Strengthening West Africa’s Public Health Systems Response to the Ebola Crisis (SWAPHS)


Submitted to African Development Bank

By World Health Organization – WCO Liberia
Table of Contents

Abbreviations ........................................................................................................................................ 2
Project Summary Table .......................................................................................................................... 3
1. Background ........................................................................................................................................ 4
2. Ebola Response Achievements .......................................................................................................... 4
3. The African Development Bank Project Support .................................................................................. 5
4. Achievements of the Third AfDB Project Support ............................................................................ 6
   4.1 Component I: Building Human Resource Capacity and Systems for Epidemic Preparedness and Response .......................................................................................................................... 6
   4.2 Component II: Social Mobilization, Public Information and Communication ................................ 9
   4.3 Component III: Promoting Psychosocial Support .......................................................................... 11
5. Expenditures ...................................................................................................................................... 9
6. Issues and Challenges ....................................................................................................................... 11
7. Lessons Learned ............................................................................................................................ 11
8. Conclusion ...................................................................................................................................... 12
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVD</td>
<td>Ebola Virus Disease</td>
</tr>
<tr>
<td>AfDB</td>
<td>African Development Bank</td>
</tr>
<tr>
<td>CHTs</td>
<td>County Health Teams</td>
</tr>
<tr>
<td>CHVs</td>
<td>Community Health Volunteers</td>
</tr>
<tr>
<td>EOC</td>
<td>Emergency Operations Center</td>
</tr>
<tr>
<td>ETU</td>
<td>Ebola Treatment Unit</td>
</tr>
<tr>
<td>GOL</td>
<td>Government of Liberia</td>
</tr>
<tr>
<td>HCWs</td>
<td>Health Care Workers</td>
</tr>
<tr>
<td>IMS</td>
<td>Internal Management System</td>
</tr>
<tr>
<td>IPC</td>
<td>Infection Prevention and Control</td>
</tr>
<tr>
<td>MOFDP</td>
<td>Ministry of Finance and Development Planning</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>PFMU</td>
<td>Project Financial Management Unit</td>
</tr>
<tr>
<td>SWAPHS</td>
<td>Strengthening West Africa’s Public Health Systems</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
## Project Summary Table

<table>
<thead>
<tr>
<th><strong>Project Title</strong></th>
<th>Strengthening West Africa’s Public Health Systems Response to the Ebola Crisis (SWAPHS)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country/Geographic Location of Project(s)</strong></td>
<td>Liberia</td>
</tr>
</tbody>
</table>
| **WHO Responsible Office** | WHO Liberia Country Office  
PO Box 316 1000 - Monrovia 10,  
Liberia, West Africa  
Telephone: +231886510069  
Facsimile: +472 4137518 |
| **Amount of Contribution** | UA 1,200,000 (USD 1,676,937) |
| **Implementation Period** | 13 May 2015 – 30 June 2016 |
| **Reporting Period** | 13 May 2015- 30 June 2016 |
| **Beneficiaries** | Ebola survivors and those affected by the outbreak |
| **Goal** | To contribute to ongoing efforts to reduce morbidity, morality and break the chain of transmission of Ebola Virus Disease (EVD) by strengthening regional public health systems. |
| **Output(s)** | Building human resource capacity and systems for epidemic preparedness and response, social mobilization, public information and communication and promoting psychosocial support. |
| **Implementing Organization** | World Health Organization (WHO) |
| **Donor** | African Development Bank |
| **Donor reference:** | Project ID. No. P-LR-IBE-002  
Grant No: 5900155008202 |
| **WHO reference** | Award Number: 64201 |
Project Overview

This proposal requested support to the World Health Organization’s Ebola response in Liberia, providing additional financing to the Strengthening West Africa’s Public Health Systems Response to the Ebola Crisis (SWAPHS) project, which the African Development Bank supported through an initial award to WHO in August 2014. As the leading technical partner to the Government of Liberia, WHO provided important support aimed at ending the Ebola epidemic in Liberia.

The project aimed to contribute to ongoing efforts to reduce the morbidity, mortality and to break the chain of transmission of EVD by building local capacity for prompt identification and effective management of cases and contacts, effective social mobilization, and psychosocial support to the affected communities.

