



COLLECTIVE RESOLUTION TO ENHANCE ACCOUNTABILITY AND TRANSPARENCY IN EMERGENCIES GUINEA REPORT

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The **Humanitarian Aid Integrity Programme** is a new global initiative based in Transparency International Kenya. Applying TI's strengths and expertise, the Programme's goal is to ensure that humanitarian aid resources are used effectively and for their intended purposes. It aims to achieve this by enhancing transparency and accountability in the implementation of humanitarian operations at institutional, policy and operational levels.

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Authors: François Grünewald and Anne Burlat

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ACRONYMS

ACF:	Action Contre la Faim
AUCPCC:	African Union Convention for Prevention and Control of Corruption
CDC:	Centre for Disease Control
CREATE:	Collective Resolution to Enhance Accountability and Transparency in Emergencies
DFID:	Department for International Development, UK
ECHO:	European Commission Directorate General for European Civil Protection and Humanitarian Operations
ECOWAS:	Economic Community of West African States
Groupe URD:	Groupe Urgence Réhabilitation Développement
HO:	Humanitarian Outcomes
ICRC:	International Committee of the Red Cross
IFRC:	International Federation of the Red Cross and the Red Crescent
INGO:	International Non-governmental Organisation
MSF:	Médecins sans Frontières
NECU:	National Ebola Coordination Unit
OCHA:	Office for Coordination of Humanitarian Aid
OIOS:	Office of Internal Oversight Services
TI:	Transparency International
UNCAC:	United Nations Convention against Corruption
UNDP:	United Nations Programme for Development
UNHAS:	United Nations Humanitarian Air Service
UNMEER:	United Nations Mission for Ebola Epidemic Response
WFP:	World Food Programme
WHO:	World Health Organisation

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The case study was researched and written by François Grünewald and Anne Burlat of Groupe URD (Urgence, Réhabilitation, Développement).

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EXECUTIVE SUMMARY

This report presents research that looked at the integrity of the response to the Ebola crisis provided in Guinea and, for comparative analysis Sierra Leone, as part of the CREATE project (Collective Commitment to Enhance Accountability and Transparency in Emergencies) led by Transparency International (TI) in partnership with Humanitarian Outcomes (HO) and Groupe URD. The objectives for the research were: to highlight the risks on integrity which humanitarian actors face in the response to the Ebola epidemic; to highlight the preventive/mitigation measures, tools and good practices implemented by humanitarian actors to ensure integrity in their operations; and to make actionable recommendations to humanitarian actors to enhance the integrity of the response in future similar crises.

A qualitative research approach was used for this study, including interviews with key stakeholders and community consultations as well as the inputs of a national stakeholder group comprised of both national institutions and international stakeholders, the research team visited the areas in Guinea that were affected by the Ebola crisis, and made a short visit to Sierra Leone to allow comparisons to be made.

The Ebola epidemic was a very specific crisis in a fragile context. When the haemorrhagic fever epidemic linked to the Ebola virus struck Guinea, Sierra Leone and Liberia, the countries were emerging from years of difficult conflict, refugee camps and major political crises, with repeated phases of acute tension. The health crisis led to a high level of mortality, particularly when the response was slow, with a high risk of contamination. The specific way that this crisis developed had as much to do with the recent opening up of forest areas (roads, markets, and rural exodus), which promoted exchanges with cities and non-forest regions, as it had to do with the shortcomings of the health systems.

The forest areas of the Mano River region have specific socio-cultural characteristics. As a result, a specific effort was required to explain and communicate about the disease and its epidemiological parameters (such as the management of bodies and interaction with traditional medicine). Unfortunately, this did not take place at the beginning of the crisis, which put front line workers in greater danger. During responses like the Ebola response (complex crises in complicated environments), the added value of social scientists is often recognized only late and can be a hindrance to the early mobilization of resources.

The absence of a vaccine or specific drugs meant that the response was limited to treating symptoms and supporting the capacity of individuals, through nutrition, hydration and combatting related diseases, and this is most effective when the patient is taken into care rapidly.

However, the response to Ebola had to deal with challenges on various levels:

- At the community level, with the rejection of healthcare providers, and the stigmatization of victims and their families;
- At the level of neighbouring countries, with the embargo and the blocking of borders which significantly hampered the response;
- At the level of the international community who only began to react fully when the first cases were observed on other continents.

KEY FINDINGS

One of the characteristics of this crisis is that two of the major risks that normally exist for the integrity of humanitarian aid - misappropriation of aid and exaggerated recipient lists to include people not targeted by the response - were significantly reduced. Most of the goods used in the response did not have a great deal of value on the market and the stigma attached to the disease significantly reduced the attraction of the aid. The main risks identified concerned logistics (vehicles, fuel), large equipment (generators) and construction (design, calls for tenders, overseeing of building sites, and final use). Other risks identified primarily concerned sectors such as human resources, due to the high level of recruitment imposed by the significant needs that existed.

Due to issues of visibility and the initial difficulty to understand what was happening, most actors, including donors, particularly targeted visible actions around Ebola Treatment Centres (ETCs). In addition, coordination was often less than optimal due to the high level of competition for visibility, the difficulties to find an area where to operate, and funding. The Guinean model, based on an ad-hoc but national structure, was more effective for a longer time and had sustainable gains compared to the coordination approach in Sierra Leone, which was essentially run by international organisations.

As often happens in fragile countries with weak governance, a certain number of risks to aid integrity were managed by working with international organisations who are supposed to be more accountable and better equipped in terms of management tools. However, the governments involved made an effort to create “Court of Auditors”-type institutions. These have begun to show some potential, such as the audit carried out by the government of Sierra Leone.

The populations’ perception that there was an “Ebola business” was a real hindrance to the response and a danger for staff. Lack of understanding, errors of communication and behaviour, and research programmes that were seen as opaque and for-profit, created an environment of rumours and accusations, but also a lack of confidence that made the integrity of aid more vulnerable.

In the electoral context in Guinea, there was a significant risk that political instrumentalisation could have affected the response and its integrity. This was largely avoided due to the strong implication of the main donors in response to the gravity of the situation, although some local cases of corruption have been reported.

Lastly, one of the main characteristics of the Ebola crisis was the significant involvement of scientific research bodies, private laboratories and pharmaceutical companies alongside the relief operations. Though there were obvious needs in terms of rapid assessment tools, drugs and vaccines, the practices of these organisations were often opaque, and there was an obvious race to find the product that would be a source of significant financial reward, which raised questions in terms of ethics and integrity.

As described above, the Ebola crisis had a very specific profile of risks for aid integrity compared to classic humanitarian responses. There needs to be better understanding of the relationship between the type of crisis, the type of response and the context, and based on this, solutions can be identified to protect the integrity of aid. Key recommendations identified during the study relate to all stakeholders.

For humanitarian aid agencies these relate to: better context analysis and improved communication with affected populations; greater investment in capacities at all levels; ensuring the right tools are available to manage programme support functions such as procurement, finance and recruitment; reinforce collective systems and tools particularly for managing logistics flows; and promote and participate in national coordination mechanisms.

Donor agencies are encouraged to: reinforce national capacities and support national coordination mechanisms; be prepared to finance specialists early in the response; and impose ethical standards and transparency among research organisations.

Governments need to: reinforce national capacities to ensure coordination at the local, national and regional levels; ensure capacities exist to carry out audits and verify accounts; strengthen legal and

institutional frameworks to respond to such epidemics, including regulation of medical research; and strengthen dialogue with and participation of affected populations.

Overall there should be greater communication amongst all stakeholders about the importance of protecting aid integrity to ensure the available resources are used for their intended purpose, to avoid damaging the reputation of the sector and organisations, and build trust with affected populations.

1. INTRODUCTION

As part of the CREATE project (Collective Resolution to Enhance Accountability and Transparency in Emergencies) led by Transparency International (TI) in partnership with Humanitarian Outcomes (HO) and Groupe URD, and funded by the European Commission Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO), a case study was carried out in Guinea and Sierra Leone on the integrity of the response to the Ebola crisis.¹

The research has looked at the response provided in Ebola affected Guinea and, for comparative analysis in Sierra Leone, and had the following objectives:

- To highlight the risks on integrity which humanitarian actors face in the response to the Ebola epidemic;
- To highlight the preventive/mitigation measures, tools and good practices implemented by humanitarian actors to ensure integrity in their operations;
- To make actionable recommendations to humanitarian actors to enhance the integrity of the response in future similar crises.

Encroachment on aid integrity and corruption in humanitarian operations can happen in any context as it is greatly linked with an individual's responsibility. In its various forms (embezzlement, conflict of interest, diversion etc.) it is an extremely serious matter as it diverts funds and efforts from lifesaving operations and it could contribute to the erosion of the perception of aid integrity.

This report presents the results of the field mission and is organized as follows:

- A brief presentation of Guinea and Sierra Leone to understand the context of the mission, and certain risk factors with regard to integrity and corruption;
- A presentation of the Ebola operations, highlighting risk factors with regard to integrity and corruption;
- An analysis of how these different risks were managed by the stakeholders involved in the Ebola response.
- Recommendations to all stakeholders to improve aid integrity in their operations for the next similar crises.

¹ Other field studies under the CREATE project, include Somalia, Afghanistan and Lebanon, in order to cover a wide range of contexts.

2. METHODOLOGY

The research for the Guinea case study included the following elements:

- A literature review on Guinea and Sierra Leone, and the response to the Ebola crisis. This included both the research carried out directly by Groupe URD and the preliminary study undertaken by the students of the University of Columbia, USA (CAPSTONE study).
- The setting up of a Steering Committee including several types of national and international stakeholders (government institutions, donor agencies, UN agencies, and international and national NGOs) to help to make the report more robust and optimise its appropriation. Based on the Steering Committee's Terms of Reference, a constituent meeting was held at the beginning of the field research during which the team was given very sound advice. The Steering Committee was responsible for reviewing the report and took part in a second meeting to discuss its findings and recommendations before it was finalised.
- A series of interviews, using an interview guide prepared with the TI project coordination team and the Humanitarian Outcomes research team in Conakry and Freetown with key stakeholders, notably those in charge of the fight against Ebola at the national level and international organisations (see list in annexes).
- Field visits and over 90 interviews were conducted in Conakry, Kissidougou, Guékédou, Macenta, Nzérékoré in Guinea; and in Kenema and Freetown in Sierra Leone.
- A series of workshops to present the findings with key stakeholders (DG ECHO, Head of the European Union Delegation in Conakry, the National Head of Ebola Coordination, MSF, ICRC).

Given the importance of the Ebola crisis in the cities of the Mano River area², a particular focus was given to managing aid in these urban contexts and the specific issues that this raises.



Meeting with the Kissidougou branch of the Guinean Red Cross

² Then Mano river basin is a geographic unit made by Guinea, Liberia and Sierra Leone

A total 97 interviews were carried out for the study.

Location	Number of interviews
Regional level	
UN (regional)	2
IFRC (regional)	2
Donor agencies (regional)	2
Guinea	
Donor agencies	5
National institutions (Ebola coordination, Ministry of Health, Prime Minister's audit office, National Assembly representatives, etc.)	13
Decentralised institutions (prefectures, municipal authorities, health services) in 5 provinces (Kissidougou, Guékédou, Macenta, Nzérékoré, Forécariah) & Conakry municipal authority	18
International organisations	15
International NGOs	12
National organisations	5
Focus groups with local people	4
Individual interviews	12
Sierra Leone	
Donor agencies	1
National institutions	2
International NGOs	2
Local organisations	1

It is important to note that integrity and corruption are two highly sensitive issues. As such the research followed a qualitative approach and statements and discussions have thus been treated with proper care and attention to protect sources.

3. BACKGROUND FACTORS

3.1. GUINEA AND RELATED RISK FACTORS

3.1.1. Political history

A former French colony, Guinea became independent in 1958 in a context that was deeply influenced by the Cold War. It subsequently joined the movement of non-aligned countries with close ties to the Soviet Union. Since independence, the country has had a series of undemocratic regimes who have pillaged the resources of the state. After the death of Sékou Touré, who led the country from 1958 to 1984, Colonel Diarra Traoré and then Colonel Lansana Conté took over. Corruption became widespread³, despite attempts to limit it⁴. This corruption affected both the highest decision-making levels and the lowest levels, in a country where civil servants were badly paid⁵. Thus a National Anti-Corruption Committee (CNLC) was created in 2000 with the objective of raising the moral level of economic activities and preventing executive opportunism. However, it was under-funded and despite initially being representative of different political blocks, it was not made up of people who were likely to contest Conté's poor management. A short time after its creation, a report on internal corruption funded by the World Bank highlighted the shortcomings of the CNLC⁶. One year later, the Agence Nationale pour la Lutte contre la Corruption (ANLC) was created, although it too proved to be ineffective. This failure came from the inability of the CNLC to combat the deep institutional corruption in Guinea: a weak legal framework, lack of communication between the other anti-corruption bodies and the subordination of the ANLC to vested interests.

