AFRICA AGAINST EBOLA SOLIDARITY TRUST CONTRIBUTION TO AFRICAN UNION SUPPORT TO EBOLA OUTBREAK IN WEST AFRICA

Acronyms

AAEST	Africa Against Ebola Solidarity Trust
AFDB	African Development Bank
ASEOWA	Africa Union Support to the Ebola Outbreak in West Africa
AU	African Union
AMTs	African Medical Teams
ECOWAS	Economic Community of West African States
ETUs	Ebola Treatment Units
EVD	Ebola Virus Disease
IPC	Infection, Prevention and Control
PHEIC	Public Health Emergency of International Concern
SMS	Short Message Service
UNMEER	United Nations Mission for Ebola Emergency Response
USD	United States Dollar
WAHO	West African Health Organization
WHO	World Health Organization

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Note from the Chairperson Africa Against Ebola Solidarity Trust

The Africa Against Ebola Solidarity Trust mission was,"to bring an end to the Ebola outbreak by investing in the continent's capacity to respond to public health emergencies through the deployment of African health workers – drawn from across the continent – in Guinea, Sierra Leone and Liberia." Collectively, we succeeded.

I take this opportunity to express my sincere gratitude to the Patron, Her Excellency NkosazanaDlamini-Zuma, Chairperson of the African Union, for her leadership and call to action in 2014. As a member of the African Business community, I was pleased to partner with leading businesses across Africa and in the world to act decisively to end Ebola in Africa. Our action stamped Africa's response to a global crisis with the seal of solidarity, humanity and credibility; Africans helping Africa.

We ought to acknowledge that Africa's interventions was within the context of a global coalition

to arrest the socio-economic impact of the Ebola Virus Disease on Guinea, Liberia, Sierra Leone as well as the rest of the African continent. We contributed to the extraordinary work of individuals who among the affected communities were the first responders to Ebola when it first started, unidentified in Nzérékoré, Guinea

We salute those that succumbed to the disease in their fight against the virus. Our debt of gratitude must be paid by making a significant shift in the manner in whichAfricans invest in health in Africa. We have learnt, but did not apply the vision of Miriam Were one of the early exponents of community health workers in Africa. We all agree that "If it does not happen in the community, it does not happen in the nation."Sadly, we were caught off guard by Ebola. Making Agenda 2063 work for Africans also means no more epidemics. We have contributed individually and collectively to make the Africa Against Ebola campaign an African success, based on multiple partnerships within and outside of the continent. We are proud of the achievements of African men and women who turned the tide of Ebola in solidarity for a cause that threatened like other diseases, the fabric of our communities.

We should not forget that the estimated 10,000 survivors are what we fought for. To keep them alive was important. Now, we need to keep the fight against stigma and discrimination that they suffer.

I wish you, on behalf of AAEST Board, a blessed and healthy 2016.

Strive Masiyiwa

Insights from stakeholders
What were highlights of the mission?

"Once ASEOWA came on the ground, Ebola disappeared. It was an African problem. You can't see your brother die there. It is not our culture. They fought to get rid of Ebola."

