



United Nations
Educational, Scientific and
Cultural Organization

UNESCO's Response to Ebola

Strategy Paper



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December 2014

Published in 2014 by the United Nations Educational, Scientific and Cultural Organization
7, place de Fontenoy, 75352 Paris 07 SP, France

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Composed and printed in the workshops of UNESCO
The printer is certified Imprim'Vert®, the French printing industry's environmental initiative.

Printed in France

ED-2014/WS/40 – CLD 3013.14

Foreword

The current outbreak of the Ebola virus disease has had a devastating effect on communities in West Africa, exposing the vulnerabilities of their services and systems. Its impact has affected every part of society, impeding the delivery of basic services, such as health and education, crippling the economy, and jeopardizing social cohesion.

As I write, there are signs that the tide is turning in some countries. Liberia has reported a slowing of cases, for instance – but we cannot be complacent, there are still new cases of infection, each of which is preventable. UNESCO is stepping up its efforts to address the Ebola crisis and play a key role in the global response. For this, we are drawing upon the Organization's expertise across culture, education, communication and the sciences, as well as on our close working relationships with ministries, civil society, other United Nations agencies, multi-lateral and other development partners, including the private sector.

We need to maintain a focus on the immediate response, while preparing for the future. UNESCO is in an ideal position to provide support to Member States to make the transition from crisis to reconstruction and development. At the same time, we must prepare for future possible outbreaks and establish strong foundations to enable countries to withstand and respond to any future emergency. Ebola is neither the first, nor the last, public health emergency – systems put in place to respond to Ebola virus disease and strengthen the provision of basic services will be applicable to other possible emergencies.

Priorities for responding to the Ebola virus disease will continue to evolve as the epidemic progresses. This strategy acknowledges that all eventualities may not be foreseen, so UNESCO's response must be flexible to face new developments, the evolution of the epidemic and the needs of countries currently without widespread transmission.

Our experience in responding to HIV also teaches us that education alone cannot bring about the changes needed to reverse the epidemic – it must be complemented by efforts to address the underlying social and cultural factors. This cross-disciplinary approach is UNESCO's signature strength, well-suited for responding to the Ebola crisis.

In all of this, UNESCO will work with the United Nations Mission for Ebola Emergency Response, along with relevant UN Country Teams, Member States and partners, in order to ensure full alignment and effective overall action. This strategy outlines how UNESCO will contribute to stopping the outbreak, preserving stability, ensuring continuity of essential services, and building the capacity of countries currently unaffected to prepare for future outbreaks.



Irina Bokova
Director-General of UNESCO

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Summary

The latest outbreak of Ebola in West Africa has been recognized by the World Health Organization (WHO) as the ‘most severe public health emergency seen in modern times’. However, its impact has gone beyond health, affecting every part of society, impeding the delivery of basic services, affecting economic sustainability of individuals and countries, and jeopardizing social cohesion. UNESCO has a key role to play in the global response. Able to call upon expertise in a number of different fields (culture, education, communication and the sciences) as well as close working relationships with ministries, civil society, other United Nations (UN) agencies, multi-laterals and other development partners including the private sector, UNESCO is in an ideal position to provide support to Member States in the Ebola response.

In keeping with its mandate, and as part of its support to Member States, UNESCO’s **immediate goal** is to **strengthen the ability of countries to respond to, and withstand the Ebola crisis** both in affected countries and beyond.

UNESCO’s objectives are to:

1. contribute to **efforts to stop the epidemic**;
2. contribute to **preserving stability** by mapping and improving relevant information flow systems and bridging knowledge and communication gaps through media development actions including enhanced media policies, journalism training, media and information literacy;
3. ensure **continuity of essential services** in education, by identifying and supporting the establishment of alternative methods of education (e.g. radio, mobile technology, etc.); and
4. assist countries currently unaffected to curtail misinformation and **prepare for a possible outbreak** by putting in place response mechanisms that can enable a continuity of services should an epidemic take hold.

UNESCO’s **longer-term goal** is to **strengthen the ability of Member States to prepare and respond to this and/or similar public health emergencies in the future** by strengthening mechanisms to help them prepare for unforeseen eventualities.

All of UNESCO’s Programme Sectors will contribute to the Ebola response, through Programme Sector-specific strategies and actions, and through collaboration across Programme Sectors, supporting national level action tailored to local contexts, and in full alignment with the UNESCO Strategy on Ebola. A separate concept proposal, including a budget for 2015, has been developed to support the rapid implementation of this strategy.

➤ Situation Analysis

» Current state of the epidemic and prognosis

The current outbreak of Ebola virus disease (EVD) has had a devastating effect on the affected countries, exposing the vulnerabilities of their services and systems. Its impact has gone beyond health, affecting every part of society, impeding the delivery of basic services such as education, affecting economic sustainability of individuals and countries, and jeopardizing social cohesion. While EVD does not have the highest average reproductive ratio (measure of how easily a disease travels from person to person), 1.5-2 versus for e.g. 12-18 for measles, it does have one of the highest case-fatality ratios currently at 70% for this outbreak, but able to rise

to 90%. EVD is neither the first nor the last public health emergency to threaten the ability of countries to provide basic services, and longer term support to strengthen countries' coping mechanisms will help them prepare for unforeseen eventualities. Thus, while this strategy paper concentrates on Ebola, it is also applicable to other public health emergencies that may arise.

According to the World Health Organization (WHO),¹ as of 23 November 2014, a total of 15,935 confirmed, probable, and suspected cases of EVD have been reported in seven affected countries (Guinea, Liberia,

