



INNOVATIONS FOR SUCCESSFUL SOCIETIES

AN INITIATIVE OF
THE WOODROW WILSON SCHOOL OF PUBLIC AND INTERNATIONAL AFFAIRS
AND THE BOBST CENTER FOR PEACE AND JUSTICE

Series: Grand Challenges

Interview no.: A 1

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Date of Interview: 25 September 2015

Location: Princeton, NJ
U.S.A.

This is an interview with Dan Hymowitz, Africa Governance Initiative (AGI)

WIDNER: ...get a sense from you first about whether you would talk a little bit about your role at AGI and your initial involvement in this, how did it land on your doorstep just so people who are listening can get a picture.

HYMOWITZ: *Is it more helpful if I'm—I actually wear different hats in this story. One I was learning but I also worked directly on the response.*

WIDNER: Yes.

HYMOWITZ: *For some of this I'm speaking—it is obviously—okay, it doesn't matter. Yes, I mean, I had worked in Liberia for a long time in a previous job for three and a half years. It was just basically—my sort of involvement with Ebola was—I was working in my AGI job in London which is leading our organizational learning and watching as our organization first weighed whether to get involved in Ebola, to stay in these countries—again AGI isn't a health-focused organization, we've never worked in a crisis. This was not something we thought initially we thought we should get involved with but we ended up sticking around at least with one or two AGI advisors in each country to sort of—this is in late August last year as things were really escalating.*

We stuck around for two reasons, one we saw there was actual demand from government for us to work with them which again wasn't obvious because we're not health experts, we just thought we'd leave it to WHO (World Health Organization) or CDC (Centers for Disease Control) and then two, our people who were there, and again it was just one or two people in each country, quickly felt that actually there was use for AGI-type skills and AGI approach which was helping government to sort of set up coordination systems and actually it wasn't really clear who else was doing exactly that role or exactly in an AGI kind of way.

So we not only stuck around but we ended up eventually scaling up our teams in Liberia and Sierra Leone. So I'm in London working as Head of our Insight and Learning during this time; this is August and September of 2014 and I had been thinking of how that was going. It was really upsetting to see what was happening in West Africa plus I have a long connection to Liberia. I felt torn about it, conflicted about it. I was thinking was there a way for me to go.

Once I heard that we were thinking about adding a couple of new positions in Liberia, then I said, please, I want to be one of the people. I know this country pretty well, I worked there for a long time. Essentially it meant leaving the learning—my normal job—essentially going to some extent on sabbatical from my normal job. Anyway, it was pretty quick from the time when that early discussion to that happening. I ended up—it was in October 2014 that I had those discussions but I actually was in Liberia from November 9th of 2014 to March 15th of 2015, so about four months on the ground working on the Ebola response. So that was sort of the interplay of AGI's involvement and how I ended up going.

WIDNER: That's very helpful. We're very interested in talking first about the coordination aspect of this. I know you've written a case study on this but maybe you could just walk through some of the creation of this capacity for us. I was thinking it would be helpful to begin by just talking about where responsibility for the response to the Ebola outbreak was originally located in the early days in government. So there is—all of a sudden you've got these cases emerging.

Presumably Ministry of Health is essentially involved but who else is involved? At what point does it occur to somebody there is a coordination problem here.

HYMOWITZ: For this part I'll talk about—and it has been interesting to me because I wasn't there for those early months of say August, September, October when the sort of eventual coordination system was being set up. It was I think a really interesting story. This is worth you guys—I think even that in one of the countries just looking at how that played out is a really interesting story. I'll tell you what I understand of it and what I think is interesting from it.

The first thing is yes, early on, when does it become a crisis. Early on the Health Ministry is just sort of managing things from the ministry and you basically have the minister and then after that the Chief Medical Officer, Dr. (Bernice) Dahn who was kind of managing things from the ministry but what was interesting—again I guess this is kind of a commonly accepted thing in crisis or emergency response which is it is, you can't have people who are doing this full time. You want your best people but you actually need a full-time crisis manager. I think in those—I think this is in July and August—an emerging recognition that there needed to be a dedicated team that was working on this.

Just to say there were iterations of how this got set up basically. So there was that. Then briefly there was someone from the Planning Ministry who was put in charge of the response. At that point—there was later sort of thinking that we needed someone from the Health Ministry back in charge. Again that is a legitimate question, right? In Sierra Leone the Army led the response. Again that gets tricky in terms of the interplay with the Health Ministry but just to say I don't think it is an open and shut decision, just to sort of accept it in the context. In one context it might make sense to do A versus B.

But just say in Liberia these different iterations happened where you had different people inside and outside the ministry who were getting sort of moved into the lead role. The actual system, what eventually became called the Incident Management System. So the Incident Management System is a coordination framework—there is probably a more official way to say that—that the Centers for Disease Control has, is sort of—I don't know if they invented it but it is their model. It quickly became—actually it was a question of whether to use this versus to use what in a pure humanitarian crisis is called a cluster system to manage it.

Again I was not here for this but I know that my AGI colleagues in Liberia—I'm only talking about Liberia, not Sierra Leone which went through a different path, about which of these systems to use. I gather there was a lot of back and forth about which—again do we use this humanitarian response model or do we use this health crisis response system. I think the AGI take on this is we probably spent too much time arguing about organization charts when we just needed to set it up and get people working. Obviously you need lines of command and you need clear understanding of who is doing what, but there were a lot of opinions from different international actors about who—which one of these was right. I think it was a messy kind of back and forth. By the way it is perfectly understandable to some extent in an unprecedented crisis which this was.

Eventually it became the Incident Management System. Again what we would say is sort of drawing it up and being clear who was in charge of which thing was a key step. I think one thing that AGI worked closely on which was useful was beginning to see the way the main coordination meeting was being run wasn't as structured as it could be in those early days and furthermore the sort of

subcommittees underneath the main coordination—they weren't necessarily clear on what they were supposed to be doing. They didn't have the support they needed. So I think there was a lot of work to develop not terms of references but clear the case management committee, here is your—sort of working through what the clear objectives were. That allowed people to sort of make sure the case management committee which had the support it needed to do what it was doing.

Simultaneously there was I think a lot of work in terms of getting that main coordination meeting, the main incident management system, IMS meeting working. That I would argue is a very AGI-type piece of work. It is a lot about structuring the meetings, making sure there are action items that are being taken, followed up on. When I got there on November 9th, 2014, it felt like there was a system in place that was working. I mean there was—I was largely impressed at that point about how things had evolved but that was several months of getting to that point but just say there was a lot of work to build this system at different levels.

WIDNER: In terms of who was involved in these early deliberations about the system, to use in building that system, are there key people we ought to talk to here?

HYMOWITZ: *Yes, you should talk to the—of course you'd talk to the government. It would be really interesting to hear Tolbert Nyenswah's view of sort of that evolution. Anyway, I can give you more government folks to talk to. Yes, I think it is worth—again, it depends how much bandwidth you have. I think talking to some of the big partners. I can put you in touch with people from USAID (United States Agency for International Development), CDC, WHO. Those would be—and there are good people there who are sort of there during the iterations of this who probably would have some really good perspectives on it.*

WIDNER: That would be helpful. So you arrived, the Incident Management System, is pretty much up and running at that point?

