, international partners could be more sensitive to the urgent demands on government’s time.
2. Be clear about what you can and cannot do

The unprecedented nature of the emergency led to significant pressure on international partners to deliver support outside their usual experience. Given the urgency, many volunteered for these tasks.

It is great that people were prepared to step up, but sometimes organisations became responsible for activities they did not have capacity to deliver. When they acknowledged this, it was often possible to find replacements elsewhere in the system. But sometimes organisations did not admit they could not carry out a task, which led to gaps in services.

Organisations need to be clear about what they can and cannot do. Trying to save face could cost lives.
RECOGNISING WHEN WE SHOULD STEP BACK

One example of a partner not being upfront when they could not deliver was when an international agency offered to set up more than 1,400 community surveillance groups across Guinea in November 2014. Unfortunately this proved too difficult to execute. As of the start of the year only 200 groups had been established. While the challenge was understandable, the agency did not admit to the problem when asked about it by government. Being more transparent about the problem would have allowed the response to explore an alternative.

And there were times when AGI needed to be clearer about where we could be useful. By mid-November in Sierra Leone, the Western Area Emergency Response Centre had significantly improved the efficiency of the response in Freetown. But many people were still waiting days for a response after calling the national 117 hotline to report a case. Around 10–20% of people were still waiting four days. The Response Centre and international partners thought that lab testing might have been creating a drag in the system. So AGI decided to have an advisor try to improve on efficiency problems with lab processes. Though we did not have expertise in this area, this was a critical bottleneck and up to that point we had been able to offer our support to improve the systems for burials, quarantines, and surveillance.

But we did not take enough time to understand how labs were run in Sierra Leone and how separate labs management was from the wider Ebola coordination structure. The labs management team were not as used to receiving external support and did not welcome our input. We persevered for some time but it became apparent that we were not going to be able to get traction and we eventually moved this advisor to another area. It is difficult, particularly in an uncertain environment, to assess where you can have impact. You must be prepared to take a critical view of your own role and accept when things are not working; you need short feedback loops to understand this.

Good things can happen when international partners are willing to step aside so things can get done. An example happened in Liberia when the Montserrado Incident Management System was setting up offices in four parts of the county to be coordination hubs for the response. Different international partners had agreed to install things like generators and internet for each of the four offices; one international organisation had signed up for the office in ‘Sector 1’. But just days before the bases were supposed to open, Sector 1 was not ready to go and the Montserrado Incident Management System was getting concerned.
Rather than delaying the launch of Sector 1, the organisation agreed to let a different NGO, one that specialises in setting up office infrastructure and technology in developing countries, step in and set up the office; which they did quickly. The result was the Sector 1 management team was able to move into its new base and Montserrado was able to launch its new decentralised strategy on time.

**LESSON 5**

**Be flexible**

This sounds simple, but it often made the difference between whether things got done, and whether they stalled. This was a matter of life and death.

There were two ways in which flexibility was important. First, the crisis was unprecedented both in scale and complexity. For example, Ebola in urban areas brought new challenges, which meant that some things were more difficult than in previous outbreaks. One example was following up the people who had made contact with confirmed Ebola cases. This was far more challenging in densely populated urban settings than in smaller communities. Where progress stalled, international partners needed to consciously consider why and change things. Remembering the beginning of the epidemic, the Head of WHO in Liberia said:

“We had tough times at that time. It is a crisis and things are changing every day. You have to be flexible. When communities kick back you need to think again about what’s the right approach. I recall with a lot of appreciation the people who were flexible and focused on what we needed to do.”

The second reason flexibility was important was that the epidemic evolved quickly and there was a need to adapt the response to keep up. This was not always easy for international partners particularly when resources were tied to specific deliverables, stymying the responder’s ability to shift things around, innovate and be more effective.

As a head of a prominent agency stated, “we were not agile enough early. When things change you need to change. Let’s stop building those ETUs. Can we convert them to school projects? We were not quick enough. We got locked in.”

The lesson for the future is to be willing to adapt and shift as the situation dictates. For some international partners this is easier said than done because of internal procedures and rules. But if so, international partners need to find ways to work within their own constraints.
WHEN THE SITUATION CHANGES, THE RESPONSE NEEDS TO CHANGE

By August 2014 there was a growing concern in Freetown, the capital of Sierra Leone. There was insufficient bed capacity and an under-resourced and overwhelmed response management mechanism. A critical moment that turned things around was when the British military stepped in to work with the Sierra Leonean armed forces and AGI to design a new approach to the most urgent operational challenge at the time – safe burials. The new system, which involved systematic tracking and responding to alerts, turned things around and soon 100 per cent of bodies in Freetown were being quickly and safely buried. Neither AGI nor the British military expected they would be engaged in safe dead body management in Freetown when they signed up to help the Ebola response. Fortunately, both demonstrated the flexibility to swiftly step in to work on something that was emerging as a critical problem.