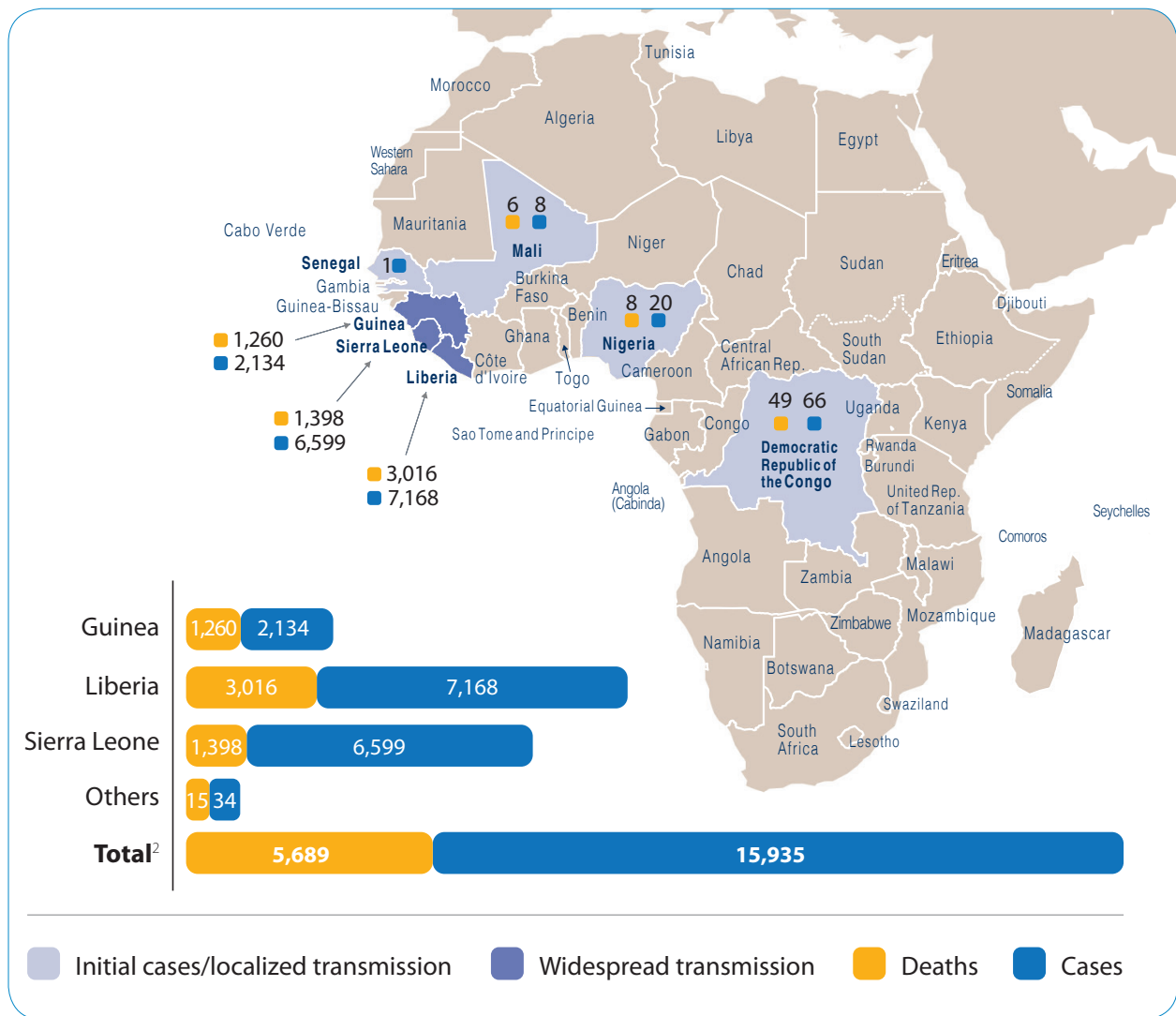


Figure 1: WHO Reported EVD Cases and Deaths in West Africa (as of 23 November 2014)

¹ http://apps.who.int/iris/bitstream/10665/144498/1/roadmapsitrep_26Nov2014_eng.pdf?ua=1

² Excluding the Democratic Republic of the Congo's unrelated EVD outbreak.






Mali, Nigeria, Senegal, Sierra Leone, Spain, and the United States of America). There have been 5,689 reported deaths, of which 1,260 in Guinea, 3,016 in Liberia and 1,398 in Sierra Leone. The remaining deaths occurred in countries without widespread transmission e.g. Nigeria, the United States of America and most recently Mali. WHO cautions that the total number of cases and deaths is under-reported.

According to the WHO’s Ebola Response Roadmap, there are three categories of countries: 1) those with widespread and intense transmission (Guinea, Liberia and Sierra Leone); 2) those with or that had an initial case or cases, or with localized transmission (Mali, Nigeria, Senegal, Spain and the United States of America); and 3) those countries that neighbour or have strong trade ties with areas of active transmission. Countries can be in both categories 2 and 3. WHO has officially declared that the outbreak in Senegal is over, pointing out that the success of both Senegal and Nigeria in halting the transmission is due in part to strong political leadership, early detection and response, public

awareness campaigns, and strong support from partner organizations. While transmission has been halted in these two countries, it does not mean that new cases will not emerge in the future. A separate unrelated outbreak (66 cases reported and 49 deaths) has now been declared over in the Democratic Republic of the Congo.

Unlike many other viruses, Ebola is only contagious through direct contact with bodily fluids and is not airborne or vector-borne. The outbreak spreads through human-to-human transmission via direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids. Infected people don’t become contagious until they develop symptoms, but will remain contagious after death. People remain infectious as long as their blood and body fluids, including semen and breast milk, contain the virus. New research by the USA Centers for Disease Control show that the virus is still present in semen for up to 90 days after recovery from illness.

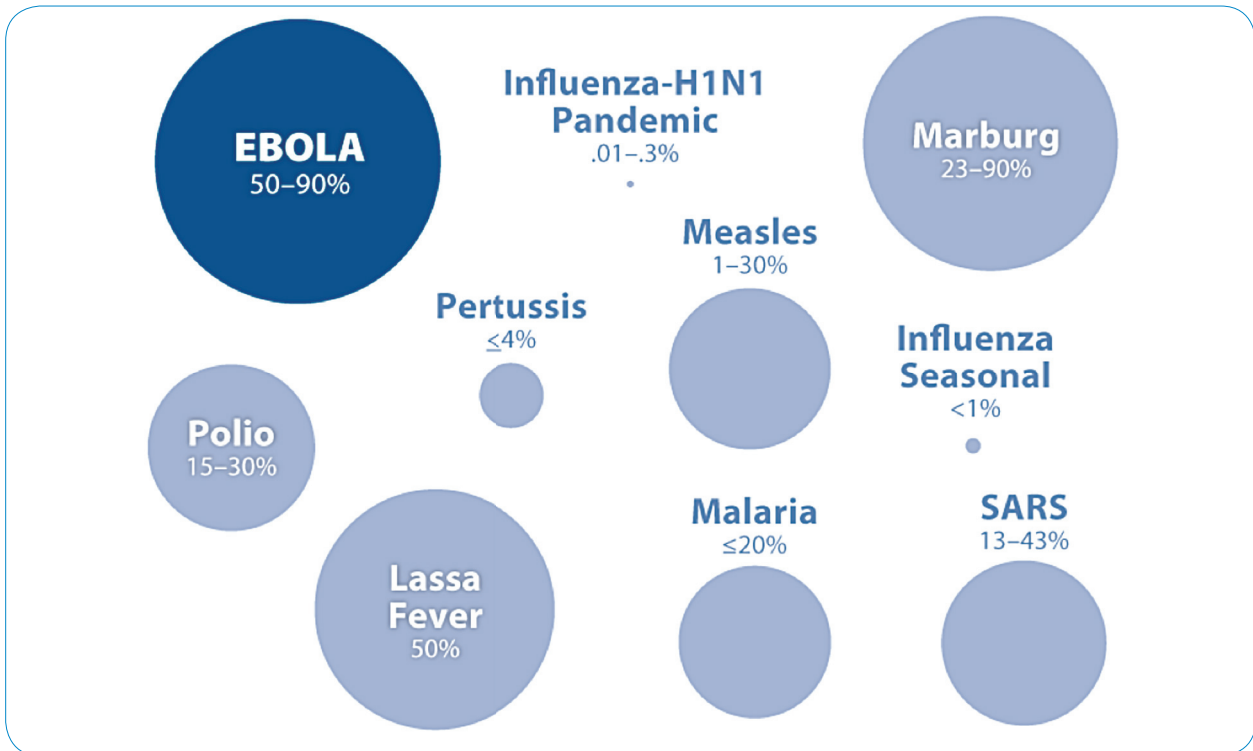
Modes of transmission for the Ebola virus and other diseases

 DIRECT CONTACT WITH BODILY FLUIDS	 AIRBORNE	 VECTOR-BORNE (mosquito)	 SYMPTOMATIC TRANSMISSION	 ASYMPTOMATIC TRANSMISSION*
Ebola Hepatitis C HIV	Influenza Measles Pertussis SARS Tuberculosis	Malaria	Ebola Measles Pertussis	Hepatitis C HIV Influenza Malaria Polio Tuberculosis

* These viruses are also spread during the symptomatic stage.

Source: “How is Ebola transmitted?” & “Is asymptomatic transmission of Ebola possible?” The Henry J. Kaiser Family Foundation, accessed 26 November 2014, <http://kff.org/infographic/ebola-characteristics-and-comparisons-to-other-infectious-diseases/>

Case-fatality ratio for Ebola and other diseases



Source: "How deadly is Ebola," The Henry J. Kaiser Family Foundation, accessed 26 November 2014, <http://kff.org/infographic/ebola-characteristics-and-comparisons-to-other-infectious-diseases/>

The incubation period varies between 2 and 21 days and the case fatality rate of EVD in the past has been between 50-90%, although current data suggest that the epidemic in West Africa has a case-fatality rate of 70%.