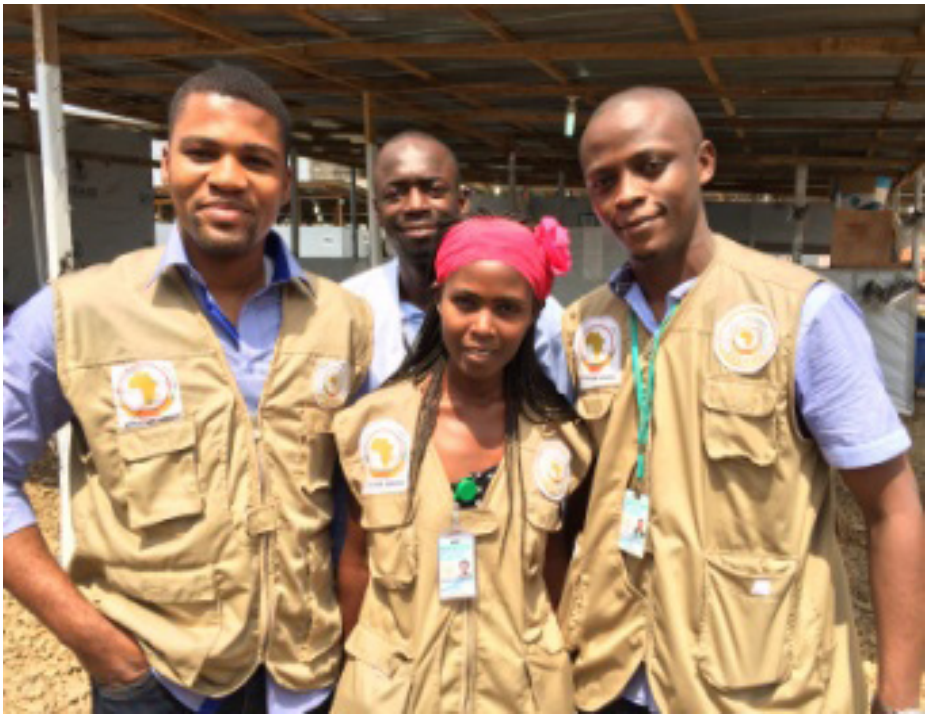
Hospital official

"We worked here as brothers and sisters. You could see the dedication, commitment, and love. They understood what we were going through and we worked together as love. It was a true partnership. We were all headed to a singular goal – to destroy this disease and to help the patients, improve healthcare delivery, and management of our patients. They weren't just Ebola cases – people were dying of a lot of things and weren't coming in. The AU came with health workers who could jump in and be distributed to all of our disciplines like pediatrics, gynecology, IPC, administration. It was a beautiful mix of health and non-health workers and then we were able to start seeing a light...We were struggling with partners asking questions and not doing much beyond that...At first we were worried they were another partner who would just want to sit and have long discussions...17 days after they came in for initial meetings they were working with us. The most critical thing they did was bring in staff...This was absolutely critical because we had no staff. They put us back on track. I believe if the AU had not come in – I don't know where we would be."

Ministry of Foreign Affiars official

"They were very useful to us. We wouldn't have been able to start the [ETU] there if not for them. Because of that clinic, we started seeing cases going down. It wasn't just case management. They had people in data management and all over. They were very well accepted in the community compared to some other [ETUs]. There were ones that were completely run by whites with very few Sierra Leoneans, but patients wanted to come to [the ASEOWA one] instead."

Former WHO official



Credit: Victor Lacken

Insights from stakeholders
What could have been improved?

ASEOWA leadership

"Sierra Leone was left out for some time. There were no operational funds for Sierra Leone. Everything was to come from Liberia and then things would get delayed and so in Sierra Leone even for a long time you had no fuel or people used their own money to pay or tried to get a credit and that led to challenges. There were times when the service providers went on strike so there was no transport to go to work. The hotels stopped water and electricity. This affected morale. People get motivated by certain things and then suddenly you are not able to go to work, and you create a big gap. And then by the time you go back someone else has taken over your role, and you have to find your way again...If there had been funds, things would have been better, and later things improved. Before it was difficult if there was no vehicle, and it was so unpredictable. People trusted the AU and if all of a sudden you can't come to work, it created a sudden gap that is difficult to fill. And for future responsibility, it is not sure if you are able to do it or will be there every day. This happened in many of the districts. Later when things got better the trust started to come back. The volunteers said we don't even know how to face the communities again."

AU Official

"We didn't withdraw at the right time. This is an African crisis – we should be the last to go. We left the Americans, Europeans, they are all still there. Why is the AU going? They should have left some people in places."

"We should have sent a startup mission. They start the mission and run it for a few months. No one wanted to go to the Ebola mission. Only volunteers would go. No one from the AU wanted to go so the [Head of Mission] went alone...They should have deployed the experts. Someone who knows AU procurement policies. The Head of Mission didn't know anything about AU rules and regulations. There were volunteers handling logistics which made the situation very vulnerable. Volunteers were handling all these issues outside of Ebola. The Head of Mission was an outsider. He should have been given two weeks training on AU polices, rules and regulations."

AU official

1. Executive Summary

Following the African Union (AU) Business Roundtable on November 8, 2014, certain members of the African private sector joined forces to establish the Africa Against Ebola Solidarity Trust (AAEST), a charitable organization registered in Mauritius, to mobilize funds in support of the Africa Union Support to the Ebola Outbreak in West Africa (ASEOWA) program. Under the Grant Agreement between AAEST and the AU, the purpose of the donation from AAEST was to support direct costs associated with the deployment of volunteer African health workers, or African medical teams (AMTs)to the countries affected by the Ebola Virus Disease (Ebola). This was to assist with Ebola treatment, care and prevention,provide capacity building of the public health sector of affected countries and more general capacity for disease control and health system resilience in Africa.

