

FIGHTING EBOLA: A STRATEGY FOR ACTION

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THE PRIORITY

African populations continue to suffer under the heavy burden of disease despite overall sustained increases in income levels over the last decade. Three major diseases are among those responsible for health crises: malaria, HIV/AIDS and tuberculosis, and, in 2014, the Ebola virus emerged as a fourth virus with pandemic potential.

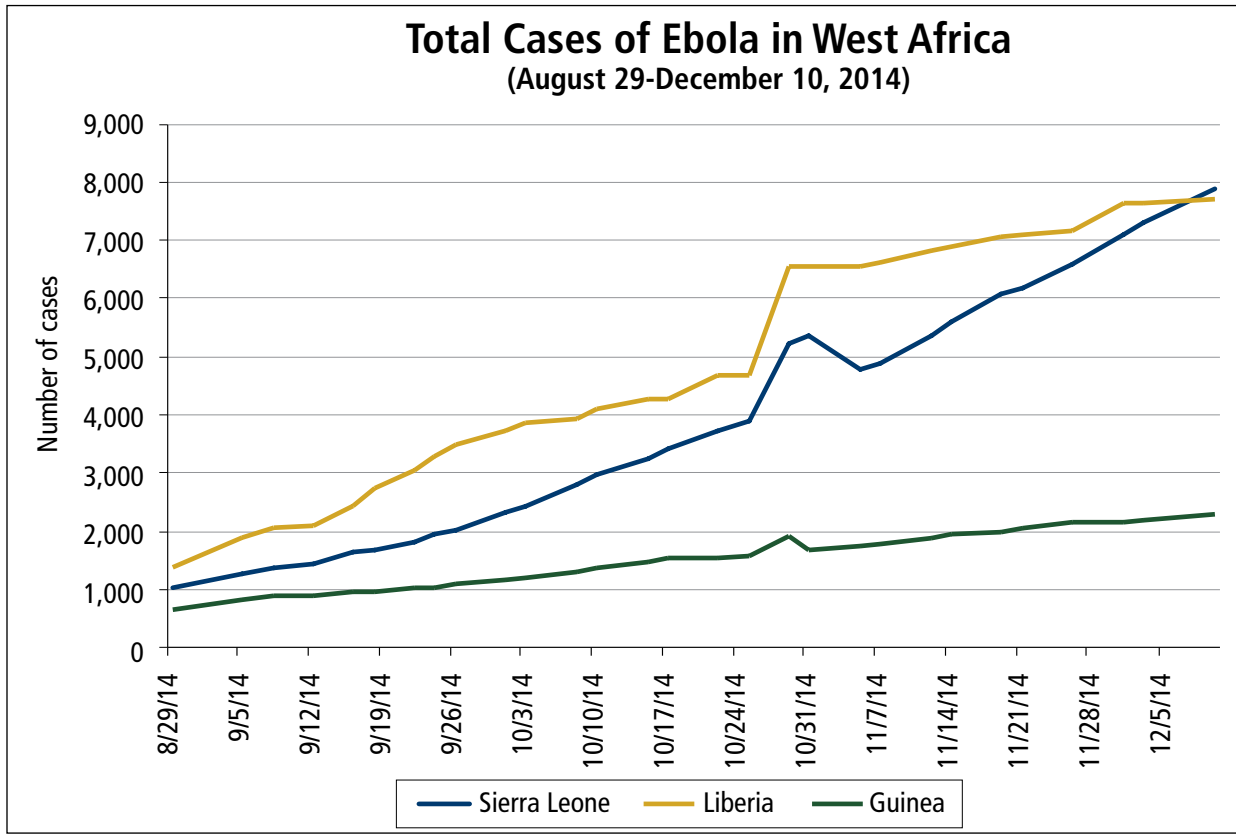
In 2012, for example, 80 percent of the estimated 207 million malaria cases worldwide were found in Africa, and 90 percent of the estimated 627,000 global malaria deaths occurred in Africa. On average, malaria kills a child every minute, of which 90 percent occur among African children. Malaria-related anemia is estimated to cause thousands of deaths a year—and for countries with endemic malaria, it is estimated that there is a 1.3 percentage point loss in GDP growth, and annual productivity losses are estimated in the billions (WHO 2013a, 2013b). Prior to 2014, HIV/AIDS was the biggest health crisis this generation of young Africans has faced, with staggering statistics. In 2005 alone, 23 million Africans were living with HIV, 13 million children were AIDS orphans and 1.8 million people died of the disease.