WHO has qualified the epidemic as the 'most severe acute public health emergency seen in modern times', and projects that by December 2014 the number of new EVD cases in Guinea, Liberia, and Sierra Leone could be between 5,000 and 10,000 a week.

The impact of EVD has not only been medical and economic. Public and private schools in Liberia have been shut since July 2014, leaving 1.4 million children without access to education. The situation is similar in Sierra Leone and Guinea, and while alternatives for education are being developed, there is no clear timetable for reopening schools. The EVD crisis has affected young women and men who are at the frontline in the affected communities: those who fell ill, the survivors, first responders, health professionals, soldiers, "burial boys" and awareness-raising volunteers. The growing number of orphans is also placing older children in the difficult position of primary caretakers for their younger siblings. The "young face" of Ebola calls for strategic actions that

allow for the proactive participation of young women and men, while creating enabling conditions for them to engage as responsible citizens and social actors. As future leaders of society, youth have a compelling role to play in the communities as they develop their potential as agents and subjects of social transformations.

Media with a public remit have a pivotal role to play in shaping public opinion and curtailing the impact of the EVD outbreak. They need to be sufficiently networked and systematically linked to credible sources of knowledge and information in order to fulfil their part, which includes countering speculative, discriminatory and stigmatizing information that is not grounded in the practice of ethical and professional journalism. International advocacy is necessary to transform negative media narrative about EVD to objective and realistic ones that reflect resilience and are balanced with role-model stories. While the introduction of science and health journalism may be part of the long-term strategy, immediate steps to strengthen the reporting capability and safety of journalists and establishing linkages between their institutions and primary information sources will have positive and life-saving implications. Similarly, education has a key role to play especially in

countries not yet affected but at high risk, capacitating teachers and the ASP Network to mobilize communities and educate children for awareness and prevention.

While the response to the EVD emergency has been justifiably focused on ensuring that appropriate medical care is available to the affected populations, the necessary dialogue on bioethical issues surrounding the management of the epidemic remains dispersed. Issues such as the ethics of using experimental drugs, allocation of scarce health care resources, and traditional practices

related to health, to name a few, have been dealt with in a piece-meal manner. There is a need to ensure that such issues, which permeate all aspects of the national and international response to this public health crisis, are addressed using approaches that are consistent with international bioethical standards, so as to appropriately safeguard the human dignity and human rights of all those impacted by EVD. This is important not only for the immediate EVD response, but also for long-term capacity to respond to future public health emergencies and concerns, both nationally and internationally.

»» UN strategy for Ebola

In response to this growing epidemic, the United Nations (UN) Security Council declared the Ebola outbreak “a threat to international peace and security” and spurred the creation in September 2014 of the first UN emergency health mission, the UN Mission for Ebola Emergency Response (UNMEER) based in Ghana. In July 2014, WHO supported a meeting in Accra of the three countries with widespread transmission to develop a response plan for West Africa, and in August released the Ebola Response Roadmap setting out what would be needed to arrest transmission within 6-9 months and prevent international spread.

On 12 August 2014, the UN Secretary-General appointed a Senior UN System Coordinator for Ebola and on 16 September the UN Office for the Coordination of Humanitarian Affairs (OCHA) released the *Ebola virus disease outbreak – Overview of needs and requirements*, which outlines the resources considered critical to effectively address the crisis across a range of objectives over the next six months by national governments, the WHO, the UN agencies, funds and programmes, and some non-governmental organizations. While the strategy was originally drafted as a response to a possible 20,000 cases, and it is now evident that that figure will be exceeded, it still provides the basis and strategic objectives for a comprehensive response to the crisis. The UN strategy has 5 strategic objectives and 13 mission critical actions (see table on next page). Out of these strategic objectives and mission critical areas,

flow the key tasks and requirements to respond to the outbreak (see OCHA's *Ebola virus disease outbreak – Overview of needs and requirements* for further details).

Under the UNMEER which was set up to respond to the immediate needs of the EVD outbreaks, WHO is responsible for overall health strategy and advice within the Mission, while other UN agencies will act in their area of expertise under the overall leadership and direction of a single Head of Mission. The Mission will leverage the existing presence and expertise of UN country teams (UNCT) and international partners including non-governmental organizations (NGOs) on the ground, to minimize gaps and ensure leadership.

EVD is a complex emergency which has galvanized a large number of stakeholders into action, but without proper systems of coordination, the effectiveness of the response will be affected by *inter alia* duplication, delays, and gaps in the response. A number of different systems have already been put into place such as the Emergency Operations Centre in Sierra Leone, the Incident Management System in Liberia and President Ellen Johnson Sirleaf's weekly meeting with the major stakeholders (her key government officials, the United Nations, the U.S. government and the African Union). From the UN and other stakeholders side, in addition to UNMEER, a number of different coordination mechanisms have been initiated to increase the effectiveness of the response, such as the weekly International Interagency

5 STRATEGIC OBJECTIVES (STEPP) & 13 MISSION CRITICAL ACTIONS

- 1 **STOP** the outbreak
 - 1 Identify and Trace people with Ebola
 - 2 Safe and Dignified Burials
- 2 **TREAT** the infected
 - 3 Care for Persons with Ebola and Infection Control
 - 4 Medical Care for Responders
- 3 **ENSURE** essential services
 - 5 Provision of Food Security and Nutrition
 - 6 Access to Basic (including non-Ebola Health) Services
 - 7 Cash Incentives for Workers
 - 8 Recovery and Economy
- 4 **PRESERVE** stability
 - 9 Reliable Supplies of Materials and Equipment
 - 10 Transport and Fuel
 - 11 Social Mobilization and Community Engagement
 - 12 Messaging
- 5 **PREVENT** outbreaks in countries currently unaffected
 - 13 Multi-faceted approach to strengthen preparedness of all countries to rapidly detect and respond to an Ebola exposure, especially those sharing land borders with areas of active transmission and those with international transportation hubs

Source: OCHA. 2014. *Ebola virus disease outbreak – Overview of needs and requirements*. New York, OCHA.

Ebola Communication Coordination Call chaired by the Centers for Disease Control and Prevention (CDC), which includes a number of different stakeholders such as UNICEF, WHO, IFRC, USAID, IOM, UNAIDS, UNDP and UNESCO. In addition, the UNCTs in each affected and surrounding country have been tasked with drafting common country assessments from which will flow a call for proposals at the national level. In the countries it already has a presence in, and at the global level, UNESCO is already coordinating with other stakeholders to improve the effectiveness of our response.

With regards to fundraising, the UN has established the Ebola Response Multi-Partner Trust Fund, to ensure a coherent UN system contribution to the overall EVD outbreak response. The Fund is guided by the strategic

priorities set out in the OCHA *Ebola virus disease outbreak – Overview of needs and requirements* (described above). In addition, a United Nations Foundation Ebola Response Fund has also been set up to raise funds.

Given the ongoing response by multiple stakeholders, UNESCO's response is also informed by other relevant strategies and initiatives such as the African Union's. UNESCO's response will be based on needs identified at the country level, through amongst others, UNCT mapping and prioritization. Regular country mappings are currently taking place, covering the work of the major stakeholders, and identifying gaps and needs. In addition, daily UNMEER situation reports provide information on actions taken on the ground.

»» Goal and objectives of UNESCO's response

In keeping with its mandate to support Member States, UNESCO's **immediate goal** is to **strengthen the ability of countries to respond to, and withstand the Ebola crisis** both in affected and surrounding countries, which will be achieved through technical contributions in our areas of expertise. Specific activities for each objective and timelines will be laid-out in detailed project documentation tailored to local contexts and needs in each of the three priority countries (Guinea, Liberia and Sierra Leone).

