FACES OF RESILIENCE

RECOVERING FROM EBOLA, PREVENTING THE NEXT PANDEMIC

By Melanie Mayhew
Photographs by Dominic Chavez
Families in quarantine listen to a UNFPA contact tracer in Freetown, Sierra Leone. UNFPA and the World Health Organization, with the support of the World Bank, have been working to stop the spread of Ebola in neighborhoods.
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UNICEF coordinators and volunteers use illustrations to help educate people about the Ebola outbreak in Freetown, Sierra Leone.
The people profiled in this book—their struggles, their triumphs, their dreams—are why we do the work we do. We have been proud, and humbled, to work alongside the governments and people of Guinea, Liberia and Sierra Leone as they respond to and recover from the Ebola crisis. West Africa’s experience—through the eyes of its people—is a lesson for all of us: We must, and we know we can, never let this happen again, anywhere.

Jim Yong Kim
President, World Bank Group
July 2016
Ebola survivors Mariatu, 46, and Adama, 13, in Rokupa, Sierra Leone, lost 10 family members to Ebola.
A DISEASE MORE DEVASTATING THAN WAR

Past a towering mosque and a trash heap piled high with cars, down a dusty hill zigzagged with sewage, and just before the ocean meets the shore is the home of Mariatu, 46, and Adama, 13. Shreds of orange netting—remnants of the Ebola quarantine that encircled the community many months before—flutter in the breeze. Some have repurposed the netting to reinforce their rickety homes.

Mariatu and her daughter, Adama, are Ebola survivors. Mariatu lost 10 family members to Ebola, including seven children and her husband. Adama was one of two of her children to survive. Mariatu and Adama’s story is a common one on this hillside in Rokupa, Sierra Leone. Dozens of Ebola survivors live within a 50-foot radius, each representing at least a handful of lives lost in their homes.

Mariatu described herself as “broken”—sick with post-Ebola syndrome, depressed because of the loss of most of her family, without a job, and unable to pay for food, shelter or schooling for her daughter. Mariatu says that she cries every day, and often thinks about taking her own life. Her life—marked by violence and war, poverty, and Ebola, has been difficult. During the civil war, the rebels chopped off one of her husband’s arms. The family fled to Freetown. A dozen years later, the neighborhood became an Ebola hotspot.

“Ebola was more devastating for us than what happened during the war,” she says.
In a few weeks’ time, she watched it take 14 lives, before she knew its name. By the time she learned its name, her sisters, brother, sister-in-law, nieces, nephews, aunt and other relatives had bled to death. Three generations gone with one strain.

And then it came for her. Mouth parched, eyes reddened with blood, vomiting and diarrhea, blistering confusion and “fire in [her] heart,” she says.

But Lina, now 40, of Monrovia, Liberia, would beat the disease after spending 15 days in an Ebola treatment unit. The only person to greet her at the health facility was her friend, a medical student. He later married her despite his family’s disapproval of marrying an Ebola survivor.

Despite great improvements in her life in the more than a year since she recovered from Ebola—getting married, staying in her home despite a landlord threatening to evict her and returning to college, where she’s studying sociology—she relies on charity to feed her family and faces stigma as an Ebola survivor.

When she went to a hospital recently and disclosed that she was a survivor, the health workers refused to treat her. “When you go to the hospital and they know you’re a survivor, no one is willing to touch you,” she says. Lina asked for water to brush her teeth and was given a bedpan filled with water.
TRYING TO REBUILD, BLOCK BY BLOCK

Abdulai, 34, sits in a flimsy plastic chair on the front porch of his home in Crab Town, Sierra Leone. He pushes his sunglasses to the top of his head so he can wipe tears from his eyes. Eight people in the house, including his parents, contracted Ebola. He was the only one to survive the disease.

He was fired from his job when his boss learned that he was an Ebola survivor. He had a regular job in construction until late 2014, when he contracted Ebola. Now he lays concrete blocks, but the work is inconsistent. This week, he showed up for work five days, but was hired only one. He made $3 this week for a day's work.

The family’s only other income is from his wife’s shop, which she runs from their home. She sells soap, cigarettes and garri. Sixteen cups of garri, a staple food that is made from cassava tubers, sells for about $4. The shop’s profits barely feed Abdulai, his wife and their children.