Specifically the project focused on three areas:
1. Building Human Resource Capacity and Systems for Epidemic Preparedness and Response
2. Social Mobilization, Public Information and Communication
3. Promoting Psychosocial Support

1. Background

The Ebola Virus Disease (EVD) outbreak in West Africa is the largest ever recorded outbreak of Ebola. The World Health Organization (WHO) has been the lead health agency in the fight to end the West African Ebola epidemic that has ravaged Guinea, Liberia and Sierra Leone in West Africa. EVD first emerged in Liberia in March 2014. The Liberia Ministry of Health (MoH) has reported a total of 10,676 cases of EVD and 4,810 deaths nationally. Montserrado County, home to the capital city of Monrovia and where the majority of the population lives, was the most heavily affected. Liberia was originally declared free of Ebola transmission in the human population on 9 May 2015, but small clusters of flare-ups continued to occur over the next year.

The last flare-up of Ebola in Liberia occurred in March/April 2016, when a body swab from a deceased woman tested positive for the virus. The woman and her children had recently travelled overland from Guinea, where a flare-up of new cases near the Liberia-Guinea border has recently occurred. Two of the woman’s children subsequently also tested positive for EVD, recovered and after two negative EVD tests were discharged from the ETU on April 29, 2016. No other positive cases were reported.

The cases marked Liberia’s third flare-up of EVD since its original outbreak was declared over in May 2015. On 29 March 2016, WHO noted that all three countries, Liberia, Guinea and Sierra Leone, had met the criteria for confirming interruption of their original chains of Ebola virus transmission, yet new clusters of Ebola cases could continue to occur due to reintroductions of virus as it is cleared from the survivor population, though at decreasing frequency. WHO stated that Ebola transmission in West Africa no longer constituted a Public Health Emergency of International Concern, that the risk of international spread was low, and that countries currently had the capacity to respond rapidly to new virus emergences. WHO continues to work with the three countries to ensure that capacity to rapidly detect and respond to new flare-ups of cases is maintained and improved throughout 2016 and beyond. Therefore, this project is intended to support post-EVD recovery and also strengthening epidemic preparedness and response capacity capable of early detection and containment of outbreaks. It builds upon lessons from EVD response and to ongoing national and partners’ effort to provide support for EVD survivors and establishing post-EVD resilient health system.

2. Ebola Response Achievements

The previous two rounds of support from the African Development Bank (under award numbers 62765 and 63038, respectively) along with support from other donors have been crucial for the rapid scale-up
of activities by WHO and success of the EVD response in Liberia. This generous support has enabled WHO, in collaboration with the Government of Liberia, the Ministry of Health, and in concert with international partners, to implement a wide-ranging package of activities and interventions to end transmission of Ebola virus in Liberia. Indeed, every facet of the response — from intensifying surveillance through contact tracing, to reinforcing much-needed infection prevention and control practices at healthcare facilities, community places and household, and availing psychosocial support to EVD survivors, their contacts and families; to their reintegration through community healing dialogues — has only been possible thanks to the generosity of donors including AfDB. These interventions were instrumental for the control and prevention of further spread of EVD both locally and beyond.

As a result of these concerted efforts;

- Liberia successfully ended the Ebola transmission on four occasions since the start of the outbreak in March 2014
- On 29 March 2016 WHO announced that Ebola was no longer a public health emergency of international concern and that Liberia, Sierra Leone and Guinea had all interrupted the original chains of Ebola virus transmission

Following the declaration of the end of the last case of EVD, the government of Liberia with technical support from its partners is currently engaged in strengthening the health system in line with its **investment plan to build a resilient health system.** The World Health Organization (WHO) continued its support to the Ministry of Health to roll-out the investment plan, while at the same time ensuring continued surveillance, IPC and delivery of essential services—especially immunization activities.

### 3. The African Development Bank Project Support

This proposal requested support to the World Health Organization’s Ebola response in Liberia, providing additional financing to the Strengthening West Africa’s Public Health Systems Response to the Ebola Crisis (SWAPHS) project, which the African Development Bank supported through an initial award to WHO in August 2014. The project aimed to contribute to ongoing efforts to reduce the morbidity, mortality and to break the chain of transmission of EVD by building local capacity for prompt identification and effective management of cases and contacts, effective social mobilization, and psychosocial support to the affected communities.