UNESCO's objectives are to:

1. contribute to **efforts to stop the epidemic**;
2. contribute to **preserving stability** by mapping and improving relevant information flow systems and bridging knowledge and communication gaps through media development actions including enhanced media policies, journalism training, media and information literacy;

3. ensure **continuity of essential services** in education, by identifying and supporting the establishment of alternative methods of education (e.g. radio, mobile technology, etc.); and
4. assist countries currently unaffected to curtail misinformation and **prepare for a possible outbreak** by putting in place response mechanisms that can enable a continuity of services should an epidemic take hold.

UNESCO's **long term goal is to strengthen countries' abilities to respond to this and/or similar public health emergencies in the future**. As mentioned earlier, this is neither the first nor will it be the last health outbreak to threaten the ability of countries to provide basic services. Supporting the development of sustainable systems and strengthening countries' coping mechanisms will help them prepare for unforeseen eventualities.

»» Mobilizing UNESCO's expertise

UNESCO's mission to build peace, eradicate poverty and promote sustainable development and intercultural dialogue through education, the sciences, culture, communication and information places it in a unique position to provide support for a multi-sectoral EVD response. Guided by a human rights-based approach, the Organization has established Gender Equality and Africa as its two global priorities for the 2014-2021 Medium-Term Strategy. UNESCO programmes and activities are designed to reflect these organizational priorities, which are also key to ensuring an effective and equitable Ebola response.

UNESCO's mandate encompasses a variety of health-related issues, and its governing bodies have specifically articulated expected results for UNESCO in the area of

health education, which is grounded under strategic objective 2 of UNESCO's Medium-Term Strategy (2014-2021), and Main Line of Action 2 of its 2014-2017 Programme and Budget (37 C/5) which correspond to Empowering learners to be creative and responsible global citizens. Moreover, the relevance of UNESCO's work to global health challenges is attested to by its role as one of six founding Cosponsors of the UNAIDS Joint Programme since its inception in 1994. Since then, UNESCO has accrued over two decades of experience supporting Member States to scale up the education sector response to HIV and AIDS, especially through advocacy, the production of normative and technical guidance, research and data collection to enhance the evidence base, and data-driven programming tailored to the needs of most-at-risk and most vulnerable groups.

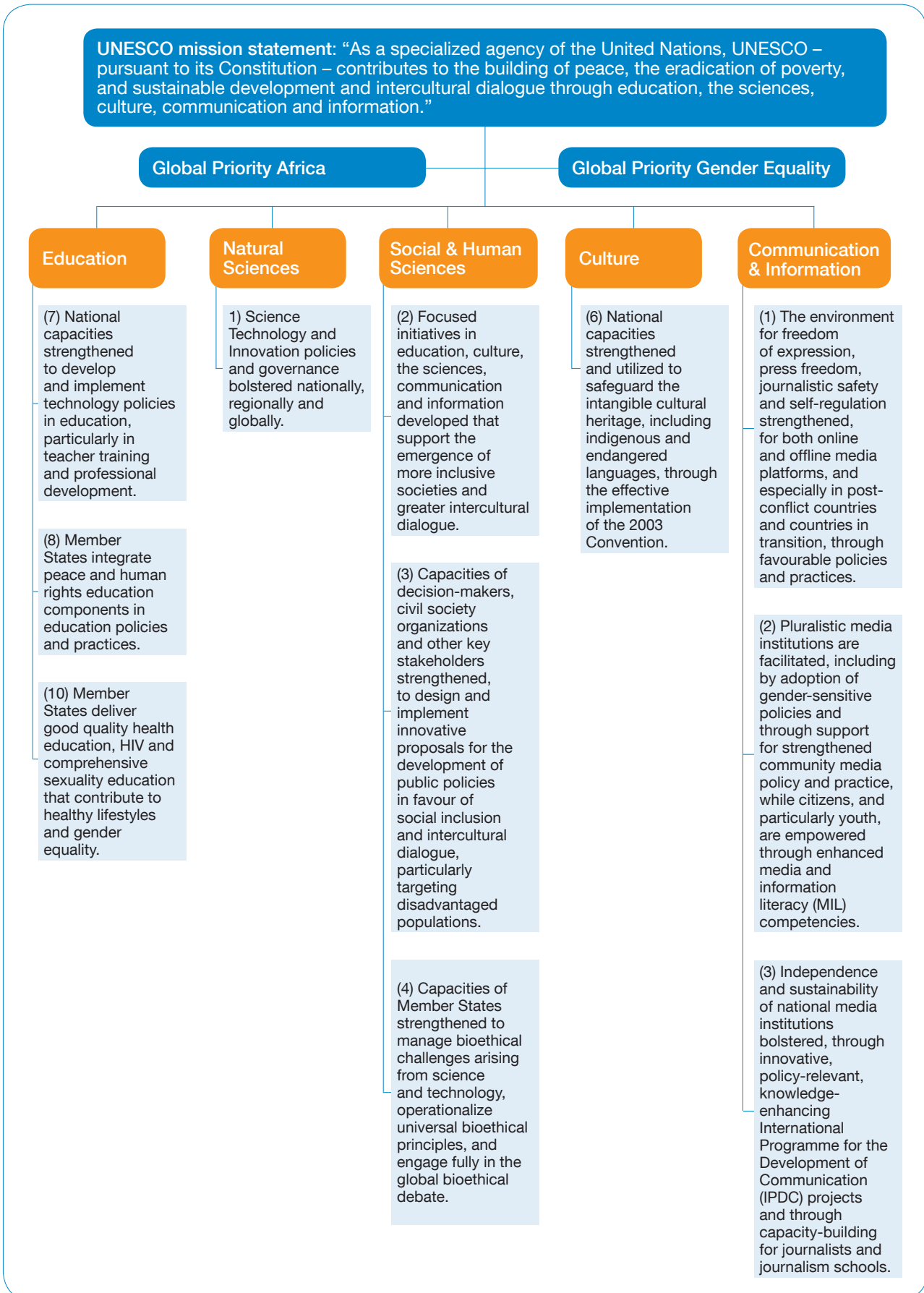


Figure 2: Expected results of UNESCO's 2014-2017 Programme and Budget of relevance to the EVD response

All of UNESCO's Programme Sectors and certain specialized central services will be mobilized to contribute to the Ebola response, both through sector-specific and multi-sectoral strategies, and in line with its Medium-Term Strategy and the 2014-2017 results framework outlined above. The Division for Gender Equality, the Africa Department and the Director-General's crisis transition and response team will provide backstopping and monitoring support to all initiatives. The Bureau of Strategic Planning will also provide support related to field coordination and cooperation with donors.

Education Sector (ED)

The ED Sector supports Member States to strengthen education systems to foster high quality education and lifelong learning opportunities for all. Of relevance to the EVD response, the Sector supports ministries of education to develop risk-reduction analysis and strategies, and to develop comprehensive school health programmes that are capable of addressing a health emergency before it even starts. ED Sector expertise also seeks to expand innovative learning opportunities through radio and other information and communication technologies (ICT), with a specific focus on mobile learning for students and teachers. For example, UNESCO will provide support to an "Education by Radio Programme" which has been initiated by the Liberian ministry of education to provide continuity of teaching and learning. These technologies can play a key role in the EVD response, providing an alternative method for education delivery when it is not possible to keep schools and colleges open. In both formal and non-formal education programmes, including TVET and skills development, UNESCO will also seek to support the development and dissemination of learning resource materials with accurate messages on Ebola prevention, care and other health issues, for example through its *Bouba and Zaza – Childhood Cultures* series.