In total, USD 34,150,000 was pledged to ASEOWA through AAEST from the private sector, the African Development Bank (AfDB) and Afrexim Bank. As part of the financial arrangements, the contributions of USD 11,000,000 from the African Development Bank and Afrexim Bank were held at AfDB while the balance from the private sector's contributions – USD 23,150,000 – are held at the Standard Chartered account in Mauritius. Based on the financial request made by the ASEOWA, USD 15,000,000 was disbursed as per the grant agreement signed between AAEST and the African Union. The contribution to the African Union was to cover health workers salaries/allowances, related direct costs,logistics and operational costs of ASEOWA. In terms of programmatic results, given the importance of containing the outbreak and lack of trained medical responders, ASEOWA contributed skilled

medical personnel to the Ebola response effort seeking to support and to ensure an end to the current Ebola outbreak. Moreover, an improved response capacity through four strategic objectives:

a. Strengthening health systems
b. Supporting public awareness
c. Bolstering international and national response mechanisms
d. Complementing existing Ebola Virus Disease response effort

The ASEOWA response which operated from August 2014 to September 2015 with activities in Guinea, Liberia and Sierra Leone has sought to achieve the set objectives based on five operational pillars:

a. Epidemiological surveillance
b. Case management
c. Infection prevention and control (IPC) and capacity building
d. Restoration of health services
e. Communication, psychosocial, and community engagement

The strategy elaborated by the African Union and supported by AAEST and other donors delivered the following key results:

49,493	Contact traces successfully followed up
4,496	Volunteers and personnel (local and international) trained by ASEOWA
1,162	Number of EVD survivors and contacts counselled through psychosocial response
862	Volunteers and personnel involved in ASEOWA response
498	Number of EVD patients treated at ASEOWA ETUs
249	Healthcare and public facilities supported
250+	Beds in ETUs managed by ASEOWA

100%	Number of EVD cases followed up with contact tracing in Liberia
97%	Number of EVD cases followed up with contact tracing in Guinea
88	Hospitals and clinics reopened
52%	Overall patient survival rate
33	Number of administrative units covered
20	African nations who provided volunteers
0	***ASEOWA volunteers and personnel infected with EVD***

In its final assessment, the independent audit firm contracted by AAEST considered that the performance demonstrated by ASEOWA is in line with leading practice in reference to the impact of the Mission. Other areas such as planning and administration, operations, transition, funds management and control, as well as reporting were rated as fair.

"Overall it was a positive experience for Africa. Kofi Annan told the chairperson 'my sister, you have saved the image of Africa.' We changed the story. There were problems, and we need to take accountability for it, but overall I think things would have been different if we hadn't intervened."

– AU official

2. The African Union Parternship with leading businesses in Africa

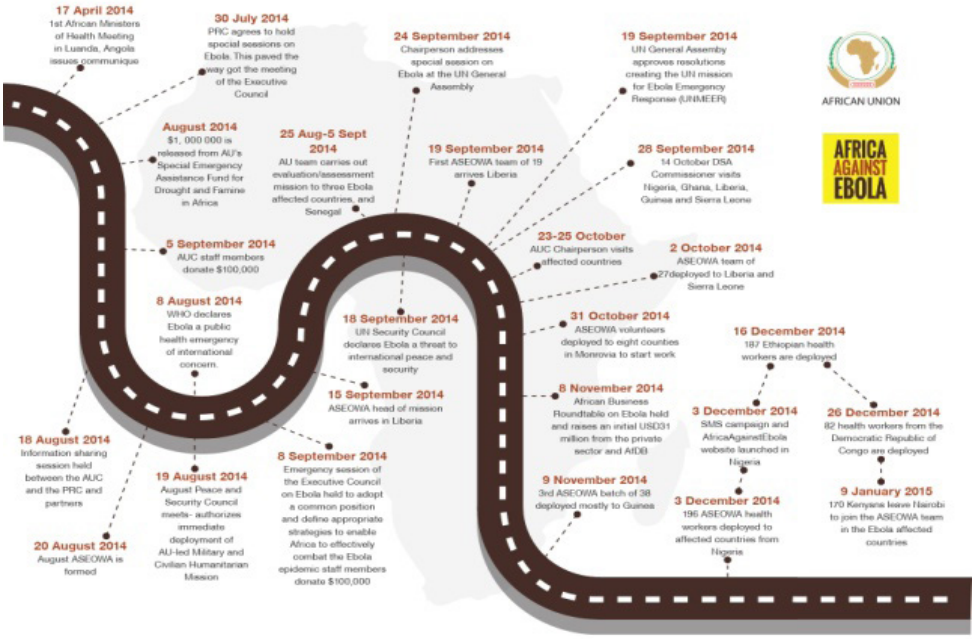
A shift in the way politics and business interacted happened at an historic meeting in November 2014. The African Union together with the African Development Bank, the United Nations Economic Commission for Africa, and leading businesses in Africa redefined public private partnerships in Africa. The commitment to join forces to create and support a funding mechanism to arrest the economic decline engendered by the Ebola outbreak in Guinea, Liberia, Sierra Leone and Africa.