HYMOWITZ: *Yes, now I'm asking did I describe it too rosily when I got there? The system felt like—it was functioning. The disease is unpredictable. It was in Monrovia, that was unprecedented, for Ebola to be in an urban area. There were flareups in different parts of the country that required new strategies. The actual work that this had to oversee was still complicated. So just say that at a sort of operational level the system was kind of moving but how to respond to different things wasn't always clear.*

What is interesting is that at different points in the disease it requires—epidemiologists will tell you this—it requires different strategies. When there is high transmission and just a huge number of cases you do things one way. When it became—when I got there in November the picture that had evolved was a lot of cases in Monrovia and flareups in different parts of the country. So the strategy became this idea of setting up a rapid response approach. You have a dedicated system in the capital but then you send out teams to sort of reinforce the local county health teams when there are flareups in different parts of the country. But just to say you are figuring out and evolving the response as the situation changes.

What I would say is different than other types of disasters—not other types, but certain—for instance, an earthquake happens and it ends.

PATERSON: Yes, right.

HYMOWITZ: There are challenges that might evolve a bit but it is not this sort of—.

PATERSON: Living thing.

HYMOWITZ: Yes. Ebola, it surprises you, it evolves. You don't know where it is going next. Every day sometimes there are new surprises so you need the system that is kind of adapting its own kind of approaches as you go. That is quite interesting. We talk in our State of Emergency report about even the data you're using at different points needs to evolve, to respond to different moments and what management actually needs to focus on and that is very different in a high transmission state from that state I just talked about in November when you have this core hub and these hot spots around the country and sort of the data you're using at that point is just different again, it needs to evolve.

WIDNER: Could you just talk us through the structure of the Incident Management System a bit and how that adapted or changed over time?

HYMOWITZ: Sure, I'm amazed to be asked about that. It is very wonky. So you have, in Liberia at least, you had the Chair and you had a Deputy Chair who are—these are the Liberian leads on the response. Then you have again a set of different technical committees that do different things. So you have again this Case Management Committee—essentially they're leading on the actual treatment, management of treatment of people so they're overseeing the management of the Emergency Treatment Units around the country.

I'll give a kind of shorthand, I don't think I need to go into so much detail for each of these. There is the Contact Tracing Committee. That is one of, if not the most core sort of thing that needs to happen, that is following up on people who have been in contact with previous cases. There is that committee. There was the Social Mobilization Committee. Again that is how you are developing public messages about the disease and spreading those messages around the country, engaging local leaders and religious leaders to talk about that. There was Psychosocial Committee, again that is how you make sure that there is support for survivors, support for families of current and past victims so there is ongoing support for those people who have been affected by the disease.

There are many other committees; those are sort of the big, core functions. Again they are sort of—each of these is operating to some extent. Again the cliché, we were operating in silos when some of these committees wouldn't talk to each other because there aren't clean divisions. But those were sort of the core kind of categories.

WIDNER: The committee was made up of people from the ministries plus?

HYMOWITZ: Yes, I should be a little more specific. Each of these committees had a Liberian lead and an international partner co-chair. So within the committee the committee would meet twice or more a week and again there would be the Liberian lead with lots of partners around the table. Officially there was one international partner co-chair, but in reality it wasn't like only CDC was there. Many partners were on many of these committees. But that was sort of the model. I think that was good actually. I think the Liberians really nailed it on this which was again just making sure that the Liberians were—there was Liberian leadership and ownership of each of these core functions but other partners were around the table at every junction.

I think that may sound obvious as sort of a model but I think that worked very well. By the way, that is not how the UN cluster system, the other option works. The way that is at least on paper is that there is a UN agency that is in the lead and the government is at the table but it is not so clearly government owned. Maybe somebody will tell me that's not true but that is my understanding of it.

WIDNER: That's helpful. So they met twice a week? That was the committee?

HYMOWITZ: *Yes, and then there is the main IMS, Incident Management System committee meeting which would again sort of make sure that each of the subcommittees were keeping tabs on things. Each of the committees would report back to the IMS on at least a once a week basis with updates on how contact tracing was going or how case management was going. Again, that is important for overall coordination. That was the room where all the sort of senior partner and senior government folks were around the same table to in theory troubleshoot things.*

I'm trying to think what is useful to compare. I think what would be very interesting for Princeton to look at, the comparison between the Incident Management System in Liberia and the National Ebola Response Center (NERC) in Sierra Leone because I think there are differences. When I went to visit Sierra Leone which I did just for a couple of days in January, some of the things that stood out to me that were quite interesting were that the Sierra Leone NERC at least in their daily briefing sessions, it was quite different than—it was an interesting distinction from Liberia's IMS in that the NERC basically had formal updates from each committee but no dialog and basically you had the head of the NERC who was the head of the Defense Ministry who was overseeing the response would ask questions at the end and give action items but it was very structured, very kind of focused on reporting the facts and then action items.

In Liberia it was much more of an open dialogue. You'd have the head of UNICEF (United Nations International Children's Emergency Fund) at the table weighing in, no, no we should do this. These were sometimes unwieldy discussions frankly that would happen on different topics. I'm not implying that Sierra Leone was right or Liberia was wrong. I think there were benefits to each but it felt like a very different core coordination meeting. It was very interesting visiting Sierra Leone for that.

WIDNER: Did that come from the style of the chairs or do you think it came from the underlying committee structures?

HYMOWITZ: *I think, it would be interested in looking at this. This is just Dan speculating. I think there are probably some cultural reasons. I think in Liberia there is an expectation of dialog and debate; you weren't just not going to be part of it. I think it is a little of a leadership style thing. You had—this did feel a little more like an Army sort of approach in terms of the main coordination meeting in Sierra Leone. So I think that culturally was probably different. I don't know. But I think those are factors.*

WIDNER: AGI hadn't been involved as you say in structuring a response to a crisis before but were there any analogs you looked at out there when you were thinking how could we be useful here?

HYMOWITZ: *[chuckling] I'm laughing because I think our teams on the ground, especially in those horrible days of August and September of 2014 I don't—there is not a lot of time for deep reflection and researching best practices. I mean you have lots of experts around who have worked on other crises so everyone has—I mean you*

have access to those models in the form of people who were there on the ground. For AGI, it was interesting. We hadn't had experience in this but it was immediately—I think in many ways we felt like we were just doing our normal job which was working with leaders and figuring out what they wanted and needed. Probably the difference from an AGI—what we normally do compared to what we were doing with Ebola is really serving as a bit of a broker and interface with the rest of the partners because that was quite chaotic, especially to go back to that example of in the setup of this, the Incident Management System. There were just a lot of views around the table, partners were just talking to each other. Sometimes partners were not talking to the right person in government. There was just a lot of—and it was moving so quickly. It really was chaotic.

*I said the system felt like it was working when I got there. It also did feel that the pace is hard to describe here in an interview how fast the meetings were happening. It is almost like when you watch *The West Wing* and meetings are happening with two people walking down the hall and they're making decisions and they're on their Blackberries. It kind of felt a little like that where you're grabbing this minister to try and talk to him about that and your partner is talking to you in your other ear about some other things. It is just decisions being made in this weird flowing organic rapid-fire way.*

WIDNER: So are people coming to you and saying “I need help getting through to this person” and the AGI is saying I can figure it out.

