



## INNOVATIONS FOR SUCCESSFUL SOCIETIES

### Responding to the Ebola Outbreak in Liberia

When Ebola first appeared in West Africa in late 2013, Guinea, Sierra Leone, and Liberia, the three most affected countries, had few defenses. A new series of ISS case studies profiles key public management challenges governments, NGOs, and international organizations confronted as they tried to contain the infectious disease outbreak. It highlights important innovations and the continuing need for new approaches.

The five cases in this release focus on national coordination, social mobilization, disease surveillance, supply chain management, and filling skill gaps. An additional profile of the US interagency disaster response will follow.



*UNICEF conducted a "mop up" campaign in the Tewor district of Liberia to help communities wipe-out Ebola, including door-to-door active case searching and social mobilization.  
Photo by Martine Perret, UNMEER.*

### Chasing an Epidemic: Coordinating Liberia's Response to Ebola

In mid 2014, Liberia's fragile health-care system, damaged by a 14-year civil war, could not respond to the demands posed by the largest-ever outbreak of Ebola. The rate of new infections rose, and schools and health facilities closed. Collaborating with international partners, the Liberian government created a dedicated Incident Management System (IMS) to coordinate the country's fight against the disease. The IMS team created a clear decision-making framework, facilitated coordination, and set up a coherent procedure for communicating with an anxious public.

## Everybody's Business: Mobilizing Citizen's During Liberia's Ebola Outbreak

Liberia had few defenses when Ebola entered the country. Lacking an effective vaccine, containment efforts focused on restricting contact with those who were infected and anything they had touched. That advice countermanded basic human instincts to comfort a sick child or shake hands with a friend. After top-down tactics to win citizens' cooperation failed to stem the rate of infection, officials recruited community residents to go door-to-door, explain how people could protect themselves, and answer questions—helping to stem the spread of the disease and saving countless lives.

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*International Organization for Migration Ebola treatment unit in Sinje, Grand Cape Mount, Liberia.  
Photo by Martine Perret, UNMEER.*

## The Hunt for Ebola: Building A Disease Surveillance System

When Ebola appeared in Liberia, a critical first step was to identify those who had contracted the virus. However, Liberia's post-civil war disease surveillance capacity remained feeble, and citizens' distrust of the government posed a challenge for public health teams tasked with surveillance. To overcome these challenges, the government and its international partners engaged local leaders and community health workers in hunting the disease and developed data management practices to more effectively track and analyze the evolution of the epidemic. By year-end, most new Ebola infections involved Liberians who were already under observation.

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## Offering a Lifeline: Delivering Supplies to Ebola-Affected Communities

When Ebola began to spill over national borders in West Africa, halting the epidemic depended as much on logistics as on addressing the medical challenge the virus posed. Without chlorine, protective gear, and other critical items, doctors and nurses could not work safely. But responders

faced obstacles at every level of the supply chain. After initial disarray, the government, international organizations, nonprofit groups, and private companies developed a more centralized and integrated system. The volume, speed, and responsiveness of delivery increased across Liberia just as the epidemic began to wane. The challenges triggered a search for innovations that could address similar constraints during future infectious-disease outbreaks.

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## Filling Skills Gaps: Mobilizing Human Resources in the Ebola Fight

Mobilizing and coordinating the assistance needed to respond to the Ebola outbreak challenged the Liberian government and international responders alike. Without adequate facilities and equipment, fear slowed recruitment, a problem made worse by constrained medical evacuation services and reduced airline access. Responding organizations owed a duty of care to their employees, and they worked to assemble the "space, supplies, and systems" that could reduce risk. They also sought to promote equity between Liberian and international responders and resilience in Liberia's health system. Gradually governments, international organizations, and voluntary groups were able to deploy thousands of health workers to help contain the epidemic. Lessons drawn from the experience prompted changes in policy and practice.

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### ISS Featured Interview

In a 2015 interview with ISS, **Dr. Mosoka P. Fallah** discusses the evolution of the Ebola response in Liberia, highlighting the failure of the initial top-down approach in city districts and describing the process of developing a bottom-up approach which engaged local leaders in finding cases and building knowledge about the disease. The founding director of the newly established National Public Health Institute of Liberia, Fallah also provides insight on how a lack of resources and coordination among various supporting NGOs and government teams led to a prolonged epidemic in Liberia.



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