FIFTEENTH ITEM ON THE AGENDA

Report of the Director-General

Third Supplementary Report: The ILO’s role in the post-Ebola recovery effort

Purpose of the document
To set out the axes of intervention and activities the Office proposes to undertake by 2020, subject to the availability of internal and external resources, to promote the Decent Work in the post-Ebola recovery activities in Guinea, Liberia and Sierra Leone.

Relevant strategic objectives: Outcome 1: More and better jobs for inclusive growth and improved youth employment prospects; Outcome 3: Creating and extending social protection floors; Outcome 7: Promoting workplace compliance through labour inspection.

Policy implications: The ILO’s role in the post-Ebola recovery sets out the proposed axes of intervention and the activities to be undertaken by the Office in providing technical and advisory support to the three most affected Ebola countries: Guinea, Liberia and Sierra Leone.

Legal implications: None.

Financial implications: Resource gaps in relation to the activities proposed have been identified.

Follow-up action required: The reporting and follow-up will be undertaken by a tripartite project steering committee in each country which will provide guidance and oversee project implementation.

Author unit: ILO Regional Office for Africa (RO–AFRICA).

I. Context for the ILO’s role in the post-Ebola recovery

1. The recent outbreak of the Ebola virus disease (EVD) in parts of West Africa is the largest, longest, most severe and most complex in the nearly four-decade history of the disease. Up to 6 September 2015, there have been a total of 28,141 reported, confirmed, probable and suspected cases of EVD in Guinea, Liberia and Sierra Leone, with almost 11,291 reported deaths according to the World Health Organization. The Ebola outbreak was deemed a global “threat to international peace and security” by the UN Security Council in September 2014.

2. Health care workers have paid a heavy price to save lives in the fight against Ebola, with a confirmed total of 513 health workers losing their lives from the start of the outbreak representing 5 per cent of all reported EVD deaths in Guinea, Liberia and Sierra Leone. Moreover national budgets were diverted toward Ebola prevention, treatment and care.

3. The unprecedented shock around the world following the EVD crisis has rung alarm bells highlighting the fact that all societies need at least a minimum social protection system and accessible basic health services, and productive infrastructure.

4. Economic growth rates that were above 5 per cent were revised downwards. The vibrant informal economy that sustained millions of people saw its businesses run bankrupt due to shortage of cash, as well as reduced demand and supply of goods and services. The closure of borders and the quarantining of sections of the population aggravated the negative economic and social impact. These measures prevented people from pursuing their daily work, and disrupted traded patterns and businesses.

5. Consultations are being carried out about the ILO’s role in the post-Ebola recovery such as the discussion held during the Ebola conference in New York (July 2014) and the exploratory missions to the three most Ebola-affected countries.

6. Following the ILO’s participation in the UN-wide Ebola Recovery Assessment (ERA) mission in January 2015, the ILO has expanded the breadth of its involvement, building on its areas of competence. The ILO’s role in the post-Ebola recovery focuses mainly on strengthening national institutional capacities and governance structures to prevent similar crises. The ILO’s role in the post-Ebola recovery and the proposed axes of interventions include:

   (a) Building national consensus on national priorities for decent work through inclusive social dialogue and strengthening the role of public sector workers by taking lessons from the Ebola crisis.

   (b) Creating jobs and enhancing skills through employment-intensive infrastructure programmes for productive and sustainable assets which reinforce availability and delivery of quality basic public services with special attention to working women.

   (c) Strengthening social protection systems towards progressive universal coverage; addressing child protection in the context of objectives towards the elimination of child labour.

1 http://apps.who.int/gho/data/view.ebola.
(d) Supporting the recovery of the private and public sectors by promoting the culture of prevention through occupational safety and health (OSH) programmes along the supply chains in collaboration with governments, and employers’ and workers’ representatives.

(e) Promoting a regional integrated Ebola recovery process within the Mano River Union (MRU) and at the level of the Economic Community of West African States (ECOWAS).

Human and financial resources

7. Full implementation of the activities envisaged will require joint efforts and collaboration mainly between the ILO headquarters, the regional office, the Decent Work Team and the country offices. The implementation of all proposed activities will also require additional resources beyond the donor support allocated to the UN, namely through the Ebola Multi-Partner Trust Fund managed by the United Nations Development Programme (UNDP).