HYMOWITZ: *I think there were times it was probably like that but it was a little more fluid. I think there were times when we would say international agency X I hear you talking about this; you really need to loop in the head of this committee. Sometimes we'd feed in intel back to the government. So it kind of played out in different ways, the AGI broker role.*

What is really interesting, and I can say this personally from my work on Monrovia, we set up—we'll get to this the Monrovia Incident Management System which was sort of a separate taskforce. I think both government and the partners found their role useful. So it wasn't like—which is interesting. You could imagine the scenario where maybe the partners feel we're just there to be spies for the government but that's not how it felt I don't think.

WIDNER: On this larger committee, before we get to Monrovia, who is there keeping tabs on the action items?

HYMOWITZ: *By the time I got there in November there was—especially for that main coordination meeting, you had essentially a Secretariat to the committee. You had people taking notes, you had action items, things were getting tracked. The system was in place. I think it was the early days when the committees, the chair of a case management committee realized he didn't have anyone helping him. But I think by that point support had started to step in in the right ways for these different hubs of the response. So that was—that worked I think largely by again—you had enough people around. There were challenges like the fact that a lot of these international actors were only on the ground for three to four weeks and then would rotate. There was a constant need to get the new person up to speed.*

PATERSON: Do you think that's more a hindrance, the short-term assistance coming in, sort of those short-term partnerships?

HYMOWITZ: Mainly downside. You need to give people a break but there is no doubt that the continuity, the knowledge of how things worked was totally disrupted by the fact that people were coming in and out of these short cycles. It was really a problem. I would think even the organizations that did that would have to acknowledge that.

WIDNER: I've heard that.

PATERSON: But still it continues in many places.

HYMOWITZ: Look, there are organizational constraints. Again this was a new thing. I think they'll have to make some changes. I can't imagine anyone actually defending it as a best practice.

WIDNER: In the management of this Incident Management System were there any big challenges that came along that shook people up a little bit or required everybody to bear down a little bit more, even than they were?

HYMOWITZ: I mean lots of—lots of challenges at different points. I think there was recognition—you're going to ask me then how did they get fixed. What I'd have to say is that contact tracing is sort of the core kind of response activity that needs to work. When eventually there became enough good data out there on the contacts you began to see a high percentage of new cases were still people who were not on previous contact lists meaning there were unknown transitions that were driving the continuous expansion of the disease. You can't get control of it until you know where every new case might come from so how do you—?

When I got there in November that became the big statistic and issue that everybody was worried about. I don't know if I have a single answer about how that got fixed. I think the systems—the other thing about the contact tracing and stuff is while there was a national committee on contact tracing, to me it is a very local activity that needs to get managed. I also felt that ultimately the effectiveness of the contact tracing operation in Monrovia was more a product of how the Monrovia Incident Management System eventually was overseeing that and even more specifically the head of the contact tracing operation in Monrovia.

That was a big thing. I think late—maybe I just kind of gravitate to things that matter or issues that popped up when I was there. Late in the response, even in January of 2015, you're actually not talking about that many cases left but you have certain communities that are still not cooperating or working with the system. That was very alarming in terms of what does that mean for the social mobilization approaches we've used that we still have in some places denying that it is—not believing in the disease. More commonly, not so much that but people really don't trust the system, don't want to go to EUs, are hiding sick people in their homes. How do you change that and the fact that it is still happening.

You want to be able to tell a story of a clean change. From early on people don't know what it is. Then there is public messaging and outreach and people understand it and there is an evolution of understanding about it. But it is actually much more bumpy. It was at least as challenging in that regard to Sierra Leone and Guinea and Libya.

WIDNER: So in a bit I'll have a couple of questions about that specifically. At the national level we've started to interview people in a number of different capabilities but in this issue of information looms large in all of them, not just about cases but other

things as well. I get the sense that sometimes people sent information in, sort of aggregated by the CDC or by others and then it comes back only slowly if it comes back. Is that a problem?

HYMOWITZ: *What do you mean by information?*

WIDNER: In this case the concerns I've heard centered mainly on the kinds of contact tracing kind of data so where are the cases arising and have we actually traced those.

HYMOWITZ: *Look, I mean getting the data system working is probably a fascinating case study in its own right.*

PATERSON: Do they do it with paper?

HYMOWITZ: *It evolved. This was a source of lots of debate. You had a lot of—I don't even remember the names. You had the DHIS system which was an online platform that they used at one point. Hans Rosling, the famous Swedish epidemiologist, he was very involved in the data work in Monrovia. It was a multifaceted problem. You had the actual recording systems, you had the fact that—you had these contact tracing slips written on paper. I don't even know—if I had prepared I probably could categorize the challenges a little bit but like to name some different things you had people's names were spelled differently and wrong so you'd get all these duplicates in the system. You had the fact that people—there is not a working address system in Liberia.*

You had issues that when people would self-present was the phrase to ETUs which actually happened and it is actually sad when you think about it, essentially would go to ETUs themselves rather than have lets say be picked up by ambulance, that wasn't getting recorded in the system because the ETU would just treat them.

The way we worked on that was to eventually put case investigators at the doors of each of the ETUs to make sure that any person who showed up was getting recorded. There were things as simple as how is the data getting back from the ETUs to the main data system. Essentially the solution we sent a guy around on a motor bike at least to the Monrovia ETUs and he would pick up the forms. What I love about this just from a kind of what does it take to make things work, I think it is such a great lesson for a lot of people in development or people who think this stuff is just about tech. It is so not just about tech. It is about a mix of some tech and some just pragmatic solutions. I cannot stand when—I'll have to edit this out—but I can't stand this kneejerk think that oh, if we just put it in the Cloud or blah, blah, blah. It is just not that simple. Sometimes you need the guy on the motorbike.

It really was interesting. Even when I got there, getting the data—actually I have a great picture I can share with you on how complex the data problem was but eventually it did get easier with the number of cases coming down. We got much better. Then by the time, for us, in the Monrovia response, by January we began to really map specific transmission chains because we did get on top of it. It was really exciting to see the things, how powerful that could be. But just getting it working was a whole hodgepodge of solutions that is quite interesting. It is actually a great case study.

WIDNER: It would. I was just thinking about that.

HYMOWITZ: You guys should totally—oh my God, this is such an interesting case, and that is manageable as a chunk.

WIDNER: It could even be titled “You need to hire a guy on a motor bike.”

HYMOWITZ: I would be glad for that to be the title.

WIDNER: I think that would be an excellent case.

HYMOWITZ: And you get to talk with Hans Rosling—

WIDNER: Which would be neat.

HYMOWITZ: Always highly entertaining.

WIDNER: So maybe we could turn to Monrovia and the Rosling connection among others. So you're there. Talk about your shift over to Monrovia.

HYMOWITZ: So when I arrived on November 9th, there was an average of twenty new cases a day in Liberia, above half of those are in Monrovia. There was a recognition—this is another interesting thing because in Sierra Leone they set up the local coordination systems first. In Liberia they set up the national system but they had really bolstered the local coordination responses and that is a very interesting comparison I think. So in Monrovia—greater Monrovia—I'll use the correct title, it is Montserrado County which is the county that includes Monrovia. The county health team was managing the response. There was a recognition in November that basically—there was a recognition that basically there needed to be a new solution.

Number one Monrovia was still hadn't had it under control and there are complexities to managing an urban—the urban Ebola response. Number two, there was a recognition that the county health team needed to get back to sort of thinking about restoration of health services. Keep in mind that regular health clinics have basically shut down and that is kind of its own health crisis inside the crisis if you will. I think the county was struggling to manage things. There were other challenges in terms of the interface between the county health team and the national response. But either way for those reasons, for that basket of reasons, they ended up announcing that there would be a Monrovia Incident Management System led by Sonpon Sieh who was the head of the AIDS Control Programme but had previously not been involved in the Ebola response. That was on November 28th or 29th of 2014. That was responsible for managing response in Monrovia.

