



Using the New Deal in Ebola Response and Recovery: A Note Towards Better Practice

Executive summary

This note examines the lessons learned from emergency responses to the outbreak of the Ebola Virus Disease (EVD) pandemic in Liberia, Sierra Leone, and Guinea over the last 18 months. Although infection rates have dramatically decreased in both Liberia and Sierra Leone, the pandemic is not yet over. In Guinea and in Sierra Leone, infection rates have not yet stayed consistently at zero for long enough periods to warrant complacency. In all three countries, national Ebola recovery strategies – complemented by a regional Mano River Union strategy – have been prepared and will be presented on 10 July 2015 at the Ebola recovery pledging conference convened by the UN Secretary General.

While it has been widely acknowledged that the Ebola Virus Disease and subsequent crisis could not have been anticipated, the scale of the outbreak and the high number of deaths could have been reduced if early warning and resilience systems had been more robust, and if greater investments had been made in rebuilding institutional capacity across national systems, in what are fundamentally fragile environments. Fragility is a fact of life in these three Ebola affected countries, all of which are members of the g7+ group of conflict-affected and fragile states. As such, they are all signatories to the New Deal, which advocates new ways of working in their countries, focusing on peacebuilding and statebuilding in line with basic aid effectiveness principles. This note looks at whether and how the New Deal has shaped emergency responses to Ebola. It examines the scope that might exist for its use in the context of recovery, and it concludes with a set of recommendations for increasing the likelihood of such. This work builds on an earlier workshop hosted by the International Dialogue on Peacebuilding and Statebuilding (IDPS) Secretariat and UNDP¹, and research on lessons from responses to Ebola, conducted by the Civil Society Platform on Peacebuilding and Statebuilding (CSPPS) in the three Ebola affected countries of the Mano River Union, Nigeria and the DRC.

Key findings

1. Social cohesion at risk

The Ebola crisis was a complex emergency, with dramatic effects far beyond the health sector. Whole systems, rather than sectors alone were disrupted. Relationships of trust between citizens and between citizens and the state, painstakingly rebuilt after years of conflict, social and political unrest, were unravelled. While major social unrest was averted in all three countries, the crisis undermined trust and social cohesion.

2. New Deal awareness remains low

Despite the influence of the New Deal in shaping the development frameworks of the Mano River Union countries prior to the outbreak, particularly in Sierra Leone and Liberia, those involved in implementing emergency response strategies and in developing recovery plans often questioned the relevance of the New Deal in the context of the crisis. The lack of widespread knowledge about the New Deal, beyond Ministries of Finance / Planning, in all the countries concerned – particularly in Guinea – did not help.

3. New Deal mostly ignored during the emergency phase and relevance for recovery questioned.

Different experiences of New Deal implementation before the outbreak also shaped perceptions about the relevance of the New Deal even for recovery, after the worst effects of the outbreak had been contained. The incomplete nature of the efforts to implement the New Deal, prior the Ebola outbreak, partly explains this, as does the absence of established institutional mechanisms (Compact or Mutual Accountability Framework) between the countries concerned and their international partners.

4. New Deal principles (aid effectiveness) relevant by default

¹ <http://www.pbsdialogue.org/newsandevents/specialevents/ebolaworkshopfebruary2015.html>



Paradoxically, in order to increase their responsiveness to immediate needs, many development partners found themselves using direct budget support for up to 16 percent of funds disbursed. This was critical in enabling governments to take, and be seen to take, decisive action at the height of the crisis. Even though the rapid disbursement of emergency funds on budget, went against the grain of dominant donor practice, which tended to be averse to the use of country systems, budget support, however small, also demonstrated what can be done.

5. Social assets of local communities as first respondents stemmed the pandemic

Local communities and leadership structures, civil society organizations, and women's groups played a key role in Ebola emergency response and revealed sources of resilience when public services were crumbling. While country-wide sources of resilience were important, knowledge remains scanty. How and why they worked so effectively needs to be better understood.

6. Private sector partnership active in response

Private sector efforts – both domestic and foreign – dramatically shaped effective response to the Ebola outbreak. These efforts need to be better understood, if they are to be built upon in the recovery and post recovery context.