The African Development Bank funding is extended to the WHO’s project of Strengthening West Africa’s Public Health Systems Response to the Ebola Crisis (SWAPHS) under three separate award agreements. The first award was implemented from 26 August 2014 under the regional project, which extended up to first quarter of 2017. The second award provided emergency assistance support to Liberia from 10 November 2014 - 31 May 2015. The third award which provided supplemental financial resources in Liberia was planned to be implemented through 13 May 2015 – 30 June 2015. However, it was agreed to extend the implementation period to June 2016. This report, thus, covers the implementation of the third award of UA 1,200,000 (USD 1.68 M) carried out from May 2015 until June 2016. This is report is highlighting the achievements of the third award.

As outlined below there are specific components for each of the three awards. Nevertheless, all reinforce and contribute towards the same overarching overall goals of ensuring enhanced local capacity to detect, investigate and contain EVD and other health events of public health concern.

Under the first award, designed as a regional project, WHO worked with the Ministry of Health (MoH) in Liberia to identify the country’s greatest needs from the regional project activities outlined below, to support ending the EVD outbreak and rebuilding the health system. More specific components included; i) Building Human Resource Capacity and Systems for Epidemic Preparedness & Response; ii) Infrastructure Development: *Infrastructure rehabilitation of health facilities;* and iii) Strengthening Governance and Regional Institutions: *Strengthening civil society/communities’ response to the epidemic.* Building on the first award, the second award included specific components that complement the above ones to improve the capacity for i) outbreak response coordination, ii) epidemiological surveillance and laboratory investigations, iii) improving case management and Infection prevention and control of EVD, and iv) promoting Social Mobilization, Public Information and Communication.
The third award is designed to support the health system and communities to recover from the consequences of the EVD outbreak. Accordingly, it included further strengthening the national effort in i) building human resources capacity and systems, ii) social mobilization, public information and communication, and iii) psychosocial support for EVD survivors and affected communities.

4. Achievements of the Third AfDB Project Support
4.1 Component I: Building Human Resource Capacity and Systems for Epidemic Preparedness and Response

SWAPHS has aimed to build local capacity to deal with the current and future outbreaks, by training health personnel in collaboration with the needs expressed by the MoH, in the areas of surveillance, case management, and infection prevention and control. Accordingly, under SWAPHS funding WHO contribute to build human resource capacity by a) technical assistance from international and national specialists in; and b) short and long-term training of health personnel; and c) providing technical support in establishing systems for epidemic preparedness and response.

Technical Assistance
In response to the emerging Ebola outbreak and the lack of skilled professionals within the country, WHO sourced, hired, or seconded both staff members and external consultants with vast knowledge and experience in outbreak response, epidemiology, and surveillance to conduct urgent Ebola response functions. These experts have included epidemiologists, doctors, IPC experts, laboratory specialists, data analysts, mental health practitioners and social mobilization specialists. Throughout the outbreak, these experts have worked to build the capacity of national health professionals, assisting, training, and mentoring MOH staff and country health teams to increase their capacity to monitor and effectively respond to the outbreak.

WHO technical experts, based at the national level in Monrovia as well as in all 15 counties, have supported the implementation of project activities. At the national level, WHO staff have worked closely with the Ministry of Health (MoH) and the national Emergency Operations Center (EOC) staff, as well as key technical partners through coordination and technical working groups. Similarly, WHO personnel have worked closely with the County Health Teams (CHTs) and technical partners, through actively participating and leading county coordination committees and county technical groups.

WHO has served as the lead technical agency supporting the Government of Liberia to respond to and coordinate the Ebola outbreak and longer-term recovery. WHO experts have played a key role in the preparation of technical guidelines and policy documents ranging from EVD surveillance to clinical care for survivors of Ebola. WHO has lead coordination for the response with other UN agencies and partner organizations, including establishing a national technical coordination committee on surveillance, as well as co-leading, together with the MoH, technical working groups on surveillance, epidemic preparedness and response, information systems, laboratory, and health promotion. The AfDB two rounds of grants complemented the contributions of other partner agencies, enabling WHO to undertake these activities.