We had already been looking, so AGI—maybe it is not that interesting why AGI was involved but we and others felt again half the problem or half the remaining cases were in Montserrado County. This seemed like a logical place to be plus this was going to have to be a new system that was set up and again we worked closely on the set up of the National Incident Management System. Again the timing worked out well in terms of my presence there.

What is interesting is none of this was written down on TORs, there wasn't some contract with the government. This just sort of evolved. On November 29th I found myself in all day meetings on big white boards with Mr. Sieh helping to think through how we structure this thing. I shouldn't make it sound like it was just me and him, there was also a deputy head of the Montserrado response and initially someone from the UN Mission, the UN Mission that had been set up for Ebola.

So basically you spend the first few weeks—you set up what does it even look like, when are our meetings, what is the structure, who is in charge of the structures.

There was an interesting challenging question about how much we piggyback existing systems versus how much we sort of try to do, kind of reinvent things. That was quite a tricky thing. Again there was an existing response. So how much do you say okay, contact tracing you've been doing things this way, now do it this way? That was quite tricky. Basically you need to build this thing as you go. Immediately there is an expectation that this is supposed to be working.

So the first few weeks are about setting up the system which ultimately on paper looks a lot like the National Incident Management System but it is playing a slightly different, more, you might say operational role.

WIDNER: Could you talk in more detail about that?

HYMOWITZ: *At the national level the contact tracing committee is sort of tracking nationwide data and percentage-wise how many new cases are contacts of the previous cases. What are some of the big policy-level problems on that? At the Monrovia, Montserrado County contact tracing level you're really more getting into the weeds, like you're actually dealing with what are the problems in this community. Why, do we need more actual contact tracing monitors, the people overseeing the contact tracers to manage this better. You're more dealing with those nuts and bolts problems and solutions while at the high level you're sort of tracking I would say broader problems.*

I would argue that with contact tracing and maybe with all this stuff, I would argue that you're able to solve more problems at the local level I think. That's where I think you actually get into problem solving.

WIDNER: So would you describe this as—were you actually managing the data collection or troubleshooting other people's?

HYMOWITZ: *We had different committees that were in charge, just like at the national level there was a case management committee, a contact tracing committee, the epi-surveillance. I forgot epi-surveillance, that is essentially the data operation committees. You had a version of those at the Montserrado level and you had Chairs of each of them. Again we mimicked the structure in that there were Liberian heads of each of these committees.*

What was also tricky is that again you're sort of—you're piggybacking existing things that had been set up, in sort of again a hodgepodge way. For example, in Montserrado County, an NGO (nongovernment organization) called—what was the name, it's been a while—anyway, there was a particular NGO managing contact tracing in Montserrado County. They're sort of managing it. They're doing it on behalf of the government. I don't know, it was just this mix, who is reporting to who, and are they—they're sort of paying for their own thing. Even as we started to look at what our budget needs were as a Montserrado Incident Management System, it was tricky because the NGOs have their own budgets and we're sort of operating things. It was completely impossible to sort out.

So you're sort of hodgepoding together the different actors who were sort of all—have different relationships to the system. It's not that these are government employees and they now report to us and we will manage them. It varied based

on the thing. Each of the different committees actually had a different NGO that had been sort of leading on that activity.

WIDNER: So similar setup but much more engaged in the actual troubleshooting dimensions of this.

HYMOWITZ: Yes, exactly.

WIDNER: And already staffed because you were drawing staff from these different groups or did you need to appoint people?

HYMOWITZ: *That was interesting. You were largely using the existing leads who had been working in those areas but we did need new staff. Where were there shortages? We had enough contact tracers, that wasn't the problem. You were basically drawing on the actual sort of field workers, there were more or less enough of them although in some areas maybe you needed more.*

I felt to get things working well, I felt that sort of the leads in each of the areas needed more support and I spent weeks in December trying to get NGOs to provide, to support some of the Liberian leaders of some of these different committees. I mean essentially I was asking for—trying to get people to play what you might say is an AGI-type role of working side-by-side with the Liberian leadership in the committees. We didn't have enough people to do that so it was like trying to find people to help with this. To some extent it happened a little bit.

What was really interesting—I'll zoom forward a little. This would be a very long story but essentially I don't think the Montserrado Incident Management System was completely working by the end of December. I think we were struggling to figure out what our role was. A key turning point that I think really helped was—while—even after we got said up, the case numbers had come down quite a bit. So from the end of November, so let's say the end of December, your down from initially ten cases a day to really only a couple of cases a day. So things were getting better.

Again your strategy needs to change. While you're trying to set up—again, this was really hard for me to get my head around because I'm sort of a slow, deliberate person sometimes. As you're seeing with other people we need to get our meetings working. Week-to-week how do we get this working. As you look up and you're assessing it—wait a second, this doesn't even make sense anymore, we need to do this a different way. So there is an analog like at the national level, where suddenly again you need to evolve how you're working.

The key strategic decision which I think really was a key thing in Monrovia that I think we're all really proud of was a decision to decentralize the Montserrado County response even further. So there was a recognition that we needed even more granular ability to focus in on the remaining clusters of cases and that actually, at a Montserrado County level that was still too far away from the problem, we actually needed to decentralize further. So we—and interestingly, this strategy was really sort of agreed upon by everyone. Everyone kind of—there had been some tension within the Montserrado response between some of the Liberian leadership, some of the partners. Somehow the coalescing behind this agreement, sort of dividing into four quadrants of the county strategy got everyone working together in a way that I think was really useful.

I don't know what the lesson is, but almost when everybody kind of agreed on the approach, that allowed things to really move in a way that was new. So somehow

the Montserrado-wide approach wasn't quite clicking but when we divided it into the four what we called sectors of the county that really clicked. I think that was our big success. So from the start of January through the third week in January we set up this new kind of even more decentralized approach which basically involved hubs in different parts of the county that were managing the different activities, managing contact tracing, managing the day-to-day follow up of cases. Again we mimicked the structure again. We put a Liberian in charge of each and with an international partner working with them. I think this really allowed us to get a hold, stay on top of the final cases and allowed for sort of the focus in on some of these more granular issues in a way that really worked.

Interestingly I would say yes, the greatest success of the county Incident Management System was this strategic decision and the operationalizing of it the right way. I think we did it pretty well in terms of finding the right partners to play the right roles and to get people to sort of play those roles correctly. I think it worked pretty well.

WIDNER: How did you go about finding the people for these roles?

HYMOWITZ: *We had to recruit—for the Liberians we had to recruit the sector coordinators. We went through a rapid-fire—they didn't have a lot of time to go through a whole process, but we did do a recruitment process. Again just to sort of emphasize the role of the international partners, because they were behind this strategy, they were very eager to support this. They immediately—if anything, we had an interesting challenge—working with Mr. Sieh of deciding which partners should take on which sectors. There actually was more—suddenly when we agreed on the strategy—. I felt that in December—I felt we were screaming from the rooftops for more support, there suddenly were almost more volunteers than we had room for. So we struggled to make choices and to keep the partners happy without getting—because three partners wanted to be in sector one for various reasons and how do you decide between them. It was very interesting.*

PATERSON: So do you think that the international partners sort of I guess coalesced sort of just as the curve was sort of winding down? Was that sort of a—?