Key Recommendations

- Lessons for effective practice during the emergency response phase need to be teased out, capitalised upon and carried forward to shape recovery practice.
- Community resilience mechanisms, private sector contributions and the use of some degree of budget support by donors in all three countries need to be better understood in order to be potentially harnessed in the context of recovery.
- References to the New Deal are evident in the national and regional recovery strategies but concrete actions are needed to turn paper commitments into practice.
- Donors should step up their commitments to New Deal implementation at a country level where country leadership and commitment exists to mainstreaming the New Deal in recovery. This could include renewed commitment to the implementation of coordination, disbursement and monitoring mechanisms (COMPACT, MAF, Fragility Assessment).
- Government representatives could use the opportunity of the UN Pledging conference 9-10 July 2015 to re-state their commitments openly, with actionable steps for New Deal implementation in Liberia, Sierra Leone and Guinea at the New York
- Development partners must ensure that the commitments made translate downwards and penetrate through line-management, so that New Deal implementation is adequately resourced
- Development partners should provide appropriate technical support in the implementation of Ebola recovery strategies, with priority placed on institutional capacity building.
- Investment in the enhanced use of country systems – not just budget support but capacity building and across the whole expenditure chain – should be a priority.
- Private sector contributions need to be galvanised, building on the experience of domestic and foreign private sector to the response effort.



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1. Introduction

Since early 2014, Ebola has caused over 11,000 deaths and over 27,000 infections, mainly concentrated in the three West African states of Liberia, Sierra Leone and Guinea. The Ebola outbreak was first considered primarily as a health crisis by the affected countries and the international community. By the autumn of 2014 however, while the health crisis continued to deepen, the social and economic impact of the EVD outbreak became increasingly widespread. The disease threatened social stability and the trust between Governments and citizens, so painstakingly re-built in the post war contexts of Sierra Leone and Liberia. By June 2015, the virus continued to spread in Sierra Leone and Guinea. Liberia, which was Ebola free for 7 weeks, also reported its first new Ebola victim on 30 June. As a result, the whole region is still struggling to 'get to zero' and stay there.

Since early 2015, efforts have focussed on identifying priorities for early recovery from the pandemic and on bridging the gap between Ebola recovery strategies and the existing long-term poverty reduction strategies in the three countries. This work has been country-led with international support, including by the UNDP, World Bank, African Development Bank and EU who sponsored the Ebola Recovery Assessment (ERA) process. On July 9-10 2015 a pledging conference will be convened by the UN Secretary General in New York, with a focus on Ebola recovery. This conference will adopt the Ebola recovery strategies of Guinea, Liberia and Sierra Leone, and the regional Mano River Union strategy into which the former are all integrated.

This paper was commissioned by the International Dialogue on Peacebuilding and Statebuilding (IDPS)² Secretariat. It builds upon the recommendations of a workshop organized by the IDPS Secretariat and UNDP on 27 February 2015, in Paris,³ and on extensive discussions between an informal working group of all constituencies of the International Dialogue on this issue. The paper examines what lessons can be learned from the international responses to the Ebola so far, to identify how the New Deal could be used to frame Ebola recovery efforts, and ascertain why it has not been significantly referenced in Ebola response efforts to date. It then provides concrete recommendations for the way forward.

In the preparation of the national and regional recovery strategies above, there has been a call by the leaders of the three countries and their international partners to draw on the New Deal framework to ensure sustainable recovery and to build resilience for the future.⁴ What this would mean in practice, beyond a statement of principles, is not clearly defined. The purpose of this paper is to flesh this out.

The research for this paper was carried out through a combination of field and phone interviews with key national stakeholders in government and civil society in Liberia, Guinea, Sierra Leone, and the Mano River Union Secretariat. Desk reviews of Ebola recovery strategies of the three principally affected countries and other relevant literature were also carried out. Most discussions took place in Monrovia, Conakry and Freetown 7-15 May 2015, and some interviews via phone and email the week after.

2. Key Findings

New Deal side-lined in the context of crisis by external actors

A number of donor agency representatives interviewed in Sierra Leone questioned the relevance of the New Deal in the context of acute crisis, arguing that the humanitarian response architecture was better equipped for rapid

² <http://www.pbsdialogue.org>

³ http://www.pbsdialogue.org/newsandevents/specialevents/Statement_of_Outcomes_IDPS_Ebola.pdf

⁴ Statement of the Co-Chairs of Brussels Conference on 3 March "Ebola – From Emergency to Recovery".

http://ec.europa.eu/echo/files/ebola/ebola_conference_outcome_co-chairs_en.pdf



response than the mechanisms of the New Deal, associated with addressing fragility over the long term. Donor agencies, in country and in headquarters, insisted that Ebola not only derailed New Deal processes already started, but that the added value of the Mutual Accountability Framework / Compact was not obvious to all stakeholders. Amongst the international community involved in the response effort, there was little appetite for understanding fragility, peace and stability as underlying factors which influenced the scale of the Ebola crisis.