At first, we didn’t see Ebola as a systems problem. We had never worked in an emergency response before, and we were initially reticent to get involved in the Ebola response, because we saw it as primarily a medical operation. This, and concerns about staff safety, delayed us scaling up our involvement. However, by being flexible, we ended up doing things which were still our core business: supporting government planning, prioritising and delivery, but in settings unlike those we had worked in before. We had advisors helping to shape delivery systems, but for a call centre rather than a presidential delivery unit.

In Guinea, seemingly minor differences in operational rules led to delays. The government’s logistical unit purchased a large amount of protective equipment for Ebola Treatment Unit staff. This was distributed to all treatment units in the country. However, one organisation, running several ETUs, refused to use this saying it did not meet their protocols. Fortunately, the government was able to use it in other treatment units, but this organisation’s inflexibility caused unnecessary hold-ups.
LESSON 6

Understand the culture and context

To be effective, the Ebola response needed to be designed and managed to fit the local context. When this was self-evident, international partners did their best to adapt accordingly. But too often international partners failed to see that context and politics mattered for seemingly more technical aspects of the response.

There were lots of examples of international partners adapting well to the context. Lower literacy rates in the three countries, compared to a neighbour like Senegal, meant that public health messages about the dangers of shaking hands were delivered through radio and picture rather than text-heavy billboards. The fact that one of the most common ways Ebola is transmitted is when people touch dead bodies was a particular problem in West Africa where many traditional burial rites involve touching and sometimes washing of the deceased. To deal with this, medical anthropologists were asked to work out how to adjust traditional practices in culturally appropriate ways.

“We did not know how to handle an urban setting. We learned that Monrovia doesn’t only have an official structure that is government organised. It also has a very strong traditional structure that we should have tapped into and we didn’t even know about.”

Peter Graaff
Acting Special Representative and Head of UNMEER

Conakry, Guinea
But international partners often missed the boat when it came to considering context for more technical-looking aspects of the response. For example, one of the countries set up a task force to manage the response in a particular district. One expert pressed the task force to change its organisational chart to match what had been used in a different country. When the task force changed its structure in line with the expert’s advice, there was blowback because the heads of several technical areas did not want to report to their new supervisor, who they felt was more junior. Within a week the new structure had to be abandoned. The point is not that the expert’s model organogram was incorrect, but rather that it could not work in this situation given the individuals and personalities involved. Throughout the response there were versions of this mistake, starting with things that looked good on paper but did not consider the particular individuals or communities involved.

‘If I go into a community where the other political party is more popular, I will use a person from that party to get the message across.’

Zuliatu Cooper
Ebola Response Coordinator, Sierra Leone Western Rural District

THE COUNTRY KNOWS BEST

In Guinea, many international partners were not familiar with the country’s francophone administrative culture which tends to be formal, structured and hierarchical. This hindered the effectiveness of the response in some cases. For example, national and international surveillance staff in Guinea had decided on a policy to test everyone who died in préfectures (districts), where Ebola was active, to rule out the disease as the cause of death. However, national teams and international experts were struggling to apply the policy in practice because of resistance from communities. With the help of our counterparts, AGI suggested to Response Coordinator Dr Sakoba Keita that the government pass a new circulaire (administrative law) that systematised the rule and made it compulsory to swab and safely bury any community death. This helped formalise the new policy for surveillance and allowed field staff to rely on an administrative tool which communities were familiar with. Indeed communities have been willing to abide by the circulaire and surveillance activities have improved rapidly. Too many times in the response international partners missed the politics, and so missed the point.

‘If I go into a community where the other political party is more popular, I will use a person from that party to get the message across.’

As Tolbert Nyenswah said: “Listen to the government and to the people from that country. They know the context, the society. Yes, you have resources and expertise, but you must work with them to succeed.”

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Zuliatu Cooper
Ebola Response Coordinator, Sierra Leone Western Rural District

HOW IT HAPPENED

Zuliatu Cooper
Ebola Response Coordinator, Sierra Leone Western Rural District
Looking ahead

This paper has looked at lessons from Ebola, for political leaders, governments and international partners, for the next crisis wherever that may be. But there are principles from the work on Ebola that should apply regardless of a crisis. Guinea, Sierra Leone and Liberia are beginning to shift their focus from responding to Ebola to recovery – things like job creation, repairing health systems and building infrastructure. As these countries look ahead, many of the lessons from governing through Ebola will be just as relevant to building back better.

The success of post-Ebola recovery will hinge on how effectively the Presidents of the three countries play some of the roles that they played during the crisis. They will need to act as a symbol to build support and gather resources to make change happen. Ebola showed that being a system-builder starts with putting the right person in charge – something the Presidents will need to do to get results in their priority areas like infrastructure and energy. And as with Ebola, the Presidents will need ways to monitor progress, perhaps through mechanisms like the Presidential Advisory Committee on Ebola (PACE) that President Sirleaf used to oversee the Ebola response in Liberia.