They haven’t paid rent in 18 months. They recently received a notice that they may be evicted from their home, which is made of concrete blocks, metal windows and doors, and a sturdy roof. If they’re evicted, they’ll move to a corrugated-metal shack with mud floors and no doors or windows. They say they’ll have to wash twice a night because of the heat. When the rains come, they’ll shiver when water streams through the roof and sides of the shack.

“We were not a wealthy family but we were coping,” says Abdulai. “Ebola was a setback for us.”
Sidie, a lab technician in Freetown, Sierra Leone, covered himself, from head to toe, in protective gear that left no skin uncovered. With syringes in hand, he asked the mother once, twice, five times to hold her 4-year-old son so he could take his blood. But as she lay near her 8-year-old daughter, he realized that Ebola had already taken her. Her daughter would soon die, too.

He held the boy and began taking his blood. Three milliliters filled the syringe, with just a few more to go. Then the boy pulled away with the needle still in his arm—and blood sprayed upward, leaving a droplet on Sidie’s forehead, where his face mask had slipped down his sweaty brow.

“I’ve already been infected,” he says he thought at that moment. He had safely taken blood samples from about 100 suspected Ebola patients, but, this time, all it took was one drop.

A week later, Sidie, 49, started aching. Then he lost his appetite, and battled a headache, hiccups and extreme thirst. A lab test—the one he had administered so many times—confirmed that he had Ebola.

Throughout the crisis, health care workers like Sidie have been on the frontlines, risking their lives and livelihoods to end Ebola and restore essential health services in the hardest-hit countries.

Sidie says he feels lucky to be one of the health workers who survived Ebola, although he has faced stigma as an Ebola survivor. Many in his community witnessed the ambulance picking him up at his house when he was sick with Ebola. His wife cried in the street and asked him who would take care of the family if he died.

“When I think of that,” he says, as tears streaked his cheeks, “I cry.”

After he returned home from the treatment center, his landlord tried to evict him. He also lost many of his friends. And although he continues to deal with post-Ebola medical problems, he, like many other health workers in West Africa, insisted on returning to work.

“This is a war that has come to our country,” he says. “You don’t expect a carpenter to take blood from a sick child.”
Before the Ebola crisis, the hardest-hit countries already had a severe health worker shortage. Liberia, Sierra Leone and Guinea ranked 2nd, 5th and 28th from the bottom among 193 countries in terms of doctors per 1,000 of the population, according to the World Health Organization.

Local health workers in the affected countries were joined by foreign medical workers, who helped treat and care for patients, boost local health capacity, manage Ebola treatment units, and resume essential health services for non-Ebola conditions.

Jonas, a doctor from Mekelle, Ethiopia, was one of these foreign medical workers. He saw the impact Ebola was having on West Africa and responded to the call to volunteer through the African Union. The general practitioner started working at Liberia’s Redemption Hospital in February 2015.

“It’s our responsibility to help our brothers in Africa,” he says.

The families of health workers who died of Ebola have received compensation to help them cope with the loss of their breadwinners.

When Sylla, 58, of Conakry, Guinea, lost his nephew after he contracted Ebola while driving an ambulance, his nephew’s parents and sisters were devastated.

“He was a great support for the family. Everyone relied on him.”

His nephew was an ambulance driver for Donka National Hospital in Conakry, Guinea. He provided most of the family’s financial support, including paying for breakfast every day for his sister, a pharmacy student. With the $10,000 death benefit the family received, the family bought a plow for their land and began building a house, investments they hope will sustain them in the long run.
She raced out of the white tent, her family cheering and clapping wildly when they saw her coming. They embraced her, broke into song and praised God for sparing her life when so many others had lost theirs. As she climbed into the car to begin her journey home, they asked her what she would do next, now that she had survived Ebola.

“I will live to treat my patients,” she says.

Just weeks later, Klubo, 44, with eyesight weakened by Ebola and persistent numbness and joint pain in her legs, returned to Grant Mental Health Hospital in Monrovia, Liberia, where she works as a physician assistant and mental health clinician.

Her patients, many of them living with schizophrenia and substance abuse disorders, “started rejoicing and dancing” when they saw her walk through the hospital’s gate, she says. Her patients and their families had repeatedly called her while she was in the treatment center and had visited her at home while she was recovering. Through it all, she had treated her patients over the phone.

In a country of 4 million people, Klubo is just one of about 160 health workers who have received any mental health training. She works at the only mental health hospital in the country, which has 71 beds and one psychiatrist, the only one in Liberia.