As the outbreak waned and focus shifted towards recovery and the critical need to strengthen the health system in Liberia, WHO provided key technical support to the Government to develop the “Investment Plan for Building a Resilient Health System in Liberia” for 2015-2021. The Plan outlines key priority investment areas to build a strong health system to ensure the health security for the people of Liberia, reduce risks due to epidemics and other health threats, and accelerate progress towards universal health coverage by improved access to safe and quality health services. The third AfDB grant was instrumental in to the early recovery phase. It contributed to skills building of health workers through need-based training and improving the functionality of health facilities through supportive supervision and regular monitoring.

Short and Long-term Training of Health Personnel
During the outbreak, health workers were at 30 times higher risk than the general adult population of contracting Ebola. Few health care workers had prior experience or knowledge of EVD and how to safely care for infected patients. Across the country 372 health workers became infected with EVD
(confirmed and probable cases) and 184 of them died. This underscored the need to better equip health workers to safely handle EVD. Accordingly, over the last three years, WHO in collaboration with the Ministry of Health and partner organizations trained more than 15,000 health care workers on signs and symptoms of EVD and how to stay safe while providing care to Ebola patients in ETUs and treatment facilities.

Training on laboratory procedures
Training on infection prevention and control practices

Specific funding through AfDB under the third award supported specific trainings for safe and dignified burials, as well as integrated disease surveillance and response (covered under Establishment of IDSR section). This includes training of 150 lab technicians on safe specimen collection and testing, 453 healthcare workers on IPC “Keep Safe, Keep Serving” (KSKS) on triage, screening and isolation, a several others on EVD case identification, and contact tracing.

Training for Safe and Dignified Burials

Burial rituals in Liberia typically involve the family washing the body and mourners laying their hands on the dead. In the context of an outbreak Ebola virus, which is often present at its highest concentrations in bodily fluids shortly after death, funerals presented the virus with the perfect opportunity to spread. Ensuring that burials are conducted safely was made one of the most urgent priorities of the response. SWAPHS supported training for safe and dignified burial teams, and health facility staff including morticians and hygienists in 656 health care facilities nationwide. Trainings and awareness raising around the importance of safe burials played an instrumental role helping the country get to zero, with zero unsafe burials leading to infection during the last year of the response. The project also contributed to ensure that PPE supplies are distributed, stored and used appropriately by trained burial teams.

Supporting the Establishment of a Functional Integrated Disease Surveillance and Response (IDSR) System in Liberia

The EVD outbreak highlighted key gaps in Liberia’s integrated disease surveillance and response (IDSR) system that necessitated the revision of the IDSR guidelines and also enabled the country to meet its IHR obligations for surveillance. In the wake of the EVD outbreak the MoH began rolling out the Integrated Disease Surveillance and Response (IDSR) strategy to improve epidemiologic surveillance and response to IDSR priority diseases and conditions. WHO has provided key technical support to the MoH in advancement of this process.

WHO has provided technical support to the MoH to adapt IDSR guidelines and training modules to commence roll-out for nation-wide training of IDSR in all 15 counties, as per the national plan for IDSR. The roll-out of IDSR in counties included the provision of guidelines, surveillance forms, logistics and training. While these activities were being
undertaken, the MoH concurrently started national level orientation for Disease Prevention Control (DPC) staff to ensure they were conversant on IDSR and overall surveillance system. SWAPHS supported a five-day orientation of core staff from the DPC unit (20 staff) on IDSR and overall surveillance system in Bong County in August 2015. The training served to improve staff knowledge on IDSR and the surveillance system, enabling staff to support implementation of surveillance activities at the county level.

The MoH conducted national-level TOT trainings on IDSR as a process of accelerating IDSR implementation in the country, also supported by SWAPHS. At the end of August 2015, national TOT workshops were conducted for 60 trainees from national programs, line ministries and partners managing or implementing surveillance activities in the country. The trainees were then provided further mentorship by WHO and CDC technical specialists to roll out IDSR guidelines, mentor health workers and supervise implementation of these guidelines. SWAPHS provided direct support to facilitate the five-day trainings (including 1 day facilitators training and 4 –day TOT trainings) held in Buchanan, Grand Bassa. Pre and post-test training showed that participants scored an average of 40% before attending the TOTs, which on average increased to 70% after the training.

