



LESSONS FROM LIBERIA ON COORDINATING ITS RESPONSE TO EBOLA, 2014–2015

In mid 2014, the largest-ever outbreak of Ebola virus disease overwhelmed healthcare services in Liberia. The country's fragile healthcare system, damaged by a 14-year civil war, could not respond to all of the demands it faced. The government had to find ways of carrying out the case management, disease surveillance, logistics, and communications functions required to contain the spread of the disease while coordinating the large number of Liberians and outside groups that had offered to assist.

Compared with the CDC's dire September 2014 forecast that as many as 1.4 million people could become infected with Ebola in the region, it was a noteworthy achievement that, by the end of the outbreak in May 2015, the number of confirmed cases in Liberia was ultimately limited to 10,675, with 4,809 total deaths.

A key step taken by the Liberian government to curb the spread of Ebola was the creation of an Incident Management System (IMS) that also included elements of the UN's humanitarian clusters, specialized committees that included international responders and NGOs as well as government offices. The IMS structure separated Liberia's Ebola response from the rest of the overburdened health service, designated a single contact point for each main function, and coordinated all organizations around task teams under its umbrella. The IMS placed Liberian government officials in leadership roles over epidemiological surveillance, contact tracing, laboratories, social mobilization, case management, and logistical support.

Under the coordination of the IMS, Liberian responders were able to establish an Emergency Operations Center (EOC) to centralize and track data on the disease spread and the impact of response measures like contact tracing. At the same time, the IMS also centralized government messaging on the disease to overcome the problem of scattered public messaging. The team created a new "Ebola must go" messaging campaign that was tested and refined using focus groups, and that became the central campaign of the response.

When the disease spiked in Montserrado County, home of the capital, Monrovia, in December 2014, the government established a dedicated Montserrado Incident Management System (M-IMS). Its primary goal was to coordinate the work of the county health team and the numerous organizations operating in the Liberian capital. The M-IMS decided to divide the county into four geographic sectors and adapted the national IMS's data dashboard, which was managed by a team of epidemiologists. The result was that the Montserrado dashboard included detailed information on precisely where Ebola cases occurred, as well the time it took to respond.

The IMS structure, adapted to include elements of the UN humanitarian cluster system, improved coordination. Whereas the first few months of the response were characterized by a hodgepodge of different organizations mounting their own activities, the IMS provided a single coordinating forum that could help harmonize these individual efforts and work toward shared goals. The creation of clear reporting hierarchies, as well as the provision of physical and technical infrastructures, eventually

remedied the problems that had undermined the effectiveness of the health ministry's response in the early months of the outbreak.

For specific details and for more information about contact-tracing, supply chain management, and social mobilization, see the [ISS West Africa Ebola Response series](#).