



Achieving Poverty Eradication by Sustainable Health, Well-being and Education: The Case of Ebola in West Africa and other Epidemics and Disasters Worldwide

CSocD56 in Brief:

The 56th session of the Commission for Social Development (CSocD56) held at UN Headquarters, 29 January—7 February 2018 addressed “**Strategies for eradicating poverty to achieve sustainable development for all**”. The CSocD56 reviewed relevant U.N. plans and programmes of action pertaining to the situation of social groups, the social dimensions of the New Partnership for Africa’s Development, the Madrid International Plan of Action on Ageing 2002 and innovation and interconnectivity for social development. Pulling these themes into an actionable agenda, CSocD56 adopted four resolutions including the themed resolution “Strategies for Eradicating Poverty” that calls on governments to strengthen social protections for all who are vulnerable or at risk of being left behind.

Agenda 2030:

Paragraph 7 of the Preamble, envisions a world “where physical, mental, and social well-being are assured”. SDG 3 states “Ensure healthy lives and promote well-being for all”. Target 3.4 states “By 2030, ... promote mental health and well-being”.

Overview

This side event in the margins of the CSocD56, was hosted by the Mission of Sierra Leone to the United Nations in partnership with eight UN missions, two UN programme agencies (WHO and UNICEF) and two NGOs (International Association of Applied Psychology and the Psychology Coalition at the UN).

Discussions highlighted the urgency of increasing awareness of and attention to long-term recovery and psychosocial resilience of communities suffering after-effects, inclusive of emotional trauma, as a result of health epidemics.

Discussants emphasized that poverty (SDG 1) and lack of education (SDG 4) are inextricably linked to health (SDG 3), mental health and well-being (Target 3.4). Truly “leaving no one behind” requires long term health and well-being care for survivors of health epidemics and other disasters.

The case of the Ebola epidemic in the already fragile West African states of Sierra Leone, Liberia and Guinea was a “wake-up” call drawing international attention to the importance of continuous engagement with health and mental health through all phases of disaster response and recovery efforts. Despite vast difficulties presented by the epidemic, Sierra Leone is

committed to “building back better” in all aspects of social and economic development, including health and mental health. Research and experience on the ground prove that when facing epidemics or natural disasters, mental health and well-being is a critical component of holistic health care and long-term social and economic recovery. Survivors suffer ongoing emotional trauma, health problems, unemployment and isolation that must be addressed. Measures include building healthcare infrastructure, capacity-building and sustainably integrating mental health and psychosocial support into primary health care systems.



“We are all connected...”, a central message from a film entitled “Ebola in Sierra Leone: Psychosocial issues from the epidemic to Ebola-free” produced and directed by Dr. Judy Kurianski (Columbia University). The film highlights the immediate and long-term psychosocial impacts of the 2014 West Africa Ebola epidemic. Excerpts were played during the side-event; the full film is available at <https://www.youtube.com/watch?>

Event Sponsors





Welcome and Keynote: Mission of Sierra Leone to the UN

Ambassador Amadu Koroma, Deputy Permanent Representative of the Mission of Sierra Leone, emphasized need to continue the “momentum” of support for the three African countries most affected by Ebola: Guinea, Liberia and Sierra Leone. The socio-economic losses caused by the epidemic resulted in stagnation and near collapse of their economies. In Sierra Leone, an estimated 8,704 people were infected with Ebola and 3,580 people lost their lives, including 221 healthcare workers. The outbreak, he said, is “a vivid example of the need for ... continuous engagement in the fight against epidemics of global propor-

tion.” He added, “We continue to care for survivors and dependent family members of victims of the disease, and to take measures to establish the technical health expertise to respond to future epidemic diseases... We must do this in order to protect our peoples, and advance the social and economic progress essential for us to achieve the Agenda 2030 for Sustainable Development. Poverty and lack of education are inextricably linked to health, mental health and well-being. If we are truly going to ‘leave no one behind,’ we must develop long term health and well-being care for our people.”



“I am African; I am not a virus.” Event moderator, Dr. Judy Kuriansky, holds aloft a hand written sign given her by a family during the height of the 2014 Ebola epidemic. The image echoed the voices of many who held this sign as part of the campaign to address the stigma that marked those affected by the epidemic. This sign underscores the long-lasting scars left by the epidemic and the critical need to address stigma.