Ebola has deeply affected people’s mental health. When national statistics are available, the Ebola-affected countries’ mental health experts expect that they will show that many, many thousands of people need mental health treatment after surviving Ebola, losing relatives and friends to Ebola, helping the victims of Ebola, or simply living in the countries during this traumatic time.
Patients walk hand-in-hand at the Sierra Leone Psychiatric Hospital.
Students in class at the Cape Community Primary School in Freetown, Sierra Leone.
After closing for months, the countries’ schools reopened to prepare the next generation for jobs in Guinea, Liberia and Sierra Leone.

“The epidemic traumatized students,” says Ousmane, 25, who teaches 11th and 12th grade philosophy classes at Groupe Scolaire Woodia Berete Primaire Lycée near Conakry, Guinea. “By staying home so long, they forgot what they learned.”

Before schools were reopened, they were cleaned and sanitized, hand washing stations were repaired and built, and teachers were trained to use thermometers.

“I’m happy to be at school because Ebola has gone,” says Dorris, 6, a kindergartener at Billytown Public School in Liberia.

At Hope Kindergarten School in Buchanan, Liberia, teachers are catching up students on the lessons they missed when schools were closed. And by feeding the children at school, they are ensuring that students stay in school, are fed and have food to take home.

“It’s very important to feed the kids at school because most of them, their parents are not working,” says Wilbur, 31, the principal.
TOP FROM LEFT TO RIGHT: 1/ Ebola survivor, Josephine, 30, of Monrovia, Liberia, lost seven family members to Ebola. 2/ Steve, 61, of Monrovia, Liberia, lost three children to Ebola. 3/ Vivian, is an Ebola survivor and social worker at C.H. Rennie Hospital in Margibi County, Liberia. 4/ Ebola survivor Saah, 39, of Monrovia, Liberia, lost two family members to Ebola. 5/ Ebola survivor, Henry, 31, of Monrovia, Liberia, lost four family members to Ebola. 6/ Selma lost her older sister to Ebola. She is a student at the Cape Community Primary School in Freetown, Sierra Leone. 7/ Ebola survivor and doctor, Gassama, works at the Matam Medical Center in Conakry, Guinea. 8/ Ebola survivor Oliver, 37, of Monrovia, Liberia, lost his mother, brother, sister and his wife to Ebola. 9/ Dr. Asinya Magnus, a Nigerian doctor who has been working in Liberia since 2005, lost 15 colleagues to Ebola at C.H. Rennie Hospital in Margibi County, Liberia.
Dr. Mohammed Sankoh is the medical director of Redemption Hospital in Monrovia, Liberia. The hospital admitted the first case of Ebola in the city. Several health workers at Redemption Hospital died of Ebola.

Barry, an Ebola survivor and doctor in Conakry, Guinea, hides his face because of the stigma Ebola survivors face.

Dr. Foday Dafae is the director for disease prevention and control for Sierra Leone.

Dr. Samuel A. Sheku Kargbo is the director of health systems, policy, planning and information at the Ministry of Health and Sanitation in Freetown, Sierra Leone.

Lawrence is an Ebola survivor and laboratory technician at C.H. Rennie Hospital in Margibi County, Liberia.

John, a 41-year-old emergency nurse from Kenya, works at C.H. Rennie Hospital in Margibi County, Liberia.

Helena, a nurse, wears protective clothing while working at C.H. Rennie Hospital in Margibi County, Liberia.

Mamuyan Cooper is the administrator of Grant Mental Health Hospital in Monrovia, Liberia.

Oretha, a 37-year-old midwife at C.H. Rennie Hospital in Margibi County, Liberia, lost 15 colleagues to Ebola.
One sign of recovery is farmers returning to their fields. The people of Gnounouya, Guinea, build their lives on farming mangoes, pineapples, and other fruits and vegetables. When Ebola ripped through the community, farming stalled.

“During the last farming season, we lost everything because no one bought it,” says Soriba, 52, a farmer and village imam.

Thousands of tons of maize and rice seed and fertilizer have helped hundreds of thousands of farmers in Guinea, Liberia and Sierra Leone replant their crops after missing entire planting seasons.

