

Title: Digitization of Payments to Ebola Response Workers in Sierra Leone

Activities: Assess ability to pay responders; Ensure response workers are compensated

Stakeholders: National and subnational health authorities; National and subnational departments of commerce; World Health Organization; UN Country Team; Médecins Sans Frontières; Private sector organizations

Phases: Early response; Intervention; Post-intervention and recovery

Years: 2015

Countries: Sierra Leone

Agent: Ebolavirus

Case study prepared by: Hannah Todd, June 23, 2020

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In December 2013, West Africa reported the index patient of its Ebola virus disease (EVD) outbreak. The first case was an 18-month-old Guinean boy suspected to have been infected by bats. In March 2014, the World Health Organization (WHO) officially declared an outbreak of EVD. By late May 2014, the virus had spread to Liberia and Sierra Leone, in part due to weak surveillance systems and inadequate public health infrastructure.¹

Cases grew slowly and quietly in Sierra Leone, until there was a burst of cases in May and June. Health authorities attributed this spike in incidence to the May 10 funeral of a respected traditional healer infected while treating EVD patients from Guinea. From there, cases exploded. On June 12, the Sierra Leone government declared a state of emergency in its district of Kailahun.² On June 24, Médecins Sans Frontières opened a fifty-bed EVD treatment center in Kailahun. Deaths continued to add up, with the WHO reporting the burials of more than 50 bodies in less than two weeks in mid-July. The WHO and Public Health Canada opened a mobile laboratory. However, there still was a dearth of treatment facilities with rapid, high-quality lab

¹ Centers for Disease Control and Prevention. 2014-2016 Ebola Outbreak in West Africa. Updated March 8, 2019. Accessed June 24, 2020. <https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html>

² Roy-MacAulay C. Emergency declared in Sierra Leone district because of Ebola outbreak. CTV News. Published June 12, 2014. Accessed June 24, 2020. <https://www.ctvnews.ca/health/emergency-declared-in-sierra-leone-district-because-of-ebola-outbreak-1.1865077>.

support. Health authorities also implemented contact tracing. However, massive staff shortages left work unsupervised or incomplete.³

On July 29, 2014, Sheik Humarr Khan, the country's single expert on viral hemorrhagic fevers and leader of the Ebola response, died at the treatment center in Kailahun. His death highlighted the magnitude of the threat of EVD and raised questions about the safety of the treatment facilities. Just weeks later, a WHO-deployed epidemiologist and three staff at a hotel where foreign medical teams were staying became infected. Moreover, the Centers for Disease Control and Prevention reported that health care workers in Sierra Leone were at 100 times greater risk for contracting EVD compared to the general population.⁴ These events underscored the need for incentives, protection, and treatment for health personnel to keep patients and providers safe and encourage the delivery of uninterrupted health care services. On August 30, 2014, healthcare workers at the government-run hospital went on strike. Their strike was over unpaid salaries and poor and dangerous working conditions.

Before the Ebola crisis, cash payments to health workers were slow, inaccurate, and vulnerable to interception. Notably, two e-transfer service providers were already operating in the Sierra Leone cities of Freetown, Makeni, Kenema, and Bo. The United Nations Development Programme, with support from partners including the UN Mission for the Ebola Emergency Response, set up a new payment program to address these issues with an awareness of existing in-country resources. Through collaboration with existing e-transfer providers and the Central Bank of Sierra Leone (representing all commercial banks in the country), Sierra Leone created a robust private sector payment platform. This initiative represented an attempt to improve relations with responders and end the strikes.⁵ E-transfer providers fully digitized more than 21,000 payments to workers, largely through mobile money deliveries.⁶

These e-transfers were not 'pure.' The lack of network coverage and service provider capacity in (often rural) program areas made full e-transfers challenging. Instead, providers used their services to facilitate offline payments at a series of pay points. Digitization made payments more accurate and efficient through simplified processes of verifying beneficiary information and

³ World Health Organization. Ebola in Sierra Leone: A slow start to an outbreak that eventually outpaced all others. Published January 2015. Accessed June 24, 2020.

<https://www.who.int/csr/disease/ebola/one-year-report/sierra-leone/en/>.

⁴ Centers for Disease Control and Prevention. Ebola Virus Disease in Health Care Workers-Sierra Leone, 2014. Published December 12, 2014. Accessed June 24, 2014.

<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6349a6.htm>.

⁵ United Nations Development Programme. Payments Programme for Ebola Response Workers: Cash at the Front Lines of a Health Crisis. Published May 2015. Accessed June 24, 2020.

<https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/payments-programme-for-ebola-response-workers.html>.

⁶ Dumas T, Frisetti A, Radice HW. Harnessing Digital Technology for Cash Transfer Programming in the Ebola Response. USAID and CALP. Published September 2017. Accessed June 24, 2020.

<https://www.calpnetwork.org/wp-content/uploads/2020/03/calp-ebola-case-study-web-1.pdf>.

demonstrating proof of distribution. This better payment system helped to end the strikes, in turn enabling Sierra Leone to better contain EVD by treating the infected and saving lives.⁷

Please include case study summary text below this line.

During the 2014-2015 Ebola outbreak in western Africa, health workers in Sierra Leone went on strike to protest their working conditions and pay. They felt unsafe at work, and were frustrated by their slow, inadequate compensation. In response, the United Nations Development Programme (UNDP) supported the implementation of digital technology to pay these workers. This enabled more effective management of the outbreak due to improved relations with frontline responders.

⁷ Better Than Cash Alliance. Saving Money, Saving Lives: A case study on the benefits of digitizing payments to Ebola response workers in Sierra Leone. Published May 18, 2016. Accessed June 24, 2020. <https://reliefweb.int/report/sierra-leone/saving-money-saving-lives-case-study-benefits-digitizing-payments-ebola-response>.