“Hope is Alive” refrained through the conference room as this song, written specifically for the fight against Ebola, played as attendees entered. Its upbeat melody and uplifting lyrics, reminded all that, “Hope is Alive.” (Song by Russell Daisey and Judy Kuriansky, IAAP).

Mission of Botswana



The Permanent Representative of the Mission of Botswana, H.E. **Charles Thembani Ntwaagae**, was the first of many to praise Sierra Leone for hosting the event and for their resilience in the face of Ebola. Botswana was one of the first countries to respond to the International Aid Appeal for West Africa at the start of the epidemic. The Ambassador noted, “This is in line with one of the cardinal points of our foreign policy which is to respond to humanitarian needs and appeals in times of epidemics and disasters.”

The Ambassador emphasized the synergy between SDG Goals 1, 4, 3 and target 3.4. He succinctly outlined Botswana’s progress

in these areas including significant reduction in poverty and revision of its outdated Mental Disorders Act, to protect human rights and ensure quality mental healthcare. Ambassador Ntwaagae reiterated Botswana’s commitment to working with her sister countries to realize the objectives of global agenda 2030 and Agenda 2063, the strategic framework for the socio-economic transformation

Mission of People’s Republic of China



of the African continent. Attending his first meeting at the UN since assuming his post, **H.E. Ma Zhaoxu**, Permanent Representative of the Peoples’ Republic of China, noted that China had sent many health workers to West Africa during Ebola and continues to train public health workers. He highlighted: the need for continued support to West Africa, a global response to outbreaks of infectious diseases, strengthening of multilateralism and support for the UN Central Coordinator .

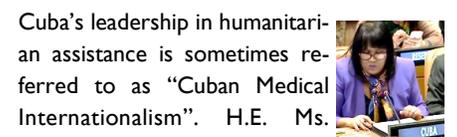
Ambassador Zhaoxu further emphasized the importance of systems thinking and a holistic approach to help African countries build full fledged medical and health care systems together with systems for infectious disease prevention and control.”

In a memorable reference to the dimensions of resilience and recovery (namely, hardware

and software), and noting the importance of psychological counseling, Ambassador Zhaoxu explained that “while increasing investment in the ‘hardware,’ such as hospital facilities and laboratories, we also need to upgrade ‘software’ by raising prevention awareness, improving contingency mechanics and offering psychological counseling.”

In closing, he emphasized the need to cement the foundation for recovery by supporting Africa’s development. “Economic and social development are the foundation and guarantee of recovery...the international community must help African countries implement the 2030 Agenda.”

Mission of Cuba



Cuba’s leadership in humanitarian assistance is sometimes referred to as “Cuban Medical Internationalism”. H.E. Ms. Anayansi Rodriguez Camejo, Permanent Representative of Cuba, described her countries altruistic mission and three pillars of disaster aid: internationalism; humanitarianism; and solidarity. Over 5,000 Cuban doctors volunteered to help in the Ebola epidemic from which 200 were selected to serve in the affected countries. The Ambassador shared the story of a Cuban doctor who was infected with Ebola and whose life was saved by the cooperation of countries present. The



audience applauded as she introduced two Cuban doctors present in the audience who had served in West Africa during Ebola.

“There is no health without economic stability; there is no economic stability without health; there is no health without mental health.”

Mission of France

Permanent Representative of France, **H.E. François Delattre**, emphasized that epidemics go beyond health systems with long-lasting and far-reaching consequences on societies as a whole. He agreed that social development and poverty eradication are critical to building robust and resilient health systems and emphasized France’s commitment to “Ensuring sustainable health, well-being and education ...”



The Ambassador also noted France’s support for WHO’s five-year strategic plan to improve public health emergency preparedness and response and the “One Health” approach for integrating human and animal health and environmental sustainability in order to improved global health security

Mission of Morocco

H.E. Omar Kardily, Deputy Permanent Representative of the Kingdom of Morocco, focused on Morocco’s commitment to West Africa



evidenced by the numerous flights its airline sent weekly to all three affected countries during the Ebola outbreak. He empathically described the effects of the outbreak that linger in the affected countries and raised concern, like the other dignitaries, that the epidemic was not just a health issue but a multi-faceted issue with deep economic and social impacts. He specifically commented on the significant number of children suffering from post-epidemic psychological trauma.