The dictatorship of General Lansana Conté, which lasted till his death in 2008, was marked by the role of his economic advisors who made sure the country was governed in their interests⁷. Moussa Dadi Camara replaced him as the head of the country, establishing a military junta with little interest in applying democratic rules. Worse still, on 28 September 2009, during a political meeting organized by the *Forum des forces vives de Guinée*, hundreds of people were killed in Conakry stadium, with women specifically targeted by the Guinean soldiers resulting in numerous public rapes and other sexual violence⁸. A year later, there was renewed unrest following an attempted assassination of President Camara. In 2010, only two years after the parliament had been suspended following the coup d'état, the country's first ever presidential elections were won convincingly by Alpha Condé and the *Rassemblement du Peuple Guinéen* party. During Condé's term in office, the General Inspectorate and the ANLC were reorganized under the direct supervision of the President, and were placed directly under his control in 2012, despite the fact that the problem of corruption in Guinea is intimately linked to the imbalance of power between the omnipotence of the executive on the one hand, and the weakness of the legislative and judiciary on the other.

³ <http://issat.dcaf.ch/fre/content/download/48047/758994/file/AfriMAP%20Guinea%20Corruption%20FR.pdf>
<http://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/ADF-BD-IF-2005-56-FR-GUINEE-PCR-PAS-III-VERSION-FINALE-24-MARS-20051.PDF>

⁴ World Bank, quoted in http://www.ipsinternational.org/fr/_note.asp?idnews=5042

⁵ <https://konakryexpress.wordpress.com/2012/12/29/les-1000-facettes-de-la-corruption-en-guinee/>

⁶ Rapport Analytique sur la Passation des Marchés Guinée, http://gomap.itcilo.org/e-communaut-1/ebibliotheque/08-02-2015-17-15-24/at_download/AttachmentFile

⁷ <http://www.irinnews.org/report/80575/guinea-reputation-corruption-worsens>

⁸ <http://reliefweb.int/report/guinea/quin%C3%A9-le-massacre-et-les-viol-perp%C3%A9tr%C3%A9s-dans-un-stade-de-conakry-constituent> et « Guinée : Progrès dans l'enquête sur le massacre de manifestants » by [Human Rights Watch](http://www.humanrights.org/), 9 February 2012

The atmosphere before the 2013 elections was marred by pre-electoral violence⁹. In the run-up to Condé's victory, the opposition withdrew to protest against state corruption. Hundreds of demonstrators demanded that the executive be reformed, but this demonstration was violently suppressed by the government with 9 protesters killed and 200 injured¹⁰).

There has since been an attempt to re-affirm democracy with legislative elections in 2013¹¹ and presidential elections in 2015. Despite numerous accusations of fraud and irregularities, a government was established still under the presidency of Alpha Condé. This new context allowed other processes to be relaunched, such as the adoption of a new constitution and a fundamental review of the state apparatus. This work has not yet been completed as essential bodies, such as the Court of Auditors, have not yet been set up.

3.1.2. Institutions and laws

Distrust of institutions is partly explained by the absence of anti-corruption legislation in Guinea and the lack of effectiveness of the anti-corruption bodies that do exist. The objectives of the ANLC include planning, the promotion of anti-corruption activities, inter-institutional coordination, data collection, the execution of legal decisions and preventing impunity. The ANLC examines complaints from citizens, but cannot initiate criminal proceedings. Cases are passed to the government which rarely decides to prosecute. In addition, the anti-corruption bill that was drawn up in 2005 and debated by parliament in 2010 has not been adopted yet. However, the Guinean penal code includes basic provisions criminalizing passive and active corruption, influence peddling and abuse of power. Today, Guinea is a signatory of the UNCAC (United Nations Convention against Corruption) and, since May 2015, its penal code has been reformed so that it is in keeping with the convention's provisions.

The Audit Commission that was created by presidential decree in 2011 has a mandate that allows it to inspect the work of other governmental institutions. It reports to the President and the General Inspectorate, which means there is an overlap with the General Inspectorate. However, neither body can investigate on its own initiative or receive complaints from individuals. Lastly, even though the ANLC gathers complaints and carries out investigations, the cases that it takes up mainly concern small scale corruption and the weakness of the government.

The Condé government has recognised the need for a strong judiciary in order to meet its obligations in terms of accountability. It has thus created a technical investigation committee run by the Ministry of Finance, which is responsible for examining and investigating the mining contracts signed by the previous government.¹² The presence of large mining companies and the competition between them to obtain permits has contributed a great deal to the deterioration of practices and ethical standards. What is more, the buying of permits and authorisations, as well as the illicit payment of large bonuses has allowed a certain number of civil servants to get rich.¹³ The investigation also implicated members of the government who were suspected of being involved in corruption.

⁹ <http://www.jeuneafrique.com/168320/politique/quin-e-des-violences-pr-lectorales-font-un-mort-et-plus-de-70-bless-s/>

¹⁰ <http://observers.france24.com/fr/20130307-pourquoi-guinee-conakry-s%E2%80%99embrasse-explications-nos-observateurs>

¹¹ http://www.eueom.eu/files/pressreleases/english/MOEUEGUINEE-Rapportfinal_avecannexes-FINAL.pdf

¹² <http://information.tv5monde.com/en-continu/secteur-minier-liberia-et-guinee-enquetent-sur-des-accusations-de-corruption-109080>

¹³ http://www.ipsinternational.org/fr/_note.asp?idnews=5042

There have been allegations of corruption at the highest levels of the Guinean state during all the presidential mandates. There is large scale primary corruption: Guinea is a resource-rich country and operating contracts are established in opaque conditions¹⁴. As a consequence, when there is political change, the new government tends to investigate the contracts that have been established by the previous regime. In a recent example, the Condé administration contested a licence delivered to a mining company in 2008 to carry out exploratory activities in the Simandou region with very low duty rates.¹⁵ Allegations of corruption have often been used to discredit the political opposition in Guinea. This may have been one of the reasons for the assassination of Aissatou Boiro, Director of the Condé Treasury¹⁶, who was attempting to dismantle an embezzlement network involving more than 13 billion Guinean Francs (US\$ 1.8 million) that had been taken from the Central Bank and distributed between members of the Treasury, the Ministry of Finance and the Central Bank. This senior civil servant was assassinated on 9 November 2012 by an unidentified man in a Guinean army uniform, which led to the arrest of nine government employees. More recently, the United States and Switzerland investigated allegations of specific charges of corruption involving US\$ 5.3 million that was exchanged between a top manager of a mining company and the widow of Lansana Conté to allow the company to gain a mining contract.¹⁷

Convictions for corruption are rare due to the weakness of the Guinean judicial system, and this is particularly true for allegations of political corruption amongst senior civil servants. As mentioned above, despite the creation of agencies and the establishment of a judicial framework for combating corruption, few measures are taken to resolve this problem. What is more, corruption has become a political rallying cry with each new administration accusing the previous one of having pillaged public resources. Due to all these negative factors, Guinea is one of the lowest ranking countries in the world with regard to corruption (37 out of 52 for Africa¹⁸ and 145 out of 174 countries worldwide¹⁹). Nevertheless, Alpha Condé's presidential campaign was essentially based on the fight against corruption in Guinea. His administration subsequently launched proceedings against senior civil servants from the previous government²⁰, which allowed the country to move up a few places globally to 160th position in the previously cited ranking.²¹

3.2. SIERRA LEONE AND RELATED RISK FACTORS

3.2.1. Political history

As is the case for many colonised countries, the history of Sierra Leone is complex and troubled, and this has a major influence on the culture of integrity and corruption that exists today. The 1947 Constitution was confirmed on independence (in 1961, as part of the Commonwealth), but this did not remove the legacy of divisions between the ethnically-mixed "Krios" people, the original inhabitants from the Mandé ethnic group, and the Kissi who live in the border regions with Guinea.

These divisions have affected political events, held up national construction and encouraged the establishment of authoritarian regimes. The reign of Siaka Stevens lasted from 1971 to 1985, during which a one-party system was established in 1978.

¹⁴ <https://www.theguardian.com/commentisfree/2012/nov/15/guinea-corruption-which-side-is-west-on> and <http://www.economist.com/news/business/21635522-africas-largest-iron-ore-mining-project-has-been-bedevelled-dust-ups-and-delays-crying-foul>

¹⁵ <http://www.rfi.fr/afrique/20130531-guinee-entailles-judiciaires-mines-simandou>

¹⁶ <http://www.rfi.fr/afrique/20121110-guinee-assassinat-aissatou-boiro-femme-cle-lutte-contre-detournement-fonds-criminalite-conakry>

¹⁷ <http://aminata.com/guinaeparadis-fiscauxune-veuve-de-lansana-contaimpliquascandale-mondial-panama-papiers/>

¹⁸ <http://guinee7.com/2016/01/28/les-pays-les-plus-corrompus-la-guinee-37eme-sur-52-pays-africains/>

¹⁹ <http://www.conakrytime.com/maqr1.php?langue=fr&typ e=rub17&code=calb3768> and Transparency International

²⁰ <http://www.eagle-enforcement.org/news/former-cites-authority-of-guinea-in-prison-A57>

²¹ <http://www.slateafrique.com/83793/les-10-pays-africains-les-plus-corrompus>

In 1985, Stevens was succeeded by General Momoh, who was himself deposed by a military junta led by Captain Stasser (1992-1996). With a rebellion having taken place from 1992 to 1995, the central authority nevertheless allowed elections to be held, which led to Ahmad Kabbah becoming President of the Republic in 1996. On 25 May 1997, he was then deposed by Commander Johnny Paul Koroma who suspended the constitution and banned political parties. Following negotiations led by the West African Intervention Force (ECOMOG) under the aegis of the UN, President Kabbah was allowed to return to office. In January 1999, he was once again forced from power by the rebel forces of the Revolutionary United Front (RUF) led by Sam Bockarie.²² Soon afterwards, the 15,000 West African white helmets of the ECOMOG and the mercenaries present on the Sierra-Leonese territory took back control of the capital.

With the number of victims of the civil war estimated at almost 20,000 civilians, attempts by the authorities to negotiate an end to the conflict all seemed to be doomed to fail. However, against all odds, these led to the signature of a peace agreement in Lomé (Togo) between President Kabbah and the rebels of the RUF on 7 July 1999. Under this agreement power was to be shared and the head of the RUF rebels, Corporal Foday Sankoh²³, was to act as president of a commission in charge of the rebuilding of the country and mining. Having also signed the Lomé Peace Agreement, the United Nations sent a force of six thousand “blue helmets” (MINUSIL) to replace the West African force (ECOMOG) and ensure that the peace agreement was respected. In February 2000, the parliament approved a law instigating a “Truth and Reconciliation” commission responsible for investigating the crimes committed during the eight years of conflict. This body, made up of only seven members including three foreign experts, has only limited powers. At the end of the first semester 2000, the rebels of the RUF took five hundred of the MINUSIL “blue helmets” hostage. The conflict intensified and once again plunged the country into war until the intervention of the British army and the arrest of Foday Sankoh which led to the Abuja Peace Agreement in November 2000 and the beginning of the disarmament of the RUF.

3.2.2. Institutions and laws

Throughout the country, national institutions and basic services needed to be restored. What is more, the state and the exercise of power needed to regain legitimacy. As such, a series of anti-corruption measures were put in place, with for example a Court of Audits capable of carrying out audits in ministries and different administrative bodies, and a National Anti-Corruption Commission (ACC). The latter combats fraud via a National Anti-Corruption Strategy (NACS), which leads the ACC to work hand in hand with governmental institutions to identify sources of corruption in their organisations and to find different solutions. The documents established via this process were then provided to civil society organisations so that they were able to keep watch on state institutions. According to the new law concerning the ACC, those who are guilty of corruption will pay a fine of up to five million Leones (approximately US\$ 1.4 million) and will be removed from office, independently of the measures in their letter of nomination. In the past the ACC has been described as a ‘toothless dog’ but under the new regime of President Ernest Koroma, who came to power promising zero tolerance, it is gaining in power. When the Koroma regime came to power in 2007, it rapidly re-examined the 1991 anti-corruption law and reinforced it with a new law.

