

**STATEMENT DELIVERED BY  
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**ON THE TOPIC  
RESPONDING MORE EFFECTIVELY TO HEALTH EMERGENCIES  
THROUGH REGIONAL INTEGRATION - THE AFRICAN PERSPECTIVE**

26<sup>TH</sup> March 2015

Mr. Chairman, distinguished ladies and gentlemen.

This conference is a fine initiative, and I applaud the organizers for inviting me to deliver an address.

Ebola is an individual, family, community, national, regional and global disease. Its routes of transmission follow this pattern, from a single individual, it infects a family, a community, a country, a region, and spreads globally. Even where the virus is absent, its ill repute brings fear globally, inaugurating panicky reactions so profound as to be sometimes paralyzing.

Today we are here to discuss the regional aspect of the disease. This may be because it is finally being emphasized that a regional approach is also an important plank in the fight against this disease. Without regional approaches, efforts to stop the routes of transmission at the other levels would not add up into a successful fight. As my President, His Excellency Dr. Ernest Bai Koroma told me in a discussion, getting the correct sum of victory requires the addition of these levels into the equation of the fight.

Emphasizing regional approaches is in perfect fit with the principles of subsidiarity that is emerging as a corner stone for effective actions. There are matters relating to Ebola that could be better handled at the global level; some at the continental level with the African Union (AU) as lead agency, or at the Regional Level with Economic Community of West African States (ECOWAS) taking the lead, or at the sub-regional level of the Mano River Union (MRU), or at the national level, which could also follow the principle by locating the fight at the community and household and family levels. Every level has a role to play in stopping the routes of transmission and ensuring the defeat of this mortal enemy of all humankind.

The United Nations (UN) has been taking the lead as a conduit for global support to the effort, from organizing meetings with drug companies to putting coordinating resource flows to defeat the virus. The African Union (AU) has led the way in mobilizing doctors and other health professionals in Africa to get into the thick of the battle against Ebola; the European Union (EU) and its member states, acting on core principles of solidarity have made immense contributions in mobilizing resources, organizing meetings and building logistical capacities of the agencies involved in the fight. ECOWAS has shown solidarity by pushing against flight bans, by keeping alive discussions on the establishment of Centres for Disease Control and Prevention (CDC) in the region and by ensuring that two countries in the region serve as international logistics hub for the fight against Ebola.

Today, I also want to emphasize interventions at the sub-regional level of the Mano River Union that may be the most important in the chain of subsidiarity, and to which, at the moment, has exercised the efforts of the leaders of the three most affected countries of Liberia, Guinea and Sierra Leone. The leaders have met severally to firm up this approach and have instructed their national ministries and agencies to have joint approaches to fighting the disease and commence action on a Mano River Union Ebola Recovery Program.

The Ebola disease has affected the three countries in almost the same way, and the impacts are severe. Prior to the epidemic, Guinea, Liberia and Sierra Leone recorded GDP growth rates of 4.5%, 5.9% and 11.3%, respectively. By December 2014, the growth rates of the three countries had respectively decelerated to 0.5%, 0.3%, and 6.4%. The economic downturn is in part driven by the fear around Ebola with investment operations scaled down as expatriates and investors departed. This combined with the effect of restrictions on cross-border trade, restrictions on movement of people, suspension of airlines and rising insurance costs has led to acute food shortages across the region, including in adjacent countries such as Ivory Coast and Senegal. Large numbers of children have been orphaned and hundreds of women widowed.

As of March 12, 2015 the three affected countries had recorded about 24,549 cumulative cases with total fatality rate of about 41 percent or about 10,051 deaths. The number of death among health-care workers in the three countries amounted to 491 out of 840 cumulative cases. Guinea has recorded the highest fatality rate (66 percent) with 2,170 deaths from 3,285 reported cases followed by Liberia with 4,252 deaths out of 9,645 cases (44 percent) and Sierra Leone with cumulative case of 11,619 and 3,629 deaths (31 percent).

Existing fragile health systems have been extremely compromised with a disproportionate number of healthcare workers dying thereby reducing the already low ratio of health care workers to population. Non-Ebola related deaths have increased and immunisation and other preventative measures have been severely restricted so there is a high risk of a follow on health crisis. Education has been hit hard with the entire educational system shut down and very many teachers have died. With manufacturing slowing and many small businesses closing unemployment has significantly increased, particularly among the youth. The progress that has been made raising people out of poverty has been reversed and the livelihood of millions of people has been worsened. Stalled agricultural activities has led to about 230,000 people being exposed to severe food insecurity in Guinea; 170,000 people in Liberia; and 120,000 people in Sierra Leone at the end of January 2015

Air and sea transport which support tourism and trade was also negatively affected despite the Standard Operating Procedures (SOPs) effectively implemented at airports and seaports across the sub-region. Most continental and international airlines suspended operations in the three affected countries due to the Ebola scare. This resulted to increased costs of insurance, negative effect on trade, manufacturing and the general economy of the region.

