Ebola: A revealing epidemic

On March 23, the Guinean authorities officially declared the Ebola outbreak which was rapidly evolving in Guéckédou, in the country’s South East forest region. Seven months later the number of cases has topped 13,000 globally and the current pace of infections in the three most affected countries – Guinea, Liberia and Sierra Leone – indicates that the epidemic is still expanding fast, dashing hopes of containment in the near future. The role of the international community’s belated, disorganised and still insufficient response cannot be understated in this crisis. Sensationalist reporting on the epidemic has also increased fear and stigma around the world. However, Ebola ultimately remains an African issue. It has revealed a deficit in solidarity between African countries and institutions and those affected; and revealed holes in the growth narrative associated with the continent in recent years.

The response of the international community to Ebola remains inadequate

The magnitude of the epidemic was underestimated from the start by the international community, which has failed to provide a timely and coordinated response to Ebola. This is notably true of the World Health Organization (WHO), who did not efficiently play its monitoring role. After having minimised the outbreak in April when the first cases were declared in Liberia and Sierra Leone, the WHO waited until August to declare Ebola an international public health emergency and September to publish a large scale Ebola response roadmap. By then more than 1,800 people had died.

Defenders of the WHO argue that this failure is the result of the progressive decrease in mandatory contributions from its member states over the course of the last decade, which has transformed the organisation into a “technical agency” providing advice and limited support, as explained by WHO Director Margaret Chan in interviews in September. In any case, in the conspicuous absence of the international community, it is a medical charity - Medecins Sans Frontieres (MSF) - who has stepped in at the frontline of the epidemic from the early stages. In June, MSF warned that the virus was “out of control” way before major developed countries and international organisations finally started pledging financial and medical support to the Ebola-hit countries.

The response of the international community nonetheless remains insufficient. By mid-October, it was estimated that only 10% of the 3,000 soldiers promised to be dispatched in Liberia by the United States had arrived on the ground. The construction of a hospital in Macenta, at the heart of the epidemic in Guinea, promised by France by mid-October will also not be ready before mid-November. Although it is an imperfect tool, the United Nations (UN) Financial Tracking Service demonstrates that in most instances, the pledges still have not been fully converted into the actual payment of funds, the transfer of goods or the sending of health workers from the donor country or organisation. For instance, as of end of October, France had only effectively allocated $8 million out of the $90 million it had promised to fight Ebola. While the absorption of donations is a clear issue in these West African nations, the developed countries at the forefront of the fight against the epidemic can and need to do better in delivering on the pledges they have made.
US missionary physicians infected in Liberia flown to the US for treatment
WHO declares Ebola "international public health emergency"
MSF says epidemic will take about six months to control
DRC declares separate Ebola outbreak. Infected British medical worker flown home from Sierra Leone for treatment
WHO puts death toll above 1,550, warns outbreak could infect more than 20,000
Senegal confirms first Ebola case

MSF slams "global inaction" in fight against Ebola. Close to 400 deaths in past week.
Britain to send military and humanitarian experts to Sierra Leone to set up treatment center; US to send field hospital to Liberia to care for health workers. US to send 3,000 military engineers and medical personnel. WHO says doubling death toll in the past month
MSF says French nurse volunteer in Liberia has Ebola.
UN special mission to deploy staff, resolution calling for lifting travel restrictions. France says military hospital will be set up in Guinea.
Three-day lockdown in Freetown
CDC estimates between 550,000 and 1.4 million people may have Ebola by January 2015

MSF warns the epidemic's spread is "unprecedented." WHO spokesman calls it "relatively small still."
First Ebola case diagnosed in the US

Number of Ebola cases/deaths and timeline of key developments
Sources: WHO, Reuters

Cases

Deaths

Deaths

Cases

Nurse in Dallas becoming first person to contract Ebola in the US. Passenger screenings begin in US and UK airport
Lawmakers pushing for US to impose travel ban
Senegal and Nigeria declared free of Ebola
Mali becomes sixth West African nation hit by Ebola
Australia becomes to impose travel ban on passengers from Ebola hit countries

Sources: WHO, Reuters
Africa has demonstrated a lack of unity and solidarity in the crisis

Realistically, Ebola only became an international health crisis when non-Africans started getting infected and the virus reached Spain and the United States. However, 6 out of the 8 affected countries and 99.9% of the cases are located in Africa. Ebola remains almost exclusively an African issue. Yet, the continent has not shown the leadership you might expect in fighting the disease. With the notable exception of countries like Uganda, which has deployed a team of health workers experienced in managing Ebola outbreaks to run a treatment centre in Monrovia, very few African nations have made significant contributions to support the Ebola affected countries. This includes nations with the highest levels of growth and development such as South Africa, Nigeria or Angola. Critics of the African Union (AU) - who accuse the organisation of passivity and inefficiency whenever significant political, health or humanitarian crisis arise in Africa - will find the organisation’s response to the epidemic familiar. The AU waited until mid-September to deploy a first batch of only 30 volunteers to the Ebola affected countries as part of its African Union Support to Ebola in West Africa (ASEOWA) initiative and has proved unable to promote a common African response to this African issue.