For the first time, this new law gave the ACC the power to send cases directly to the courts. In the past, the ACC had been asked to send these cases to the Procurator General for approval, which explains why the cases of several senior government representatives were never pursued. The ACC also lacked the ability to investigate cases in depth. There was also a lack of cooperation on the part of civil society and the public regarding the provision of relevant information about corruption because many stakeholders were sceptical about the ACC’s ability to pursue cases of corruption. However,

²² Sam Bockarie, who had become a businessman, but who was still engaged in activities with Liberia, died during an exchange of gunfire with Liberian troops on 6 May 2003, when he was trying to enter Liberia with an armed group.

²³ Who died a few months later from a stroke.

the newly re-invigorated ACC with its new leadership and powers is now looking to combat corruption effectively and restore its tarnished image.

The fight against corruption in Sierra Leone has only recently changed. The government and civil society are now working together to eradicate endemic fraud, with the ACC now encouraging civil society to play a significant role in eliminating corruption from the country. It has also trained several civil society figures in monitoring national finances and auditing processes. This monitoring team has recently completed the first and second quarters of monitoring, and is currently writing its reports. Its role is to keep watch of government institutions in order to make sure that they are trying to avoid corruption.



4. THE EBOLA CRISIS AND RISKS FOR AID INTEGRITY

4.1. THE EBOLA CRISIS

For a long time, a range of haemorrhagic fever viruses, such as Ebola, Lassa and Marburg – collectively known as P4 viruses – were responsible for a high level of mortality locally, but were not thought to cause major epidemics. The Ebola crisis began at the end of 2013, the first cases occurring in Meliandou in the Nzérékoré prefecture. From there, in large part due to the movement of people linked to funeral rites, the virus arrived in small villages around Kolodengo, seven km from Guékou in the heart of the Bec de Perroquet, an area of forest located between Guinea, Sierra Leone and Liberia. In this area, where the social structure involves rites and secret societies (voodoo has its origins in these deep forests), health problems are often treated by traditional doctors and medicines. As hospitals are too far away and there is very little in the way of health centres, the management of bodies involves specific traditional rites. Ebola had no doubt already claimed lives by December 2013, but the alarm was only raised at the beginning of 2014 with the first case having been officially confirmed in March 2014.²⁴ The virus then moved into ‘open space’, along the road to Kissidougou and Conakry in Guinea, and down to Kenema, Bo and Freetown in Sierra Leone. Easy mobility in the region had become a key aspect for the economy at every level, from people moving to cities looking for work to trade in agricultural produce to tourism, and which had been made easier through improvements to transportation and infrastructure. This however allowed the virus to spread quite rapidly across the region.

4.2. A COMPLEX RESPONSE NEEDING CONSTANT REVISION

Médecins sans Frontières (particularly MSF Belgium) was among the first organisations on the ground. Its development of Ebola Treatment Centres (ETCs) was very innovative. These were very simple to put in place but were sophisticated in design, notably in terms of managing the movement of people and products.²⁵

Given the extremely deadly nature of the epidemic, it was as important to protect health workers as it was to provide patients with care. The French Red Cross also rapidly deployed teams in Guinée Forestière with an initial team present in the field from March 2014.

MSF Ebola Treatment Centre in Conakry



²⁴ <http://www.grotius.fr/risques-sanitaires-passes-presentes-et-venir-sur-la-piste-debola/>

²⁵ The importance of managing the movement of people and products is to avoid all risk of contamination

Other NGOs, such as ALIMA in Guinea and several large British NGOs, eventually also got involved in the complicated business of running ETCs. The number of beds available reached a peak while the epidemic itself had begun to slow down considerably²⁶.

It is important to remember that it was not Ebola itself that was treated. Patients were provided with food, liquids and treatment of related illnesses, to ensure that they would be in the best possible condition for their bodies to fight the life-threatening virus. At the beginning of the epidemic almost two-thirds of those who were contaminated died. Even though this improved due to earlier treatment, better nutritional support and better management of related risks, there was still a great deal of psychological pressure on staff in the high risk zone who saw women, men and children suffering. There was therefore a high turnover among expatriate staff and significant difficulty in recruiting new staff, despite investment in training in Geneva, Brussels and Madrid. Since the crisis, a great deal of research into vaccinations, treatments and methods for identifying cases has been undertaken by laboratories, which should ensure improved responses for the next epidemic.

The situation was even more difficult for local staff who knew that they would not receive the same level of care if they were contaminated, as in general they would not be evacuated abroad. The introduction of centres dedicated to treating contaminated health workers in Guinea, with support from the French government, helped to treat health workers contaminated in the course of their work, but unfortunately this only came late in the epidemic in December 2014.²⁷

The Ebola Treatment Centre's (ETCs) were only the tip of the iceberg, though of particular interest to donors. The growing number of ETCs attracted human and financial resources to the detriment of other equally important areas, such as community follow-up and the management of dead bodies in remote areas. At the most basic level, breaking the contamination chain consisted of action at the community level to encourage the right behaviour with regard to suspected cases and dead bodies, and the need to burn anything that had been contaminated. The next level was the enormous logistical operation, which is the Red Cross Movement's area of excellence. It was aided in this by the considerable efforts of national societies and the support of the International Federation of the Red Cross/Red Crescent (IFRC) and a certain number of Red Cross Societies from Europe and North America. The Red Cross Movement's initial decision was to remain outside the ETCs, where the entry and exit procedures for "Hot Zones"

Evacuation of a probable case

(contaminated zones or zones where there is a high risk of contamination) involve very precise actions on the part of the medical staff. Instead they decided to focus on the other levels of the contamination chain. Afterwards, they also took part in ETC activities in Guinea, with the Macenta Centre, then the Forécariah Centre, and in Sierra Leone (in Kenema), with the Spanish, Danish, German and Finnish Red Cross particularly involved.

It was the national health system's role to put in place a warning system with emergency numbers that allow mobile teams to be deployed. The capacity and determination of national health services, and notably regional and local



²⁶ http://francais.cdc.gov/mmwr/preview/mmwrhtml/mm6346a8.htm?s_cid=mm6346a8_w

²⁷ http://www.pac-ci.org/sites/default/files/presentation_dispositif_francais_de_lutte_contre_ebolavirus_janvier2015.pdf

managers, were essential factors because it is often at this level that human and logistical means can be pre-positioned. It was important to be able to move quickly on roads and paths that were often in a very poor state to fetch suspected cases, carry out tests, provide treatment to confirmed cases, look for people who had been in contact with contaminated individuals and set up isolation systems.

In this highly dangerous zone, the teams faced significant challenges and the opposition of the population: suspected cases were identified in the villages, relief workers then arrived and put on their overalls, then had to burn anything that might be contaminated. However, the burning of bodies, as happened for a time in Sierra Leone, or their burial without traditional rites, was very distressing for the local people. The teams were therefore not well perceived by local people who were often reticent or even aggressive towards them.

This led to the development of the Safe and Dignified Burials (SDB) strategy. The mobile teams scouring the forests for infected people – so-called contamination bombs – payed a heavy price for their commitment. Dozens were contaminated or lost their lives²⁸: they were nevertheless an essential part of the overall response mechanism, but unfortunately received less media attention than the 'good doctors'.

During the initial months, the donors did not respond very generously to the requests for logistical support, due to mistrust of administrations that were considered to be corrupt. Only the Atlanta Centre for Disease Control (CDC) rapidly promised 200 vehicles to increase the mobility of the mobile teams. Later on, UNICEF and the IFRC, with the support of DG ECHO, also provided ambulances. Once out of the forested areas, the virus spread to urban areas very quickly: first to the secondary cities on the main trade and economic migration routes (Kissidougou and Faranah in Guinea, and Kenema and Bo in Sierra Leone), then to the highly-populated capitals. The rapid, un-planned urbanization of recent decades in Conakry, where there are significant societal and political challenges, or in Freetown and Monrovia that have experienced long civil wars, made these cities very vulnerable. The health conditions in slums in cities affected by war, disaster or poor urban governance opened the doors to the epidemic. All this is, of course, made worse in contexts where rural populations are displaced by war or poverty, with slums of all shapes and sizes, in high-density areas inhabited by the poor. What is more, the epidemiological profiles of these cities showed a high prevalence of numerous pathologies with symptoms that are very similar to those of an Ebola contamination and could overload the mechanisms in place to counter the epidemic. Identifying suspected cases in time and then evacuating them was a major challenge.

During responses like the Ebola response (complex crises in complicated environments) the added value of social scientists is often recognized only late (by technical experts as well as donors). This is often a hindrance to the early mobilization of such resources. The lack of understanding of local contexts and the lack of mobilization of social scientists to provide a better understanding and find the right entry points, as well as the politicization of certain operations, caused for example the death of eight people, including the prefect in Guinée Forestière.²⁹ This awareness-raising mission run by a delegation of the governor of N'Nzérékoré was met with stones, sticks and machetes. The demonstrators suspected the team of coming to kill them, because according to them Ebola was invented by white men to kill black men. Already at the end of August, more than 55 people had been injured in N'Nzérékoré during a demonstration against a health team who, according to the demonstrators, had sprayed the produce at a market with disinfectant without warning.³⁰

It should be noted that there was also a significant stigma attached to the families of people who were contaminated, as well as those who were cured or confirmed to be negative. This epidemic had a major impact on behaviour: in societies where touching is common, real changes were observed in relation to greetings and social relations. There was regular rejection and stigmatisation, and significant risks for 'survivors'. It is important to understand these phenomena in order to establish the

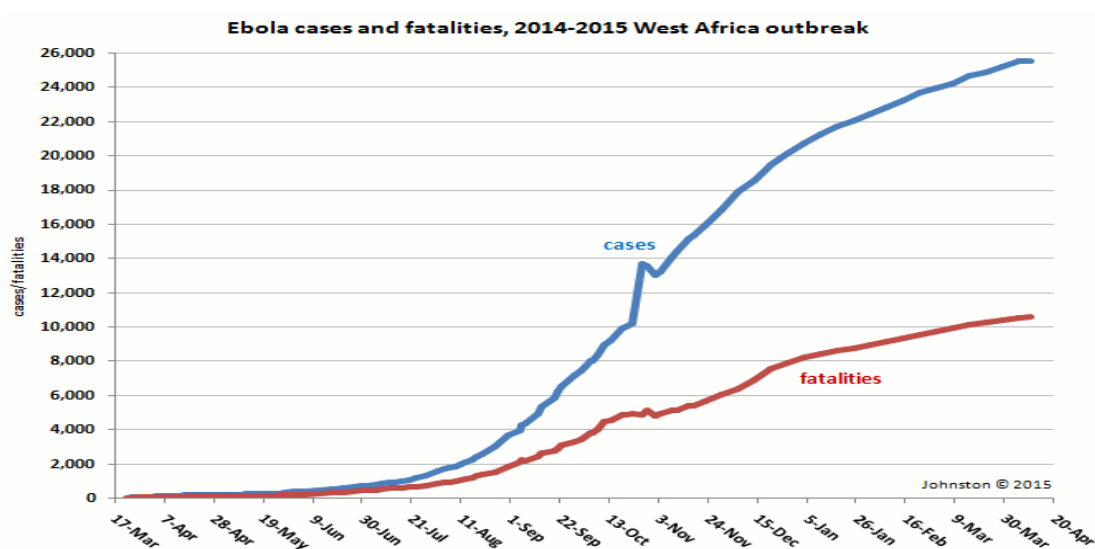
²⁸ <http://www.who.int/mediacentre/news/ebola/25-august-2014/fr/>

²⁹ <http://observers.france24.com/fr/20140829-ebola-guinee-conakry-emeutes-nzerekore-emeutes>

³⁰ <http://observers.france24.com/fr/20140829-ebola-guinee-conakry-emeutes-nzerekore-emeutes>

right response and appropriate messages. Going through the “happy shower” (the last decontamination shower on leaving the ECT or the isolation area) was not always the last ordeal, as people then had to face mourning and how they were viewed by others. However, the number of celebrations for people returning to their villages was not negligible, and is cause for optimism about the reintegration capacity of these very resilient societies, as was evident after periods of conflict.