Achievements and lessons learned from the Education Sector's experience working to address stigma and discrimination will also be taken into consideration in the design and planning of activities, especially those learned from the Teaching Respect for All programme and the HIV and AIDS response.

Natural Sciences Sector (SC)

The SC Sector supports governments to strengthen the links between science, policy and society, with a view to addressing global challenges in a holistic and interdisciplinary way that draw on the full spectrum of scientific knowledge and disciplines. In the context of the Ebola response, SC will focus on the promotion of accurate and up-to-date scientific content, and will use its experience of the scientific community to bridge information to the media. In the long term, SC Sector action will focus on strengthening scientific research in the regions of the most affected countries in order to build capacities for treatment and prevention as well as to provide a critical mass of well-trained scientists who can advise governments about priorities for national research policies.

Social and Human Sciences Sector (SHS)

SHS supports Member States to develop innovative inclusive policies to accompany and anticipate social transformations, and to facilitate proactive responses incorporating ethical decision-making and intercultural dialogue. This focus positions SHS to respond to a number of emerging social and ethical issues linked to the EVD outbreak, such as the provision of health services in an equitable and inclusive way, and assessing the ethical ramifications of medical developments. SHS also works with countries to provide upstream policy advice for the development or review of transversal and inclusive public policies on youth, and with young people directly to support youth mobilization and empowerment. SHS will work to actively engage Member States and civil society, including young people in the response to EVD, especially to raise awareness about stigma and discrimination, and to promote a human rights-based approach to all EVD interventions. UNESCO intervention will be guided by the Operational Strategy on Youth (2014-2021) to guide programming with and for young people. The Sector will also promote ethically sound decision-making in the national and international response to the EVD crisis, through *inter alia* awareness-raising of the principles of the Universal Declaration on Bioethics and Human Rights.

In this regard, UNESCO will use its 20 years of experience in promoting bioethical reflections and building bioethical infrastructures, with a wide network of national bioethics committees throughout the world. The International Bioethics Committee (IBC), in consultation with the Intergovernmental Bioethics Committee (IGBC), has produced advice on bioethical issues, such as informed consent, social responsibility and health, human vulnerability, non-discrimination and non-stigmatization, and the ethical implications of traditional medicine systems, all of which are relevant to global health and the current EVD crisis. In addition, in a recent Joint Session of the IBC and the IGBC (9-10 September 2014), the Committees adopted a statement on EVD calling on States to:

- ▶ Define and implement strategies to fight the epidemic that involve local populations and which take into account the particular context within the affected countries, including their ethical, social and cultural dimensions.
- ▶ Reinforce the capacities of the health systems of the States affected by this epidemic so that they may face the epidemic financially, materially and from an organizational and human point of view, as well as to prevent its spread and to control it now and in the future.
- ▶ Encourage, in accordance with the level of the seriousness of this public health crisis, the efforts carried out in the field of scientific research.
- ▶ Encourage the efforts of the scientific community, with a view to the development of adequate treatments and efforts for assessing the effectiveness of treatments in the framework of ethical management of epidemics.
- ▶ Reinforce, to this end, the mechanisms of coordination among researchers.

Communication and Information Sector (CI)

CI's mandate facilitates pluralism and participation in media and promotes an enabling environment for freedom of expression, press freedom and journalistic safety supporting sustainable and independent media institutions and enabling universal access and preservation of information and knowledge. The Sector supports policy development to sustain short-term measures in the medium and long term. Those include actions that are focused on media development and capacity building, more specifically strengthening networks and linkages between media institutions, including community media, and primary sources of qualified information on health disasters enhancing the capacity of media professionals and institutions in covering high quality, scientific, and credible reports on Ebola, responding to Member States' needs for skills building of journalists in response to the impending disaster. Activities will, amongst others, leverage upon ongoing capacity-building activities directed at local and community radios; journalism education, safety and press freedom advocacy; media and information literacy and gender and media.

CI will also promote the use of new information and communication technologies at various stages of knowledge and information generation, preservation, dissemination, exchange and utilization. More specifically, crowd sourcing, mapping, citizen science and scientific content can be used to slow down the epidemic particularly through the Organization's Open Solutions for Knowledge Societies Programme as well as approaches that promote inclusive ICT accessibility covering disabilities and multilingualism.

CI's Programme facilitates media pluralism including the adoption of gender-sensitive policies, strengthened community media policy and practice and the empowerment of citizens, particularly youth, with enhanced media and information literacy competencies. In line with the Organization's priority focus on Africa and Gender, ongoing activities are reinforcing the need for efficient and properly functioning community and local radio to respond to the needs of the communities directly concerned during disaster situations but also in the concurrent fight against all aspects of poverty. Supporting the development of an environment that encourages free and independent media, particularly in transition and post-conflict countries, and fostering the use of new information technologies is a strategic and integral component of the Programme.

Culture Sector (CLT)

The Culture Sector supports Member States worldwide by promoting international cooperation for safeguarding cultural heritage, and by creating institutional and professional environments favourable to its sustainable safeguarding. In this context, it promotes culture and intercultural dialogue as conditions and assets for successful Ebola responses grounded in the principles of respect for human dignity, cultural diversity and community participation in policy and programming. The Sector will work with community leaders to elaborate culturally appropriate responses that are community-led, respected by them and can mobilize them appropriately.

Networks and other stakeholders

In addition to UNESCO's in-house expertise, it also benefits from a wide network of national stakeholders, such as its National Commissions, as well as Category I and II centres and institutes (including a Category II Institute for Biotechnology at the University of Nigeria in Nsukka, established to provide high-level training, education and research in biotechnology and tropical diseases), the UNESCO Associated Schools network, UNESCO Clubs, Chairs and University Twinning Networks. UNESCO's global network of National Commissions operates on a permanent basis, for the purpose of associating their governmental and non-governmental bodies in education, sciences, culture and communication with the work of the Organization. As of December 2014, there are 199 National Commissions for UNESCO, and the Liberian National Commission, through its regular budget, has already implemented activities to respond to the EVD outbreak.

While UNESCO's actions will be inter-sectoral in nature, pooling expertise and resources from each Programme Sector, a lead Sector will coordinate each initiative, and an overarching coordination mechanism described in the final section will ensure increased coordination and avoid duplications.

➤ Priority Areas of Intervention

»» Actions to stop the outbreak



Following the outbreak in Liberia, Guinea and Sierra Leone, EVD was declared to be a public health emergency. Governments and international development partners have put in place several strategies to contain the spread of the Ebola virus. Nevertheless, just like the international community realized that the response to HIV and AIDS could not be won without recognizing and considering the socio-cultural context, current experiences in countries and communities impacted by EVD are already showing that the response to EVD will take more than just medical intervention.

Understanding of communities and individuals' opinions on Ebola and their response to the disease is necessary to identify, from the communities themselves, elements of socio-cultural traditional and religious beliefs, traditions and practices that amplify the transmission and those that can contribute to controlling the disease. Particular attention is needed to ensure that the medical/scientific approach is not seen as offensive to traditional practices. Asking communities to stop carrying out their cultural practices risks affecting their dignity and violating their rights, and ultimately proves to be ineffective, unless it is done with their full involvement and consent. In order to avoid mistrust, apprehension and resistance to recommended public health preventive measures, responses need to be contextualized and tailored so that they take into appropriate consideration traditional beliefs and cultural practices. It is therefore essential to place communities at the centre of any intervention in order to ensure their appropriation of the action developed and its effectiveness.