Despite these overwhelming numbers, progress is being made in the fight against these diseases. For example, malaria mortality rates in children in Africa were reduced by an estimated 54 percent between 2002 and 2012. Since 2000, there has been a 49 percent reduction in the overall malaria mortality rates in Africa. For HIV, by the end of 2012, about 68 percent of eligible persons were receiving antiretroviral treatment, an increase of more than 90 percent since 2009 (UNAIDS 2013).

However, 2014 in West Africa will be remembered not for progress made in combatting infectious diseases but as the year the Ebola virus crippled three countries on the continent and inflicted economic damage to many others. The 20th Ebola outbreak globally has captured the attention of the world like none of the others that have preceded it and like no other disease has in recent history. The death toll from the Ebola epidemic, which began in December 2013 in Guinea, had risen to over 6,388 worldwide by December 10, 2014 with an estimated 18,000 people affected in eight countries over three continents: Africa, North America and Europe. Guinea, Liberia and Sierra Leone were the most affected, with 1,428, 3,177 and 1,768¹ deaths, respectively. Recently, there has been a

¹ Cumulative number of confirmed, probable and suspected deaths of the Ebola virus disease by December 10, 2014. <http://apps.who.int/gho/data/node.ebola-sitrep>.

FIGURE 1



Note: The figures displayed represent the cumulative number of confirmed, probable and suspected cases of the Ebola virus disease. Source: WHO Ebola Response Roadmap Situation Reports.

Global Ebola Fatality Rates (August 29-December 10, 2014)

	Total Cases	Total Deaths	Case Fatality Rate
Guinea	2,292	1,428	62%
Liberia	7,719	3,177	41%
Sierra Leone	7,897	1,768	22%
Mali	8	6	75%
Nigeria	20	8	40%
Senegal	1	0	0%
Spain	1	0	0%
United States	4	1	25%

Note: The figures displayed represent the cumulative number of confirmed, probable and suspected cases and deaths of the Ebola virus disease by December 10, 2014. Case fatality rates were calculated based on these figures.

Source: WHO Ebola Response Roadmap Situation Reports.

steady uptick in the number of cases in Mali, while Senegal and Nigeria successfully treated and eliminated the disease after one confirmed case in Senegal, and 20 confirmed cases and eight deaths in Nigeria. The United States and Spain have also had four and one confirmed cases, respectively.

Though the number of new deaths is decreasing, the announcement of new cases every day hangs over the continent like an ominous cloud. Neighboring countries are all on heightened alert as the risk to them is highest. An epidemic that was initially confined to three countries is impacting the whole continent—from east to west and north to south—in ways not seen since the peak of the HIV/AIDS crisis.

WHY IS IT IMPORTANT?

Africa's growth has remained resilient despite the overall deceleration in global growth. Sub-Saharan Africa was projected to grow at 5.2 percent in 2014 and 5.7 percent in 2015—up from 4.9 in 2013. At a time when Africa was beginning to consolidate its growth, the fatality of the Ebola virus will knock the three most affected countries (Guinea, Liberia, and Sierra Leone) off course—mainly due to its prohibitive impact on trade, economic activity in the agriculture, mining, services, and particularly tourism sectors, as well as spillover effects throughout the region, especially if the epidemic is not contained.

Economies Have Taken a Hit

Economic activity has ground to a halt in these countries as their populations try to protect themselves from the disease. The total fiscal impact of the crisis is well over half a billion dollars in 2014 alone in Guinea, Liberia and Sierra Leone (World Bank 2014a) and could deepen in 2015. Their economies are expected to deflate by over 20-30 percent. The agriculture sector, which employs over two-thirds of their rural populations,

was hit significantly, with agricultural growth in all three countries revised downwards for 2015 (in Guinea from 5.7 to 3.3, Liberia from 3.5 to 1.3 percent, and Sierra Leone from 4.6 to 2.6 percent) (World Bank 2014b). Thus, in addition to economic activity contracting, increasing food prices threaten to compound the Ebola epidemic with a food security crisis.

Liberia, Sierra Leone and Guinea all depend on natural resources, including the mining sector, for revenue and jobs. In 2012, total revenue from natural resources, including mineral exports accounted for 26.1 percent, 8.6 percent and 30.1 percent of GDP, respectively. The Ebola virus has disrupted these supply chains and, in many cases, forced the slowdown or outright closure of mines. In Liberia, for example, Arcelor Mittal (MT), the largest mining company in the country, decided to postpone its planned investment to expand its production capacity from 5.2 million tons of iron ore to 15 million tons. China Union, the second-largest mining company, shut down its operations in August. As a result, the mining sector growth forecast by the World Bank for 2014 has been revised from 4.4 percent growth to a 1.3 percent contraction. In Sierra Leone, the country's second-largest iron ore producer, London Mining, shut down. The London-listed company was one of the country's largest employers, with over 1,400 employees.