The situation was very changeable, both geographically and in terms of morbidity. The monitoring systems put in place with assistance from the Atlanta CDC³¹ and the capacity building of the World Health Organisation (WHO) epidemiology teams and the governments of the region, helped to monitor the appearance of new cases, mortality rates and morbidity rates on a day-to-day level. From September 2014, the CDC attempted to create a model of the epidemic and how it might evolve³². Fortunately, the route taken by the epidemic was not that of the disaster scenario that was considered possible when this report was published. On 19 November, the CDC indicated that rather than the 1.4 million victims that had been predicted in the worst case scenario, the actual number of victims was probably around 14,000. In fact, the true figure was even lower than this.



4.3. INTERNATIONAL REACTION

Coordination is obviously essential, but the UN Office for the Coordination of Humanitarian Affairs (OCHA) was also faced at the same time with crises in Syria, the Central African Republic and Sudan, and did not feel particularly competent to deal with this health crisis. As a result, it chose not to become heavily engaged and essentially deployed junior staff to support the WHO with mapping and information management. The role of the Atlanta Centre for Disease Control, on the other hand, was fundamental in setting up the initial epidemiological monitoring mechanisms.

Given the weaknesses³³ of the WHO at the regional and national levels, as well as the growing concern of the international community faced with an epidemic that was beginning to get out of control, the United Nation established a specific coordination mechanism in September 2014: the United

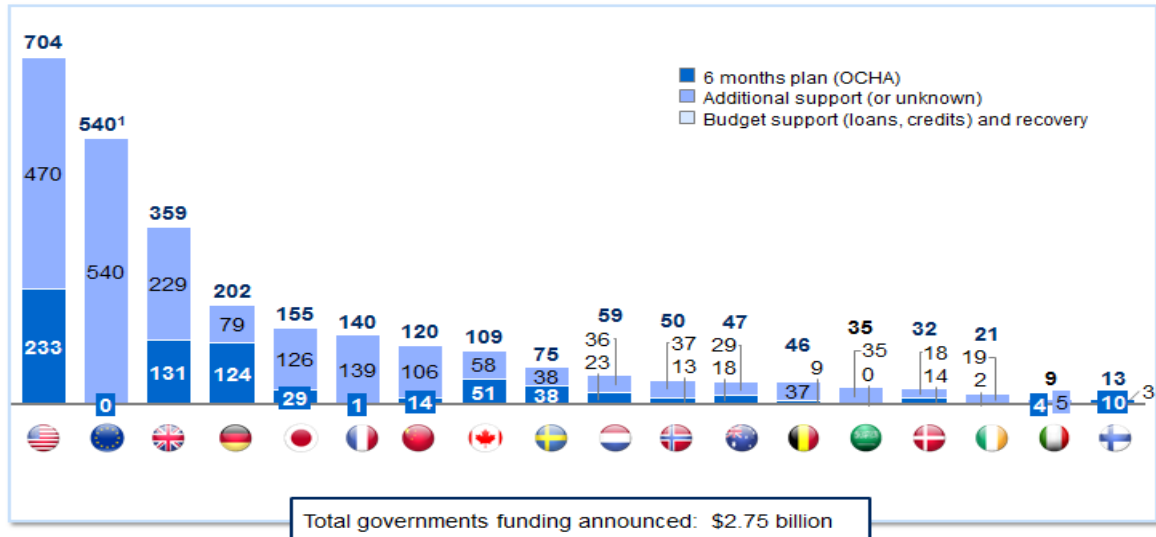
³¹ <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/ga-mmwr-estimating-future-cases.html>

³² Estimating the Future Number of Cases in the Ebola Epidemic — Liberia and Sierra Leone, 2014–2015. http://www.cdc.gov/mmwr/preview/mmwrhtml/su6303a1.htm?s_cid=su6303a1_w

³³ <http://www.who.int/dg/speeches/2015/executive-board-ebola/fr/>

Nations Mission for the Ebola Epidemic Response (UNMEER). Based in Accra in Ghana, this had representatives in the three main countries affected.

However, the cost of setting up this body was considerable (US\$ 50 million allocated in September 2014³⁴), and underlined the WHO's weakness even more.



In Guinea, coordination took place at the national level via a mechanism that was directly placed under the control of the President rather than the Ministry of Health. The WHO and UNMEER played a role in supporting this mechanism which nevertheless remained a national institution with specific offices in the capital and branches in the prefectures.

The UK Department for International Development (DFID) was very active in Freetown (Sierra Leone), releasing several hundreds of millions of pounds for the deployment of NGOs and the British army, which worked with the army of Sierra Leone in an operations centre aimed at tracking and managing the sick and bodies in the West region, in both its urban and rural districts. With support from the Royal Navy and its helicopters, the DFID representative more or less played the role of humanitarian coordinator, and as such the coordination of the response was essentially in the hands of the British³⁵.

The Ebola crisis also raised questions about African solidarity, with little action from the Economic Community of West African States (ECOWAS) or the African Union (AU). Fear sometimes turned into panic leading certain governments, like Senegal, to block their borders which in the end was counter-productive. This also created a lot of problems for the humanitarian organisations involved in the response to the Ebola crisis as this blocked direct commercial flights between Dakar and Conakry, leaving only a few humanitarian flights (the World Food Programme's Humanitarian Air Service) to provide a link. For a time, it was necessary to go back through Europe or to go via Casablanca in order to get back to Senegal. This held up the flow of foodstuffs and manufactured goods, as well as equipment that was needed for the response. In any case, those who wanted to get through always found a way of doing so, either by alternative routes or by bribing customs officials or border guards. As the borders of the region are very porous due to the way families and ethnic groups are distributed, straddling the borders inherited from colonialism, it was not very realistic to try to control the borders anyway.

³⁴ <http://reliefweb.int/sites/reliefweb.int/files/resources/N1454811.pdf>

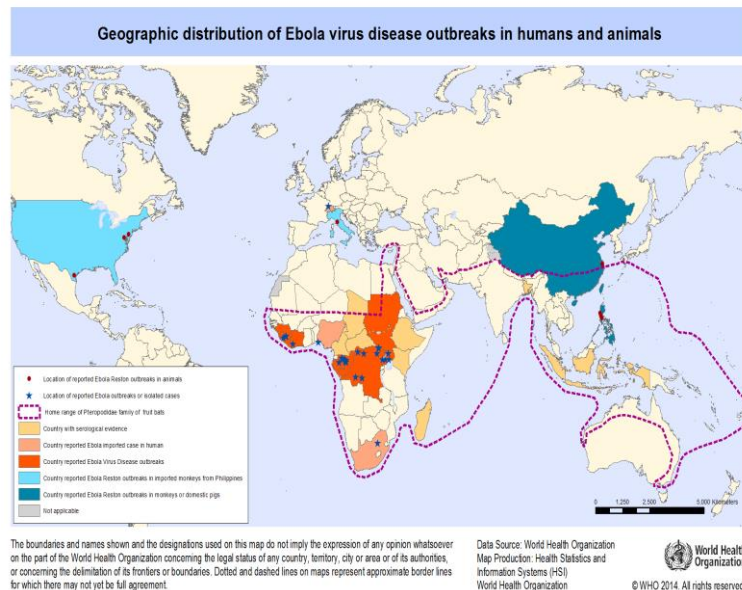
³⁵ The USA has historic ties with Liberia due to the return of former slaves, and USAID and OFDA deployed a significant amount of well-organised human resources, financial and logistical resources, and President Obama ordered the Pentagon to deploy military forces with all their logistical, engineering and organisational strengths.

Thus, having rapidly closed its borders with Guinea, such as in Kédougou, Senegal became concerned about crossing points into Mali, particularly in the Haute Guinée areas. The first cases in Mali (seven cases with six deaths, most of which were linked to a case in Kayes) led to genuine panic.

The risks of contamination linked to uncontrolled movements in the areas where illegal mining takes place in the Fouta Jalon region (where there are borders between Guinea, Senegal and Mali) became a concern precisely because of the illegal nature of the activities there. However, in this context who would call the emergency numbers to ask for someone to be evacuated for health reasons?

Even though contingency plans were developed and training was provided, the majority of health structures in this area were under-equipped

and unable to rapidly set up an isolation unit to manage suspected cases. The highly porous border with Guinea raised serious questions about how to manage cross-border contamination, despite the significant measures put in place by the International Office for Migration (IOM) to monitor the borders of the countries affected by Ebola. The crisis, which appeared to be improving at the beginning of 2015 got worse again, this time in another region.



WHO map of Ebola outbreaks

4.4. STRUCTURAL WEKANESSES

The Ebola crisis began in poor countries with evanescent health systems and governance systems that were in the process of being built up after years of crisis and conflict and therefore revealed numerous weaknesses. The weakness of health systems, notably at the provincial level, the low pay for staff – often paid late – and the state of disrepair of health facilities where the capacity to treat normal health problems was already very weak, provided the epidemic with a very favourable context.

In Guinea, the importance of the growing crisis was denied for a long time in order not to discourage investors and tourists. It took an announcement by Saudi Arabia on 4 April 2014³⁶ that Guinean pilgrims would not be able to go to Mecca that year for the Guinean government to realise that it was faced with a serious problem and began to take action but limiting its own at-risk activities (political meetings, etc.). The governments of Sierra Leone and Liberia were quicker to react, even though the epidemic did not spare their countries. Thus in Sierra Leone in the affected area, check points were set up in each village where people had to wash their hands, but this kind of measure was completely absent in Guinea.

One of the major difficulties in managing this epidemic was the lack of knowledge about the virus and its transmission during the initial period. Though there were a lot of rumours linked to conspiracy theories (one of the most surprising one heard from local sources is that Al-Qaida was behind the Ebola outbreak), there were and still are a lot of unknown factors on why some people can carry the

³⁶ <http://www.ajib.fr/2014/04/arabie-saoudite-hajj-guinee-liberia/>

virus without being affected, how new infections happen, or how long the virus remains active in dead bodies or in survivors, and how long immunity lasts³⁷.

The realization that the epidemic could easily cross borders and continents led to international efforts.

“It was the story of the American nurse that sparked the sudden reaction in July 2014. For 5 months, not one health measure was taken. Luckily, the virus doesn’t spread that easily, or there would have been many more than 11,000 deaths.”
International Health epidemiologist

Médecins sans Frontières (MSF), the organisation that had shown how effective it could be having taken a leading role in the international efforts, was very critical of the level of international mobilization during the first few months.

The Ebola epidemic began at a time when the WHO was seriously weakened, its budget having been cut by hundreds of millions of euros, its capacity to rapidly deploy epidemiologists having been significantly reduced³⁸ and its internal organization significantly dysfunctional. One of the effects of the Ebola epidemic is that it has masked the rest of the health problems in the affected countries, despite the fact that they are huge: malaria, water-borne diseases and cholera remain ever-present killers. While creating fertile ground for Ebola, the resources that would normally have been used to combat them were used to combat the current epidemic. The huge impulse given to hygiene by the Ebola operations had however a very important and positive impact on the prevalence of water borne diseases, including cholera.

The Ebola epidemic had other consequences. Numerous businesses withdrew or interrupted their activities, such as the Senegalese company that was building the road between Kenema and Kailahun. The expat staff of Chinese companies and multinational companies like Rio Tinto pulled out of the affected countries, at best leaving companies operating at a reduced rate. This led to a major loss of revenue for the families of workers who found themselves unemployed. It should be noted, however, that the main stakeholders in the mining sector invested in staff security, with some action taken for the communities living in or around the areas of activity. The reduced economic activity will have a significant effect on national economies and will lead to a major drop in tax revenue and the possible risk of state services being paralysed in the region. In October 2014, the World Bank estimated the economic losses of the three most affected countries to be US\$ 25 billion, and then announced in its report in January 2015³⁹ a much lower range between US\$ 500 million and 6.2 billion.