Mission of Germany

H.E. Christoph Heusgen, Permanent Representative of Germany, focused on the need for a holistic community-based approach and also emphasized the role and influence of the education system. Making an added important point to the conversation, Ambassador Heusgen called for business involvement, specifically mentioning the value of involvement by insurance companies.



Mission of Canada

Canada is a leader in mental health care both domestically and internationally. Deputy Permanent Representative **H.E. Louise Blais** spoke eloquently about Canada’s commitment to mental health and its role on the ground and in laboratories to aid in epidemic outbreaks. Canadian scientists played an important role in creating the Zmapp, the antiviral treatment for Ebola, in addition to its French speakers who helped change atti-



tudes and reduce stigma within West African communities. The Ambassador, a long-time advocate of mental health, placed a strong emphasis on the need to remove the stigma of mental illness. To do so, she proposed devising plans to help populations post-crisis to cope with lingering effects of epidemics.

Mission of Guinea

The chargé d’affaires of the Mission of the Republic of Guinea, **François Abou Soumah**, thanked the many countries present who assisted Guinea during the epidemic. He highlighted how Ebola had brought to light drastic weaknesses in the health system including the health surveillance system. In response, the Government has upgraded epidemic monitoring through the National Agency for Sedentary Security established in 2016 and created 38 epidemiologic treatment centers and support programs for orphans and widows but emphasized that these programs must be strengthened.



Guinea appeals to global partners to help follow-up on the Ebola epidemic by supporting national initiatives in health system strengthening. He underscored the special urgency of this work now that the Mano River Basin has been recognized as a zone for ecological diseases.

The event emphasized holistic and sustainable approaches to health and mental health care that involve communities, are sensitive to cultural and religious traditions, and inclusive of multiple stakeholders.

VOICES FROM THE GROUND

To bring to the conference room the voices of people directly impacted by Ebola and its aftermath, a video “Voice from the Ground” was shown. The video highlights the drastic aftereffects of Ebola and the needs of survivors for psychosocial support, medical care, employment, and even housing. Yusuf Kabba, President of the Sierra Leone Association of Ebola Survivors (SLAES) introduces young orphans from the community. Glenna Evelyn Beckly notes the specific problems of young girls who are now the heads of families and are facing difficulty in managing their psychosocial stress. Hassan Kamara makes a passionate appeal for donors and international community to “come to their rescue.” Sametta Thomas, social worker and country facilitator for the Mental Health Leadership and Advocacy Program (mhLAP) in Liberia is still providing psychosocial support and counseling to Ebola survivors suffering psychosomatic symptoms and severe emotional trauma. Dr. Carmen Valle, mental health technical advisor from CBM International who led the psychosocial response in Sierra Leone before and during Ebola, noted the value of training psychiatric nurses to decentralize mental health support to communities, and the impressive progress of the Enabling Access to Mental Health project in advocating about mental health and psychosocial support.



Yusuf Kabba, SLAES President

See: <https://drive.google.com/open?id=18O10I3vCF2yXTwKRt0nRU3TXqwX0KNX7>.

Panel of UN Agencies and Civil Society

Fatima Khan, External Relations Officer, WHO New York, an expert on the Ebola crisis, expressed gratitude to the countries affected by the epidemic. She noted the importance of communities, as it was only when WHO reached the local communities that it was possible to “turn the tide of the outbreak.” She emphasized:

- Achieving the sustainable development goals requires a holistic multi-level approach; this is a necessity, not a luxury;
- Need to invest in long-term resilience and recovery for communities and health systems and noted investment in SDG 3 and universal health care would avert 41 million child deaths and 21 million HIV/AIDS cases, and provide clean water to 226 million people by 2030.
- These points are intertwined with human impact, as illustrated by the tragic situation recounted in Dr. Kuriansky’s book, *The Psychosocial Aspects of a Deadly Epidemic: What Ebola has Taught Us about Holistic Healing*, when a man approached her with the appeal, “I lost my job because of Ebola and I have no money for my family. Can you help me?” This one sentence, she said, conveys the very real and complex effects of health epidemics.