**Procurement of Vehicles for Surveillance**

One key requirement for establishing functional surveillance systems is periodic supportive supervision at county, district and health facility levels. In October 2015, assessments conducted at 282 health facilities in all 15 counties and 91 health districts in the county identified lack of transport as a barrier in 51.8% of the sites visited. In line with these expressed needs of the Ministry of Health, WHO procured 6 four-wheeled vehicles and 45 motorbikes with project funding (a total of 8 vehicles and 50 motorbikes through all SWAPHS funding) for use by IDSR teams to conduct district-level surveillance measures.

In February 2016, WHO, MoH and AfDB, along with donors World Bank and USAID, held a ceremony at the MoH office headquarters in Monrovia to officially handover surveillance vehicles and supplies to the Government of Liberia. The vehicles were officially presented to the Minister, Dr. Bernice Dahn. The vehicles were then distributed to the MoH’s rapid response teams (RRTs) at the national, county and district levels to support intensified surveillance for EVD and other priority infectious diseases. The vehicles and motorbikes purchased through SWAPHS, in addition to other vehicles purchased through other donors, were distributed to the 15 County RRTs and the national RRT and all 91 health districts. These vehicles continue facilitating active surveillance duties and required supervisory support from all levels.

**Supporting Liberia to Meet International Health Regulations**

In response to the increasing risk of cross-border spread of infectious diseases and other health threats WHO Member countries have endorsed and agreed to implement the International Health Regulations (2005) (IHR). IHR aim "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade." The IHR also require States to strengthen core surveillance and response capacities at the primary, intermediate and national level, as well as at designated international ports, airports and ground crossings.
In the wake of Ebola, WHO provided critical support to the Government of Liberia in helping it meet its IHR obligations, strengthening national capacity for surveillance and control, including sites at ports of entry/exit; prevention, alert and response to international public health emergencies. As part of this process, the MoH planned and conducted an IHR self-assessment, with the support of WHO and partners, in preparation for a joint external evaluation to measure Liberia’s status and progress toward achieving IHR targets. Funding through SWAPHS has supported this process, comprised of a desk assessment and field supervisory mission to validate data in selected counties. This process will enable Liberia to identify critical gaps in human and animal health systems, prioritize opportunities for enhanced preparedness and response, and engage with donors and partners to effectively target resources.

WHO also provided technical support, and funding through SWAPHS, to the MoH to plan and conduct Risk and Vulnerability Mapping as one of the key activities in support of IHR core capacity assessment. This aimed to provide a systematic and evidence-based approach to identify and classify priority risks, define national level preparedness and response to mitigate each hazard, and then inform preparedness and response planning.

### 4.2 Component II: Social Mobilization, Public Information and Communication

Community engagement played central role end the outbreak of Ebola in Liberia. From the early days of the outbreak, in partnership with UNICEF, WHO engaged anthropologists and social mobilization experts and worked with community leaders and opinion-makers – particularly religious leaders, women and youth –to overcome the fear and stigma of the disease, and thus encourage timely reporting and the rapid isolation of people who are sick or symptomatic, tracing and isolation of contacts and the safe burial of those who have died.

With community engagement partners, WHO worked on guidelines and key messaging, advocacy, pre-deployment training, analysis of the socio-political context that informs the response, and the review of material and strategies to avoid duplication. Throughout, WHO’s community engagement field coordinators through collaboration with UNICEF, have provided support for general community health volunteers (gCHVs) to engage with communities to advance positive behavior changes for Ebola protection such as hand washing for EVD prevention. Furthermore, through this award, WHO proved technical support to conduct media messages and mobilize community leaders, schools, and religious leaders to reinforce hygiene and sanitation at households, schools, worship and other public gathering places.
Social Mobilization and Community Engagement
Social mobilization specialists supported gCHVs to conduct house-to-house visits in the Ebola affected community and surrounding areas reaching over 4,500 households and 20,000 individuals. Project activities have included intensified targeted socio behavioural change interventions for interrupting EVD transmission and restoration of health services, targeting community messaging and awareness on EVD for communities and the facilitation of community engagement meetings, directly engaging community leaders to improve community buy-in to address issues of community resistance.