“This is a great activity for us to rebuild our lives—for individual and community,” says Soriba.
Ramatu (right in green), a farmer, surveys her fields with her colleagues in Makeni, Sierra Leone.
An employee of the Vitafoam factory in Freetown, Sierra Leone, sews mattress covers.
Some businesses are seeing their activity pick up. A mattress factory in Freetown, Sierra Leone, had just been completed when the Ebola crisis hit its peak. Ebola severely disrupted factory operations but today, the factory is abuzz with activity, and is offering jobs to more Sierra Leoneans.

Olive, 24, is a tailor at the factory. With her earnings, she takes care of herself, her mother and her niece. Her goal is to become a manager at the factory.

“Some of us have jobs now, something that we can lean on, for me and my family,” says Olive.
Before the Ebola crisis, the countries had limited ability to detect and respond to infectious disease outbreaks as they spread in communities. Because of Ebola, countries are changing how they approach disease surveillance and control.

It is mid-morning in Sierra Leone, and someone has called 117, the country’s emergency hotline, to report a death in Kissy Public Works Development. The call is routed to the Western Area district surveillance team, which dispatches Tomeh, 53, a disease investigator, and Gibrilla, 29, a swabber—someone who collects laboratory specimens—to the home. The disease investigator asks the family for details of the death, while the swabber pulls on personal protective equipment, including a face mask, gloves and scrubs from head to toe. He enters the home with a test tube and swab in hand.

The baby’s father pulls the curtain aside and illuminates the room with his cell phone. The swabber bends to open and swab the three-day-old baby’s mouth. He places the swab inside of the test tube. Later, he will send the specimen to a lab.

Outside, the baby’s mother is crying on the porch. This is her first child. Family members and neighbors have started to gather to mourn the baby’s passing.

Although the swabber and disease investigator do not suspect Ebola or another infectious disease as the cause of death, the country’s new policy is to swab every person who dies, even if they die, for example, in a car accident. If the swabber and disease investigator had suspected that the baby died of an infectious disease, they would have called an ambulance.

“The team follows the same procedure when they receive reports of diseases among the living.

“If anything happens now we’ll be in a position to combat it,” says Tomeh, who has investigated more than 100 deaths since 2014.
At Mount Barclay Clinic in Monserrado County, Liberia, most of the community health clinic’s workers have gathered in an open-air shelter for training. One of the participants is Sarafina, a 23-year-old community health volunteer.

Sarafina goes from home to home, educating community members on a variety of health issues, encouraging them to go to the health center for treatment, and ensuring that the most vulnerable are treated with dignity and get the care they need. She said that many people in Mount Barclay are living with mental illness, and after Ebola traumatized her community, even more are suffering.

People who are living with mental illness “shouldn’t be thrown away,” says Sarafina. “These people are useful in our society. We need them like they need us. What matters is to see them back on their feet.”

Recently a school in Mount Barclay tried to expel a student who had epilepsy. Sarafina convinced them to let the girl stay.
Nurse midwife and Ebola survivor, Jackie, 41, works with colleagues and patients in the maternity ward at Redemption Hospital in Monrovia, Liberia.
Health care workers are doing what they can to prevent the spread of disease, applying some of the infection prevention control measures they practiced at the height of the Ebola crisis, like wearing personal protective equipment and gloves, washing their hands and using hand sanitizer, and spacing hospital beds three feet apart to prevent the spread of disease.

Jackie, a 41-year-old nurse midwife at Monserrado County’s Redemption Hospital, one of the busiest health facilities in the country, rolls an ultrasound cart through the hospital’s busy delivery ward, where five women are moaning as they wait to deliver their babies. After each ultrasound, she pulls sanitizer out of her pink fanny pack and squirts her hands.

Jackie has been working at Redemption Hospital for 25 years, first as a registrant, then as a nurse’s aide and now as a nurse midwife. She’s been delivering babies since eighth grade, when her midwife mother began training her.

“I love being a midwife,” she says. “I see the joy in the woman coming through labor and taking her baby home.”

Her job almost killed her. During the height of the Ebola crisis, Redemption Hospital was in the epidemic’s crosshairs. In September 2014 she was alone in the delivery ward, while other health workers stayed away, fearful of contracting Ebola.

A patient started bleeding. She didn’t stop until she was dead. The woman and two other patients died the next day of Ebola, and soon, Jackie learned that she had contracted Ebola from her patients. She was admitted to an Ebola treatment unit. She returned to work just a few weeks later.
Every day for 27 years, in the early morning blackness that only fishermen know, John, 43, and his crew dislodged their boat from Sierra Leone’s shore and paddled north toward Guinea, returning at sunset with nets flopping with fish.