HYMOWITZ: *It is really specifically around this one strategic thing and around the Montserrado response. By the way, it was still bumpy. There were still people stepping on each other's toes in problematic ways, lots of arguments about how to do things. But in terms of like, we agree that there should be these four quadrants, we agree that these are the roles and we're sort of—we're going to fill these roles and we're going to get behind the government's strategic choice on this. It was a really key moment—key moment in the final mile. We're talking about from the start of January through March. We're talking at that point a case a day and then eventually less than a case a day. We're not talking about a lot of cases, but as we'd seen in Sierra Leone and Guinea that tale can go on for a long time.*

PATERSON: Sure.

HYMOWITZ: *So it is not to be—the final leg is hard. I mean any previous Ebola virus hunter would tell you that that is the case.*

PATERSON: So what about—I've read that there was a lot of issue with the local workers establishing a payment structures to pay them to assume these risks. Was that sort of—can you speak to any of those difficulties?

HYMOWITZ: *Yes, it was really hard.*

PATERSON: Did that have a big impact on the people who were coming in?

HYMOWITZ: *Absolutely. There were literally protests at the ministry a couple of days. You have workers who were not getting paid. I can't speak to the mechanics of how and why that was a problem and when it resolved. I don't really have an understanding, almost like I didn't have time to think about that kind of thing but just to say it was a big issue. You have lots of complaints understandably about not getting paid all throughout the response.*

PATERSON: Yes.

HYMOWITZ: *It was a constant challenge.*

PATERSON: I have a quick question also about the different committees—sorry the different subcommittees. I think the Social Mobilization Committee, did they deal with things like wrestling with local cultural norms [Indecipherable].

HYMOWITZ: *Yes, sure.*

PATERSON: Was that the subcommittee that dealt with those issues?

HYMOWITZ: *Yes, exactly. Again there were overlaps. There was the Burials Committee.*

PATERSON: So there was a Burials Committee?

HYMOWITZ: *Yes, and that would interface with—.*

PATERSON: Getting the message out through [Indecipherable].

HYMOWITZ: *Exactly, these are sort of imperfect categories in a way. Yes, Social Mobilization—as, again, like in January as there were new challenges around particular communities who were not hiding sick people etcetera. That became a sort of how do we—social mobilization—how do we get out the word. But again it is a complex toolbox. So on that there was this one community, New Kru Town, that had a cluster of cases. They—this is in January—again there were people being hidden. It was hard to do contact tracing. This is where even, especially me as a foreigner, I'm not quite knowledgeable about the nuances of it but basically there was a local political leadership dispute.*

There was an old—I don't even know the title, it was a governor and another leader and this was causing friction in the response. So this group wasn't responding. I actually went—this shows how cultural this stuff is. I went with my counterpart, Mr. Sieh who was leading the Montserrat response to a community meeting in New Kru Town because he is actually from that area, so he thought that he could intervene and have a discussion with the leaders and try to work out this dispute.

It was really interesting as a foreigner to be in this community meeting. It was very hard to understand what the problem was. There were so many—I don't know, it was hard to understand what was happening and who was—again you get in these very thorny little bushes but that is affecting the response. We didn't solve it that day. Eventually a few things helped. One thing that helped was the Mayor of Monrovia basically—she got involved in this particular dispute. I think she made basically a leadership change. It was like, look, this is how it is going to be. She sort of "bigfooted" the situation in a helpful way.

Just to say there is not a clean line between messaging and community politics. It is unclear how to solve these problems. In this case I don't know if that was the whole solution but one helpful thing was this particular kind of intervention by the mayor to solve this political leadership dispute which I can't even articulate to you why there was this sort of bottleneck at the moment or why it was one of the issues but it was.

WIDNER: This is a slight diversion but I'm curious about the mayor's role throughout this? What kind of role did she play?

HYMOWITZ: *They were part—actually two mayors, the mayor Monrovia and the mayor of Paynesville, so there were two almost sister cities. They are part of the Montserrado Incident Management System. They were very much involved in again some of the public messaging and dealing hands on with communities when there are difficult issues in their cities.*

WIDNER: So did that happen because of the kind of brokerage role that you described at the national level? Did you bring that also to the Monrovia level?

HYMOWITZ: *Yes, it is a mix of—exactly, a mix of the politics, getting the posture right in these meetings. Even how we kind of label people's roles I think was very important. You had to be very careful about getting that right and making sure that—that was something I think I was very useful, helping Mr. Sieh think about. But Liberians understand their system the best.*

WIDNER: Is there an example just on the labeling of roles?

HYMOWITZ: *Yes, just like, I can't remember how we labeled the mayor's roles, but it wasn't like—they weren't co-chairs of the Montserrado Incident Management System. I said an example—without remembering the exact label, but it was a title that reflected their importance in the system. It wasn't just you're the head of this committee or something. You've got a lead seat at the table basically.*

WIDNER: You may have gone in this direction while I was out of the room but you begin to get the system up and running and then what were the challenges that you face? What do you anticipate facing and what do you actually face?

HYMOWITZ: *I guess I was sort of saying it with this story of decentralization into the four sectors. To me that was the trick of getting it working. I don't know if we cracked it until we actually had that set up. I think there what was really useful was—yes, it was probably the same types of things that eventually got the National Incident Management System working which was really getting people clear on their roles, really being very clear about managing meetings in the correct way, making sure that the data systems were then flowing into these decentralized hubs in Montserrado in the right way, but that it fed back into the wider data systems. Yes, I'd say getting the roles straight was very important and that required that we wrote things down. I think that was almost like a process of during meetings even reinforcing it. I recall times I would get really annoyed at certain internationals who I felt were trying to step in where it wasn't their role. So you need to reinforce it in different ways.*

I think—yes, it is a mix of sort of articulating it up front, reinforcing it throughout. I don't know how to describe it.

WIDNER: So you've got the four subsystems. How often does the Monrovia group meet—?

HYMOWITZ: *That was tricky finding that balance. We still met—the Montserrado Incident Management System met, we still met three and then later two times per week because it actually became a burden on the sector hubs because it just meant more and more meetings for them. But we still tried to meet as a group three times a week.*

It's funny; I felt a lot of the very important work was happening at the sector level. Not that we didn't need to be doing stuff at the Montserrado level. Interestingly I felt that the role that I worked with Mr. Sieh on which was interesting. Again you can imagine this happening in any country really. When there became less and less cases—essentially there were only cases left in Montserrado. We had a challenge where the National Response System is now trying to manage what is happening in Montserrado. It is almost like there is nothing else to do. So they're trying to almost step in on that.

The thing that I worked with Mr. Sieh on—again as the sort of leader of the Montserrado Response, I felt that suddenly one of his most important roles was holding off and giving our sector leads the space to not get interfered with by the national actors. Sometimes they would come in and overrule things. With that said, there were times when they could be very helpful to the Montserrado Response. But it became this sort of upward management thing that suddenly became a tricky component of things.

There it was almost like giving them, making sure you had very valid updates and frankly giving a sense of confidence to the national system that we had it under control.

WIDNER: Now while you were there were you also out during the day working in some of the sectors? What challenges? Were they uniformly affected?