Dissemination of Ebola Messaging
A critical part of the Ebola Response social mobilization has been the crafting and dissemination of Ebola-related messaging to ensure that communities receive accurate and updated information about the outbreak, as well as preventative measures. WHO has supported the development and dissemination of a wide variety of Ebola materials and messaging, including the “Ebola Must Go” campaign, and has supported national Ebola and non-Ebola community messaging campaigns.

In additional to social mobilization activities to improve community awareness of Ebola and behaviour change interventions, SWAPHS also supported activities to honour those who had significantly contributed to the response. Additionally, as the Ebola response wound-down, SWAPHS has provided key support to integrate communication and health promotion into national policy and planning. This is expected to maintain the gains made in preventive messaging and building positive hygiene and sanitation practices, including through engagement of the media, healthcare workers and community leaders.

Ebola Hero’s Project
SWAPHS has supported an initiative to honor individuals who contributed immensely and made sacrifices in the fight against Ebola in Liberia. The project focused on recognizing and honoring Liberian doctors, nurses and other health professionals who tirelessly braved death daily to staff the health facilities. WHO served on a committee with MoH, Feed the Future, UNICEF, UNMEER, and the Office of the Vice President of Liberia, to support the project. SWAPHS supported WHO’s role in assisting funding of the first phase of the Heroes launching program and ceremony. Specific support included funding for a launching luncheon for 200 guests and for data collection. The project was successful in not only boosting moral for those being honored, but also served to inspire others to join the fight in collective efforts to eliminate Ebola in the country.

Risk Communication
WHO actively contributed to the development of the Risk Communication section of the National Emergency Response Plan, validated in March 2016. Risk communication aspects have also been integrated into a Health Promotion Policy and Strategic plan, which was validated in May 2016. The policy document is key to strengthen preparation for potential
disease outbreak, providing a clear risk communication plan for pre-event, during and post-event response activities. Risk communication has also been streamlined into social mobilization SOPs.

In June 2016, the MoH Health Promotion Division, with support from WHO and partners and funding through SWAPHS, conducted three workshops on risk communication and health promotion for participants selected media and other stakeholders. A one-day validation workshop was held to bring together stakeholders to gain consensus and validate the National Risk Communication Operational Plan, which will inform the implementation of future risk communication activities. Two one-day workshops were held to orient health reporters and journalists in Grand Gede and Grand Bassa counties. These workshops helped to build the capacity of journalists to effectively report on disease outbreaks and monitor impact, while also strengthening partnerships with media managers of community radios in 10 counties. Engaging radio media in health promotion and communication offers a unique opportunity to access remote areas and high number of audience.

4.3 Component III: Promoting Psychosocial Support

The trauma of the recent Ebola outbreak, on top of the effects of over a decade of civil war, has compounded the need for support for mental distress. Following the outbreak there has been an increase in the number of people reporting mental health and psychosocial distress symptoms in addition to those with pre-existing mental health needs. Ebola has had a wide-ranging impact including disruption and loss of livelihoods and educational opportunities, loss of loved ones and colleagues, and for some surviving Ebola itself. In addition, many survivors and their families continue to face significant discrimination, presenting even further obstacles to reintegration and resuming “normal” life.

The Government of Liberia recognized the need to improve mental health services and is committed to increasing the number of trained staff who can provide specialized mental health services by, training more mental health staff, increasing the number of primary health care staff trained to treat common mental, neurological and substance use disorders, increasing the availability of basic medicines for mental disorders, and ensuring teachers are equipped to identify problems in schools. At the MoH’s request, WHO provided support in the drafting of a new national mental health strategy.

In response to this critical need for further mental health support for survivors, SWAPHS funded psychosocial support for EVD survivors, their families and communities, and health workers. WHO also extended support for organizing and conducting community healing dialogues to dispel community fears and rumors that hinder smooth reintegration of survivors.