Capacity building

8. The Office will provide advice and support to enhance the capacity of ILO constituents to build up and strengthen national institutions for providing decent work and to prevent other large scale crises. The capacity-building programmes will reflect the principles of the Social Protection Floors Recommendation, 2012 (No. 202), and the Social Security (Minimum Standards) Convention, 1952 (No. 102), and other international standards, while training manuals and tools will be developed or updated in collaboration with key national and regional institutions.

Communication

9. The Office will develop and implement a communication strategy to promote the international standards and instruments, targeting ILO constituents, the private sector, the UN and other intergovernmental organizations. The strategy will include documentation and dissemination of good practices.

II. Contributing to the Decent Work Agenda

A. Fundamental principles and rights at work

10. The Worst Forms of Child Labour Recommendation, 1999 (No. 190), provides that programmes of action should aim at “providing for their rehabilitation and social integration through measures which address their educational, physical and psychological needs” (Paragraph 2(b)). One of the axes of intervention of the ILO’s role in the post-Ebola recovery is strengthening social protection systems for universal coverage with special focus on child protection and on the appropriate legal frameworks required to prevent child labour. Supporting the back to school campaign through the scale-up of conditional cash transfers, school feeding programmes and cash transfers for families with children, the Office will contribute to provide families with better living conditions so that child labour can be avoided.
11. Through the Promotional Framework for Occupational Safety and Health Recommendation, 2006 (No. 197), the ILO will assist its tripartite constituents to use workplaces as focal points for the dissemination of information, communication and sensitization for the prevention of EVD and occupation-related risks. By giving effect to the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), protection to existing jobs through good OSH policies will target the most affected sectors (small and medium-sized enterprises (SMEs), informal economy and the agricultural sectors) and the most affected health services to promote anticipatory resilience against the resurgence of EVD or other infections at the workplace.

12. The ILO’s expertise in supporting the recovery of the private and public sectors by promoting the culture of prevention through OSH programmes along the supply chains in collaboration with governments, and employers’ and workers’ representatives will be made use of. Recommendation No. 197 is relevant in this regard.

B. Employment

13. The national recovery plans formulated by the three most affected countries place the development of the private sector as the main driver for recovering economic growth; bringing people back to work while creating new job opportunities for youth, and rebuilding the tax base. To this effect, the impact assessment of EVD on business and employment will be conducted.

14. The creation of opportunities for decent work through reconstruction and rehabilitation of health, social, environmental and economic infrastructure is one of the major axes of the ILO’s role in the post-Ebola recovery. Employment-intensive infrastructure programmes will be key in this regard.

C. Social protection

15. Strengthening national social protection systems towards progressive universal coverage following the principles of Recommendation No. 202 will provide the rights to income security and social health protection, including child protection, towards the objective of eliminating child labour and addressing the needs of people living with HIV/AIDS. This constitutes a priority for all three Ebola-affected countries that plan to design national social protection floors to cover all workers, as most do not currently enjoy basic social security, and to allocate sufficient means to address the needs of vulnerable groups, particularly in the informal and rural economies.

16. Through national dialogues bringing together stakeholders, including governments and social partners, priorities will be decided to allocate domestic resources towards building up national institutions delivering contributory and non-contributory social protection. This will contribute to prevent future crises through more productive workforces, more resilient and protected people and more social cohesion in line with national visions.

D. Social dialogue

17. The ILO’s role is also to build national consensus on national priorities for decent work through inclusive social dialogue and strengthening the role of public sector workers by taking lessons from the Ebola crisis.
E. Gender equality

18. Gender and post-Ebola recovery are cross-cutting issues to be mainstreamed into all ILO activities. Women have been largely exposed to the EVD due to their caregiver role. Women in small businesses were also most hard hit by the EVD. The ILO’s role in the post-Ebola recovery takes into account the specific tailored social protection that women need and the adequate prevention measures in the workplaces through a gender equality approach.

F. The African region and subregions

19. Consultations were organized by the Regional Office for Africa with the ILO’s tripartite constituents at the country level to ensure that the ILO’s role in the post-Ebola recovery integrates the main national priorities as set in the national post-Ebola recovery plans and the world of work concerns within the broader context of UN-wide Ebola recovery efforts.

20. The ILO’s role at the subregional level will be promoting a regional integrated Ebola recovery process within the MRU; a vision which is also at the core of ECOWAS. The ILO’s support to the MRU is anchored in the Joint Labour Migration Programme (JMLP) developed by the African Union Commission (AUC) with the support of UN agencies, and on the ongoing ILO’s technical assistance to the EU-funded project on the “Free Movement of Persons and Migration in West Africa”.