Today John stands in a few inches of water in the port of Aberdeen, Sierra Leone, gazing at the colorful boats skirting the horizon, wishing he could return to the sea. It’s been a year since he captained a boat, a year since he fished.

“I would love to go fish but I can’t because I don’t have a boat,” says John.

John doesn’t have a boat because the boats won’t hire an Ebola survivor—they’re afraid of contracting Ebola. Like the other former fishermen milling about the port, he is unemployed, unskilled to perform any job other than fishing. All are eager to work despite the blurry vision, body pain and headaches that they live with every day, reminders that they survived Ebola, but that Ebola never will go away for them.

The captains among them each made an average of $12 on a good fishing day. Now none of them can feed their families.

If Ebola had been stopped earlier, people like Umaru, 39, who contracted Ebola in February 2015—14 months after the outbreak began—would still be fishing the seas of Sierra Leone.

“Things are pretty tough,” he says, “but I’m hopeful things will turn around. I’m a young man with a long life.”
A fisherman works in Freetown, Sierra Leone.
Bindeh, 22, who lost her husband to Ebola, sits in her home with her five children in Tree Planting, Sierra Leone.
When Bindeh, a mother of five, became a widow at age 22, she lost the man she loved, the father to her children—and the family’s sole breadwinner. With only a fourth-grade education, Bindeh relied on the kindness of friends to pay for the family’s basic needs.

“To lose a husband is a great loss. He was head of the family, and the death of my husband also comes with a loss of income,” she says. “And it will never be the same again.”

Bindeh’s community of Tree Planting, Sierra Leone, was hit hard by the Ebola crisis. In the middle of the crisis, she and her neighbors received cash payments that helped them pay for food and schooling for their children, and to start new trades that would support their families for years to come.

Bindeh used the money to jumpstart a small business: She bought palm oil and soda to make soap, which she sold. With the profits of her soap-making business, she moved her family to a sturdier house that does not leak and that has electricity. She also bought a freezer, which now sits in her living room. She chills soda that she sells in her community.

Now, she can pay the school fees of her kids, ages 5 to 14. The kids have dreams to be a bank manager, a lawyer and a journalist. Two want to be president of the country.

“I’m leaving the past behind me and moving on,” says Bindeh.
A fisherman prepares a net for a day of fishing in Conakry, Guinea.
Melanie Mayhew and Dominic Chavez traveled in Guinea, Liberia and Sierra Leone for two months in 2015 and 2016 to document the impact of the Ebola crisis and the countries' response and recovery efforts.

Melanie Mayhew is a communications officer in the Health, Nutrition and Population Global Practice at the World Bank Group. She previously worked in the Bank Group’s corporate communications team; at GMMB, a communications firm; and as a journalist. Melanie received her undergraduate degree from the University of Richmond and her master’s degree from Johns Hopkins University. Melanie, a native of North Canton, Ohio, United States, lives in Washington, D.C.

Dominic Chavez is a freelance photographer who has spent much of his career working in some of the world’s most challenging places. He previously worked at The Boston Globe and The Denver Post. His work has been nationally recognized with many awards, he has helped produce several books and his photographs have been exhibited internationally. Dominic, a native of Denver, Colorado, United States, lives in Boston, Massachusetts.

The World Bank Group mobilized $1.62 billion in financing for Ebola response and recovery efforts to support Guinea, Liberia and Sierra Leone, the countries hardest hit by Ebola. This includes $1.17 billion from IDA, the World Bank Group’s fund for the poorest countries, to provide treatment and care, contain and prevent the spread of infections, help communities cope with the economic impact of the crisis, improve public health systems, and build a regional disease surveillance system. It also includes at least $450 million from IFC, a member of the Bank Group, to enable trade, investment and employment in Guinea, Liberia and Sierra Leone.

The major lesson of the Ebola crisis in West Africa is that the world must be better prepared for and respond much more quickly to future disease outbreaks. With the World Health Organization and other partners, including the private sector, the World Bank Group has created a global Pandemic Emergency Financing Facility, to enable a rapid response to shut down a severe disease outbreak before it becomes a pandemic. Together with greater global and country investments in preparedness, this facility will serve as a cornerstone in building a smarter, stronger global system to reduce future pandemic risks.

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