At the time of the meeting, the Ebola virus disease had devastated communities, infecting more than 13,700 people and killed over 4,900. Cognizant of the international solidarity that supported the work of communities in affected populations, the partners agreed to deploy additional competencies to care for those infected, strengthen local health systems and prevent the disease spreading.

The African response, under the auspices of the three pan-African institutions and the business community agreed to tap into Africa's domestic health resources primarily to boost ongoing efforts to change significantly the nature of the epidemic in Africa. The African Union Support to Ebola Outbreak in West Africa (ASEOWA)established on 19th August 2014 had already deployed the first set of volunteers. With the pledge from some African countries and the availability of funding, a surge in the African response became a reality. An innovative component of the response became possible as the African telecommunications sector also agreed to leverage their resources and capacity to allow African citizens and the diaspora to participate in the first

continental crowdfunding through the #AfricaAgainstEbola SMS campaign. African's prominent personalities also contributed to the overall success of the SMS campaign through their endorsements thus encouraging Africans to stand and help fellow Africans.

All funds raised were dedicated to support ASEOWA with one donor setting funds aside for the Secretariat of the Africa Against Ebola Solidarity Trust (AAEST). The financial commitment made demonstrated that the offer made by the African Union was one that the business community could not refuse.




African Union Support to EBOLA Outbreak in West Africa
ASEOWA
TO DONATE, SMS "STOP EBOLA" TO 7979
in Benin, Burkina Faso, Burundi, Cameroon, CAR, Congo, Cote d'Ivoire, DRC, Egypt, Gabon, Ghana, Guinea-Bissau, Kenya, Madagascar, Malawi, Mali, Mauritius, Mozambique, Namibia, Niger, Rwanda, Seychelles, Sierra Leone, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Zambia or Zimbabwe
SMS TO 6969 in Chad, 17997 Botswana, 35552 Lesotho, 1919 Senegal, 40797 South Africa
#AFRICAAGAINSTEBOLA
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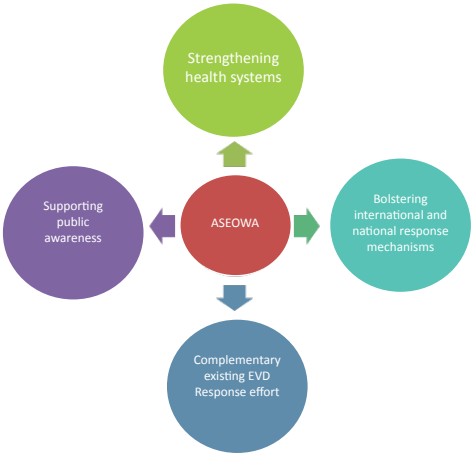
3.1 ASEOWA

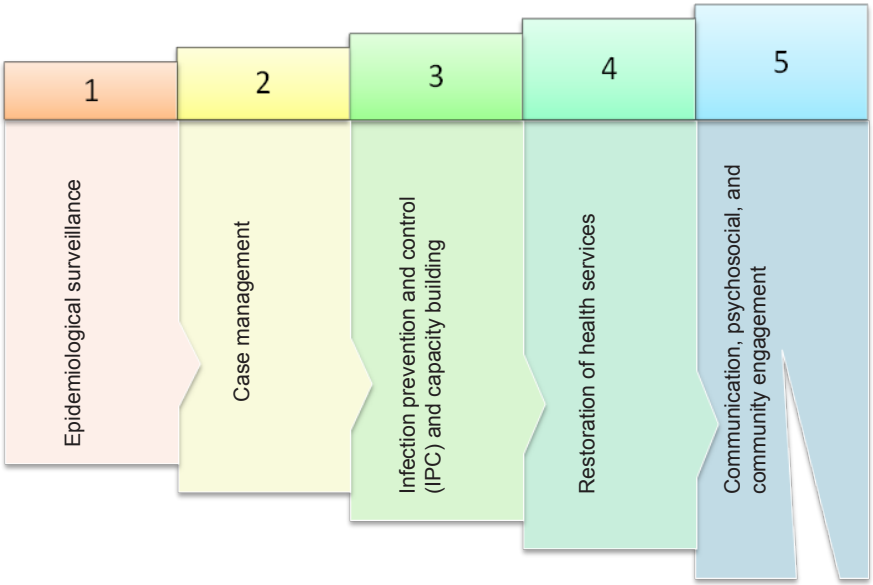
On August 8, 2014, the WHO declared EVD to be a Public Health Emergency of International Concern (PHEIC). Soon after, on August 19, 2014, the AU authorized the creation of ASEOWA, officially formed on August 20, 2014 – in response to the worst Ebola outbreak since recording began in 1976. As of January 6, 2016, there are 28,601 confirmed, probable, and suspected cases that had been reported in Guinea, Liberia, and Sierra Leone, with 11,300 deaths since the onset of the Ebola outbreak–more cases and deaths were since recorded during this outbreak than in all previous Ebola outbreaks combined.