Luckily, these rainforest areas have extremely varied and productive ecosystems with rice-growing systems in shallows and on hills (and sometimes the possibility of double cropping), a large number of systems based on tubers (cassava, yam, sweet potato) which ensure that food is available throughout the year, and a large amount of wild food from the forest. Food crises like those in the Sahel are therefore unlikely. However, families in isolated sites or with reduced mobility because they were in areas with a high number of cases would have more difficulty. They would have to be helped to cope with the crisis in a very targeted manner. The bush markets continued to be supplied, and the prices of local produce fluctuated less than those of imported produce (fewer boats entering the ports of the contaminated countries which created a situation of scarcity that could generate illegal activities). Though vigilance is needed with regard to issues of food security and it is important to carefully monitor food prices and practices, the farming and food systems in these countries, with their extremely productive tropical rainforest agro-ecosystems, are very resilient.

³⁷ The body of knowledge and evidence on transmission is now much better known, thanks to the investment in research.

³⁸ The WHO’s budget is currently US\$ 3.98 billion, whereas the Atlanta Center for Disease Control’s budget is around US\$ 6 billion.

³⁹ <http://www.banquemondiale.org/fr/news/press-release/2015/01/20/ebola-most-african-countries-avoid-major-economic-loss-but-impact-on-guinea-liberia-sierra-leone-remains-crippling>

5. MANAGING AID INTEGRITY RISKS

5.1. RISKS ASSOCIATED WITH THE EBOLA RESPONSE

5.1.1. Factors reducing risks to aid integrity

Analysing the risk factors related to the Ebola crisis response highlights how unusual this crisis was. A significant number of the usual risks that affect humanitarian operations were not present or present in a much more limited way in the Ebola context than in many other operations.

Very specialized goods for which there was not much demand on the markets: A significant part of the aid items involved did not have any real market value: Ebola overalls (EPP), boots, masks and gloves, consumables (chlorine), light equipment (sprays) and body bags do not have a great deal of market elasticity, and therefore the misappropriation of these items did not seem to have the same appeal as foodstuffs or materials for shelter construction (tarpaulins, metal sheets, nails, and tools) that are involved elsewhere.

Weak appeal of being on lists of beneficiaries due to fear of stigmatisation: Being on the list of beneficiaries, in a context where Ebola victims and those associated with them (e.g. the families of infected people, people who had had contact with a victim, and healthcare staff) were often rejected by society, was not an attractive prospect even though this might mean receiving assistance. The stigmatization of people with Ebola was sufficiently strong that targeting was not a source of conflict and there was limited competition to be included on the list of beneficiaries, as often happens in food crisis contexts. In some cases it was the opposite that took place, with people who were potentially eligible for assistance preferring not to be seen as recipients in order to limit the stigmatization that came with the image of an “Ebola victim”. Seeking out potential beneficiaries therefore proved to be quite difficult. Thus, certain NGOs did not manage to spend all the funds that they had available to provide the families of victims and survivors with financial compensation. In the end, the targeting was highly “erratic” because this crisis and its consequences were complicated to understand.

At the beginning, the prefecture said that we should plan for 620 households. We were told to select women who sold bush meat, hunters, families living next to victims, the families of victims of Ebola, and people who had been in contact with victims or suspected cases. Then they reduced the list: the hunters, the women selling bush meat, and the families living next to victims were removed from the list. (Guinean Red Cross volunteer).

Relatively effective microfinance mechanisms to help transfer cash to beneficiaries: There is a long history of rural microfinance in Guinea, during which numerous projects have been established, with a significant role for the Crédit Rural and its many branches in rural areas. This proved to be very useful for a certain number of organisations who chose cash transfer as their method of assistance in a context where “mobile banking” has just begun to emerge.

Operations that remained concentrated in the hands of very specialized organisations, due to their dangerous nature: The fact that the Ebola crisis required very specific know-how that is rare



A medical team putting on their equipment before entering a contaminated zone

among international organisations and even rarer among national organisations (working in a high-risk context that requires very precise procedures) significantly limited subcontracting and delegation to partners occurred. This greatly reduced the risk to integrity sometimes associated with partnerships with local NGOs.

Donors avoided national circuits due to a poor reputation: The fact that Guinea was so badly ranked in terms of corruption (142 out of 176 countries⁴⁰) encouraged donors to avoid transferring funds via state

circuits where financial tracking is more complicated. This no doubt made it possible to avoid numerous problems, but obviously also had some side-effects: it further reduced people's trust in their governments and limited opportunities to build management capacities.

5.1.2. Factors increasing risks to aid integrity

Given the specific nature of the crisis and the response, interviews with many national and international actors clearly indicated that the risks were related to a certain number of dynamics and factors:

The rapid arrival of significant resources that had to be disbursed rapidly: As is too often the case, the response to a highly visible crisis implies the rapid mobilisation of significant resources, which often leads to less strict control mechanisms as part of fast track procedures. This creates risks of embezzlement, the acceptance of exaggerated estimates or the misuse of funds, such as buying unnecessary products to ensure that the budget is used up in time.

A highly corrupt context: The high level of perceived corruption that affects Guinean institutions⁴¹ can make it difficult for humanitarian organisations to do their work properly and to maintain good working relations with the government. Certain NGOs thus had to find intermediaries within administrative bodies to advise them, or even to act as 'go-betweens' in order to help move forward dossiers that were being held up by the administration (e.g. registration procedures, or vehicles blocked in customs, etc.). The heavy administrative procedures and communication difficulties between national institutions and aid organisations (both national and international) at a time when speed was clearly "mission critical" has been given during interviews as a reason to explain why NGOs sometimes looked for "go-betweens" within the administration to help with certain procedures (facilitation payments). These practices, often referred to as "advice" in bookkeeping, and "bribe" in simple terms, are unfortunately not a rare occurrence when there is a need to move quickly for operational reasons in an emergency context.

⁴⁰ https://www.transparency.org/news/feature/corruption_perceptions_index_2016

⁴¹ Guinea Poverty Reduction Strategy, <http://www.imf.org/external/pubs/ft/scr/2008/cr0807.pdf>

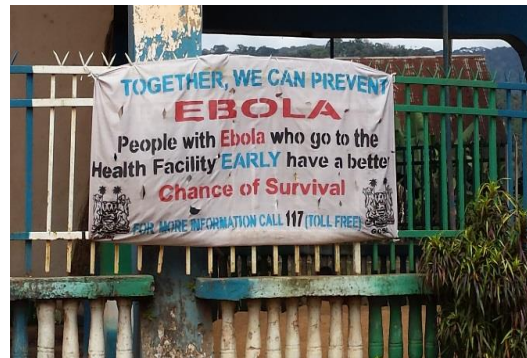
Flawed substitution approach: Though many of the goods concerned were not of sufficient value to threaten the integrity of the process, the transfer of large sums of money via national institutions was deemed very risky by the donors who often preferred to use intermediaries (essentially international NGOs and UN agencies) thereby transferring the risks to them. This led to a great deal of frustration within the central government administration and local NGOs. Thus, whereas this use of international intermediaries often accelerated the availability of resources for local institutions, it also removed responsibility from national stakeholders inducing a lesser degree of accountability. It has been referred to by several aid actors as having induced a risk and may have created the desire to collect these resources illegally.

Attractiveness of the logistical and structural support equipment: The greatest risks of corruption were related to logistical means (vehicles, motorbikes, and fuel) and energy production (generators, fuel). Indeed, when the international aid sector began to understand the importance of logistics, mobility, rapidity and the ability to get to a large number of sites at the same time, several interviewees recalled that large numbers of vehicles were deployed and, during the initial months at least, this was done without any great precautions.

Difficult coordination in a context of competition for donor resources: Generally speaking, coordination problems with regard to gaps and duplication encouraged competition between agencies, or waste for the less thorough among them, notably due to the high visibility level of the crisis and the need for certain actors to position themselves, including bilateral donors. In Guinea, this also involved national organisations, notably when one of them received a lot of resources (the Ebola Coordination Unit was provided with substantial support in the field) while regional and prefecture health authorities were not given a great deal of means. In Sierra Leone, due to the strong presence of DFID, the main Ebola donor there, and the British army, coordination was a little more systematic but did not allow local institutions to be in charge a great deal.

Access problems due to issues of perception: One of the major risks was linked to access problems in certain areas due to the strong rejection of foreigners and health workers by the local populations⁴², including stone throwing on a daily basis or worse, such as the incidents in Nzérékoré mentioned above. It was also mentioned that some agencies had to pay to access affected areas due to risks inherent to the lack of understanding of communities and related risks it posed to aid workers.

The challenge of informing and communicating with the population: Information about Ebola and contamination dynamics was not handled well during a part of the crisis. National and international organisations allowed a lot of conspiracy theories to develop whereby communities who had stayed behind in the villages tried to obtain information by phone about members who had gone to Conakry only to be told that white people, the Red Cross, international NGOs and the UN were spreading the disease and taking people to hospitals so that they would die there, amongst other rumours.



The most extreme case was in Wueme (Nzérékoré prefecture) because they came and told them to stop eating what they had been eating for centuries: bush meat. (Village leader)

Potentially useless and badly designed facilities: Faced with the epidemiological risks in the region and the weakness and degraded state of health institutions, a major multi-lateral donor decided to fund centres for managing epidemics with quarantine facilities in each of the at-risk prefectures. Visits to these sites and discussion with health personnel, both in the field and at Country level, brought

⁴² <http://guineeinfos.org/2015/06/02/guinee-lonu-denonce-des-violences-entravant-la-lutte-contre-ebola/>

about the conclusion that these centres were very badly designed and not adapted to providing care to victims of most major epidemics in the region. To mention two simple examples: circulation of patients on stretchers in the “hot zone” of the facility is very difficult. Circulation of water in the drainage goes from the “hot zone” to the “cold zone” although the contrary should be the case. These relatively luxurious facilities were built alongside prefectural hospitals which were often in a very deteriorated state, with the exception of Forécariah where the German government supported the rehabilitation of the hospital. However, even there, the epidemic centre was located in such a way that the morgue was isolated from the rest of the hospital structure. Problems of this kind raise questions about the identity of those who designed and built the centres, and about the competitive conditions of calls for proposals. The centres will be difficult to manage, which raises the question about what is to be done with them. In this instance, future integrity has been directly affected by the donor’s poorly thought-out strategy.

Major risks for human resources in contexts where jobs are rare and salaries low and uncertain: According to many agencies interviewed, another factor that brought numerous risks and problems was the management of human resources, and particularly managing “Ebola risk bonuses” which proved to be a complicated process with numerous risk factors for aid integrity:

- Due to the significant needs in terms of personnel, a large number of temporary recruitments were made, sometimes on the basis of hoped-for but not necessarily validated skills (notably for medical students), sometimes based more on networks. Thus, at the beginning of the crisis a large number of very rapid recruitments were carried out without taking all the necessary precautions or following the normal procedures, such as analysing CVs or carrying out interviews.
- There is no doubt greater risk of this kind in the post-Ebola phase than during the response phase itself. Many people were recruited and gained real experience, but will now see their contracts coming to an end, with a limited number of positions to be kept. There will be a great deal of pressure and deal-making (networks, corruption) to obtain these positions, and indeed it seems this has already begun.

“The Human Resources Department was under a great deal of pressure to recruit quickly, but we did not take any shortcuts in relation to the recruitment and declaration process. This was important because we made a mistake at the beginning, and the state criticized us, but we admitted our mistake, we paid and we were then very careful to respect the Guinean Labour Code” (international NGO)

The question of human resources was exacerbated by bonuses which were distributed to a large number of staff, some of which were legitimate and some of which were less so. Due to the significant risks related to the danger of contamination and the workload being demanded of national staff, a bonus system was put in place for front-line health workers. However, the bonuses were soon being allocated to anyone involved in the response in one way or another. This led to considerable extra cost. In the acute crisis phase of 2014, little effort was made to regulate this given the seriousness of the situation. When the situation began to stabilize it was already too late. The whole system was therefore stopped for everyone in order to avoid pressure and malpractice. This did not prevent the creation of a significant number of “Ebola staff” and major problems in managing these human resources.