Instead of showing solidarity with the nations hit by the epidemic, most African governments have acted based on fear, suspicion and mistrust. This is demonstrated by the extent of the travel restrictions imposed across the continent since the beginning of the epidemic. There is a consensus within the international health community that travel restrictions for passengers and/or citizens arriving from Ebola affected countries is not an efficient measure to fight the disease. Yet, at least 13 African countries have officially imposed forms travel bans from Guinea Liberia and Sierra Leone, while more general travel restrictions have been put in place across the entire continent.
The lack of African leadership and solidarity in the Ebola crisis has allowed space for the resurgence of neo-colonialist structures of support. The US have indeed led most initiatives in Liberia - a country they effectively created in the 19th century - and France and the UK have supported their respective former colonies, Guinea and Sierra Leone. Ebola has revealed the survival of ties and dependency structures at a moment when more equal and less paternalistic relations between developed nations and African countries are being advocated for by all parties.

The epidemic has been characterised by an information crisis

Media reporting has played a central role in the driving the inadequacy of the international and African responses to the crisis. Too often media reports have sensationalised the outbreak, focussing on the fear and stigma associated with Ebola and failed to provide appropriate context and accurate information. In the early stages of the crisis media reports focussed on unusual African cultural beliefs and practices said to propagate the outbreak – burial rituals, social behaviour, the consumption of bush meat. Such reporting stigmatised the outbreak as an African disease, perpetuated by local behaviours. In reality, as Paul Farmer professor of Global Health at Harvard Ebola tells us having returned from Liberia, ‘Ebola is more a symptom of a weak healthcare system than anything else.’ While there have been problems with the disposal of bodies, Ebola has been so devastating in West Africa because the primary carers – at home and in hospitals – are most at risk. Ebola quickly ripped through the already limited number of trained, local healthcare professionals in both Liberia and Sierra Leone.

The mortality rate is high due to the virulence of the disease but it can also be attributed to the inadequacy of the response. Experienced, well-equipped, well-trained healthcare professionals have the means to control the disease: Nigeria implemented an impressive response when the virus was first declared in the country on 27 July and was declared “Ebola-free” within three months. Sensationalist reporting has made governments sacred to help, anxious of the consequences of putting their own citizens at risk either on the front-line (in the case of healthcare professionals) or at home (in the event of a cross-border infection). African governments, having witnessed the international reaction to the outbreak and the economic consequences of a domestic outbreak – flight suspensions, travel bans, investor flight – have preferred to close their borders and protect their own than offer support.

The continued focus on spectacular worst-case scenarios is also not helpful. Many articles have made the headlines with the US Centres for Disease Control and Prevention’s (CDC) announcement in September that between 550,000 and 1.4 million people in West Africa may have Ebola by January. However, few pointed out that – as a worst-case scenario based on an estimation of unofficial number of cases – this was highly unlikely. The media has played an important role in raising awareness and can take some credit for the belated international response, however such doomsday scenarios further damage investor confidence, lead to capital flight and weaken the ability of the affected governments to respond to the crisis.

More honest, rational reporting, as advocated by initiatives like Ebola Deeply, is needed. Information is key: the Ebola crisis can be solved by getting the right information to the right people – governments, donors, healthcare professionals, victims, citizens.

Ebola offers a different perspective to the Africa growth narrative

Finally, Ebola also reminds us that the Africa growth narrative can be misleading. The continent’s fast growth has not translated into socio-economic development and or a substantive improvement of living conditions for an overwhelming majority of the African population. Guinea, Sierra Leone and Liberia are amongst Africa’s fastest growing economies, with pre-epidemic growth rates for 2014 estimated by the World Bank at 4.5%, 5.9% and 11.3% respectively. The world’s largest corporations
have made significant investments in these countries in recent years, on the basis of their – often mineral – potential. At the same time the three countries have some of the worst track-records for investment in healthcare and the weakest health infrastructure and systems in Africa. It is precisely the weakness of their health systems that has caused the spread of the virus.

The Africa growth narrative is also too limited to capture the diversity of situations which characterise each African nation. The Ebola outbreak demonstrates that eager to seize economic development opportunities Africa governments, bilateral partners and foreign investors have overlooked intrinsic weaknesses in social welfare and social infrastructure that must be addressed.

Africa remains open for business

These economic and social development debates can be had later; for now it is critical that we remain engaged. On 27 October, Australia decided to shut its borders to travellers from Guinea, Liberia and Sierra Leone against the advice of all international organisations working on initiatives to fight the epidemic. The economic consequences of irrational (or politically driven) decisions like these will increase the already devastating impact Ebola has on the lives of the people in these countries. We need to target Ebola, not the people affected by Ebola. We need to avoid stigmatisation and design sensible, rational solutions. In a globalised world, interconnected by air-travel any health problem of this scale is a global problem; fear and travel bans are not the answer. Governments must not put up blocks that will prevent the right staff, equipment and resources from getting to the problem. We must continue to engage and continue do business with Guinea, Liberia and Sierra Leone and with the whole continent.