HYMOWITZ: *At that point there were different—there were very differential challenges in the different sectors. So you had two of them where there were a lot of cases—not a lot of cases, but there were still some cases. Two that were very quiet. You had one sector that never had a case basically. That was a little bit of a weird situation where you had a hub that was kind of not—it was going through the routines of surveillance and keeping tabs on things which you need to do, but—. Sorry, I didn't answer the question well.*

I thought that like—say Sector Four which was in Paynesville, the sister city to Monrovia, I thought that they did very well. The management of that really played out well. I often cited it as a great example of the great, the best of Liberian and internationals working together well, working well, sort of complementing each other. The Liberian woman who was managing the sector and her international co-coordinator in that sector, I just felt it was really tightly run. Their morning meetings were really on point, really—they were quite a muscular sector in a way. I could just—they did a great job and they managed some really tricky cases that were pretty key late in the game.

WIDNER: When you say they managed some really tricky cases what does that mean?

HYMOWITZ: *I talk about this—there was an incident I guess it was early February where a gang attacked a guy who had Ebola. So they—by attack I mean they slashed him with a knife. So you had a situation where the gang was now exposed to—potentially exposed to Ebola. So again, now you're dealing with things—there is less than a case a day but single incidents like this are the potential origin of new*

transmission chains and that can get—it's scary stuff, right? So I thought they just managed it very well.

First of all as a team—it is like detective work. They had to look at—where had this guy been before he was attacked by a gang. He had been to church the day before. Where does he live in the community? They organized really well these teams of essentially detectives, epidemiological detectives, to go into these different pieces—investigate these different pieces. They went to the church to talk to the reverend. It was going into the community to make sure you've identified every one. Then there was this specific scary piece about the gang. So that actually the coordinator herself, this young Liberian woman who was to me one of the great heroes of the Ebola that I worked with, she negotiated directly with the gang.

Again, what's the challenge with the gang? They don't want to cooperate with the system. They don't trust the government. What has the government ever done for them? They're scared they're going to be arrested. There are all kinds of reasons they don't want to work with them. But she was like—I wasn't there for these discussions—but she is in the community just like working these guys for a day trying to convince them basically to cooperate. What did that eventually mean? Eventually she convinced them to do it.

Then we did need help from the National Response. We outfitted a then decommissioned emergency treatment unit as a place where they could spend the next 21 days where we could monitor them. The scary thing you don't want to let them do is basically roam around the city doing whatever they're doing. That is the danger. So in Liberia unlike in Sierra Leone there was not a policy of quarantine. So this was a matter of convincing them to voluntarily agree to do this. How she convinced them I don't know.

Part of it was—we did pay them. You essentially outfitted this ETU in a way that made them have, we hooked up TVs. How do you get them to cooperate? There was a lot of—what I describe as a customer service element to it at this point. But what I loved about the way the sector was managing this process was Priscilla, this Liberian woman managing this very hardcore negotiation. You had her international co-coordinator back in the office making sure that all the pieces were coming together. She was relaying information back to him.

Sometimes you get a piece of intel that maybe the guy had previously been in this other community and they have to investigate that. So just the mix of the hands-on field work and the coordination at the hub was just awesome, really it was amazing. Then the piece was there were two missing members of the gang we couldn't identify so how did you track them down. We had teams of field workers who were in the community who were trying to find these guys. Eventually found the final two gang members.

The amazing story is that one of the gang members, his nickname was Time Bomb, so for like a week we had this period—we update every day—have we found Time Bomb. Obviously there is a dark irony to that potential name. But it is just an amazing story. The way they managed that was pretty incredible. To me it was one of the stories of the Ebola response.

WIDNER: As you point out in Liberia this is very much a matter of trying to convince people to do things and there was a big emphasis on social mobilization and all this. How did this play into the work that you were doing? What steps did you have to undertake?

HYMOWITZ: What was interesting is—I'll talk more about this customer service thing. It is an interesting story. So late—and you can only really do this if you have a number of cases that are manageable. When you're talking about sixty new cases a day in the start of October, you don't have time to have teams sort of individually tailoring how you're dealing with contacts. However, when you're in late January and you're basically—you have less than a case a day, you can start to deal with tricky situations in a much more proactive tailored way.

So whether that is you know—I've got some other stories of how you get people, again contacts, to cooperate. That is the trick. If you think you've identified the contacts you need to make sure you know where they are and that they're isolated. There was a husband who was having marital problems with his wife and wanted to leave the county. We said no. Basically we found an apartment for him to stay in the next 21 days. Again, you can't do that as a wider, systemic thing but I think there's that. There are a few cases where again there is the issue of convincing people to stay, self-quarantine.

We did this where there was a horrible case where a woman who had gone to a regular health clinic, had been treated for nearly a week but not for Ebola. They thought it might be other things. It turned out to be Ebola. So you have all of the workers at this health clinic who have been potentially exposed. Do you—again, you have roughly thirty health workers. We eventually negotiated—it was the national case management head who led this negotiation and convinced these health workers to stay self-quarantined in basically this health clinic. We set up tents for them to stay, made sure there was food for them every day, but for them to stay self-quarantined for that 21-day period. We made sure that they had pay for the next month even though the clinic itself wasn't operating.

The point was you needed to find solutions to get people—to work with people. It is easy to talk about this in the final stages when you're at a level that is manageable. I'm very proud of the way that the Montserrado Response figured out ways to get it work late in the process. It is much harder when you're talking about escalating cases of thousands of people who for example aren't getting food. That was one of the challenges.

WIDNER: I wanted to ask you about that.

HYMOWITZ: Sorry, I should have—that's probably a more important challenge to mention. When, because you're asking people—you're not forcing people but asking people who are contacts to stay at home for 21 days, you are—they're supposed to get food for 21 days. That turned out to be much easier said than done, actually getting people the food, getting it delivered, figuring out the real contacts versus people nearby who want food. It was incredibly complicated. I can't tell you how many people would show up—internationals would show up and say we're going to solve this food thing. It was just—it was really hard to do. Just say that is an example of where I think the system did not work as well as it needed to to get people to cooperate.

I don't think that would have been enough to get everyone to cooperate. There became this expectation that when you were staying at home that you were supposed to get a certain amount of rice. If you weren't getting that people would leave their houses. That became a major issue. Again we never quite—late in the process there were a few enough cases we could get it working well, but it never—it didn't work that well.

WIDNER: When it worked what did that look like? Somebody goes to the marketplace, they get some of this and then they take it over. Who is doing that? Is it the NGO?

HYMOWITZ: *I'll send you a PowerPoint slide of this complicated system of who was in charge of what in terms of food delivery. The actual delivery of the food was from WFP (World Food Program) but WFP needs to get authorization from the General Services Agency of the government in Liberia. The list of people needs to get to them through certain routes. It was just extremely complicated. When it worked—by the way, it's not that it never worked, just there were times when it didn't work and that created a huge amount of tension and you had horrible stories again of people like—families who just never got the food that they were supposed to. Again as a result they were leaving their homes or were going to the market when they shouldn't have been.*

WIDNER: But there was enough food in country, it was a matter of figuring out who was responsible for getting it—? What was the reason for the government services agency to sign off?