**Psychosocial Support During the EVD Outbreak**

WHO mental health specialists provided technical assistance and support to the MoH and county health teams to ensure that Ebola survivors can access necessary counseling and mental health services. During Ebola outbreaks WHO psychosocial support teams provided support and counseling Ebola patients and their family during their time in the ETU and upon their release. Teams also conducted regular visits and provided support to the health care workers under quarantine during the 21-day surveillance period, and households under observation.
Community Healing Dialogues (CHDs)
The MoH, in collaboration with WHO, initiated Community Healing Dialogues (CHD) to promote psychological wellbeing and resilience among people and communities affected by EVD. Communities were selected through consultation with county health teams to prioritize those most heavily affected. CHDs aim to help reintegrate survivors into their communities and families by improving livelihoods, providing psychosocial counseling services and breaking down stigma and prejudices. CHDs are comprised of groups of 15 people, who meet weekly for a period of 12 weeks, with support from trained mental health staff, to focus on:

- Helping traumatized survivors to rebuild their lives by reintegrating them in their family and society.
- Protecting survivors from stigma, discrimination, conflict, and loss and grief by educating community members and general public.
- Empowering individuals and communities by facilitating positive dialogues between the survivors and their communities.
- Mental Health Clinicians (MHC) and Social Workers were given adequate knowledge and skills to improve psychosocial wellbeing of survivors.

In December 2015, SWAPHS supported the establishment of three new CHDs in Monrovia for communities affected by the recent EVD Outbreak. Each CHD ran for 12 weeks. After the sessions have ended often many participants choose to continue the groups through their own initiative, showing the sustainability of the intervention.

CHD Impact
Community Health Dialogues have shown measurable impact in communities affected by EVD in reducing stigmatization and improving relationships. In December of 2015, a group of independent researchers conducted 403 interviews in 25 communities 6 counties: Nimba, Bong, Monserrado, Lofa, Margibi, and Grand Cape Mount. The study revealed that 52% of CHD participants came for help with issues of stigmatization. Almost all participants, 92%, reported that their problems improved through participation in the CHD program. The majority (60%) of respondents cited reasons for improvement as a result of increased healthy and supportive relationships within the community (Figure 3).
Figure 3: Reasons for participation in CHDs as provided in impact assessment
# 5. Expenditures

**Summary of Expenditures by Component**

<table>
<thead>
<tr>
<th>Component</th>
<th>Expenditure (USD)</th>
<th>Budget (USD)</th>
<th>Major Activities/Purchases</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Social mobilization, public information and communication</td>
<td>184,792</td>
<td>553,422</td>
<td>Ebola Messaging, Heroes of the Liberian War commemoration. Risk communication and health promotion activities. Office/communication equipment.</td>
<td>Training/ IEC materials included in surveillance training costs</td>
</tr>
<tr>
<td>3. Promoting Psychosocial Support</td>
<td>97,900</td>
<td>285,096</td>
<td>Psychosocial support during outbreak, CHDs.</td>
<td></td>
</tr>
<tr>
<td>WHO indirect admin costs</td>
<td>109,876</td>
<td>109,876</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,662,430</td>
<td>1,677,037</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Summary of Expenditures by Category

<table>
<thead>
<tr>
<th>Expenditure Category</th>
<th>Activity</th>
<th>Expenditure (USD)</th>
<th>Budget (USD)</th>
<th>Major Activities/Purchases</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goods</td>
<td>Medical Supplies and equipment (especially PPE)</td>
<td>536,352</td>
<td>69,835</td>
<td>Purchase of 6 four wheel vehicles and 45 motorbikes for county surveillance. Office/communication equipment.</td>
<td>No PPE needed. Purchase of surveillance equipment instead due to expressed need from MoH.</td>
</tr>
<tr>
<td>Services</td>
<td>Training of health workers and community workers</td>
<td>272,525</td>
<td>286,857</td>
<td>Surveillance training for DPC staff. IDSR TOT training for selected county staff. Training on safe burials.</td>
<td></td>
</tr>
<tr>
<td>Incentive Payments</td>
<td></td>
<td>33,950</td>
<td>371,129</td>
<td>Incentive payments for Ebola survivors.</td>
<td>Most incentive payments paid under other SWAPHS award.</td>
</tr>
<tr>
<td>Case Management and IPC</td>
<td></td>
<td>460,985</td>
<td>279,340</td>
<td>Training on safe burials. Technical assistance for case management and IPC.</td>
<td></td>
</tr>
<tr>
<td>Social Mobilization and Psychosocial Support</td>
<td></td>
<td>248,742</td>
<td>560,000</td>
<td>Ebola Messaging, Heroes of the Liberian War commemoration. Risk communication and health promotion activities. Psychosocial support during outbreak, CHDs.</td>
<td></td>
</tr>
<tr>
<td>WHO indirect admin costs</td>
<td></td>
<td>109,876</td>
<td>109,876</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>1,662,430</strong></td>
<td><strong>1,677,037</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. Issues and Challenges