G. Development cooperation and partnerships

21. The ILO’s role in the post-Ebola recovery process will be in line with on-going programmes developed by the Office, namely within the framework of the African Union Plan of Action on Employment, Poverty Eradication and Inclusive Development, the African Union Declaration on “Social Protection for Inclusive Development” and the Memorandum of Understanding signed between the ILO and the g7+ group of fragile States.

22. In a joint effort, the ILO will also continue to work with the AUC, together with the African Development Bank (AfDB), the International Organization for Migration (IOM), the UN Economic Commission for Africa (UNECA) and ECOWAS towards post-Ebola recovery.

23. The ILO’s role in the post-Ebola recovery process will be in line with the ERA framework, in partnership with the UN, EU, the World Bank and the AfDB.

24. The Office will collaborate in a Technical Assistance Team constituted by UN agencies and partners specialized in social protection (the United Nations Children’s Fund, World Bank, Food and Agriculture Organization and World Food Programme).

H. Knowledge development and sharing

25. The Office will enhance the knowledge base of local and international stakeholders through various means. Information and knowledge acquired will be disseminated through regular newsletters and publications, and through programme staff and governments’ participation in regional and international events.
26. The Office will systematically document the outcomes of its various initiatives, and widely disseminate findings among local stakeholders and the international community by way of reports and newsletters, and using the platform of conferences and workshops. Close collaboration between the ILO offices in Addis Ababa, Abuja, Abidjan, Dakar and Geneva, as well as the International Training Centre of the ILO in Turin will be established.

I. Recurrent reporting and follow-up

27. A mid-term review and final evaluation of the programmes will be carried out for each of the countries. Their objective will be to evaluate the relevance, effectiveness, efficiency, the impact and sustainability of the ILO’s contribution to national recovery priorities.

J. Monitoring, reporting and evaluation

28. Progress on outcomes and indicators outlined in the ILO’s role in post-Ebola recovery will be monitored through programme implementation reports submitted to the Governing Body at the end of each biennium. The Office will ensure that these outcomes and outputs are implemented in a coordinated and cost-effective manner.

K. Resources

29. In addition to funding from the donor community, the Office will explore possibilities for the reprioritization of resources and activities within its regular programme of work.

Draft decision

30. The Governing Body approves the ILO’s role in the post-Ebola recovery efforts (2016–20) to promote decent work through the proposed axes of intervention and activities.
Appendix

The ILO’s role in post-Ebola recovery

Axis 1: Building national consensus on national priorities for decent work through inclusive social dialogue and strengthening the role of public sector workers by taking lessons from the Ebola crisis

Linked to the Programme and Budget for 2016–17: Outcome 10, indicator 10.4, outcomes A.1 and 7.

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Activities proposed</th>
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</table>
| 1.1. Social dialogue is revitalized in order to facilitate the participation of workers’ and employers’ associations in the post-Ebola recovery. | – Organize and facilitate national social dialogues to restore confidence among the population and institutions.  
– Strengthen the capacities of the tripartite constituents in the area of health risk prevention and management.  
– Establish a framework for discussion by SMEs to share EVD prevention experiences and practices. |

Axis 2: Creating jobs and enhancing skills through employment-intensive infrastructure programmes for productive and sustainable assets which reinforce availability and delivery of quality basic public services

Linked to the Programme and Budget for 2016–17: Outcome 1, indicator 1.4, outcome 4.

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<tr>
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| 2.1. Knowledge that diversifies the application of employment-intensive investments developed. | – Development of analytical tools to help governments and social partners to assess the employment potential and impact of public and private infrastructure investments in support of economic sectors with a high potential for employment growth.  
– Support countries to make employment central to the recovery agenda in line with the national development plans.  
– Collect data, analyse and support the development of a national policy paper that mainstreams employment across the economy. |
| 2.2. The capacity of all stakeholders in employment-centred infrastructure delivery including public and private participants and community groups is strengthened. | – Create a tool for programming and implementing local infrastructure and basic services based on the existing ones, the existing capacities and the determined priorities and modalities of implementations.  
– Organize and carry out national tripartite workshops to build capacity of all stakeholders in the water, hygiene and sanitation (WHS) sector, and of SMEs. |
| 2.3. Employment and business opportunities created on sustainable and safe basic infrastructure. | – Conduct a study to assess the EVD impact on business and employment.  
– Develop a strategy to integrate employment-intensive infrastructure programmes into the existing investment and infrastructure programmes.  
– Analyse the capacity constraints.  
– Assist technically in the implementation of WHS infrastructure.  
– Assist technically in the construction of storage and preservation facilities in the major production basins and markets, and in the rehabilitation of feeder roads. |
Axis 3: Strengthening social protection systems towards progressive universal coverage; addressing child protection in the context of objectives towards the elimination of child labour