In light of the above, responses need to be appropriate to social structures and are respected by the communities and can mobilize them appropriately. Using community leadership that people can identify with and have confidence in is the key. This means working primarily

with traditional healers, religious and faith leaders and local authorities. Once provided with reliable medical and scientific knowledge about the disease and notably its transmission, they can identify the potential issues related to specific cultural practices and how those practices can evolve to reduce the risks of transmission of the virus. They will also constitute the main channel of message transmission to the concerned communities. This is the essence of intangible heritage to be recreated in response to the changing environment and adapted to communities' evolving social contexts. The proactive participation of young women and men, who are at the forefront of the crisis, is also essential in the community engagement processes.

UNESCO can facilitate this process, and act as resource and interface between governmental agencies, civil society organizations and the communities concerned. It can contribute by mobilizing communities through their traditional leaders and institutions to map cultural beliefs, traditions and practices linked to sickness, death and burials (how sickness is explained and understood, first point of call when someone gets sick, how sick people are looked after, whose responsibility it is, etc.; the meaning of death, what happens when someone dies, how the body is handled, etc.; burial including period before burial, place of burial, etc.); understand the meaning of beliefs, traditions and practices and identify appropriate explanations as to why they can no longer be undertaken; and identify alternatives to cultural practices that communities would be willing to adopt, for example rites related to death and burials. These findings could then feed into the development of health education and awareness programmes to disseminate the community-identified solutions.

UNESCO's expertise on the use of local languages in order to ensure effective communication in the communities will be essential in this regard. Actions within this priority area will contribute to UN-wide strategic objective 1: Stop the outbreak.

»» Actions to preserve stability



The efforts to contain the Ebola epidemic in Western Africa have been severely hampered by the fact that there has been a limited amount of education and reliable information being circulated by the media, an increase in stigma and discrimination, in particular for

individuals who have survived only to face rejection by their families or communities, and continuing distrust of individuals responding to Ebola (e.g. healthcare workers, journalists, volunteers, etc.). Added to the health impact of Ebola is the impact on social cohesion which is being tested by stigma and discrimination and inability to care for sick community members. While basic knowledge of the virus and how it is transmitted is being rapidly assimilated by communities,³ there is still a large gap in communities' knowledge on what to do in different circumstances, e.g. how to care for a family member, how to access an Ebola treatment unit, etc. Given that in the countries most affected schools have been shut down, UNESCO's response in the short term will concentrate on media including community radio, television and print media, but also looking at how Information Communication Technology (ICT) can be used. Experience of using alternative methods for dissemination such as using mobile phones for HIV prevention will be built on. A number of different stakeholders are currently involved in developing and airing communications on Ebola. Stakeholders include UNICEF, WHO, MSF, CDC, BBC, etc. UNESCO will work with these partners to ensure communications prioritize identified needs, and are coherent and in line with other communication efforts in the region. To this end, a number of different mechanisms have/are being put into place, such as the weekly International Interagency Ebola Communication Coordination Call, and UNESCO is already participating in these mechanisms. In addition,

if and when formal and non-formal education resumes, UNESCO will work with relevant ministries including that of education for communication and social mobilization.

UNESCO is uniquely positioned to contribute to the response to EVD by ensuring that the media narrative is both more informative and less sensationalist. Our history of working in community radios has shown that we are very good at supporting local media and helping them to improve the quality of their content and their interaction with their audience. On the back of this success, UNESCO has identified a number of areas in which it feels it can make an immediate and significant contribution to the EVD response. Improving the quality of the media narrative and making good information more easily accessible to the general public will prove essential in the current efforts to contain the disease.

Among the expected results of UNESCO's engagement is strengthened community media practice and empowered citizens. Two inter-linked main objectives are to strengthen: local media professional capacity in Western Africa to report accurately on Ebola; and improved journalism standards worldwide to cover Ebola. This will be achieved through a number of different activities not only in Guinea, Liberia and Sierra Leone but also in neighbouring countries, and further, at global level. It would entail increasing local media's knowledge on EVD, quality reporting and building capacities to interact with the audience, even hard-to-reach groups. At a global level, UNESCO will favour the transfer of knowledge about media treatment of epidemics from the medical press to the non-medical one, as well as train health and government officials to explain EVD in simple ways when interviewed by the media. The Organization will build the reporting capacities of community media organizations in affected countries and furthermore advocate for a change from the horror media storylines about EVD to objective and realistic narratives, including those which balance victim stories with survivor and role-model stories.

³ Abramowitz, S. A., et al. *The Opposite of Denial: Social Learning at the Onset of the Ebola Emergency in Liberia*.

Other possible activities include using the International Programme for the Development of Communication (IPDC) to support media development in countries that are currently hit by the Ebola crisis. The IPDC Council could be called on to include this issue in its agenda and function as a sensitization and mobilization platform, by deciding to intervene urgently in the affected zones. Examples of possible longer term activities include support to Member States in developing a methodology for assessing media capacity in the event of public health crises. It is impossible to manage a crisis without a modern media system in place and UNESCO can facilitate conducive media development policies and strengthened media networks so that the public can access information and publicly voice concerns.

In addition to media training and systems enhancement, the current lack of understanding between the scientific community and media outlets could be addressed at the global level through, for example, using existing and/or establishing a centralized website to facilitate access to research reports, and making the 2015 World Science Day celebration on the theme of Science and Media.

UNESCO will also continue to support the national bioethics committees of all Member States, especially those in the affected countries, by strengthening their understanding of the principles of the Universal Declaration on Bioethics and Human Rights as applied to the current EVD crisis, to ethical management of epidemics in general, and to all areas of UNESCO's response to the EVD epidemic outlined in this strategy paper. Furthermore, UNESCO will continue to facilitate linkages between the national bioethics committees of different countries and regions to enable the sharing of best practices and bioethical guidelines, and work to reinforce or establish bioethical infrastructure in Member States that will foster ethical approaches to scientific development at the national level, as well as the transfer of scientific knowledge and fair collaboration mechanisms among researchers at the global level. These actions will in the long run allow Member States to be better equipped to face epidemics such as the current EVD crisis.

Actions within this priority area will contribute to UN-wide strategic objective 4: Preserve stability.

»» Actions to ensure the continuity of essential services in education



As part of a larger state-of-emergency response, the ministries of education were forced to close schools in an effort to contain the virus. This means that since July 2014, learners have been denied education. All the more troubling is that, after more than a decade of civil strife in the region, the education sector is already in a compromised state.

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Education is the foundation for development enabling learners to develop their full potential and become productive participants in their nation's future. It is imperative that stakeholders and partners work to ensure the continuity of essential services in education. The need is not only urgent, but large in scale. For example, in Liberia, the 4,413 schools are still closed and 1.4 million school-aged children are currently without access to education. There are anecdotal reports of small community-driven initiatives, as well as some radio-based attempts at provision, but no comprehensive national programme currently exists.

Further complicating the issue is that many teachers have been asked to divert their teaching efforts towards the Ebola response. UNICEF in Liberia planned to train 300 teachers, who will then train 11,000 teachers, to engage in efforts to raise awareness on Ebola prevention at the community level.

At the same time there are good practices that can be built on and replicated in order to bridge the educational chasm in the region. In Sierra Leone, with more than a million learners missing school, several local (including the Sierra Leone Association of Journalists) and international partners (including UNICEF) are delivering a programme to broadcast classes over 41 radio stations and the country's TV channel three hours a day, five days a week.