HYMOWITZ: *You need someone in government to—they're basically the procurement agency. So you needed someone in government to decide on who got food. What I think is a little hard to explain—and again this is an argument that always—because it feels insensitive, is why—some people would say why don't we just deliver food to everyone in the community and not worry about who were the actual contacts? Why not just sort of blanket the problem. I'm telling you that led to—there were huge—not riots but huge protests in communities. It became a big deal; it wasn't that simple.*

There was a lot of fighting. Just giving more food wasn't a solution. It sounds like it should be but it led to a fight in certain communities along the way. This is one of those complex problems that look simple on the surface. You could probably do a case study on this and try to understand why it didn't work and why it was so damn hard. Because it was, even as I talk about it, I'm getting frustrated because I can't quite explain it. I guess basically it was a problem the whole time in Liberia.

WIDNER: That's interesting. David's first cases are really on the supply chain management of which this would be an unusual one. A lot of it has to do with material to the clinics or to people at home once they decide—so how do you get clothing to people and how do you get personal protective gear and that sort of thing. There are all sorts of issues surrounding that.

HYMOWITZ: Yes.

WIDNER: Did your unit, Monrovia, have to monitor this or manage that.

HYMOWITZ: *That kind of stuff was still basically like national level stuff. The logistic stuff was really managed—we didn't have logistics arm, not one that was functional basically. So there was a—there was a logistics hub which continued to be managed by the national folks I would say. For instance, didn't set up our own food delivery process. Sorry, we, the Monrovia response didn't have—we were involved in the system but we didn't deliver it separately.*

WIDNER: So it is really a national level issue where these things were, where these things get stuck.

HYMOWITZ: Yes, this is probably a wider conversation but again, there were so many—you could map all the challenges. Some of them just sound simple. Like sometimes the contact tracer who went to the home doesn't give the form to the people who need to get it to record it in the database right. That sounds like okay, let's just fix that. But this week it was this guy, the next week the other contact tracing monitor didn't do it. It was just these—it's hard to exactly understand why this was such a thorny issue. It seems like it should have been something we could have cracked. Maybe we could have if we had tackled it the right way, I don't know.

WIDNER: So that was one kind of problem that you encountered with the food, just matching the person to the—

HYMOWITZ: Yes, there were problems at each layer of the system. There was getting the right names, there was validating the names. There were arguments in communities, there was the actual delivery sometimes that was a problem. So it was a mix of things.

WIDNER: Arguments in communities about who?

HYMOWITZ: Yes, this sort of—

PATERSON: Who was getting the food and who wasn't.

HYMOWITZ: Yes, exactly. Food was a really big problem.

WIDNER: You also mentioned in your description of the issue of pay. This is an issue throughout this situation. How did you manage to pay people?

HYMOWITZ: So we talked about this already a little bit. I don't have a lot of insight into this one. It was a problem, it was something people were—it was a problem at all levels. Even, you know, the head of this committee in Monrovia would be complaining he wasn't getting paid. I don't really—we never quite solved it. We tried to, we worked with the donors sometimes, we tried to get—a lot of the support came through the Health Pool Fund which was kind of the entity that was managing a lot of the funding. But these were internal ministry systems. I couldn't understand or really fix to be honest. It was a challenge.

WIDNER: So if you think about the structure you set up, is that still in place now?

HYMOWITZ: They have now—the County Health Team is now—they basically, they're not going to have a Montserrado Incident Management System just forever. Given that Liberia is now Ebola free the county health team is still managing I think—I don't quite know if they're still using the sectors; I'm not there, I don't know. There were lots of debates about how to transition out. How do you unwind the response. This is its own complex thing.

I was leaving—when I left I got to avoid this thorny problem because I left on March 15th and essentially, things were heading towards zero but there was still a need for response so I was not there for this part. You'd have to get—there were lots of different permutations in terms of how you might leave the sectors, have the county health team run it, shut down the sectors all together, just let the national folks run it, leave the national incident management system operating at least for a bit. There were lots of different ways. This was a major—. Definitely there were different views. It was really hard. I was there just as these discussions were heating up and I don't know how they resolved actually.

WIDNER: You were there and you saw the way in which the social mobilization strategy played out. I wonder if you could talk a little bit about your perspective on it.

HYMOWITZ: *Yes. I think this is also one of the most complex aspects of the response in part because it is I think the label is confusing. On the other hand you're talking about—if the aim is to get people to practice safe behaviors and work, cooperate with the sort of response and take ownership of some aspects of the response, how do you do that? There is the public messaging part. That's almost the easiest thing to gravitate towards when you talk about it. There is the public messaging component.*

There is working with local people component which could mean local political leaders, local religious leaders, local NGOs. So sort of people getting messages out. There are—even that second category, that's so many different things. There are people going door-to-door, but they're not—how do you coordinate that. They just talked about so many different people who don't necessarily normally interact. How do you get the pastor to deliver the messages on the right behaviors at his church each week? By the way you had some religious leaders saying Ebola was not real, even late in the response. You can't control these things. You have to—I guess what I would say is it is an extremely unwieldy process. You can't just—yes you could put up billboards that have the right messages, but, I guess what I mean is, I'm not convinced or I don't know the methodology, the methods to get to allowing national government to do this very well, consistently. There are things you can control which is shaping the messages but getting those messages consistently delivered by all these local actors in community X, getting the pastor to say the right thing, getting local NGOs to cooperate. Getting that all working is really hard.

In Montserrado we did have a whole organization chart of how that was supposed to play out; how those people were supposed to interact together. I don't think we ever mastered it; I think it was very hard. I think the messaging work—that is almost the easiest thing to control and there was a messaging committee that I think did a good job of distilling and evolving the message along the way. But that's not—.

PATERSON: Delivery people can do that.

HYMOWITZ: *Exactly. There are different methods. You do billboards, you have radio dramas so like skits on the radio of people to educate people on behaviors. So that stuff you can control but that's not as good as getting trusted local NGO X to say the right thing.*

PATERSON: Do a lot of people have radios?

HYMOWITZ: *Yes, radio is the primary media. It is newspapers that don't really—if anything we really joked, I joked to someone, billboards are probably just useful to get big political leaders to think that things were happening. But really, that's not how you reach people. A big billboard on the main road in Monrovia, OK great.*

PATERSON: Only people who can read—.

HYMOWITZ: *Exactly, there is a literacy piece to that, but also it's not a who has seen it. What I would love to know, and I don't know when this was done well systematically in the Ebola response. I think—like I said, when I told the story about New Kru Town when the mayor of Monrovia got involved. That's not social mobilization but*

that is engaging a community in a specific way. Again, that's what is so tricky about it. It's not like there is one right tool in your arsenal. It is how do you get people to cooperate. Then this touches on politics, on policy issues. So in Sierra Leone when you have mandatory quarantine, maybe that makes people cooperate less. So you actually have a policy issue that then affects, interfaces with what you might describe as social mobilization. People don't want to come forward when someone is sick because they think they're going to have red tape around their house. Again, how does that play?

It is a squishy topic. Even being in meetings talking about this, I'm sorry, I'm having horrible flashbacks to debates around and around, debates and meetings about this. This person wants to talk about the community this and this person wants to talk about religion. Everybody is just talking about—there are different ways to come at it. So it is even hard to have it as a discussion topic to get people on the same page. It was really tricky. I don't know when we did it well.

WIDNER: Some of this was also sort of door-to-door.

HYMOWITZ: *Exactly. You can have local NGOs. There was—I can't remember what it was called, the Ebola Taskforce which is just basically you gave a small amount of money to local people to knock on doors and spread the word. Again, how much training can you give them? How do you make sure they're delivering the right message? That's pretty chaotic.*

PATERSON: We're being consistent in the messages.

