

Solidarity Across Borders: Making Sense of the Ebola Crisis

Ebola is new to us in Liberia. Liberia has not responded or had a need to respond to such an epidemic in more than a half a century. We did not know how to respond and had to quickly improvise and set up our own disaster management system. We have a learning curve and will make mistakes, but we are doing the best that we can with our extremely limited resources both human and financial. We are learning as we go along and are asking for help. **Councilor Yvette Chesson-Wureh: Angie Brooks International Centre (ABIC) For Women's Empowerment-Liberia**

Urgent Action Fund-Africa (UAF-Africa)¹ is deeply concerned by the spread of the deadly Ebola Virus Disease (EVD) in West Africa and is committed to working closely with other women's rights organizations and activists in the region contributing towards elevating women's voices, enhancing women's leadership and visibility, supporting women's initiatives to contain the disease and avoid being infected-all this as they struggle to rebuild their lives and communities.

The 2014 Ebola outbreak continues to evolve in alarming ways, with the severely affected countries, Guinea, Liberia, and Sierra Leone, battling to control the escalating outbreak against a backdrop of severely compromised health systems, significant deficits in capacity, and rampant, unadulterated fear. Through an urgent and strategic deployment of a Ugandan feminist Medical Doctor and Psychiatrist well versed in the medial and social realities of women in Liberia, UAF-Africa conducted a rapid assessment to investigate the impact of the Ebola epidemic on women and girls. Based on our assessment findings (http://urgentactionfund-africa.or.ke/?page_id=1385), the outbreak is skewed towards women because of the predominance of female caretakers.

"Traditionally, women will take care of the men as compared to them taking care of the women."

Marpue Spear, Executive Director, Women's NGO Secretariat of Liberia

Reports have shown that women are on the front lines of this disease, with female clinic and hospital nurses and cleaners representing the majority of the medical personnel who have died from the virus.² According to UNICEF, women account for 55 to 60 per cent of the over 1,500 deaths from

¹ Urgent Action Fund-Africa is a pan-African feminist and women's rights Fund, established in 2001 in Nairobi, Kenya. As the first rapid response Fund, UAF-Africa adds value to the work of activists and civil society organisations focusing on women's active socio-political participation and visibility by leveraging resources and opportunities for critical engagement that advance women's human rights.

² <http://www.unwomen.org/en/news/stories/2014/9/ebola-outbreak-takes-its-toll-on-women#sthash.ncme2u8m.dpuf>

Ebola in Guinea, Liberia and Sierra Leone since May.³ But figures may actually be even higher. Health teams on the ground in Liberia have reported much higher numbers with women making up 75 per cent of the people who have been infected. According to the World Health Organisation (WHO) the outbreak may ultimately infect as many as 20,000 people before the outbreak ends, and a disproportionate number of those cases will be women.⁴

The Ebola outbreak has generated significant knowledge and has shown that epidemics greatly affect gender differently. Most often, when crises or disasters happen, women and girls of all ages are uniquely vulnerable and disproportionately impacted—they are likely to suffer higher rates of mortality, morbidity, and economic damage to their livelihoods. Therefore, it is imperative that responses and strategies to the Ebola outbreak are gender-sensitive, taking into account both gender-based vulnerabilities as well as women’s unique contributions. UAF-Africa has reached out to her wide networks across the most affected countries specifically and in West Africa generally to get a sense of women’s rights advocates, gender-sensitive health experts and other allies’ perspectives on the situation at hand which would in turn instruct UAF-Africa to respond appropriately in the support she provides. The conversations were both sober and sometimes very agitated and as can be imagined, some people have closer proximity to the crisis than others thus skewing their sentiments from urgency to a more grounded and objective response to the crisis. As UAF-Africa, a feminist and women’s rights Fund operating in highly charged conflict and post-conflict settings, these divergent views to a crisis are not new and discouraging; they represent diversity and add nuance to a situation with such serious magnitude and suffering as this latest Ebola outbreak.