“All public health staff were getting bonuses. But those not working under the Ministry weren’t eligible, despite being very exposed, notably those in charge of monitoring “contact cases”. There were major planning problems with regard to monitoring health branches because the staff responsible for the monitoring left to work with an organization working on Ebola because there was more money involved.” (Health official)

The political instrumentalisation of accusations of poor management in contexts where democratic governance was in the course of being built: There were always risks of political instrumentalisation of the crisis, such as the risk of accusations of poor management being used for electoral ends.⁴³ Different political parties attempted this, criticizing the way that funds had been managed by the government and the obvious lack of a strategy at the beginning of the crisis. With the presidential and parliamentary elections, the hope of democratic renewal in Guinea meant that the Ebola crisis was a subject of criticism of the government's actions and decisions. At the same time, due to the seriousness of the situation, the parties established a form of peace agreement when the crisis was at its height.⁴⁴

The problematic links between scientific research, profit and humanitarian action: This was a large-scale health crisis that concerned an epidemic that was not well-known but was perceived to be a genuine risk in terms of health security, notably in the event of cross-border or cross-continental contamination. As a result, one of the specific characteristics of the response was the significant amount of medical research that was carried out into rapid diagnosis, treatment and vaccinations. Indeed, there was a clear lack of medical research or of detection, treatment and vaccination systems for this type of illness. As soon as the first cases of trans-continental contamination appeared in Great Britain and the United States, the big medical sector companies and the state-based medical research organisations began to take action because there was a sudden increase in research funds available, raising hopes that a very profitable market would appear for "Ebola" products. Both private and public bodies got involved, often with little coordination between them or with national institutions. This research was not carried out in a very transparent manner due to scientific competition (the race to publish first), political competition (bi-lateral cooperation leading to flag-waving to increase visibility and political returns), and the economic stakes involved. This raises numerous ethical questions and calls into question the integrity of these processes from the point of view of the population who provided medical samples but were not informed about the results.

These research programmes were launched, often without coordination or agreement from the national institutions, alongside the humanitarian organisations involved in the response. The absence of coordination or information from the organisations present, the opacity of the protocols, and the lack of information provided to the populations from whom samples were taken created a great deal of misunderstanding and even distrust. Even though some research organisations attempted to take a pedagogical approach, the research programmes were soon the object of serious accusations. This included that: the research was being carried out to allow the researchers to do their theses or write their articles, but not necessarily to serve the population; the research was being carried out to allow laboratories to make a lot of money; the research was only being carried out because the risk had become too great that the United States or Europe might be affected. If the epidemic had remained African, the money to carry out the research would not have been available. Even more serious was the regularly heard accusation that one of the objectives of the research was to be able to re-contaminate African countries.

5.1.3. "Ebola business"

As is the case in any large-scale humanitarian operation in countries where there are significant governance problems and where there is often underlying corruption, the flow of funds generated by the response attracted interest but also generated its own narrative. In the Ebola region, this led to the term "Ebola Business" which became very prominent in national and social media in Guinea, heightening certain risk factors for the integrity of humanitarian aid:

⁴³ <http://anthropologiesante.revues.org/1796>

⁴⁴ <http://guinee7.com/2015/03/12/des-leaders-des-partis-de-lopposition-et-de-la-majorite-sengagent-a-depolitiser-la-question-debola/>

- In Guinea, there was widespread distrust of the government and international donors.⁴⁵ In rural areas this distrust increased the rumour that international NGOs had imported the Ebola virus in order to “make money on the backs of the Guineans”. This led to attacks against humanitarian workers. The International Committee of the Red Cross estimated these to be around 10 per month. The aid beneficiaries felt that NGOs were corrupt and were therefore more inclined to try to get more money out of them. It is important to keep in mind that Guineans often expect to pay for assistance, as they do on a daily basis for public services.
- During the Ebola crisis, the government accused NGOs of creating panic, while some NGOs claimed that the government did not manage the crisis seriously and that it may even have misappropriated some of the money.⁴⁶
- The different stakeholders (such as the UN, national and international NGOs, etc.) increased their numbers of staff massively. For example, the WFP increased its number of staff from 80 to 400. However, though some organisations very quickly sent staff to areas affected by the epidemic, for others the increase in the number of staff led to an increased presence in the expensive high standing hotels of Conakry but little action in the field. The image of the aid system suffered as a consequence, reinforcing the cliché of the Ebola Business.

The Guinean Red Cross recruited volunteers in each village but the villagers said that it was buying the volunteers’ conscience in order to kill people. And the villagers would say, if you say that there is a case of Ebola in the village, we will kill you. (GRC manager)

- On the one hand, many new institutions were created (notably for Ebola coordination at the central and local levels) and international NGOs and UN agencies (UNMEER), who until then had been absent from the region, set up in the epidemic zone with significant investment and operational budgets. On the other hand, the bodies that were already present were overlooked and given very little attention.
- Thus in 2015, in the majority of Guinean prefectures involved the WHO rehabilitated or built buildings specifically for coordinating the Ebola response, while just next door the offices of the Prefectural Health Directorate were in a sorry state. This created tension and jealousy, and thus risk factors for the management of resources.

At the Prefectural Health Directorate, we are very envious of the resources that the Ebola coordination team has. They have new computers, generator units, and new cars. Their buildings were renovated, whereas our buildings leak. Apparently we will be getting some of that when Ebola is over, but still... (Manager of a Prefectural Health Directorate)

Humanitarian organisations have been in the area for some time due to the wars in Sierra Leone and Liberia and the presence of refugees in Guinea. It was to be hoped that the memory of past assistance would help in the way it was perceived in the response to Ebola. Unfortunately this was not the case.

What is more, knowledge of the specific characteristics of the Forest zone, of the role of the specific cultures and beliefs in the area, including in terms of health with the role of traditional healers, became available in the 1990s and early 2000s. If they had had this information, aid organisations would have been better prepared. And yet, apart from a few organisations who were already familiar with this kind of issue, not many organisations made the effort to work with people who were trusted by these

⁴⁵ <http://anthropologiesante.revues.org/1796>

⁴⁶ Cellou Dalein Diallo, “Ebola in Guinea: Is Government Incompetence a Bigger Danger?,” Al Jazeera, October 4, 2014, <http://www.aljazeera.com/indepth/opinion/2014/10/ebola-guinea-government-incompet-20141046561194429.html>

communities in the first months of the response. This proved to be of key importance to improve communication with them.

Even the Imams included messages in their sermons, like the churches in their sermons. The moral and religious authorities of the country were very mobilized during the crisis (the Mayor of a small town in Guinée Forestière).

In Guinea, the often very visible presence of international NGOs and aid organisations, with their villas, their fleets of 4-wheel drives even in town, and particularly the large number of UN agency consultants who were not very visible in the field but were very present in the big hotels of Conakry, contributed to creating this image of “Ebola Business” which resonated with all the accusations of the international community’s involvement in spreading the virus. The important international presence also had a major impact on prices, rents and social relations due to the major differences in salaries between the employees of UN agencies, NGO staff and national civil servants. The emergence of the “Ebola Business” rumour is due to a large extent to these economic impacts which were disastrous in terms of image.

In Sierra Leone, though there was an improvement in feedback mechanisms, NGOs did not communicate a great deal about their expenditure or the budgets of their operations. Though certain NGOs presented a general overview of their budgets, very few provided a detailed account of how the funds allocated by donors were used. What is more, this information was almost never given to local partner organisations in the field and even less so to communities who were rarely, if ever, informed about the amount of funds that had been mobilized in their name. In Sierra Leone, certain organisations were worried that providing financial information could have negative consequences. Humanitarian organisations have long been reluctant about external regulation or certification systems. They feel that they would create additional bureaucratic obstacles and would reduce the flexibility and effectiveness of NGOs.

5.2. MECHANISMS FOR MANAGING RISKS

5.2.1. Relation-based risks

Due to the pressure to act quickly, several actors mentioned that a “quick fix” for difficult negotiations can consist of paying special favours (whether or not these go through the books) to key civil servants in order to get over hurdles and be able to operate, register in a country, get equipment and vehicles quickly through customs and resolve problems that can, for example, happen in the event of a road accident. But of course, other mechanisms were also put in place by many agencies.

- **Negotiation:** Not paying means entering into long negotiations with the government and establishing power relations without any guarantee of success. One strategy is for a number of organisations to engage in collective action in order to avoid creating a precedent.
- **Going to the next level:** Approaching higher levels to obtain an agreement can be effective and help organisations to avoid “paying backhanders”. This sometimes means taking the risk of later blockages caused by the person who has been bypassed.
- **Appealing to people’s sense of responsibility:** In several situations, appealing to the interlocutor’s sense of responsibility given the seriousness of the Ebola crisis appears to have been successful.
- **Establishing collective bargaining power:** Forming a group of donors and organisations can help to resist practices that are similar to extortion.

5.2.2. Financial risks

A major challenge was managing a very large quantity of funds that had to be disbursed rapidly.

“There were a lot of similarities with crises such as Haiti and the 2004 Tsunami, with a very large sum of money arriving very quickly. We sometimes felt like we were throwing money on the fire and waiting to see what happened. This doesn’t mean that the operations weren’t effective, just that when absorption capacity is saturated, it can have some ugly results.” (Ad worker from an international NGO).

Generally speaking, international institutions are well equipped in terms of tools for managing and recording accounting documents, and have the resources to control these documents. They have computer tools (hardware and software), regular access to electricity and internet and the ability to reinforce their financial management. They can also photocopy accounting documents and send copies or originals to headquarters for verification or accountability for donor audits. This is much rarer among national organisations, whether governmental or non-governmental. Management and communication are predominantly paper-based, and information is exchanged by telephone due to the gradual extension of GSM telephone networks.

Given the significant risks of misappropriation and fraud due to the amount of money being mobilized, weak governance, the difficulty for NGOs to increase their influence and the threats to aid integrity, the international community created UNMEER. The objective was to ensure a high level of accountability and traceability in managing the funds being channelled outside existing state institutions, even though this meant that there was a significant risk of alienating national organisations. Even though the WHO’s response and the wider mission of the UNMEER had significant shortcomings, it nevertheless allowed a large quantity of funds to be managed by a transparent and controlled body. The internal audits by the UN and the Office of Internal Oversight Services (OIOS)⁴⁷ show that good practice was respected in general with regard to management and governance, with some points to be improved, for example with regard to emergency recruitment methods.

As far as the general public is concerned, the traceability of how funds are used by major international institutions and NGOs is nevertheless difficult if we want to go beyond general presentations (such as the UN Financial Tracking System or general reports by NGOs or the UNMEER), or if we want to go into any geographical or operational detail. For NGOs, this level of detail is reserved for their donors and not for the general public. The utilisation of the IATI platform as a multi-stakeholder collective accountability process has been seen by several stakeholders as a possible option.

Though it is generally recognized that there have been genuine efforts to improve how funds are managed, UNMEER has been the object of a great deal of criticism: the continual flow of well-paid consultants and staff on short contracts, with high per diem rates, contributed significantly to the idea of an Ebola Business. Though significant effort was made to provide donors with information, there does not appear to have been any communication with the population about the role of UNMEER.

Governments themselves do not always have sufficiently developed legal tools or the physical means or human resources to be able to limit risks and take action when there are cases of malpractice. Nevertheless, genuine progress is being made, thanks in particular to certain programmes (UNDP, European Union, France) who are introducing new management tools and building the capacity of the staff.

Guinea

The political opponents of President Condé very quickly tried to discredit him by starting rumours about the poor management of funds destined for the Ebola response.⁴⁸ Limiting the risk of corruption

⁴⁷ <https://oios.un.org/page/download/id/380>

⁴⁸ <http://theconversation.com/decades-of-corrupt-government-have-left-states-prey-to-ebola-32912>

became a priority for many senior civil servants within the circle of the president's ministers. In Guinea, given the high risk of misappropriation linked to the amount of funds being transferred, the numerous problems of governance at different levels and the low salaries of managers, the majority of the organisations involved in the Ebola response chose to apply the precautionary principle and thus the large majority of financial transfers linked to the Ebola response did not go through the Guinean institutions. Though the government set up a coordination unit for the response to promote dialogue between the parties and develop effective strategies, it did not control the implementation of the funding.

President Condé accepted that donors who wanted to could transfer aid by means of the UN Mission for the Ebola Emergency Response which was responsible for working in the affected countries. This agency would then be responsible for distributing the funding for programmes by NGOs and other UN agencies, particularly UNICEF, which played a major role in managing the Ebola response in Guinea.