When the schools will reopen remains unclear, and when they do reopen attendance may be down, even from a very low base. Thus school-age learners need access to education immediately and for the foreseeable future in lieu of classroom instruction. UNESCO and partners can address this through interactive radio instruction (IRI). Recognizing the work of UNICEF and response efforts by members of the International Network of Education in Emergencies (INEE), and other civil society partners, UNESCO can assist the governments of Liberia, Sierra Leone, Guinea and others to develop an operational plan to continue the provision of basic education instruction through radio. This includes the following:

- ▶ Convene stakeholders and experts
- ▶ Determine coverage of existing transmitters
- ▶ Determine the proliferation of radios
- ▶ Work with partners to cover the gaps
- ▶ Adapt the existing formal curricula to the IRI format
- ▶ Design lesson plans
- ▶ Train teachers to deliver lessons
- ▶ Develop a plan to roll-out the programme to the communities
- ▶ Develop monitoring mechanisms

A model for our approach is the work UNESCO has supported in West and Central Africa. The UNESCO supported CEMAC project is an ICT-based teacher training programme on HIV and comprehensive sexuality education. It is a cost-efficient solution to train teachers on a large scale. It provides quality interactive training materials for the ministries to organize training for working teachers. It uses self-training materials to train education personnel, teachers and peer educators focusing on the primary and secondary school level. In the CEMAC region (Cameroon, Central African Republic, Chad, Congo and Gabon) 16,141 teachers were trained through tutorials, radio programmes and other means. In addition, 177 national senior officers in charge of pedagogy were trained in the use of ICT-based training materials in HIV education and 887 education staff, including inspectors, were trained to implement, monitor and evaluate the activities. The experiences from this project will inform UNESCO's approach to the EVD response.

While work on alternatives for the provision of education has been initiated in the three main countries affected, gaps persist especially with regards to the comprehensiveness of existing IRI curriculum as well as coverage reach of radio, mobile and also television. UNESCO will work with stakeholders at the country level to identify priorities and coordinate action.

Actions by UNESCO in this priority area will contribute to UN-wide strategic objective 3: Ensure essential services.

»» Actions to build capacity in countries currently unaffected to prepare for future outbreaks



UNESCO is well placed to support a number of actions which will strengthen preparedness and capacity of countries in the region to respond to EVD and other emergencies. Priority will be given to countries sharing land borders with areas of

widespread transmission.

UNESCO will support the development of national plans and actions to prepare countries bordering widespread transmission sites to rapidly scale up communication, social mobilization and community engagement as described in previous sections. The ultimate aim being to improve community preparedness and response measures through communication and social mobilization and ensure that the messaging used facilitates social mobilization and community engagement. Community engagement is especially important for supporting behaviour change on issues such as burials, using Ebola Treatment Units (ETUs), etc. Actions in this priority area of intervention have to a certain extent already started in these countries, with the UN supporting governments to develop response and contingency plans which include these components. In addition, UNESCO has already started developing *Bouba and Zaza – Childhood Cultures* materials on EVD including a book, textbooks, and teacher training and parenting education modules.

As well as helping key institutions prepare for alternative methods of education delivery (please see the previous section), UNESCO is uniquely positioned to support ministries of education to develop and implement comprehensive school health programmes which can provide learners with the knowledge, skills, attitudes and values to protect themselves, adopt healthy behaviours, make informed choices, and access and use prevention and treatment methods and services across their lifespan. Establishing a strong health education

programme in schools will mean that the next time a public health emergency requires the dissemination of information, community engagement and social mobilization, a system will be in place to respond rapidly. Health and education are inextricably linked, and schools are ideal vehicles for accessing not only the learners but also their parents and the community. While schools allow a certain facility of access, non-formal education delivery should also be supported to integrate health education. Work in this field includes the development or review of school health policies and implementation plans, curriculum review and development, and teacher training. Teacher training is a key component to address when strengthening the education sector capacity to deliver school health programmes and should promote a participative approach to teaching on health issues, through adequate use of classroom activities that address learners' opinions, attitudes, social norms including gender norms, and emotions regarding EVD and other illnesses, and to develop their ability to critically address them. ICT-based training programmes may provide a solution to train teachers on a larger scale and at a lower cost, and UNESCO will build on its current experience of developing such a training programme for comprehensive sexuality education.

More systemic support is also being provided by International Institute for Educational Planning (IIEP) which is currently working with the Ministry of Education in Mali to develop a risk reduction analysis and strategy for the education sector, which includes risks of epidemics such as Ebola. While in the preliminary stage of the project, it is expected that the analysis and strategy will feed into Mali's long-term education sector plan, and will improve their level of preparedness through planning for alternative methods of education delivery in case of an outbreak, production of awareness raising tools, and training for teachers on the virus.

In the longer term, existing mechanisms such as the Management of Social Transformations (MOST)

Programme and networks such as UNESCO Chairs could collaborate with national health authorities and health researchers to design and implement evidence-based and policy-oriented research studies with a foresight dimension that would provide actionable recommendations combatting discrimination linked to the Ebola outbreak. The outcomes and recommendations of the research projects could be used to propose an intergovernmental consultation or collaboration to further mobilize governments and authorities in addressing the challenges of the Ebola outbreak. SHS has a wide range of intergovernmental mechanisms that could be tapped in addressing these challenges that include, *inter alia*, the MOST Programme, the International Bioethics Committee (IBC), the Intergovernmental Bioethics Committee (IGBC), the Intergovernmental Committee for Physical Education and Sport (CIGEPE) and the World Commission on the Ethics of Scientific Knowledge and Technology (COMEST).

Within the United Nations system, UNESCO has a unique mandate for the basic sciences, and the promotion of cooperation in this field constitutes one of the principal elements of its action under its “S”. In a historical context, UNESCO has established and/or promoted many regional and international science centres of excellence and networks, and a number of non-governmental scientific organizations that cooperate with national institutions all over the world. The central goal is to develop endogenous national and regional research capacities in frontier areas of basic sciences via international cooperation in order to offer vast opportunities to tackle diseases like Ebola.

Actions by UNESCO in this priority area will contribute to the UN-wide strategic objective 5: Prevent outbreaks in countries currently unaffected.

»» Beyond the emergency

The joint efforts of UNMEER and partners aim at reducing the reproductive ratio until it is low enough to stop the outbreak. By nature, the emergency response will recede and give way to reconstruction measures and the resuming of normal activities. UNESCO plans to support this transition by adopting an exit strategy that rests on five pillars. First, whenever possible, UNESCO will give priority to activities that will have no disruptive effects when terminated. For instance, no adverse effects are expected when ceasing activities to train media or education professionals and strengthen their capacity to enhance community mobilization to increase safe burials and promote early detection and referral of cases. Second, UNESCO works closely with governments and takes great care to ensure that interventions closely reflect national policies, strategies, and on-going programmes, including in the adoption of emergency measures. This will be the case, for instance, for all interventions devised to ensure the continuing delivery of essential services. Third, as new tools and technologies are developed to respond to the epidemic,

UNESCO will keep in mind possible applications beyond the context of the epidemic to prepare for potential transfers of technology. For instance, ICT-based solutions will be developed to help ensuring the delivery of basic education services, including teacher training, and these solutions may also be used in the future to improve the coverage of underserved communities or to promote the scaling-up of education programmes at a lower cost, should the national authorities decide to do so. Fourth, UNESCO's strategy includes several components, including activities designed to strengthen countries' abilities to respond to similar public health emergencies in the future by transforming them into routine or normal operations. Integration of skills-based education on EVD and similar threats to public health into school curricula is an example of how new capacities can be institutionalized. Finally, this strategy acknowledges that all eventualities may not be foreseen and it should be flexible enough to face new developments and adequately face the evolution of the epidemic.