- Partner coordination – With literally 100+ organizations contributing to the Ebola response in Liberia, it was often difficult to coordinate communication and reporting between all key stakeholders and avoid duplication of activities.
- Lack of community trust and belief in the legitimacy of Ebola slowed necessary behavior changes and community buy-in for safe funerals and burials to prevent the spread of EVD.
- The fractured public health system in Liberia was unprepared to respond to the response and did not have the capacity (infrastructure, human resources, systems, etc) to satisfactorily respond to the epidemic.
- High staff turnover supporting the response meant lack of continuity and that by the time real trust was gained between MoH and partners, team members were already at the end of their contracts.
- Balancing outbreak control measures with restoration activities - potential non-alignment and competition between activities designed to stop the EVD outbreak and activities to assist with restoration of health system.
- Due to staff turnover and the need to improve reporting and awards management systems, WHO Liberia has not fully abided by AfDB’s reporting and visibility guidelines.
- Due to continued EVD in the region and the presence of EVD in some survivors, the re-emergence of EVD is highly probable. The need to continue active EVD surveillance and associated IPC measures remains critical.
- Maintaining community vigilance for hand washing and IPC is a key challenge as communities become complacent after the initial fear of an EVD outbreak had ended.
- EVD survivors continue to be stigmatized and isolated by their communities and support services to meet the specialized needs of survivors remain limited.
- As many organizations are scaling down operations or exiting Liberia, the need for continued surveillance and increased survivor support remains critical. More collaboration between remaining partners is needed as the longer-term recovery is planned and implemented.

7. Lessons Learned

- Partner collaboration was strengthened through the strong leadership of the MoH establishing daily/weekly incident management system (IMS) meetings held at the emergency operations center (EOC) to facilitate the sharing of situation updates and coordination of the response. Thematic working groups were established to improve coordination and response across sectors and minimize duplication.
- Despite the presence of EVD in Liberia for nearly two years over the course of four waves, technical specialists continue to play an important and critical role in building capacity and on-going mentorship to ensure Liberia is equipped with local personnel able to sustainably continue surveillance efforts and adequately respond to future outbreaks.
- Over the course of the broader EVD outbreak, collaboration amongst partners has improved, as evidenced in the most recent EVD outbreak, supporting an efficient and comprehensive response.
- During the most recent outbreak, the improved capacity of contract tracing and active surveillance was evident in the success at stopping the outbreak from spreading beyond the initial three cases.
- Community engagement was critical to not only improving awareness, but supporting active surveillance and case finding in communities to cast a wide net of surveillance efforts beyond paid staff.
- Technical expertise and skills provided by international technical specialists was not only key to ending the physical outbreak, but it provided essential capacity building and mentorship for local staff to strengthen local capacity and ensure Liberia is
equipped with local personnel able to sustainably continue surveillance efforts and adequately respond to future outbreaks if and when they arise.

8. Conclusion

AfDB’s support through SWAPHS has made a valuable contribution towards the rapid containment of the EVD outbreak, building human resources capacity to respond to EVD and other infectious diseases, gaining community support for EVD prevention and putting in place necessary infrastructure needed to contain and stop the outbreak. Furthermore, the positive gains from the EVD response have contributed to strengthen weak health systems including surveillance, health promotion, surveillance and response capacities. The lessons from the outbreak response were instrumental to identify gaps and needs, and to develop policies and strategies that help the country to build a resilient and responsive health system. The three rounds of AfDB awards to WHO were synergistic to each other and build upon the support of other partners, and are harmonized to the needs of the country both during and post-EVD phases. The extension of the timeline has allowed WHO to implement and utilize the award for the specified activities.