The governments, meanwhile, will need to forge genuine collaborations with international partners, as they did with Ebola, because as with Ebola, they cannot just go it alone. International investment and partner support will be needed to grow their private sectors and rebuild health systems.

And for all of us who are international partners, continuing to support the three countries into the recovery phase, lessons from Ebola also apply. Building a more effective and resilient health system in Sierra Leone cannot happen if partners don’t get behind the government’s plan. We all need to be flexible, to adapt approaches based on what works and what doesn’t. Finally, we also always need to remember that context is critical; just because it has worked well in the Philippines or Sweden, it may not be the right solution for Guinea or Liberia.
Endnotes

1 AGI interview with Peter Graaff.
2 AGI interview with OB Sisay.
3 AGI interview with OB Sisay.
4 AGI interview with Peter Graaff.
5 David Nabarro remarks at “Ebola Innovation Summit” (21 April, 2015).
7 AGI interview with Tolbert Nyenswah.
10 AGI interview with Tolbert Nyenswah.
11 AGI interview.
16 AGI interview with Peter Graaff.
17 AGI interview with Tolbert Nyenswah.
18 AGI interview.
19 AGI interview with Tolbert Nyenswah.
20 AGI interview with Peter Graaff.
21 AGI interview.
22 AGI interview.
23 AGI interview with Peter Graaff.
24 AGI interview with Zuliatu Cooper.
25 AGI interview with Tolbert Nyenswah.
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In particular we have been grateful to work:

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- **In Guinea** with President Alpha Condé; Dr Pépé Bilivogui, National Director of Surveillance; Dr Sékou Condé, National Deputy Head of the Response; Dr Sakoba Keita, National Head of the Response; Colonel Baldé, Head of Security; Dr Fodé Conté, Infection Prevention and Control focal point and Dr Bachir Camara, Dr Mariama Hann, Dr Négro Padre and Dr Enogo Koivogui, of the Surveillance Unit.

- **In Sierra Leone** with President Ernest Bai Koroma; Major (retired) Palo Conteh, CEO, NERC; Steven Gaojia, COO, NERC (and head of the EOC which preceded the NERC); OB Sisay, Director of the National Situation Room, NERC; Yvonne Aki-Sawyerr, Director of Planning, NERC; Mahmoud Idriss, former Director of Strategy and Planning, NERC; Dr Brima Kargbo, Chief Medical Officer; Zailatu Cooper, Western Area District Regional Coordinator; Ibrahim Soboniekeh-Sesay, Western Area Urban Coordinator; Andy Garrow, former Chief of Staff, Western Area Emergency Response Centre; Major AO Kamara, Western Area Emergency Response Centre; Reynold Senesi, former Manager of the 117 National Call Centre.

International partners have also made heroic contributions during this response. There are too many to name here, but we are grateful to a vast array of individuals with whom we worked in partnership and to those who offered useful insights to develop this piece.
We would also like to acknowledge the contribution of our own staff. This included current advisors and former staff, who took leave from their jobs to come back to AGI to support the Ebola response. Those who worked on the response in the three countries include: Malado Kaba, Antoine Morel-Vulliez, Kate Dooley, Felix Veronneau, Victoria Parkinson, Ali Readhead, Emily Stanger, Ally Arnall, Jo Evans, Joanna Penn, Rupert Simons, Richard Murray, Efayomi Carr, John Heine, Elizabeth Smith, Jonathan Said, Peter St. Quinton, Peter Harrington, Dan Hymowitz, Nisha Makan, Christina PioCosta-Lahue, Hendrike Braun, Louise Leah and Henry Joynson. Their work would not have been possible without the support and management of colleagues in Head Office and the backing of AGI’s Board of Trustees and Patron. Finally, we would like to thank our funders whose flexibility enabled us to shift course to support the response in summer 2014.
Appendix

The data that mattered and needed to be monitored at the top, changed as the disease progressed, and as more sophisticated collection methods were honed. The following figures are taken from information that was used in Liberia’s response and relate to the description of what information was used as on page 32. They show how the information that was monitored evolved.
Early on, no one knew how many current Ebola cases there were, only the cumulative total. This made it difficult to manage basic activities. For example, it was impossible to know how many contact tracers or treatment facilities were likely to be needed in the coming weeks.