Ms. Khan outlined five WHO priorities: (1) to ensure universal health care to prevent people from falling into poverty and to reach migrant and refugees; (2) to build resilience health care systems; (3) to ensure the health dignity and rights of woman and children/ adolescents; (4) to advance mitigation and adaption for climate and environmental change; and (5) for WHO to transform into a more effective, transparent and accountable agency.

Ibrahim Sesay, UNICEF Child Protection Specialist, a native of Sierra Leone, opened with the powerful statement, “Poverty itself is a psychosocial issue.” During the epidemic, UNICEF hosted a coalition of mental health actors from various organizations to share their practices. He described how 11,000 children were directly impacted from the epidemic, 6,000 of whom are now orphans. He outlined four issues resulting from Ebola: (1) the emotional and psychosocial impact; (2) the collapse of family and communities; (3) the financial burden, and (4) the stigma of mental health. He recommended actions: to acknowledge culture influences when dealing with health emergencies; build mental health resources; explore how to best contribute to governments preparedness and recovery plans; and to use the SDGs to build and strengthen health systems through multi-sectorial and integrative approaches.

Sam Togba Slewion, Chair of the Social Work Department at United Methodist University in Liberia, works with the Community Support for Ebola Orphans and Survivors (COSEOS) which provides psychosocial support services. He noted that Ebola left over 11,000 survivors, many reporting ongoing symptoms that he referred to as “Post-Ebola syndrome.” He noted that closure of the

emergency treatment units left survivors to fend on their own, unable to receive needed medical and psychological attention. Many suffer in silence. He advocated for essential psychological and socio-economical support for these survivors.

Dr. Mohammed Nurhussein, Professor Emeritus at State University of New York Downstate Medical Center and the National Chair of the United African Congress (UAC), described the UAC’s early advocacy to create awareness of Ebola and its work to organize a concert in the UN General Assembly Hall entitled “*Stop Ebola & Build For The Future Concert*.” Speaking about “The African diaspora and the United Nations SDGs: Responses to Ebola, Cultural Competency and the Concrete Example of the Ethio-American Doctors Group,” Dr. Nurhussein addressed the following themes:

- The urgency of an early response to epidemics;
- Cultural competency considering and respecting; traditional practices and healers while engaging them to stop the virus; African views on life and death must be understood, as these lead to burial practices that ironically, spread the disease.
- A model initiative of Quality Medical Care in Africa is the current project of the Ethio-American Doctors Group, Inc. with its mission to build an economically sustainable center of excellence in health care to catalyze change in healthcare delivery in Africa that among other priorities, will emphasize maternal and child care. Ground has been recently broken to build the hospital.

Dr. Walter Reichman, main ECOSOC representative of the International Association of Applied Psychology, described concrete programmes that address poverty eradication through education and psychosocial support. A humanitarian work psychologist, he emphasized the important connections the panel was making by linking poverty reduction, health, mental health and education. Examples of programs that are improving the lives of the most vulnerable in low resource countries include: the Student Training for Entrepreneurial Promotion program (Uganda); the Center for Creative Leadership (Kenya); and the Girls Empowerment and Entrepreneurship Program (Lesotho). This last was co-developed by IAAP’s team led by Dr. Kuriansky, in partnership with the First Lady and local NGOs. He pointed to the statement sponsored by IAAP about “*Reducing Poverty by Employing Individuals with Disabilities: Contributions of Psychological Research and Practice*” (distributed to the audience) related to a theme of the current Commission for Social Development. He concluded by saying that IAAP is eager to partner with UN missions, UN agencies and other NGOs to improve the well-being of people everywhere.

In conclusion, Dr. Kuriansky summed up key points from the event on the way forward. She noted the importance of a holistic and sustainable approach to health care that involves communities, is sensitive to cultural and religious traditions, and involves multiple stakeholders.

The Organizing Committee offers a heartfelt thank you to all the volunteers who assisted in this event: (insert names in alphabetical order).