



A Call To Impact and Solidarity in the Wake of Ebola

Accompanying Catholic Health Networks
and Supporting Resiliency in West Africa



EXECUTIVE SUMMARY

OCTOBER 2015

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This report, *A Call to Impact and Solidarity in the Wake of Ebola*, was commissioned by FADICA's International Affinity Group and is intended as a resource for FADICA members, philanthropists, and leaders interested in accompanying the Catholic Church in West Africa as it recovers and rebuilds its health networks in the devastating wake of the Ebola crisis. The report provides an overview of the Ebola crisis and the international response in the three countries hardest hit by Ebola, and describes a Catholic approach to resiliency. It argues that Catholic health networks — as part of the faith-based health systems comprising up to a third of health care delivery in these West African nations — are uniquely equipped to contribute to the ongoing response and rebuilding effort, and critical to community resiliency. Most importantly, it identifies three key gaps and opportunities for action in alignment with the Holy See's Ebola response and rebuilding initiative. This report calls for solidarity with this Vatican special initiative to: **support Catholic health networks as they rebuild; strengthen psychosocial and pastoral care; and encourage collaboration and partnerships.**

The report is the result of four months of research and literature review from scholarly and grassroots sources, as well as daily media updates. It has been enriched, foremost, by the unique voices of leading experts with unparalleled experiences and insight into the Ebola Virus Disease (EVD) crisis, the countries it has affected, and the Catholic response in the midst of the tragedy.

A. KEY THEMES AND LESSONS

It began quietly in December 2013, unidentified until the following March. But in early 2014, Ebola spread in ways never witnessed before, mercilessly killing hundreds — soon thousands — and bringing overwhelming chaos and despair to West Africa. Then, on August 7, 2014, the World Health Organization (WHO) caught worldwide attention when its emergency committee voted unanimously to categorize the 2014 Ebola epidemic as a public health emergency of international concern.

This report identifies several key themes or lessons learned:

The devastation of the Ebola crisis is shocking and unprecedented, and is mostly the product of preexisting, systemic vulnerabilities. The toll of the Ebola crisis is far-reaching and long-lasting. WHO reports indicate that, as of September 9, 2015, the virus infected 28,183 people and was responsible for 11,306 deaths.¹ Beyond its immediate toll on these individuals, the crisis has had a clear and notable impact on nearly every corner of the three most affected countries. It not only jeopardized health systems, but also caused various, destructive sociocultural and socioeconomic consequences. The crisis exacerbated, and was also fanned by, preexisting vulnerabilities, including high levels of income poverty, low access and quality of essential services and infrastructure, and health facilities that lacked sufficient staff, physical resources and effective Infection, Prevention and Control (IPC) mechanisms. The consumption of 'bush meat' was also a significant vector for Ebola. Sociocultural factors, including unmonitored and

¹ <http://apps.who.int/ebola/current-situation/ebola-situation-report-9-september-2015>

open borders and unsafe burial practices, enabled rapid and widespread transmission of the virus, and local distrust of governments made the outbreaks harder to contain.

International actors responded to the Ebola crisis with significant delays and for most of the crisis had to focus on urgent short-term priorities, rather than long-term, systemic vulnerabilities. Although international actors have responded to the crisis with nearly eight billion dollars in relief, the slow international response did not significantly reduce the intensity and speed of the Ebola epidemic until several months after it began. Even though the Ebola crisis is now receding, international funding was prioritized toward response to immediate challenges, including through Ebola Treatment Units (ETUs), burial teams and emergency supplies. While the majority of the ETU's have been decommissioned and US Government funding has now shifted to health system strengthening, systemic weaknesses and lack of capacity will be a long-term challenge across health systems.

Health system strengthening is essential, and Catholic health networks have room to further leverage their unique position and value in Ebola-affected communities to address gaps, opportunities and needs. Catholic stakeholders on the ground in Liberia, Sierra Leone and Guinea have an undeniably distinct position in the three countries primarily affected by Ebola. Catholic institutions serve as indelible centers of hope for local people, since they have a demonstrable presence before, during and after various crises, provide health and pastoral care, and support community engagement. As a result, the Catholic Church enjoys unique integration with and the trust of local communities. During the crisis, Catholic institutions and actors put these strengths to good use within formal health facilities and by conducting awareness-raising campaigns, engaging rural areas, and accompanying affected individuals and families.