The absence of a Court of Audits due to delays in implementing the constitution, led to blockages despite the efforts of the Inter-ministerial Control office based within the Prime Minister's office. This contributed to spreading the idea that there was impunity for acts of corruption. However, President Condé was keen to point out that "the Ebola money was not managed by the National Coordination mechanism", but by UNMEER, UNICEF and the World Bank.⁴⁹

For NGOs and members of the International Movement of the Red Cross and Red Crescent (), effectively controlling funds was extremely important given the quantity of funds involved and the visibility of the crisis. For some organisations, such as the Red Cross movement, extremely strict mechanisms were put in place with double control systems, which allowed problems to be identified, such as in Forécariah where the staff of a foreign Red Cross branch were caught in a corrupt act and immediately charged.⁵⁰ Support from the Regional Delegation of the IFRC proved to be very useful thanks to its position outside the region where it was less subject to different types of pressure.

Thus, in the field, the Guinean and Sierra Leone Red Cross were very strictly controlled by the International Federation.

Previously we had had problems with cases of embezzlement by the national staff due to mafia-type networks that were putting a lot of pressure on the staff. When there is concern about pressure on the staff, you have to be careful so that people are able to talk about this pressure. It is essential to establish internal accountability systems both in the field and at headquarters. Anyone can write to the Ethics Committee; the staff know about this system because they are regularly informed about its existence. (Manager of an international NGO)

For the NGOs and agencies directly subject to the control of donors, a great number of audits were planned, and as such it was in the interests of the organisations to consolidate their management and control systems. The few cases of corruption and illicit use of the resources that were identified were notified to the police and the guilty parties charged.

Sierra Leone

In Sierra Leone, for years, audit reports had been denouncing the mediocrity of the financial management systems as one of the main weaknesses of the public sector.⁵¹ With the unprecedented influx of funds for the Ebola response, many feared early on that these funds would be misused, even that some would be misappropriated from their objectives, as was the case during previous crises (notably the cholera epidemic in 2012). As is the case in numerous other countries where there is a lot of corruption and where the level of transparency is low, the arrival of such a large quantity of funds in Sierra Leone increased the level of risk.

⁴⁹ <http://konakryexpress.org/ebola-nous-exigeons-un-audit-sur-lutilisation-des-dons-recus-pour-combattre-le-fleau/>

⁵⁰ Interview in the field.

⁵¹ <http://www.sierraherald.com/audit-2015-excerpts.htm>

As the funds needed to be disbursed rapidly in order to have an impact on the Ebola crisis and as the national institutions did not have the resources to ensure that the money was used as planned, the donors quickly set up strict control mechanisms.

The UK established significant control mechanisms to make sure that the large amount of funds that they provided was not used illegally. However, other donors, and notably the international financial institutions who injected funds into the state mechanisms (budgetary assistance) did not put adequate mechanisms in place in advance. Thus, at the end of 2014, the Sierra Leone government announced that it had “lost trace” of millions of dollars from the Ebola response funds.⁵²

This report⁵³ written by the national auditor Lara Taylor-Pearce, which recognised that the theft had taken place, was put online and presented to the Parliament of Sierra Leone in December 2014. The US\$ 5.7 million that were lost or misspent is almost 25% of the US\$ 19 million that the country spent on the Ebola response. The Sierra Leone Anti-Corruption Committee had to work in close collaboration with the National Audit Department, the Ministry for Health and other governmental bodies in order to find the funds that had disappeared and bring charges against the guilty parties. The report that was subsequently written clearly shows that the Ministry for Health needs to do a great deal to improve its management of public funds and resources destined for health services.

The anti-corruption authorities and the National Ebola Centre launched an investigation into the results of the audit department according to which US\$ 6 million had been used to pay the salary of fictitious employees.⁵⁴ The department discovered that for the period between May and October 2014, proof of expenditure was missing for US\$ 3.7 million worth of expenditure on the emergency health operations account and the Ministry of Health’s account for miscellaneous expenses, destined for the Ebola response. A further sum of US\$ 2.6 million was withdrawn for these accounts without adequate justification, such as receipts. The auditors also pointed out that there was no trace of the US\$ 3.9 million that had supposedly been used to buy ambulances and help to build the Ebola Treatment Centre in Port Loko. The Sierra Leone Centre for Accountability and Rule of Law, an organization that campaigns for transparency in institutions, stated “The results of the report are deplorable, because they seem to show that a large part of the funds that were supposed to help the population and save lives was not used for their intended purpose”.⁵⁵

In 2015, the Ministry of Finances and Economic Development and the Anti-Corruption Commission launched the National Anti-Corruption Strategy 2014-2018, the third of its kind, with the aim of “freeing society from corruption” by 2018. Among the main initiatives that have been brought in, the Ministry is planning to reinforce the audit system so that assets are declared both electronically and on paper, and random checks are made by independent bodies. This attempt to increase transparency and combat corruption and malpractice is totally original and should serve as an example for neighbouring Guinea.

5.2.3. Risks to supplies

In a context such as the Ebola response, there are risks all along the supply chain, from the tender and purchasing phases up to when the items are in the hands of the beneficiaries. Regarding the specialised medical equipment needed for the response (overalls, masks, gloves, etc.) and the danger associated with possible weakness in the material, operators gave priority to the safety and the quality of the equipment over price issues, and therefore there was limited negotiation of prices, thus limiting the risk of corruption to win contracts. It is difficult to influence decisions based on the highest technical quality and complex technical specification than on the lowest cost.

⁵² <http://www.auditservice.gov.sl/report/assl-report-on-ebola-funds-management-may-oct-2014.pdf>

⁵³ *Op. cit.*

⁵⁴ <http://allafrica.com/stories/201503301971.html>

What is more, the specialisation, fragility and diversity of the equipment and consumables needed for the Ebola response, and the importance of maintaining a supply of everything needed to run ETCs and provide care for suspected cases, led to the establishment of a reinforced collective system managed by the WFP in connection with the “Common Services” set up.



Stock in a shared services warehouse

Involving highly specialized staff in managing boat and plane arrivals, customs procedures, and transportation to secure warehouses, this mechanism was very effective in managing the risks of aid being diverted and wasted (“falling from the truck” and disappearing from the warehouse), and ensuring that there were regular supplies despite the numerous difficulties related to the weakness of transport networks in Guinea and the well-known “bad habits” of trucking companies.

5.2.4. Risks related to distribution and use of assistance products

The distribution and management of goods and equipment for the response represented an injection of resources that raised interest, even though in the case of Ebola the risk of misappropriation was largely mitigated by the limited attractiveness of being labelled an Ebola victim and by the limited uses of goods like overalls, boots, stocks of chlorine, etc. Nevertheless, the agencies put in place procedures including stock management systems and distribution processes that proved to be broadly effective.

Managing dangerous materials and limiting the risk of misappropriation: In terms of the supplies provided to treatment centres and mobile teams in charge of identifying and managing suspected cases, the strict rules for destroying overalls, gloves, etc., and the equally strict rules for cleaning and disinfecting a part of the equipment (boots, cleaning material) made misappropriation difficult and potentially dangerous.

Reinforcing dialogue in relation to beneficiary lists: In general beneficiary lists were established without many difficulties because there was no competition to be on the lists due to the associated stigmatization. The quantity of food aid, non-food items, blankets and mattresses needed for the response was not very high, which reduced risks in comparison to other disasters.

Working with known, local service providers when possible: Supplying orphanages and treatment centres was often made easier by setting up ad-hoc kitchens or contracting local catering companies to supply ready-made meals that were easy to distribute to the patients in the ETCs. Competition for the contracts was generally limited by the absence or small number of operators available on the ground, and therefore most of the time it was necessary to accept forward agreement contracts, with negotiation terms very much in favour of the service providers, who were often in a position to dictate the terms. The ideal solution would be to be able to pre-select providers in advance, but this is difficult given the unpredictable nature of crises.

5.2.5. Risks related to equipment and means of transport

The risks of misappropriation of equipment such as generators, vehicles and particularly fuel were more difficult to manage despite the fact that it was marked with agency logos, but this was not sufficiently dissuasive.

Controlling the logistical fleet: Very rapidly, the capacity to control the fleet, including those under the National Pharmacy, became a challenge. In order to deal with the challenges of managing the fleets of vehicles, an old school approach was adopted to managing the risk of misappropriation of vehicles and fuel using log books with journeys to be recorded by hand by the driver and signed by the manager of the relevant organization. Existing solutions for marking and locating using GPS were not used. A certain number of vehicles were requisitioned by institutional actors, sometimes for good reasons (if health directors do not have a vehicle, they are paralysed and in general their state-supplied vehicles were broken down when the Ebola crisis began), sometimes for more personal reasons. The Guinean state should carry out a general inventory of all these means of transport imported for the Ebola response, both in terms of accountability to donors and to think about its own investment in logistics in the medium term.

Controlling the flow of fuel: Regarding fuel, the need to move quickly, often in a not very predictable manner (alerts at night, requiring teams to be sent rapidly to find suspected cases, to decontaminate areas, etc.) and in difficult logistical conditions (poor roads) with limited security (requiring two vehicles to be sent systematically) meant that a relatively agile system was needed for filling the reservoirs.



Several procedure and control systems were therefore put in place by different agencies (including IFRC, UNICEF, NGOs, etc.):

- Coupon systems to get fuel from certain petrol stations;
- Stocks of fuel were created by certain agencies and kept in organisations' compounds, where vehicles were able to go to fill up. Drivers were systematically asked to record the number of kilometres covered in notebooks, and the expats who were transported had to sign this, in order to oversee and control the consumption of fuel.

On very difficult roads, it is very difficult to control the consumption of fuel as it varies hugely depending on the status of the road on a given day (rains, etc. affect road quality and thus fuel consumption). Despite these efforts, it was not possible to completely prevent the misappropriation of fuel.

5.2.6. Risks related to human resources

In Sierra Leone, the first audit of the Ebola response commissioned by the government⁵⁶ identified numerous cases of double funding amongst the staff mobilised and criticised the government's inability to prevent public funds from being used for fictitious jobs.⁵⁷ The indignation of the population led the Minister of Public Health to promise to clean up his staff register. Three measures could be put in place:

- Increasing awareness about the pressure that managers of national institutions have to deal with and about the need to be able to discuss this with the people involved;
- Having clear job descriptions, indicating the length of contracts, how these can be revised and working conditions (salary, advantages, how conflict is to be managed, etc.)

⁵⁷ <http://www.irinnews.org/analysis/2015/03/30> and P.12, ASSL Report, <http://www.audit-service.gov.sl/report/assl-report-on-ebola-funds-management-may-oct-2014.pdf>

- Having clear communication about the issue of human resources, both internally and externally.

5.2.7. Risks related to ill-adapted constructions

The construction of ill-adapted buildings always leads to risks in terms of building methods and practices and also in terms of what will subsequently happen to these buildings. Both of these areas pose a significant threat to the integrity of aid. Possible solutions to this problem include:

- Ensuring that the design is of significantly high quality through broad consultation of technical partners;
- Ensure that the brief is written by specialists of the given use of the building rather than by architects or engineers;
- Make sure that the work is of good quality and that before it is completed, users and specialists are given the opportunity to check that the building is ergonomic and well-adapted to its planned use.

5.2.8. Ethical risks related to medical research

Central to managing risks related to medical research, and the repercussions this can have for the integrity of aid, are the issues of communication, pedagogy and transparency regarding the objectives and the results of the research.

The following ideas were raised in discussions by a certain number of stakeholders:

- Clarify and communicate widely about the ethical charter for research programmes;
- Ensure that communities are better informed about their rights in general,
- And more specifically, that they are informed about the results of analyses carried out on their samples.

5.2.9. Risks related to the perception of an “Ebola business”

Situations such as the response to the Ebola crisis have numerous side effects on the economy, social relations, and the perception of humanitarian action. These lead to illicit or immoral behaviour and threaten the integrity of aid. It is important to be aware of these dangers and to take the necessary preventative measures as early as possible.

This involves, for example:

- Explaining the situation more effectively;
- Harmonising salaries;
- Avoiding competition between agencies in terms of salaries or rents;
- Establishing ethical rules about recruiting state employees.

5.2.10. Risks related to poor communication with the population

It is clear that one of the key factors of the response, which was greatly under-estimated at the beginning, was communication with the population. It is crucial that local stakeholders are involved and local opinion makers are mobilized (religious leaders, teachers, public figures, etc.) in order to deal with reticence, fear and misinformation.