The average fatality rate of this outbreak is approximately 50%, but fatality rates have varied in the past from 25% to 90%. While there is no vaccination for Ebola (two vaccines are currently being tested), critical outbreak control measures include contact tracing, surveillance, and case management.

Given the importance of containing the outbreak and lack of trained medical responders, ASEOWA contributed skilled medical professionals to the Ebola response effort and sought to support and ensure an end to the current Ebola outbreak and an improved response capacity through the following four strategic objectives:



The ASEOWA response, which operated from August 2014 to September 2015 in Guinea, Liberia, and Sierra Leone, (together, the "affected countries") sought to achieve the previously mentioned objectives through the following five operational pillars:

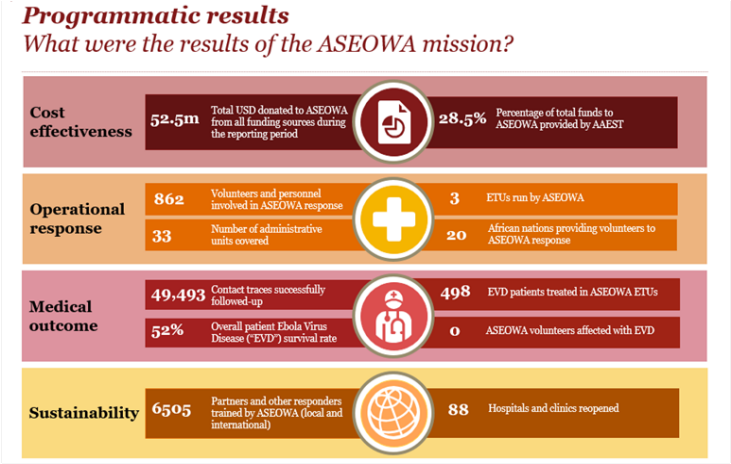


ASEOWA established its headquarters in Liberia and leveraged Liaison Offices in Liberia and Guinea to support administrative functions. Deputy Heads of Mission were established in all three countries, but no office wasset up in Sierra Leone. Volunteers were deployed to 33 of the 56 (about 60% coverage) Ebola-affected administrative regions in Guinea, Liberia, and Sierra Leone to support the country across the pillars of response.

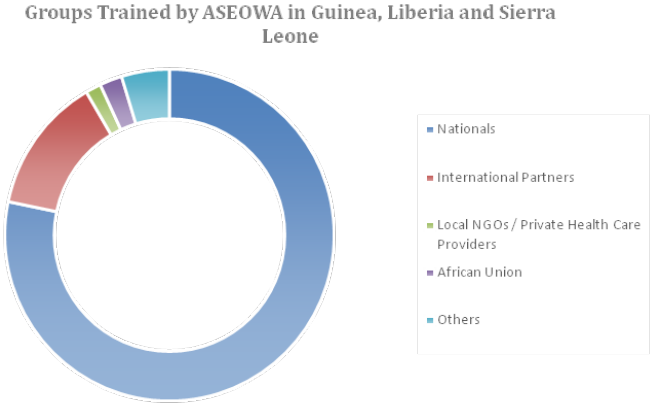
ASEOWA quickly deployed volunteers from 20 African countries including contributions from Economic Community of West African States (ECOWAS) and the West African Health Organization (WAHO) to the areas of most need in each of the three affected countries respectively on September19, 2014 to Liberia,October 2, 2014 to Sierra Leone, and November 9, 2014 to Guinea.

	Country	# of volunteers
AU direct recruitment (Individual volunteers)	Benin, Botswana, Burundi, Cameroon, Central African Republic, Côte d'Ivoire, Democratic Republic of Congo, Gambia, Ghana, Ethiopia, Mali, Niger, Nigeria, Rwanda, Senegal, Tanzania, Uganda and Zimbabwe	88
Seconded volunteers	Democratic Republic of Congo	82
	Ethiopia	184
	Kenya	170
	Nigeria	197
	South Africa	19
WAHO/ECOWAS	Regional	122
	Total	**862**

No ASEOWA volunteers or personnel were infected with Ebola –a difficult feat, considering that Ebola killed more than 500 health workers and infected a total of 881. ASEOWA provided extensive training to their volunteers and personnel, as well as those of their partners and local staff, in preparation for theirwork. The results speak of individual and collective solidarity.