B. KEY RECOMMENDATIONS

This report makes several recommendations for ways in which Catholic stakeholders can further strengthen Catholic health networks and support future resiliency:

1. Catholic health facilities need rebuilding and increased capacity. Catholic hospitals and clinics faced several pre-existing challenges, which the Ebola crisis only complicated. Critical capacity gaps include the need for more long-term health workers, including community health workers, especially from within local communities, as well as training systems and materials that prepare both new and existing personnel for health needs and precautions. Catholic hospitals and clinics often still lack running water and electrical systems, in addition to stable supply chains for medicines and health equipment. Mechanisms for monitoring, evaluation, and quality assurance are also needed in order to ensure Catholic facilities have adequate and effective personnel, physical resources and high quality care outcomes in the future. These quality assurance checks could help prevent replication and repeated investment in unsuccessful and unsustainable health programs of limited duration and scope.

2. Psychosocial and pastoral care demand further attention and action. Tens of thousands of people have been left mentally and socially vulnerable by the Ebola crisis, including those orphaned by the crisis and surviving family members. The Ebola outbreak demonstrated the critical need for a social work infrastructure, particularly as the system strained to meet the needs

of newly orphaned children as well as children who had to undergo quarantines and eventual family tracing, reunification and reintegration. The Catholic Church's holistic approach to healthcare makes it uniquely positioned to provide trauma support and combat the effects of stigmatization and marginalization. While some Catholic organizations and other international actors have already created psychosocial counseling and pastoral care training programs, more programs are needed to reach more people. Additionally, some training manuals of existing programs could benefit from revisions that include greater consideration of the emotional and spiritual concerns of local communities. The Church also has been essential in reaching out to remote and isolated communities, as well as orphans and other children made vulnerable by Ebola. Catholic actors need support to expand psychosocial and pastoral services, trainings, and general capacity, and to further expand their critical outreach in these areas.

3. Collaboration and partnerships both within and outside of the Church can enhance the sustainability and impact of Catholic health networks. Catholic stakeholders often provided overlapping and duplicate services during the Church's Ebola response, typically due to a lack of communication and collaboration between dioceses and parishes. Additionally, while corruption and slow pace of some local governments are admittedly causes for concern, greater collaboration between Catholic health networks and local governments eventually might offer more sustainable opportunities for funding than external donors and patient fees currently provide. Finally, Catholic health networks have an opportunity to demonstrate their utility to international governmental, multi-lateral, and non-governmental donors and technical assistance providers through evidence-based advocacy. Currently, Catholic actors are frequently overlooked by international partners, who instead tend to fund national and local governments and secular NGOs operating at national and/or local levels. Demonstrating and proving Catholics' unique role in West African health systems could lead to increased monetary support and heightened potential for partnerships.

C. OPPORTUNITY FOR IMPACT

This report emphasizes that *now* is the necessary and appropriate time to take measures to effectively and efficiently cultivate long-term resiliency. Until health systems, including Catholic health networks and pastoral systems, are supported to be fully resilient, these three countries and our global community remain as vulnerable as ever to future health crises, including large scale traumatic outbreaks. The crisis and its aftermath are far from over, and the involvement of Catholic philanthropists is needed now more than ever, especially as the media focus and public interest moves elsewhere. It is the authors' hope that Catholic philanthropists and other stakeholders are inspired to action by this report.

In response to this report's findings, an associated impact plan proposes a special FADICA initiative in solidarity and alignment with the Holy See's response to Ebola, focused directly on the report's three recommended areas. FADICA's International Philanthropy Member Affinity Group Anchor Dr. Maria Robinson and affinity group member Michael Hoffman will be lead facilitators of this project. [Interested FADICA members and others interested in this initiative can contact Alexia Kelley, FADICA President, at 202/223-3550 / akelley@fadica.org.]