The Ebola outbreak has also caused a disruption and lull in the effective implementation of vital public infrastructure projects, such as energy and road works as well as construction activities in the three most affected countries.

The Fiscal Positions of MRU countries faced tremendous pressure as a result of revenue shortfalls and increased unexpected spending pressures. The total fiscal impact of the outbreak on the regions amounted to about US\$328 million (2.4 percent of sub-regional GDP). For the individual countries, the short-term impacts were estimated at US\$113 million (5.1 percent of GDP) for Liberia; US\$95 million (2.1 percent of GDP) for Sierra Leone; and US\$120 million (1.8 percent of GDP) for Guinea. These fiscal gaps are expected to remain high unless substantial assistance comes from the international community to the MRU. While expenditures keep widening, revenue positions for the three countries have been weakened.

The three main affected countries remain ridden by debt burden. Today, the total debt stock amounts to US\$8.7 billion (64 percent of the combined GDP of the three affected countries). Guinea's total public debt stands at about US\$6.5 billion (98 percent of GDP). External commitments constitute about 24 percent (US\$1.6 billion). Liberia's public liabilities amount to US\$749.26 million (about 34 percent of GDP) with external debt accounting for about 61 percent of the debt stock; Sierra Leone's obligations amount to US\$1.49 billion (about 33 percent of GDP) with an external component of US\$1.1 billion (about 74 percent of total public debt). With current fragile economic environment and

dwindling revenues as well as GDP performance, debt servicing remains a major challenge. This necessitates considerations for more debt waivers and rescheduling.

It is in the light of these similar challenges to the three most affected countries that the region is planning a common strategy that will draw out common themes at country level and the Declarations made in the 15<sup>th</sup> February 2015 Communique of the MRU. The top priority is to achieve zero infection case in all three countries by the end of March 2015 whilst simultaneously laying the foundation for a swift and early recovery within the context of the New Deal and the Mutual Accountability Framework. The immediate priority for the recovery will be to (i) respond to the health needs and then strengthen the health system; (ii) reinstate the education system including strengthening Water Sanitation and Hygiene (WASH) programs in all schools and address the teachers deficit; (iii) simulate livelihoods to tackle the high level of unemployment especially amongst women and youths; (iv) respond to welfare needs by providing social protection not just for the Ebola survivors and orphans, but also for those that have been made vulnerable; and (v) improve governance to ensure that the changes are effective and impactful. The thrust of the strategy is that activities on the MRU level will focus on the regional dimension of the disease but will complement, and feed into, the comprehensive response and recovery strategies for the three hardest hit Member States of the MRU.

The Mano River Economic Recovery Plan emphasizes the coordinating role of the Mano River Secretariat based in Freetown, Sierra Leone. This implies increasing the capacity and functionality of the Secretariat is all the more crucial. To ensure this the Technical Working Group (TWG) at the three-day MRU working session in Freetown, 16th to 18th March 2015, therefore recommends need for a dedicated Project Delivery Unit (PDU) to coordinate and supervise all post-Ebola socioeconomic recovery activities within the MRU.

The Mano River Union Ebola Recovery Programme needs the support of global, continental, regional and national governments. And I am here, on behalf of the people

and government of Sierra Leone asking for your support for meeting the goals set out in the plan. As President Ernest Bai Koroma noted, and I quote:

*‘Nobody ever thought the Ebola Virus Disease could strike our region; but that is a reality we would now increasingly face in our globalized world. Expanding human habitats would bring us into contact with harmful animal viruses; rapid movements between rural and urban areas and across borders would accelerate transmissions of disease to other places; and urbanization would get people infected in large numbers. This is what is happening now in our region; and it could occur in any other region in the world, for these are conditions that are everywhere. Viral diseases are becoming diseases of the world, and not of any particular region. Sierra Leone may be at the battlefront of this current outbreak, but like terrorism, this is a fight for all of us.’*

In concluding, Distinguished ladies and gentlemen, let me register the thanks and appreciation of the people and government of Sierra Leone for your great support in this fight. We now have more capacity in the country to fight the disease, and new cases have declined drastically since the start of the New Year. We have been able to hold at bay predictions of hundred of thousands infected because of this support. But I must hasten to note that most of those at the very heat of the fight, from lab technicians to surveillance officers, nurses, doctors and others have been Sierra Leoneans, Guineans and Liberians. We salute their bravery; we salute the support and critical personnel, skills and capacities that the international community has brought to our countries. Now we are on the difficult march to resilient zero cases in our countries. Your global, continental, and regional support to our sub-regional, national and sub-national levels will be critical to achieving a resilient victory against Ebola.

I thank you for your attention.