Different experiences of New Deal implementation prior to the outbreak have shaped conversations about its relevance

All three countries are members of the g7+, the International Dialogue on Peacebuilding and Statebuilding, and are signatories to the New Deal. Prior to the Ebola outbreak, governments and development partners, especially in Sierra Leone and Liberia, had taken significant steps towards using the New Deal Framework as a guide to aid management and national planning. Before the Ebola epidemic reached its peak, late in the summer of 2014, both Sierra Leone and Liberia were well on track with regards to establishing national structures to implement the New Deal framework. Sierra Leone and its international partners had agreed upon and signed the Mutual Accountability Framework, and Liberia had a roadmap in place with a view to establishing a New Deal Compact towards the end of 2014. Guinea, although also a member of the g7+ group, had not however engaged significantly with the New Deal. Yet when Ebola hit, in all three countries, the New Deal implementation process ground to a halt.

Low levels of awareness about the New Deal and its potential relevance to crisis situations across government is a phenomenon throughout the Mano River Union countries

In Liberia and Sierra Leone, where there is high-level awareness about the New Deal, it is restricted to the ministries responsible for New Deal implementation. The New Deal has been advocated especially by Liberian and Sierra Leonean heads of State at international Ebola forums, such as the Brussels conference “from emergency to development” in March 2015. Moreover, the key international (donor) partners and the local civil society organizations – especially the local platforms of the Civil Society Platform for Peacebuilding and Statebuilding (CSPPS) – are well informed and committed to the New Deal. Yet beyond these actors, research suggests that there is very little – if any – information about how the New Deal could be practically applied. Knowledge of the meaning and concrete uses of the New Deal in Sierra Leone, Liberia, and especially Guinea remains scanty.

Use of country systems and local ownership was under stress during the Emergency phase of Ebola.

Only a small amount of the emergency response funding went to and through the Governments: 16 percent in Liberia (excluding regional funding) and a similar figure in Sierra Leone. There was criticism that the management of the emergency funding was centred at the UN headquarters in New York, albeit with the presence of the 3 country representatives. This did not ensure a broad country ownership of the process. An NGO representative talked about a “closed circle” among the international donors and international emergency-response NGO’s. Concerns about the weak absorptive capacity of government institutions and about the need to address issues as urgently as possible, acted as a break on the use of country systems. These concerns also limited openness of external actors to the idea of exploring existing country systems and the scope for using them in a nuanced way. The also reflected the absence of a long term vision for support to national institutions after the eventual withdrawal of international humanitarian efforts.

Yet, there were some successes and they should be acknowledged, notably in the use of budget support. Significant allocations by the African Development Bank in all three countries; France in Guinea, the UK in Sierra Leone, and the EU in Liberia and Sierra Leone, were crucial especially early in the Ebola outbreak when the citizens’ trust in Governments was at its lowest. Another positive example from the emergency phase was the real time audit of the national Ebola funds in Sierra Leone. Both experiences should be built upon.

The New Deal in the Ebola recovery: moving from words to action.

The draft national and regional Ebola recovery strategies reflect broad alignment with many aspects of the New Deal, particularly with respect to basic development effectiveness best practice principles (use of country systems,



pooling risk, country leadership and ownership). Sierra Leone's and the Mano River Union's strategies show explicit endorsement of the New Deal and call for the New Deal to be the overarching framework. Liberia and Guinea are more subtle in their desire for alignment with the New Deal. This could pave the way for cherry picking. The New Deal is not a menu of options but an ensemble of goals and principles that require simultaneous action. It offers not just thematic guidance but suggests robust implementation mechanisms such as a Compact or Mutual Accountability Framework (MAF) between the countries and the international partners. To date, none of the three countries have a fully functioning Compact or MAF. The precise modalities of New Deal implementation by a regional body, the Mano River Union in this case, rather than by national governments with their national civil society counterparts, still need to be worked out.

The Ebola recovery phase will be marked by expectations for international support, multiple crises elsewhere and the weak absorptive capacity of the Ebola-affected countries.

