

***Remarks by K. Riva Levinson
President & CEO, KRL International LLC and Chair of the US Secretariat of
the Ebola Private Sector Mobilization Group***

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It is a great privilege to be here today representing the US Secretariat of the Ebola Private Sector Mobilization Group (EPSMG) and Dr. Alan Knight, of ArcelorMittal, the founder and chairman.

At the height of the outbreak, the EPSMG encompassed nearly 150 public and private organizations, included more than 400 members, touched the lives of 50,000 employees and had operational groups in all of the affected countries, which included Liberia, Sierra Leone and Guinea, as well as Senegal and Mali.

As Alan likes to say, it is within these country groups that the real magic took place.

The EPSMG was set up in August of 2014, by necessity, as corporates realized that working in self-contained silos would provide no real protection for their people and their investments. It was also a response to the frustration with the initial slow pace of the global mobilization.

If you will permit me, I want to very briefly tell the story of the EPSMG, because I believe that it is instructive, and then speak to the relevance of the platform going forward.

Normally in a global disaster the world flocks with great emotion and urgency to respond to the plight of those impacted. People from all over the world fight to be first on the ground, to offer care, and to provide direct assistance. Consider the 2010 earthquake in Haiti, the 2011 tsunami in Japan, and in 2013, Typhoon Hayian in the Philippines.

But Ebola was different. People ran away from the crisis – the emotions of fear and panic proved far stronger than those of empathy. Those who remained in the affected countries to support the healthcare response were grossly understaffed and were quickly overwhelmed by poor logistics and a healthcare delivery system that collapsed under the weight of an unknown disease.

How many people in this room remember September 22nd, 2014 when the U.S. Center for Disease Control predicted that Ebola cases could reach 1.4 million in a span of four months?

This was the environment in which the private sector coordination began. At first it began within individual companies establishing their own health and safety protocols to protect their employees, their families and the surrounding communities. This was largely an insular response.

But with the disease's almost exponential growth, the companies in region with the greatest national footprints, those in the mining and agriculture sectors, started twice weekly phone calls sharing data, health and safety protocols, and seeking to rationalize all of the requests for donations and assistance that were coming in.

The companies were frustrated at the slow pace of the international response, but at the same time recognized that they needed to put something on the table and to show leadership.

This was the moment that the EPSMG was formed – it was a pivot point in the mentality of the companies that the disease was an intrinsic threat to the future of their investments and operations and that they needed to be part of a collaborative platform.

And the group took to early and essential steps. First, they made a public commitment to stay in the countries for the long-term. When everyone else was running in the opposite direction, this was a big deal.

Next, they decided to put some skin in the game. They inventoried their assets that existed in the theater of operations. This list included items such as fuel,

vehicles, facilities, earthmoving equipment, water purification equipment, mobile phones, food and generators. After careful examination of their supply chains, these companies made critical supplies and equipment available to first responders when there was in no 101st Airborne, no UNMEER, and no British military presence.

The EPSMG mobilized 55 vehicles, including 15 ambulances, and contributed 4 million pairs of latex gloves, 8,000 gallons of disinfectant, 200 pallets of medicine, and 6 containers of PPE, all used for the provision of critical medical emergency support.

Everyone can take a look at the summary slide (see attached) to see how the EPSMG's scope of work shifted and took on various forms, from advocacy and the management of donations, to actual deployment, and on to data sharing, and the critical task of contributing ideas and recommendations to the post-Ebola recovery efforts.

This is a remarkable accomplishment given that the EPSMG has no governance, no board, their membership is facilitated by simple self-identification and driven through peer to peer contacts.

One of the greatest accomplishments is that we can all learn from what EPSMG was able to do – its relevancy going forward should not be overlooked.

First, the EPSMG experience demonstrated to donors and public stakeholders that they need to think differently. The private sector is not just a troth to visit for donations during times crisis; it is very easy, and often ineffective, to simply throw money at a problem. What mattered during Ebola was the private sector's expertise, its in-kind capacities, its advocacy, and its willingness to sustain, publicly, a long-term commitment to the affected countries.

Secondly, the EPSMG experience revealed to the private sector that once collectively mobilized they could have real impact. They quickly realized that they could punch well above their weight, and that there was a real bottom-line value in looking beyond their own operations to a shared platform.

We all need to remain vigilant. Ebola will always be lurking in the shadows, waiting to find a human host. A coordinated response will be required to stop Ebola and other infectious diseases on the front lines.

For this very reason members of the EPSMG have supported the establishment of a Center of Excellence for Infectious Disease Control at JFK Hospital in Monrovia, with a similar structure in Freetown, at Connaught Hospital. The Centers, once operational, will provide a treatment facility, a repository for the lessons learned, and capacity building and training platform in the fight against infectious disease. The Centers in Monrovia and Freetown are currently applying for a matching grant from USAID under their call for public-private partnerships through the Global Development Alliance. The EPSMG is inviting other companies to support both Centers and their important project work.

The private sector's voice must remain at the forefront in the Ebola recovery phase as there is always a danger, like in any post-disaster scenario, that the private sector could be crowded out by an NGO-driven economy. We must also be cognizant of the increasing costs of doing business in Ebola affected economies, as well as the collapse of commodity prices. While this conversation has started, the follow through thus far has been underwhelming.

Finally, the EPSMG model is replicable beyond Ebola. It is being considered as the Liberia readies its national security transition that will take place with the withdrawal of UNMIL in June of 2016. Meetings have begun with the private sector, initiated by the Ministry of Justice and the UNDP, to share information and to see how the private sector's knowledge and capacities can support the national plan, including the front-line deployment of the police. Again, this is an area where participation of those in this room would be welcome and encouraged.

I'd like to close with the message that President Sirleaf delivered to the US Congress on 26 February, 2015, upon her *first* trip outside of the sub-region since declaring a state of emergency over Ebola in July of 2014. Said President Sirleaf, "Liberia is back, and back in the business of development!"