Linked to the Programme and Budget for 2016–17: Outcome 3, indicator 3.1, outcomes 2, 6, 7 and 8.

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<td><strong>Activities proposed</strong></td>
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<td><strong>3.1. The capacity of social protection institutions is strengthened for expansion and quality of social protection coverage.</strong></td>
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<td>- Organize and facilitate workshops and seminars to disseminate the social protection floor strategy, Convention No. 102 and Recommendation No. 202.</td>
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<td><strong>3.2. A national social protection policy is established by incorporating lessons learned from EVD.</strong></td>
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<td>- Assist technically with the process of developing and implementing a gender-sensitive national social protection policy.</td>
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<td>- Develop a strategy for the mobilization of additional resources to finance social protection floors.</td>
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<td><strong>3.3. The institutional framework and the required organizations are in place for the gradual implementation of a national social protection floor.</strong></td>
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<td>- Review the number and geographical distribution of the health, education and social staff deficit, and the cost of salaries and training of the staff required.</td>
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<td>- Support the design of conditional cash transfer programmes, a costing and feasibility study, the definition of the institutional and legal framework of the programmes and the strengthening of positive norms for social protection.</td>
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<td>- Strengthening existing social protection systems by developing and scaling-up social protection benefits such as social pensions to old age persons as well as assessing the benefits and impact of integrated policies on women, children and other vulnerable groups.</td>
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<tr>
<td>- Strengthening and improving national health systems through costing studies of the remaining supply gap, of the extension of health coverage to workers with contributory capacity and the cost to subsidize the vulnerable groups.</td>
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<td>- Assist in monitoring social protection systems.</td>
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Axis 4: Supporting the recovery of the private and public sectors by promoting the culture of prevention through occupational safety and health (OSH) programmes in collaboration with governments, and employers’ and workers’ representatives

Linked to the Programme and Budget for 2016–17: Outcome 7, indicator 7.2, outcomes 2 and 3.

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<td><strong>4.1. The EVD prevention measures are established in the healthcare facilities in the most affected regions.</strong></td>
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<td>- Ensure that an efficient early warning and rapid response mechanism covers the entire country.</td>
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<td>- Promote the use of HealthWISE, a joint ILO–World Health Organization participatory action and learning tool, to train health workers in improving workplace safety during the EVD outbreak.</td>
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<td>- Technically assist with improving health information and the implementation of new health care protection financing mechanisms.</td>
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<td>- Raise awareness and disseminate information to communities, health personnel, patients, pupils and parents of pupils on good hygienic practices.</td>
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<td>- Maintain good health and hygienic behaviours by means of community engagement.</td>
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<td>- Assist in establishing or scaling-up programmes to nurture positive social behaviours such as providing funeral grants in order to encourage safe burial practices and conditional cash transfers in order to promote access to health services for maternal and neonatal care.</td>
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<td><strong>4.2. The capacity of labour inspectors, workers’ and employers’ representatives in the SMEs and the agricultural sector affected by EVD is strengthened.</strong></td>
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<td>- Support sharing of good practices, successful OSH training experiences in the target region and with other regions.</td>
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<td>- Assist in drafting the implementation plan for national training programmes to prevent accidents and injuries in industries.</td>
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### Axis 5: Promoting a regional integrated Ebola recovery process within the Mano River Union (MRU)

Linked to the Programme and Budget for 2016–17: Outcome 9, indicator 9.2, outcomes 2 and 3.

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<td>5.1. Social protection and skills issues are linked to the ILO project “Free Movement of Persons and Migration in West Africa” which is providing to the ECOWAS space a harmonized labour market information system and a public employment service job database at the regional level.</td>
<td>Integrate the social protection and skills dimensions to the activities set up by the project “Free Movement of Persons and Migration in West Africa”.</td>
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