The financial proposal which accompanies the recovery strategies of the Ebola affected countries come with a hefty price-tag of several billion dollars over the next two and a half years. Development partners increasingly admit that they are overstretched with crises pending elsewhere in the world that also require immediate attention (Syria, Ukraine, refugee crises). In addition, there are questions being raised about the absorption capacity of countries with fragile systems and institutions. The same can be said of the capacity of the Mano River Union itself. The limited ability of the MRU, in its current configuration, to play the oversight role which is being envisaged for it, will have implications for the prospects of implementation of the national recovery strategies.

Social assets mobilised: The role of local community organisation in stemming the pandemic needs to be better understood

While national leadership played a crucial role in effective Ebola response,⁵ it was only after the communities were empowered and entrusted with the ownership of driving emergency responses that a major shift took place in the countries concerned.⁶ Lessons learned from the 2014 Ebola outbreak in the Democratic Republic of Congo support this finding.⁷ Religious and traditional leaders, businessmen, taxi drivers unions, young people's organisations and women groups were instrumental in responding to the crisis at local level, even before the internationally backed humanitarian efforts came forth. Yet, little is known about the precise mechanisms that allowed communities to be so resilient. Without a proper understanding of the local sources of resilience, it will be challenging to learn lessons from the Ebola outbreak and support preparedness against future shocks in fragile societies.

3. Analysis of the Findings

Complex emergencies like the Ebola outbreak can only be addressed if peacebuilding and statebuilding dimensions are kept in focus (New Deal). Often exclusively humanitarian approaches miss this. While major social unrest was averted during the emergency phase, the declining trust of the citizens towards the Government, coupled with weak institutions **posed a major risk to the existing fragile peace** in these countries.⁸ The New Deal is

⁵ See progress report by UN "Making a difference – the Global Ebola Response" from May 2015, pages 28-30 https://ebolaresponse.un.org/sites/default/files/web_press_ebola_progress_report_en_sm.pdf

⁶ A senior UNDP leader in Liberia notes in *Testimonies and recommendations of Key People Involved in the Ebola Response in Liberia* that "It was only when people at the village level were self-organizing did the programs get traction." See also <http://www.oxfamamerica.org/press/ebola-one-year-on-community-engagement-turned-the-tide-against-ebola-but-came-too-late-said-oxfam/>

⁷ The Civil Society Platform for Peacebuilding and Statebuilding (CSPPS) notes that one of the key lessons learned of successful management of Ebola, during the 2014 outbreak in the DRC, was community leadership and ownership. <http://www.cspps.org/documents/130616042/130793247/CSPPS+Ebola+Report.pdf/33092e41-bd4a-4ccf-8ddf-4464e5c6ce37>, pages 50-51.

⁸ In his address to the UN Security Council in September 2014, the Liberian Minister of National Defense Mr. Samukai said that "Liberia is facing a serious threat to its national existence. The deadly Ebola virus has caused a disruption of the normal functioning of our state."



highly relevant since building trust between the Government and the citizens, as well as between the Government and donors, is crucial in complex emergencies. Addressing Ebola as a public health emergency alone was impossible in a post-conflict environment. It is important to not lose sight of the fact that **all three countries are still struggling with “getting to zero”**: the risk of another wave of infections could still further undermine the trust between Governments and citizens.

The Ebola crisis showed that **without existing and functional New Deal structures (MAF, Compact) the New Deal cannot become meaningful in crisis situations**. The dysfunctionality of the structures in place is in part linked to the **limited overall knowledge of the New Deal in Sierra Leone, Guinea and Liberia, and at times the absence of effective buy-in across government, beyond New Deal focal points and their units**. Without broader ownership of the New Deal across society, right down to the community and local government levels, it is unlikely that the New Deal approach will take root, regardless of the high-level public statements and commitments to this effect.

Enhanced use of country systems in the recovery phase need to be ensured. The use of country systems during Ebola emergency response was much weaker than what the New Deal calls for. Yet the problem did not begin when Ebola struck. For example in Liberia, the “Use of Country Systems inventory”, finalized in August 2014, notes that the use of country systems was already on the decline prior to Ebola outbreak and advises step-by-step improvements in the use of country systems, bearing in mind that use of country systems should not be equated with budget support alone. **A more nuanced understanding is called for**, which looks at opportunities for using country systems across the whole expenditure chain. The **Use of Country Systems is not an end itself** but a means to achieve better development effectiveness and of strengthening of state institutions. Donors will need to find ways to channel recovery support by simultaneously supporting local institutional capacity. Here, again, the MAF could offer an appropriate forum for decision-making.