ASEOWA contribution also relates to partnerships with WHO and Ministries of health for training in case management and Infection Prevention and Control. While the focus was on health workers from Liberia, Guinea and Sierra Leone, the ASEOWA team extended their training support to international partners (WHO, UNDP, BANMED-11/UNMIL, IOM, IHP, PIH, IRC, ARC, PU-AM, Save the Children), National NGOs and private health care providers (Liberian National Red Cross Society, Friends of Liberia, ASPEN/PAE, Heart to Heart International, WAHA International, Samaritans Purse, Plan International Liberia) others such as members of the US Department of Defence, German Armed Forces and Red Cross, Swedish Team (MSB), Cuban Team, China Armed Forces, Concern Worldwide, Favipiravir Trail Team, WAHO and International Medical Corps and the African Union.



Furthermore, ASEOWA volunteers and personnel staffed three Ebola Treatment Units (ETUs) and were able to quickly gain the trust of local populations, which resulted in increased awareness regarding to Ebola and reduced its spread, particularly through ASEOWA's community education campaigns. In addition, ASEOWA provided other services to the health community, including IPC technical support to health facilities, supervising priority health facilities, working in holding/isolation facilities, and in Sierra Leone, deploying a mobile testing laboratory.

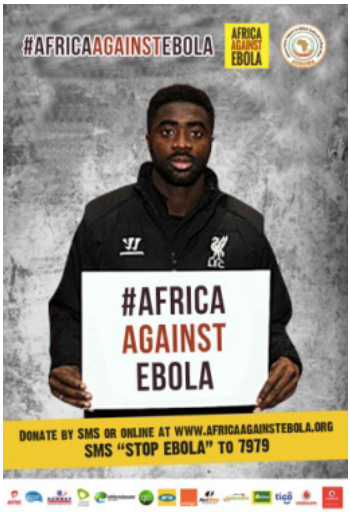
After the Ebola infection rates began to drop, ASEOWA supported the restoration of critical health services in hospitals and clinics which had shut down earlier in the EVD outbreak. ASEOWA volunteers worked with 88 hospitals and clinics to restore health services. ASEOWA also worked closely with several partners, including Ministries of Health and other government agencies, international organizations, including the United Nations Mission for Ebola Emergency Response (UNMEER), WHO, CDC, among others, as well as the private sector to expedite the response to and containment of Ebola.

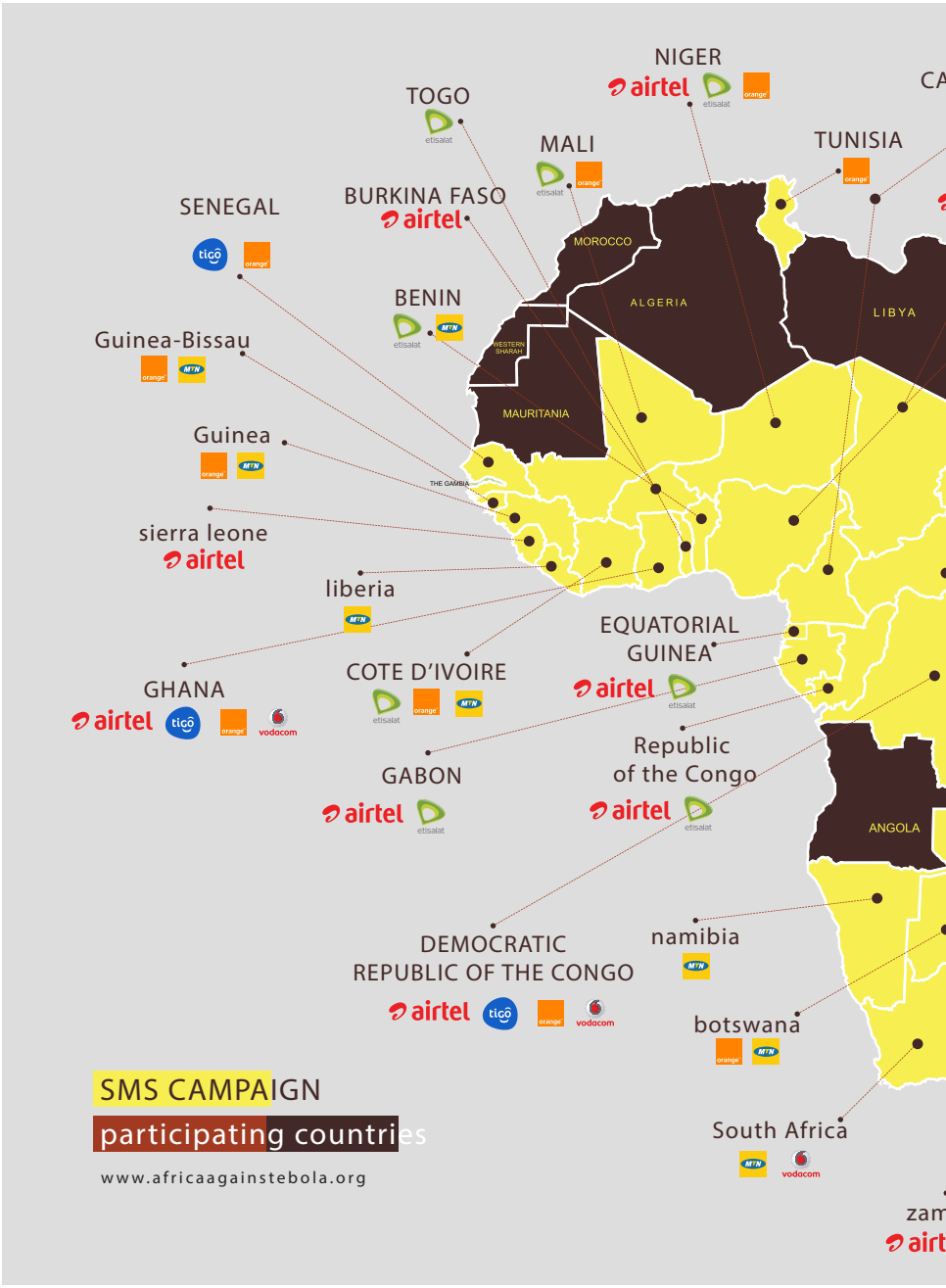
ASEOWA's goal was to provide support to the local government response, rather than operate in asilos.