In order to overcome reticence, communities needed to be involved. We worked at the village level. Rather than going to find community agents, we used people who were from these areas to explain the importance of working with the health services. (Prefect)

5.2.11. Risks related to the weakness of institutions

The emergency response to the Ebola epidemic was a very specialised form of humanitarian action, but lessons can nevertheless be learned for future responses to epidemics in weak states. During the Ebola crisis, humanitarian organisations in Guinea focused on emergency needs in difficult conditions with weak involvement of the Guinean government initially. During these initial months, the Red Cross and MSF operated without much support from the government. Rather than asking the Ministry of Public Health for permission, or to coordinate their operations, humanitarian organisations implemented independent operations and recruited their own staff.



Health control at the border between Guinea and Sierra Leone

It appears that the Guinean government generally tolerated this, perhaps hoping to avoid the perception that it was creating an obstacle to the response to the crisis. The government later created the National Ebola Coordination Unit. In Sierra Leone, the British rapidly took charge of coordination.

At the National level, people felt powerless, so there was very little debate. The first debate only took place in October 2014... The general impression was that the Westerners would take care of it. (Member of the Guinean National Assembly)

This specific situation with significant health risks, but also significant health and geo-strategic issues at stake, led to the mobilisation of very significant resources and as of the end of 2014 a large number of stakeholders, many of whom were not familiar with the complicated context in the countries of the Mano River basin. This should have led very rapidly to the setting up of mechanisms to manage risks to integrity, but this was not always the case. This should be taken into account in future crises.

5.2.12. Future risks

The end of Ebola assistance and the withdrawal of a large proportion of the organisations involved will create a vacuum:

- Economically, for the national partners and managers involved; and
- In terms of the use of buildings, equipment and vehicles.

This situation will bring risks of misappropriation, unplanned re-use and competition over the few remaining jobs. This will require particular care on the part of all national and international stakeholders, with guidelines for:

- The re-use of equipment and vehicles;
- Dismantling existing ETCs, or placing them on standby; and
- Managing human resources.

6. CONCLUSION AND RECOMMENDATIONS

One of the characteristics of this crisis is the new challenges that it has brought in relation to aid integrity compared to classic humanitarian responses. There needs to be better understanding of the relationship between the type of crisis, the type of response and the context, and based on this solutions can be identified to protect the integrity of aid.

To humanitarian aid agencies:

1. Improve understanding and communication:

In relation to the question of how the disease is understood and perceived by the population and institutions, it is important to deploy experts in social sciences and communication at an early stage.

It will therefore be necessary to identify and involve key local leaders (institutional leaders and opinion makers) in the analysis of problems and solutions, in terms of both the measures to be taken and the communication to be implemented.

2. Invest in capacities and capabilities at every level:

Given the proven importance of capacities and capabilities, as well as specific competencies and knowledge of the behaviour to be influenced:

- Both in professional environments (medical and social sectors)
- And amongst the population (communities and individuals)

3. Establish the right tools for financial management and vehicle control:

Make sure that all stakeholders have the right tools to manage procurement, recruitment, financial transfers and ensure that they are accountable internally and externally. These should take the form of computer tools (for management, geo-localisation, calculating consumption, etc.).

4. Reinforce collective systems and tools for managing logistics

Reinforce systems and tools that allow transport, customs, storage and transport systems to be pooled in order to establish collective bargaining power and the ability to resist pressure and the risk of misappropriation.

If necessary, externalize and pool the management of risks in order to establish a stronger front to resist pressure and allow transactions to be protected.

5. Promote acceptance of and participation in national coordination mechanisms:

Support national mechanisms, reinforce their leadership capacities and improve the sharing of resources and information.

To donor governments:

6. Be prepared to finance specialists:

During responses like the Ebola response, where experience underlines the importance of social science (such as anthropology and sociology) to cope with complex crises in complicated

environments, donors need to encourage, and therefore finance anthropological/sociological/communication missions very early in the response cycle.

7. Ensure that construction of infrastructure corresponds to needs:

Base investment on a needs assessment that does not only prioritise infrastructure. Ensure that the specifications for networks of epidemiological centres are established in a transparent manner and are discussed in order to avoid the expensive development of poorly designed facilities for the response to health crises.

8. Reinforce national capacities:

In order to sustainably strengthen the capacity to respond to the challenges of health crises, it is necessary to:

- Work and strengthen existing local and national structures and, where possible, avoid creating parallel systems that hinder the development of national systems in the medium and long term, particularly in the field of human resources;
- Integrate the response to health crises in the approach to public health, including the strengthening of surveillance systems, the development of a well-trained emergency teams' deployment capacity, and to strengthening mechanisms of national and decentralized public health systems (both preventive and curative).

9. Impose ethical standards and transparency amongst medical research organisations:

As this is a key factor in creating doubt and distrust, medical research bodies should develop an ethical code and ensure that this is disseminated amongst the population, organisations that are involved in the response and the governments of the countries affected by the epidemic.

10. Support national coordination mechanisms without taking them over:

Though coordination is essential in complex crises, too much involvement by donors, particularly when they are involved in micro-management, ends up weakening national institutions and prevents them from gaining the experience that is necessary for the next crisis. There should therefore be significant investment in national coordination mechanisms. This provides interlocutors with whom the risk of corruption or inappropriate requests within administrative processes can be managed collectively.

To affected governments / To Government of Guinea:

11. Reinforce the capacity to carry out audits and verify accounts:

As the key to accountability and credibility vis-à-vis donors and citizens, governments have everything to gain from reinforcing their internal control and verification mechanisms. These exercises should be fully transparent in order to establish the confidence that is necessary to manage crises and everyday affairs effectively.

12. Reinforce national coordination capacity:

It is essential that national institutions are able to coordinate national operations in crises like the Ebola epidemic. This should not be done in an authoritarian way, but rather by creating an environment in which there is collective sharing and discussion and in which final decisions about geographical or sector-based priorities remain in the hands of the national party. This requires training and capacity building in terms of leadership.

13. Optimise coordination between regional, national and local levels:

As the aid sector tends to fund the national actors that are useful to it, it is important that governments are able to distribute resources equally between the national, regional and local levels.

14. Ensure that infrastructure that is built is consistent with needs:

Ensure that the brief for setting up epidemiological centres is transparent and has been discussed in order to avoid the building of expensive structures with unsuitable design for responding to health crises.

15. Regulate medical research in your territory:

It is not acceptable that medical research bodies carry out their work in an opaque manner and attempt to impose their products or “buy” the validation of their results. Governments should reinforce their capacity to regulate medical research, and notably should clarify mechanisms of transparency and access to results.

16. Reinforce dialogue with the beneficiary populations and their participation:

Some of the difficulties met during the Ebola response were due to the top-down approaches implemented in the initial phases of the response. It rapidly became clear that it was very important to communicate with the population and to implement participatory approaches. This should be taken into consideration as early as possible during the response, and even during prevention activities.

17. Consider the legal and institutional framework of response to such an epidemic:

Health crises, like disasters, often require exceptional measures that need to be framed using legislative tools that are in place well in advance of crises. These tools are essential, not only to be able to respond rapidly and effectively but also to manage the risks of corruption and threats to aid integrity.

To all humanitarian actors:

18. Communicate effectively about the importance of protecting aid integrity:

Based on the present report, there should be discussion and communication amongst all stakeholders about this important issue, which, when it is badly managed, can damage the reputation of the sector, reduce the resources available to it, and lead to aid organisations being rejected by populations who nevertheless need them.

7. ANNEXES

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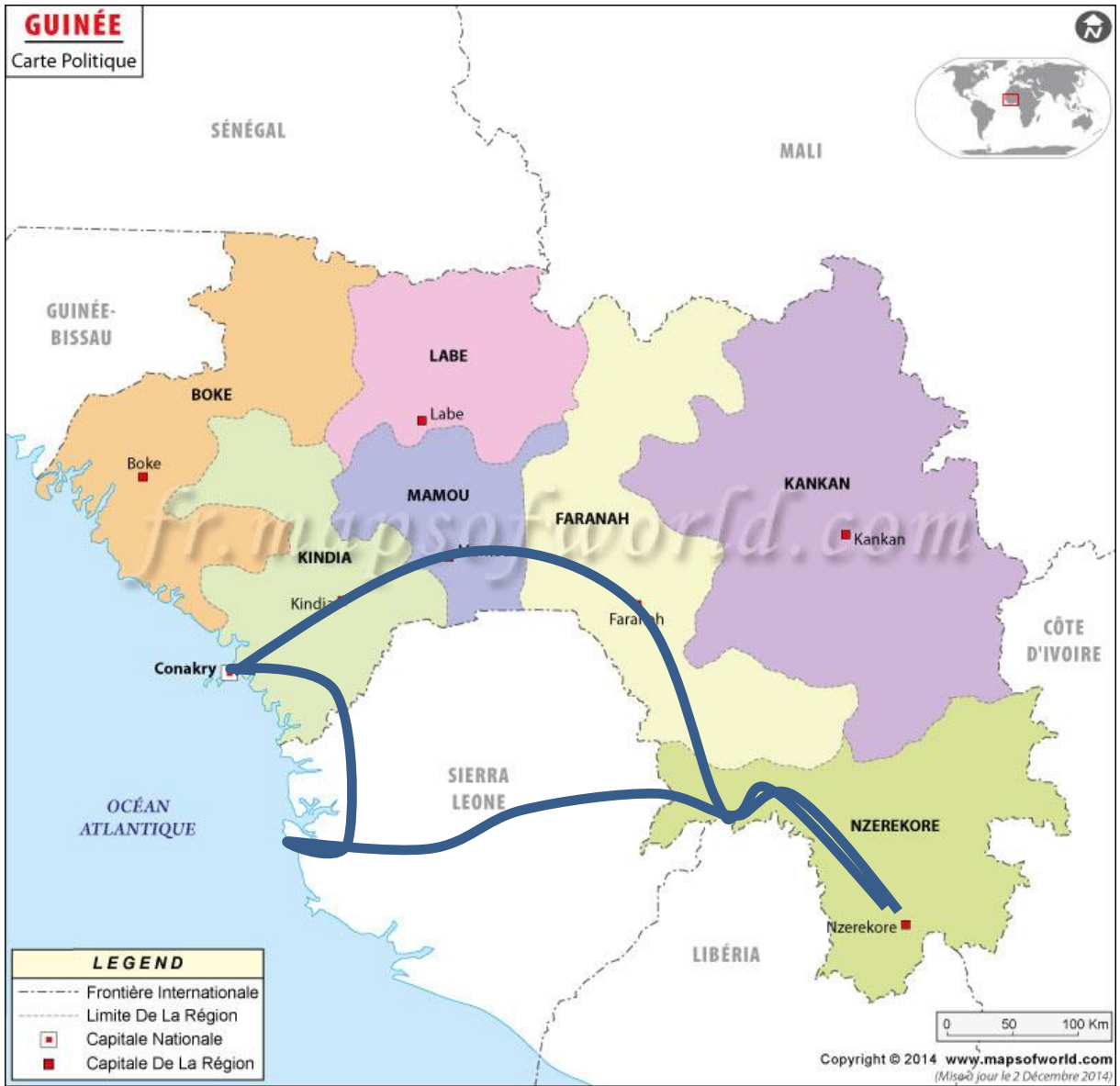
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ITINERARY AND MAP OF THE MISSION

Senegal	Guinea		Sierra Leone	Guinea	
Dakar	Conakry	Kissidougou- Guekedou- Nzerekoré- Macenta	Kenema-Bo- Freeetwn	Fore Carya	Conakry
IFRC	CNE	Prefectures	Municipal authority	Prefecture	ECHO
OCHA	Guinean Institutions	CNE	ONG	CRF	CNE
	CRG	Health Directorates	Health Ministry		ECHO
	DFID	Municipal authority	DFID		
	USAID	CRG	CRSL		French Embassy
	CDC	WHO			CRG
	UNDP				
	ONG I (MSF, ACF, CARE, PLAN, OXFAM)	Crédit rural			Municipal Authority
	ONG L	INGOs present in the region (ALIMA, CRF, PLAN, MSF, TDH)			
	Meeting of Steering Committee	Local NGOs present in the region			Debriefing with the CNE, the United Nations Resident Coordinator and ECHO



Route taken by the study team in the field



Transparency International
International Secretariat
Alt-Moabit 96
10559 Berlin
Germany

Phone: +49 - 30 - 34 38 200
Fax: +49 - 30 - 34 70 39 12

ti@transparency.org
www.transparency.org

blog.transparency.org
[facebook.com/transparencyinternational](https://www.facebook.com/transparencyinternational)
twitter.com/anticorruption