<table>
<thead>
<tr>
<th>New Cases</th>
<th>National</th>
<th>Bomi County</th>
<th>Bong County</th>
<th>Gbarpolu County</th>
<th>Grand Bassa</th>
<th>Grand Cape Mount</th>
<th>Grand Gedeh</th>
<th>Lofa County</th>
<th>Margibi County</th>
<th>Maryland County</th>
<th>Montserrado County</th>
<th>Nimba County</th>
<th>River Gee County</th>
<th>Rivercess County</th>
<th>Sinoe County</th>
</tr>
</thead>
<tbody>
<tr>
<td>New case/s (suspected)</td>
<td>29</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>New case/s (probable)</td>
<td>28</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>New case/s (confirmed)</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total suspected cases</td>
<td>539</td>
<td>4</td>
<td>93</td>
<td>1</td>
<td>21</td>
<td>5</td>
<td>3</td>
<td>53</td>
<td>180</td>
<td>1</td>
<td>144</td>
<td>26</td>
<td>6</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total probable cases</td>
<td>1,078</td>
<td>40</td>
<td>42</td>
<td>0</td>
<td>12</td>
<td>5</td>
<td>0</td>
<td>379</td>
<td>178</td>
<td>5</td>
<td>353</td>
<td>61</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total confirmed cases</td>
<td>790</td>
<td>33</td>
<td>44</td>
<td>0</td>
<td>13</td>
<td>6</td>
<td>0</td>
<td>260</td>
<td>33</td>
<td>0</td>
<td>352</td>
<td>47</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total number of confirmed cases of Sierra Leonean nationality</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>11</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total number of confirmed cases of Guinean nationality</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cumulative (confirmed, probable, suspected) cases</td>
<td>2,407</td>
<td>77</td>
<td>179</td>
<td>1</td>
<td>46</td>
<td>16</td>
<td>3</td>
<td>692</td>
<td>391</td>
<td>6</td>
<td>849</td>
<td>134</td>
<td>9</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Cumulative admission/isolation</td>
<td>49</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>49</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: Government of Liberia Situation Report
Once it was possible to know current numbers of confirmed, probable and suspected cases, the national response started to report on all cases within the past 21 days. This live picture of the disease allowed better decision-making.

Source: Government of Liberia Situation Report
Fig 3: February 2015 – Understanding the connections

Transmission diagram of St Paul Bridge cluster, by date of onset, 29 December – 20 February 2015

As the disease waned to less than a case per day, those involved in the response could analyse how each new case was connected to previous cases. Mapping the “transmission chain” like this, helped make sure no cases fell through the cracks.

Source: Government of Liberia Incident Management System
Fig 4: February 2015 – Detective work

Preliminary timeline for a confirmed case ‘AB’ 11 February

To get to zero the response had to focus on immediately identifying and isolating each new case. This required detailed, detective-like investigations so that every suspect case was found and monitored and that all their contacts were traced.

<table>
<thead>
<tr>
<th>Health facilities</th>
<th>Clinic A</th>
<th>Hospital 1</th>
<th>Hospital 2</th>
<th>Admitted for Ebola treatment 8pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locations</td>
<td>Home</td>
<td>Checkpoint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>29/1</td>
<td>30/1</td>
<td>31/1</td>
<td>1/2</td>
</tr>
<tr>
<td></td>
<td>2/2</td>
<td>3/2</td>
<td>4/2</td>
<td>5/2</td>
</tr>
<tr>
<td></td>
<td>6/2</td>
<td>7/2</td>
<td>8/2</td>
<td></td>
</tr>
<tr>
<td>Transport</td>
<td>Vehicle #1</td>
<td>Vehicle #2</td>
<td>Vehicle #3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Taxi between home and Clinic A, then possibly 2nd taxi back home</td>
<td>One taxi from home to hospital 1, then back home, then to hospital 2</td>
<td>Hospital 1 ambulance to Ebola treatment unit</td>
<td></td>
</tr>
<tr>
<td>Symptoms</td>
<td>Severe abdominal pain</td>
<td>Severe abdominal pain, diarrhoea, vomiting at admission to hospital 2</td>
<td>Bloody diarrhoea</td>
<td>Died 2am</td>
</tr>
<tr>
<td>Contacts identified (to date)</td>
<td>Clinic A 9 HCW 52 patients</td>
<td>Hospital 1 5 HCW</td>
<td>Hospital 2 12 HCW + shared bathroom with 4 other beds (total contacts over 7 days is &gt;40)</td>
<td>Ambulance 2 attendants 2 case investigators</td>
</tr>
</tbody>
</table>

Source: Government of Liberia Montserrado County Incident Management System
The Tony Blair Africa Governance Initiative makes government work for the world’s poorest people. Our teams work shoulder to shoulder with government counterparts in six African countries – Rwanda, Liberia, Sierra Leone, Guinea, Nigeria and Ethiopia.

Our approach blends practical support and political expertise. Our advisors work with leaders and senior officials, to develop the skills, systems and structures that they need to get things done. Our Patron, Tony Blair, and a network of senior advisors share experience and advice with those leaders.