➤ **Implementation,
Monitoring
and Reporting
Modalities**

»» Modalities for coordination of UNESCO's response

A group to coordinate UNESCO's response to Ebola has been established, led within UNESCO's Education Sector, and currently chaired by UNESCO's Global Coordinator for HIV and AIDS. The group is made up of staff from all five Programme Sectors, the Bureau for Strategic Planning, the Gender Division and the Office of the Director-General (ODG) at headquarters (HQ), as well as staff from Abidjan, Abuja, Accra, Bamako, Brazzaville, Bujumbura, Dakar, Kinshasa, Libreville, Monrovia, Nairobi, and Yaoundé. The group was established to develop UNESCO's strategy in response to EVD, to ensure that Field Offices are empowered to take action and that they are supported by HQ through a strong coordination mechanism and provided with clear, scientifically accurate messaging.

At the regional level, the UNESCO Office in Abuja is a multi-sectoral Regional Office for West Africa covering Benin, Côte d'Ivoire, Ghana, Guinea, Liberia, Nigeria, Sierra Leone, Togo, as is the Regional Office for West Africa (Sahel) based in Dakar which covers Burkina Faso, Cabo Verde, Gambia, Guinea Bissau, Mali, Niger, and Senegal.

As discussed in the Situation Analysis, coordination with stakeholders will be through existing global and national mechanisms as well as through the regional headquarters of UNMEER in Ghana.

»» Implementation and capacity

The implementation of this strategy will be grounded in national-level responses of the three priority affected countries, with support from regional and global coordination mechanisms. UNESCO personnel in each affected country will work within the parameters of the UNESCO Strategy on Ebola to identify those actions that best respond to national needs and opportunities. Country-level action plans will include all sectoral inputs of UNESCO (education, sciences, culture, communication) and funding for UNESCO activities will reflect the relevant priorities as identified in each country, reflecting national contexts and local priorities. It should be noted that the scope and budget of activities foreseen in Liberia is expected to be proportionally larger than that of Sierra Leone and Guinea despite the fact that the overall population is smaller. This is because it continues to have the highest incidence rate of Ebola, in addition to the fact that UNESCO already has personnel on the ground and therefore has a greater implementation capacity there. Small grants are foreseen for the

12 neighbouring countries covered by UNESCO's Abuja and Dakar offices, in order to support awareness-raising activities and to ensure a rapid response in case the outbreak spreads.

At global level, the Programme Sectors will provide tailored backstopping and technical support for implementation of country-level activities in their areas of competence, as well as for the monitoring and evaluation of activities undertaken. However, while UNESCO has strong capacity at the global and regional level in all five Programme Sector areas, in-country capacity varies and is uneven, especially in countries where UNESCO is not resident. The Organization can however call on the relevant expertise through its strong field network of partners to provide an appropriate response according to its mandate. Two of the affected countries, Sierra Leone and Guinea have no UNESCO office/staff, while the other country with widespread transmission of EVD,

Liberia, has a small staff complement (two, including one CAP EFA/TVET NPO) but no fully fledged office.

Given the importance of national level coordination for an effective response, it is recommended that an individual be hired or seconded for each affected country currently unrepresented, Guinea and Sierra Leone. In order to place somebody rapidly on the ground with the proper skills set, a consultancy contract is recommended. This

will also enable flexibility should the position be required for more or less time. In addition, given the complexity of the response, the need for regional coordination and the ability to concentrate just on the EVD response, it is recommended that a Regional Coordinator for the EVD Response be hired to cover the three main affected countries and coordinate UNESCO's response including from other offices in the region.

»» Monitoring & evaluation

Monitoring of UNESCO activities, whether they be implemented through regular programme or extra-budgetary funds, is undertaken by a variety of actors and mechanisms including biannual narrative reporting in SISTER and regular financial reporting circulated by the Executive Offices of Sectors and Services, as well as by the Bureau of Financial Management. Monitoring mechanisms are designed to provide an early indication of the likelihood that expected results will be attained and provides an opportunity to make necessary changes in programme activities and approaches if it does not appear that progress is on track.

UNESCO also has an Internal Oversight Service (IOS) that brings a systematic, disciplined approach to evaluating and improving the effectiveness of risk and results-based management, control and governance processes. IOS

is responsible for internal audit, evaluation, investigation and other management support. Each biennium, an evaluation plan is drawn up by IOS and relevant parts of UNESCO that identifies those programmes and activities to be evaluated over the biennium. The Evaluation Plan is guided by the Evaluation Strategy and any Executive Board directions, and contains evaluations of all the regular budget evaluations and selected extra-budgetary evaluations.

In addition to these standard monitoring and evaluation processes, specific monitoring and evaluation plans can be established for extra-budgetary projects in order to align with donor requirements. To enable a global view of the response to EVD, monitoring and evaluation of UNESCO's activities will be aligned to other partners and UNMEER.

»» Partnerships with key stakeholders

As mentioned in the Situation Analysis, the current outbreak of EVD in West Africa is a complex emergency which has galvanized a large number of stakeholders into action. The multi-sectoral nature of this emergency means that many stakeholders will work together for the first time. This large number of stakeholders requires proper systems of coordination to ensure an effective response and to reduce duplication, delays, and gaps. Thus, a number of different systems have

already been put into place such as UNMEER, the Emergency Operations Centre in Sierra Leone, the Incident Management System in Liberia. From the UN and other stakeholders side, in addition to UNMEER, other coordination mechanisms have been initiated to increase the effectiveness of the response, such as the weekly International Interagency Ebola Communication Coordination Call chaired the CDC, which includes a number of different stakeholders such as UNICEF, WHO,

IFRC, USAID, IOM, UNAIDS, UNDP and UNESCO. The UNCTs in each affected and surrounding country have been tasked with drafting common country assessments from which will flow a call for proposals at the national level. In the countries it already has a presence in, and at the global level, UNESCO is already coordinating with other stakeholders to improve the effectiveness of our response.

In its response to the current EVD outbreak, UNESCO will need to go beyond its traditional networks and partnerships, initiate and/or consolidate inter-agency collaboration and partnerships as well as establish new partnerships with development partners and the private sector. UNESCO will need to be flexible to be able to respond efficiently to the current EVD outbreak.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ASP	Associated Schools Project
BBC	British Broadcasting Corporation
CAP EFA	Capacity Development for education for All Programme
CDC	Centers for Disease Control and Prevention
CEMAC	Central African Economic and Monetary Community
CI	UNESCO's Communication and Information Sector
CIGEPS	Intergovernmental Committee for Physical Education and Sport
CLT	UNESCO's Culture Sector
COMEST	World Commission on the Ethics of Scientific Knowledge and Technology
ED	UNESCO's Education Sector
EVD	Ebola virus disease
HIV	Human Immunodeficiency Virus
HQ	Headquarters
IBC	International Bioethics Committee
ICT	Information and Communication Technologies
IFRC	International Federation of Red Cross and Red Crescent Societies
IGBC	Intergovernmental Bioethics Committee
IIEP	International Institute for Educational Planning
INEE	International Network of Education in Emergencies
IOM	International Organization for Migration
IOS	UNESCO's Internal Oversight Service
IPDC	International Programme for the Development of Communication
IRI	Interactive Radio Instruction
MOST	Management of Social Transformations
MSF	Médecins Sans Frontières
NGOs	Non-Governmental Organizations
NPO	National Programme Officer
OCHA	UN Office for the Coordination of Humanitarian Affairs
ODG	UNESCO's Office of the Director-General
SC	UNESCO's Natural Sciences Sector
SHS	UNESCO's Social and Human Sciences Sector
SISTER	UNESCO's System of Information on Strategies, Tasks and the Evaluation of Results
TVET	Technical Vocational Education and Training
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	UN country teams
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNMEER	UN Mission for Ebola Emergency Response
USAID	United States Agency for International Development
WHO	World Health Organization

“ We need to maintain a focus on the immediate response to Ebola, while preparing for the future. UNESCO is in an ideal position to provide support to Member States to make the transition from crisis to reconstruction and development.”

Irina Bokova
Director-General of UNESCO