Sources of resilience – whether at the **community level, the CSO’s, traditional or religious leadership structures or the business community level** – need to be understood in much greater depth than has been currently the case. This could provide a useful entry point for the effective promotion of the New Deal as a means to reinforcing “effective” resilience in fragile states, beyond EVD. **Understanding response and recovery from a gender-centred perspective** is also an important contribution that the New Deal, with its attention to inclusion, could make to ensure that distilled best practice does not reinforce gender inequalities.

The Ebola recovery phase and interest in the New Deal by those involved in the drafting of the recovery strategies, provides both an opportunity and threat to all stakeholders. If not taken up seriously, the recovery phase **could end up watering down the meaning of the New Deal** in these countries. If, however, the recovery phase can be used to inject renewed vigour into New Deal implementation at a country level, by operationalizing the Compact / MAF and updating of the fragility assessments, it **could make recovery efforts more sustainable and contribute to addressing fragility, peacebuilding and statebuilding in the longer run**, in the countries and the region.

Managing expectations in the recovery phase will be important in order to ensure that existing trust between governments and citizens – or between the development partners and the three countries is not undermined. It is likely that pledges for the recovery fall short of the budget proposal advanced by Liberia, Guinea, Sierra Leone under the auspices of the MRU. The process of building institutional capacity is painfully slow. High expectations and optimistic goals can easily backfire and adversely affect the recovery.

4. Recommendations

Government representatives and international partners should re-commit, with actionable steps, to New Deal implementation in Liberia, Sierra Leone and Guinea at the New York pledging conference 9-10 July 2015. In the three countries, the commitment should translated right down the management line from headquarters to the field, to ensure that adequate resources are made available for implementation.



Move beyond paper-commitments to concrete action, where political leadership and commitment exists: Development partners should work towards the resumption of the New Deal implementation processes and coordination mechanisms set up prior to the EVD outbreak, where political will, vision and leadership exists.

Development partners should revive the Mutual Accountability Framework in Sierra Leone, re-open the Liberian Compact negotiation process, if appetite exists in country, and continue the discussions on New Deal implementation in Guinea following the request by Guinean authorities.

MRU governments should clarify their commitments to the New Deal as a framework for recovery, in concrete terms, minimising the prospects of **overlap with other recovery coordination mechanisms**, and building on the successes of community and CSO involvement in the Ebola emergency phase through more **inclusive coordination mechanisms**. Where there is genuine commitment, this will minimise

All stakeholders (humanitarian actors, development actors, civil society, community organisations mobilised during the crisis, private sector actors –domestic and foreign) **should integrate the lessons from effective practice during the emergency response phase into recovery plans and practice through:-**

- support to the use of country systems, through (but not limited to) direct budget support, the expansion of risk-pooling and joint-risk management practices by donors;
- further empowering organised community networks, by working more closely with them, in partnership with government
- mobilising the domestic and foreign private sector to build on their investments during the response phase, by scaling up their contribution to recovery
- building up institutional capacity of public institutions for effective accountable service delivery in partnership with others

Invest in building up a knowledge base local resilience mechanisms in Ebola affected countries by:

- a) Initiating a study on the sources of local resilience in the Ebola emergency phase in one EVD affected country or regionally;
- b) Ensuring local government structures, traditional leadership structures, and CSO's, including women groups, are included in all efforts of recovery phase planning and execution and learning lessons from the emergency phase, including updates to the fragility assessments;
- c) Sharing information actively on knowledge and experiences from West Africa to other fragile contexts through fragile-to-fragile cooperation.

The IDPS, via UNDP, **should make available technical capacity for building support to New Deal implementation in the context of the Ebola recovery strategies** in Sierra Leone, Guinea, Liberia and MRU. The IDPS, through UNDP, active lead donors and International Dialogue members, should invest in improving knowledge about the New Deal across government, MRU staff and the wider-society, ie including CSOs. The focus should be on entry points for New Deal implementation and what implementation might look like in practice, rather than the New Deal simply as a set of tools.

Development partners should **invest in enhanced but nuanced use of country systems**. This can build on the successes identified during the emergency phase, such as the use of direct budget support and real-time audit. and further research and benchmarking.

The World Bank, the UN, and the African Development Bank should consider localising funds for recovery, and making them country led (in each country) to ensure enhanced local ownership **and donors should collectively further discuss opportunities for joint risk management and pooling**. Discussions should build on existing **Use of Country Systems Inventory from Liberia, and inform similar research on Sierra Leone and Guinea, which focus on the Ebola response experiences**. This work could be successfully integrated into the International planned country dialogues on the use of country systems and transparency.