HYMOWITZ: *And by the way maybe in some ways it is harder in Liberia. If we had an outbreak in America I bet you could imagine the same things. Look at the way people panicked last year and all kinds of crazy messaging was coming out. You can imagine how hard it would be to—you have different groups of people. Again, not to use the religion example, you might have certain people saying certain things. How do you get that harmonized? So just to look at it with a bit of sympathy. I don't think this is a Liberia or West Africa problem.*

WIDNER: But this fell under the domain of Montserrado?

HYMOWITZ: *Yes, so there was a national social mobilization committee and there was our Montserrado social mobilization committee. I do feel like—one thing I feel that we did well is we did sort of set up the—I think we had an interesting—I think we were like on the cusp of some interesting approaches on this in terms of—again, the org chart of how often this sector's social mobilization lead was going to meet with the local religious leaders. There was sort of like—I think late in the game we did start to come up with a—we didn't crack it, I don't think we got it working. I think it would have taken a lot to get it working. But I think it was starting to be, at least a system on paper that kind of worked.*

I don't want to say that social mobilization didn't work, it did work. There was messaging. There were lots of things. But as a harmonized process, I think it was really hard. I think maybe a better question is what would sort of good enough really be. When was it done well and when is it realistic in a democratic kind of open society. Imagine in a country with more of a kind of a little less freedom in a certain way it being easier.

PATERSON: Oh yeah.

HYMOWITZ: *You can control the messages. You can control who is going door-to-door. It is like—I don't know. I think there is something about—Liberia is a very open place. Anyone can say anything. I think perversely it actually makes it a lot harder to manage this kind of thing.*

WIDNER: You probably have—if you step back from this, this is probably what you've been doing but stepping back from this, this kind of thing could easily happen again somewhere, maybe in Liberia, maybe in somewhere else. Are there general principles or common problems that you would suggest others pay attention to if they're trying to replicate this or design something that works where they are?

HYMOWITZ: *I'm going to give a kind of AGI answer to this because I believe there is an AGI—. What I wouldn't want people to say is oh, we need to create four sectors in the cities and that's how you manage the next pandemic. I think it is about systems and management. My big—this is a very AGI thing—I think there is a gap and a problem with the way the humanitarian response industry works with governments. I think you need to in either a natural disaster or a health crisis like this, you need to be supporting government to organize things and to manage things and to set up whatever their version of the Incident Management System is. It may not look—help them to get that system in place rather than just running around and doing things. Maybe that sounds harsh but I think there is a real temptation to kind of run off and solve problems.*

PATERSON: Set up parallel systems.

HYMOWITZ: *Let me give you a very simple example that happened late in the response. There was a particular NGO in Monrovia that was running its own ambulance service. When you have a new case or a new suspect case, you do need to get that person treated. But before you get them treated you need to identify the contacts. You need to link up with the family members. There is a process that needs to happen because the whole system needs to work. Contacts being the most obvious example of this. You need to make sure that you know who that person has been in touch with.*

So this NGO in this one community would just run off and take people away. We wouldn't be able to find the person for a day. Sometimes it would be hard to identify the person. So the system, the other things that need to happen weren't happening.

Now what they would say possibly, the ambulance—we got there first. The other ambulance, the government's ambulance didn't get there fast enough. We're not going to leave this sick person on the street. But the point is there are other things that need to happen and it is about coordination. I think there are many heroic stories from especially early on in the response when the system hadn't kicked into place. Let me use another example which we talk about in the state of emergency report. It is a slightly more complex one but I think it is the same kind of thing. It shows how hard and how messy this stuff is.

You had this one NGO—sorry, a woman is sick. She is a possible Ebola case, a suspect case. She hasn't been tested yet. Again there is hesitation to cooperate with the system. She is not sure if she wants to go to an ETU because ETUs are scary. People think you go there to die which is true in some sense. She is at a transit center in Monrovia. The government's contact tracing team is trying to convince her, madam you're sick. You need to go to the ETU, you need to go to the ETU and she really didn't want to go.

They eventually leave. They've been trying to convince her, they can't convince her so they leave. Eventually—they're going to come back later because you've got to convince her. At least she is in this holding center and not roaming around. They're going to come back.

There is an NGO that had a quote/unquote, a health promotion team of field workers in the same area. They have a different—I'm not going to name the NGO. They have a different set of messages that they give. It is a sort of different values and beliefs but basically for this NGO the emphasis of the message that they give to this woman which you can argue has some validity to it is you can go wherever you want. You're sick; where would you feel most safe?

That is what this team of NGO field workers tell this woman. She basically decides to go home. Turns out she has Ebola and exposes her family and neighbors to the disease. The government is furious with this NGO because the messages that the government's team has been giving to this woman which is trying to convince her to go to the ETU is being undermined by a different set of messages that another set of workers in the same community are giving to this woman.

I would use those as my two examples. Ultimately I think you need to be working in harmony. If you're that NGO you might not like the government's slightly more forceful way of pushing people to go to get treated rather than giving individuals options on what to do but you need to be singing from the same song sheet or hymn sheet or whatever the phrase is. I just really think there is a story here about how do you get behind the government and even if you don't like the policy maybe it is—I mean how do you work with them to make it work as a team rather than employing your own—.

PATERSON: Government steers and everybody rows basically.

HYMOWITZ: *I see you've read our report. I think, that to me I just really think that is not necessarily the way the humanitarian response industry thinks about this stuff. I just think it is a real problem and those are two stories of where it played out.*

PATERSON: How does the NGO get the legitimacy to be able to have these independent practices that are so at odds with what the government says?

HYMOWITZ: *Again this is subtle stuff. This is also a very respected NGO; I'm not going to name it. They're heroes. The country feels that they need them. They don't have it written down that this is our set of messages. But they're running their own training. It is like he said, she said that we're later hearing about this. They might even narrow the claim about how different the messages are.*

I think experienced field workers would definitely say that there is a nuance to it, there is a difference in the messages. So it is not like on paper, we're going to say this differently. They have their own training and their own way of doing things. It caused a lot of tension. There was a huge amount of screaming in a subsequent meeting between this NGO and the government on this. You can imagine, this is tense stuff. You can see it.

PATERSON: Would you be able to recommend some very, very key NGOs that it would be useful to talk to about supply chain issues in Liberia? I know that there are a lot of different actors there and it is incredibly complex. I wonder if it would be best—if all of these resources are being funneled through the government, through some sort of national program – doing a sort of NGO-level analysis, do you think

it's worth it go through that or when you were talking about supplies was that more specific to like food procurement as opposed to things like chlorine or body bags, etcetera. Are those funneled through different NGOs?

HYMOWITZ: Yes, some of these things were different systems. I wouldn't say if it was led by government. Let me think about it. I can send you some thoughts on who it would be good to talk to. You should definitely talk to the Liberian government logistics lead, Dorbor Jallah. But it sort of because it is different, it is different systems, WFP you should talk to. They were very involved with logistics in general and definitely the food stuff.

There are probably different NGOs for different things. I don't think there was one, I don't quite know how the PPEs were supplied. I'm not a great person on this logistics stuff actually. There might be a woman from the Clinton Foundation you should talk to. It's just my slice of Liberia that I was working on that I know people.

WIDNER: As we dig into the parts of the case that really are some of the things you talked about, maybe you could recommend some particular people you think we ought to talk to.