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Mano River Women's Peace Network/ Réseau des Femmes du Fleuve Mano
pour La Paix

Open Letter to the UN Security Council Special Meeting on the Ebola Crisis: Women of the Mano River Union Member States Speak

For only the third time in its history, the UN Security Council has convened an emergency meeting on a health issue, on Thursday, 18 September 2014. Member States will discuss a plan of action to address the unprecedented escalation of the Ebola epidemic in West Africa and plan immediate international action to address the need for qualified medical personnel, equipment and related assistance to the region, so this does not become a global public health crisis. In this discussion, it is critical to recognise that the Ebola virus disease (EVD) has a clear gender dimension that must be incorporated in interventions to ensure that the spread of this deadly disease is halted.

Women across the subregion, which is still recovering from decades of conflict, realise that Ebola can only be defeated when they take responsibility for their own health. They are taking the initiative through organised collective action to implement preventive measures at community and national levels, including leading sensitisation campaigns, installing and operating hand washing facilities, and providing economic assistance to women in their neighbourhoods and communities. These efforts need to be recognised, and supported in line with international commitments in UNSC Res 1325 that advocate that needs and perspectives of women be taken into account in post-conflict reconstruction and development activities. The spirit of 1325 also reminds us that equality and equity must be at the forefront in resource distribution and that all countries in affected regions should have equal consideration and access to allocated resources.

While we appreciate the increased global attention to halting the spread of this devastating disease, we are concerned about the absence of a gendered approach, given that Ebola disproportionately impacts women. We note that:

- At present, women make up 55 to 60 percent of those who have died from the disease, with Liberia reporting up to 75 percent of women among the victims (Washington Post, August 14, 2014). Culturally-related practices and traditions make them especially vulnerable. Women are the primary health care providers for their families and communities, make up the bulk of healthcare workers in hospitals as nurses and cleaners, as well as handle bodies for burial;

- Women are impacted in other ways as well. Border closures and transport restrictions due to the Ebola outbreak have negatively affected market trading and subsistence farming, the main livelihood sources through which women provide for their families and communities;
- Women and girls are disempowered by poverty, ignorance, disbelief, fear and mistrust, due to longstanding and persistent discrimination in access to education, media sources, and public health information. The failure of the government and international community to deliver on much trumpeted MDGs and other promises of health, education, economic opportunities and rights have increased the vulnerability of women to EVD.

In view of the above, the women of the Mano River Union countries most deeply affected by the Ebola outbreak call on the UN Security Council to implement sustainable, culturally sensitive interventions which recognise and respect the dignity of the local populace, and involve the participation of local communities and addresses the deep rooted causes of the epidemic. These include:

We join MWP to call for

- Gender disaggregation of data at all levels, including numbers of the sick and dead, access to medical treatment as well as other social support services and dissemination to the population;
- A citizen-centered approach, prioritising gendered social and cultural dimensions, to complement the military- style initiatives that currently dominate;
 - While we appreciate the level of organisation and capacity inherent in a militarised approach, at the same time, we raise concerns about the hyper-masculine structure of the military which can have potential negative implications when sensitivity to gender issues are not prioritised in program interventions. For example, this can result in increased susceptibility of women to sexual violence. For such interventions to succeed requires the following:
 - That embedded within the initiatives are social scientists and social workers tasked and resourced to address the social dimensions;
 - Effective joint civilian leadership and control comprising local actors (government, civil society and community based organisations) as well as international groups;
 - Sustained, regular and democratic consultation with community leaders, including women;
- Emphasis on the long-term sustainability of interventions to be achieved via, i.a., training of a new generation of health care workers and authorities (including increased numbers of women) to work for and with their fellow citizens; promoting the involvement of local communities, especially women, in designing and implementing new health care systems; and empowering and building the capacity of civil society and community based organisations, particularly those led by women, to respond to this outbreak and future emergencies;

- Addressing long-term structural constraints that make women and girls more vulnerable, including lack of equal access to health care and quality education.