KEY PRIORITIES TO CONSIDER DURING AND AFTER THE EBOLA CRISIS

³ <http://www.informationng.com/2014/09/ebola-hitting-women-harder-than-men-report.html>

⁴ http://www.huffingtonpost.com/2014/08/28/ebola-20000-people_n_5728268.html

- 1) **Gender perspective in the international response to the crisis:** It is important for the international community, governments and relevant stakeholders to deliberately focus on women as valuable agents of change and social mobilizers with a central role to play in shaping a comprehensive and multi-faceted response system, sharing expert and indigenous knowledge, raising awareness and enhancing care.⁵ Women must be included in strategizing when assessing the scope of the outbreak and designing responses and implementing interventions.
- 2) **Community Involvement:** Women are conduits of information in their communities, thus, women must be leaders in campaigns in order to raise awareness about the disease, and address the stigma. Establishing robust and community-based approaches that build upon existing local networks and organisations in each affected and at-risk district is essential to the full implementation, effectiveness, and sustainable results. Additionally, in order to alleviate fear and establish trust, public engagement activities, such as community dialogues should be established and where they exist, strengthened. Communities must engage in appropriate Ebola control measures, particularly contact tracing, and monitoring. There is also a need to infuse peace building within the community dialogue spaces as the Ebola disease has reignited or reinforced the disparities in privileges and resources that already existed, sparking mistrust and tension within communities. Coupled with unresolved issues of historical social injustice and structural deficiencies within political and social systems, the lack of social cohesion has made tackling the epidemic a challenge.
- 3) **Coordinated regional response:** Although there are many international agencies providing support and advice, there are no infectious disease surveillance networks in West Africa. Therefore, establishing and strengthening capacities and networks is needed to enhance national and regional capacity in terms of facilities, expertise and on-going research and surveillance programme. The networks will also be needed to develop policies to facilitate collaborations between a growing multi-disciplinary socio-political and health response infrastructure that lacks cohesion and are not necessarily acting in a coordinated manner.
- 4) **Access to information and knowledge sharing:** Leveraging first-hand experience, knowledge transfer and lessons learned from other parts of the world is essential. The use of mass and social media can be used to enhance the understanding of the disease, and risk mitigation measures. The international community must also continue to modify their communication strategies in ways that empower the local people doing their best with stretched resources.
- 5) **Education sessions:** Health education and social mobilisation are critical for controlling the Ebola outbreak because resistance from the community to freely provide information on patients, deaths, and contacts are commonplace. The education sessions should take into consideration the social and cultural norms, values and traditional practices of the community that involve the care of the sick and dead and pre-emptively give guidelines on how to go about this.

⁵ <http://www.unwomen.org/en/news/stories/2014/9/ebola-outbreak-takes-its-toll-on-women#sthash.ncme2u8m.dpuf>

- 6) **Ensuring equal distribution of care, facilities, aid, and other resources:** Many of the health facilities have dilapidated infrastructure, unstable electricity, and lack of constant water supply and resources. Therefore, mobilizing sufficient medical resources and expertise are needed to support all Ebola Treatment Centers in countries with intense and widespread transmission. In addition, there is need to decentralize response and facilitate community and individual driven responses which would entail providing Clorox for disinfection, proper gear for handling infected bodies and a coordinated and capacitated local communications strategy and response system that systematically shares the latest instructive information on how to prevent the spread of the disease.
- 7) **Psychosocial support and re-integration of families:** Psychosocial support for the affected family or families has been neglected during previous outbreaks, but this issue has become more and more important due to stigmatisation of survivors and their families by the community. Psychosocial support is not only vital to ensure the well-being of the affected population, but also to counter-act the threats to public health and safety that fear, stigmatization and misconception poses. ⁶ There is need to provide psychosocial support to the isolated and quarantined, to the families and relatives of the affected and the health workers.
- 8) **Security:** National and local authorities must deploy security services to ensure the physical security of Ebola facilities. Authorities must give particular attention to ensuring the security of the staff working in Ebola treatment centers, Ebola referral and isolation centers, laboratories and the teams working at the community level. Security services must however be clearly distinguished from militarization of the crisis, which in of itself can exacerbate fear and undermine positive efforts currently being employed.

The Ebola outbreak has tragically transitioned from an international public health crisis to a humanitarian emergency. A global elimination plan, influenced and shaped by women's emotional and indigenous social intelligence and knowledge of their communities and supported by national, regional and international health bodies is badly needed to conquer this deadly catastrophe. At UAF-Africa, we stand in solidarity with the affected communities and the thousands of courageous women who are making tough and life-changing decisions in the face of an extraordinary situation; women whose visibility and voices are not considered experts but have the conviction that their resilience to human struggles will win the day; women who are fearlessly engaged in front line efforts to combat Ebola. At UAF-Africa, we salute and celebrate the women who are doing all they can with little resources to make a difference for themselves and others. We envisage that the lessons drawn from this public health situation will translate into effective action for any future epidemic.

⁶<http://reliefweb.int/sites/reliefweb.int/files/resources/20140814Ebola-briefing-paper-on-psychosocial-support.pdf>