Indicators	Guinea	Liberia	Sierra Leone
Number of ETUs managed by AU/Number of ETUs in the country	1 of 11	1 of 19	1 to 20
Total number of patients admitted to AU ETUs	443	236	166
Total number of confirmed EVD cases at AU ETUs	273	57	166
Number of survivors discharged from AU ETUs	122	22	106
Survival rate at AU ETUs	45%	39%	68%

3.2 #AfricaAgainst SMS Campaign

14 Mobile Network Operators agreed to support at their own cost the Africa Against Ebola SMS campaign. It gave Africans across the continent the first opportunity to take note of continental changes spearheaded by the African Union and the business community. Individuals across the continent demonstrated their solidarity by contributing to changing the narrative about health workers in Africa.

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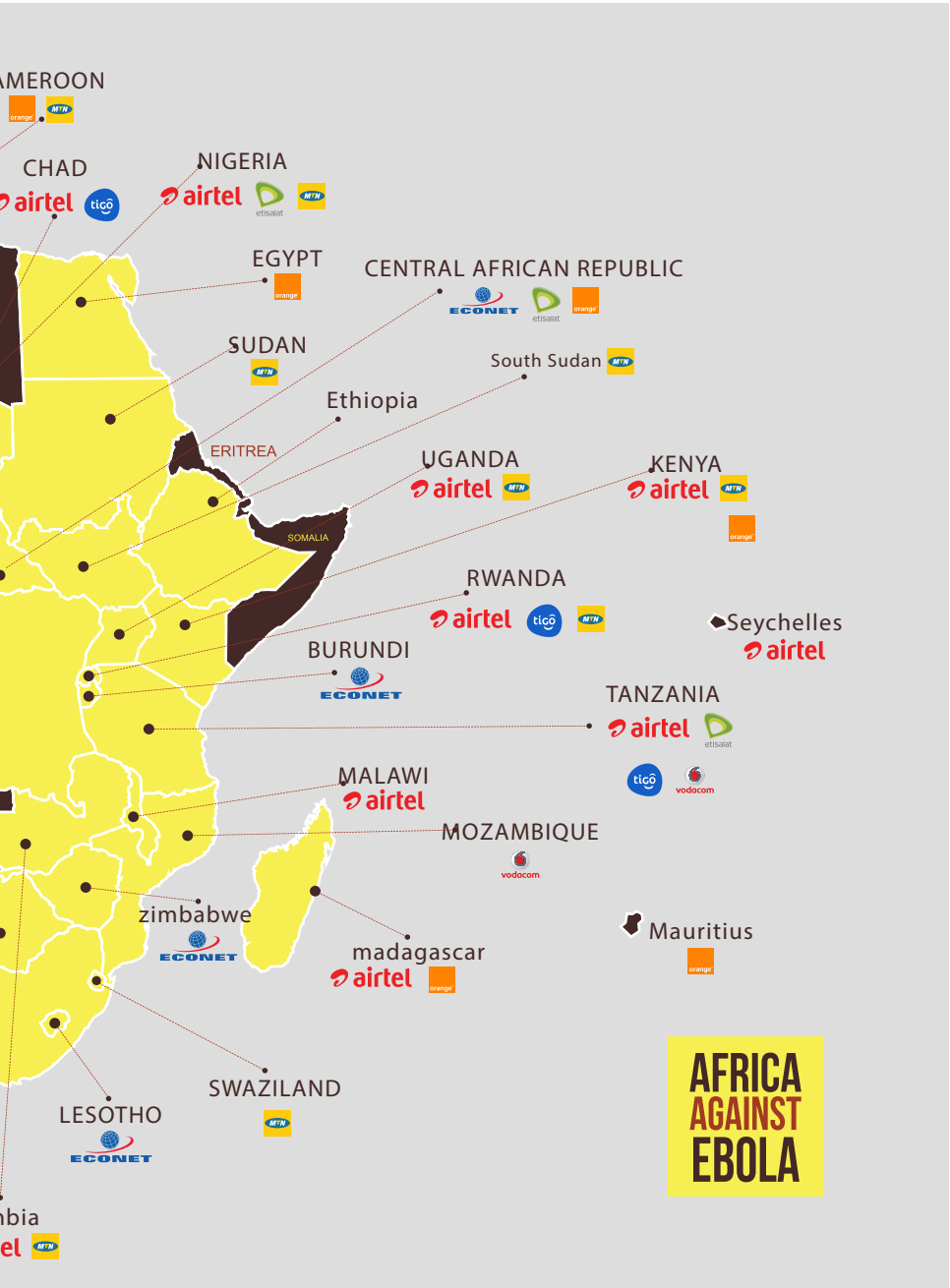
SMS CAMPAIGN
participating countries
www.africaagainstebola.org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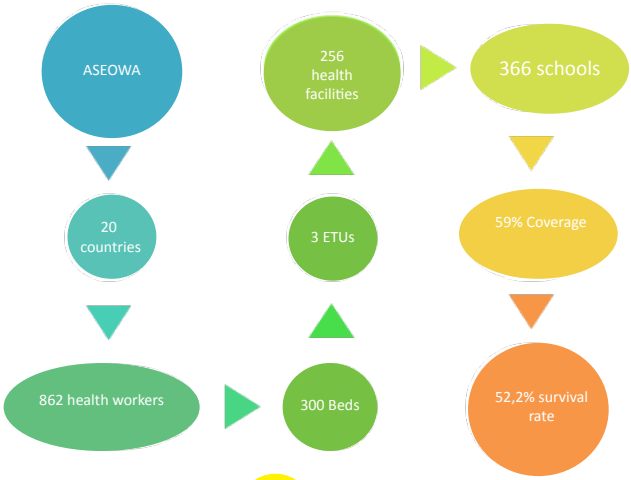
Seychelles
BURUNDI
TANZANIA
MALAWI
MOZAMBIQUE
zimbabwe
Mauritius
madagascar
SWAZILAND
LESOTHO
AFRICA
AGAINST
EBOLA

4. Operations

The total funding received by ASEOWA was USD 52,494,457 mainly from (1) Special Emergency Assistance fund for Drought and Famine in Africa, (2) African Union Emergency Assistance fund, (3) African Union Special Funds for Refugees and Internally Displaced People, (4) African Union Commission Staff Association, (5) China, (6) European Commission, (7) Japan, (8) Kazakhstan, (9) Norway, (10) Sweden, (11) United States of America, (12) Turkey, (13) African Development Bank and (14) Africa Against Ebola Solidarity Trust (AAEST).

AAEST contribution represents the single largest contribution standing at about 30% invested in the deployment of health workers from 20 African countries to Guinea, Liberia and Sierra Leone. Across the three affected countries, 58 Foreign Medical Teams were deployed by over 40 organizations, amounting to over 2,000 health workers. ASEOWA deployed 862 volunteers and personnel representing 43% of the total and 86.2%of the goal set by the African Union to deploy African Medical Teams to Ebola Affected countries. This does not include other volunteers such as humanitarian officers, logisticians and others.



5. Lessons Learnt

The impact of an African intervention in African crises should not be understated and the African Union, together with the African businesses have written the blue print of the future of humanitarian financing and response on the continent.

Other African organizations should continue to mobilize and respond to African crises. Large amounts of money are not necessarily required as demonstrated by the ASEOWA response. The challenge is to mobilize resources in times of peace to prevent invisible and preventable wars against invisible viruses.

Credit: Mohammed Elshamy - http://www.elshamy.me/slebola#14

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