The mining sector in Guinea does not make up as much of the economy as in Liberia and Sierra Leone. Thanks to the fact that Guinea's major mines are far from the affected zones, the expected contraction is not projected to further deteriorate: The initial projection of mining sector growth was -3 percent, and the revised projection of -3.4 percent is only slightly worse. However, exploration work on the Simandou mine, with one of the largest iron ore deposits in the world, could slow considerably, impacting Guinea's long-term growth prospects (Cussen n.d.).

Reports indicate that sourcing patterns are also being affected. Buyers in Surat, India, where an estimated 80 percent of the world's diamonds are cut and polished, have stopped sending their traders to West Africa and have even returned parcels originating from Sierra Leone, Liberia and Guinea over fears of the disease.

Importantly, the three affected countries are also emerging from relatively long periods of conflict. Increasing unemployment created by these drastic economic conditions could lead to renewed social tensions, damaging the hard-won peace and emerging political stability in this region of West Africa.

The Continent Is Susceptible to Spillover Effects

The stigma around Ebola is the strongest ever. While only three out of 48 countries on the continent are battling with the disease in earnest (the situation in Mali is still developing) the whole continent is suffering from the stigma. South Korean Airlines, for example, stopped flights to Kenya in East Africa. Many countries have closed their borders to visitors from all of West Africa. This move has amplified the impact of the disease specifically on regional trade. For example, Senegal closed its land border with Guinea and initially banned flights and ships from all three of the most affected countries in August; it lifted this travel ban in November, although the Guinean border remains closed. While the trade effects from these bans were minimal—since Senegal's exports to these countries only account for two percent of its total exports—its trade revenues could seriously decline if the disease spreads further in Mali (Senegal's top export destination) and Senegal reacts by restricting travel.

From the Gambia to Ghana, to countries as far afield as South Africa and Kenya, economic growth is being affected by the Ebola virus.

In the Gambia, where tourism is 12 percent of GDP, tourists' hotel reservations have dropped by 65 percent (Nshimyumuremyi 2014; World Bank 2014b). A recent survey conducted by *Safaribookings.com* of 500 tour operators found that they are experiencing a 20 to 70 percent drop in forward bookings because of fear of Ebola in Kenya, South Africa, Mozambique and Namibia—countries nowhere near the outbreak. This contagion effect is further undermining growth and the possibility of a recovery as the large economies in West Africa—such as Nigeria, Côte d'Ivoire and Ghana, which could help cushion the impact of the virus—are all being impacted. In Lagos, commercial businesses reported a marked decline in sales, estimated at 20 to 40 percent, following the initial case of Ebola in Nigeria. In Senegal, hotel occupancy in the coastal region of Saly dropped by over 40 percent. While impacts have been modest, should the virus spread neighboring countries could be hit hard.

Borders Are Closing

As noted above, some countries have moved to close their borders to visitors from the three most affected countries. As the crisis continued to escalate in October 2014, over 15 African countries had explicit border closures: In many countries citizens and lawmakers panicked and demanded that their government close the borders. In countries with limited human capacity and resources such as Guinea Bissau policymakers used border closing as the cheapest and safest protection. While some countries have relaxed the measures in recent weeks and humanitarian corridors are being opened, travel to the three most affected countries is still generally discouraged by most OECD foreign offices (by France and the U.S., for example). The quarantine of countries is further exacerbating their economic distress and impacting regional trade, straining relationships between countries and may result in a setback of the regional integration agenda.

Already Weak Health Systems Are Faltering

The disease is damaging already weak health systems and rolling back limited gains in strengthening education, social welfare and other public institutions. And this impact will be felt for a long time. The Ebola virus is killing hundreds of doctors and nurses. In fact, medical personnel are the most affected sub-group. There is also a crisis of confidence in the very institutions set up to address the disease. With high mortality rates in health centers, mainly due to an absence of appropriate protocols or equipment, many infected patients are staying away. In addition, non-Ebola affected patients such as pregnant mothers are scared of seeking care or unable to find care due to the inundation of hospitals by Ebola patients.

WHAT SHOULD BE DONE IN 2015

In the Short Term

In the short term, the focus should first be on winning the battle and getting to zero cases in all countries. This effort will require strong leadership from the respective governments and their health services. The cases of Nigeria and Senegal both demonstrate that, with strong leadership, a swift response to the disease, and adequate professional staff, the disease can be contained. Countries will have to put in place systems for diagnosing, tracking and conquering the disease, which requires communications systems that are functional. For example, in Nigeria, public service announcements via text messages were deployed daily to inform and sensitize the population. Private sector providers should be willing to work with governments to ensure that messages are sent in a timely and effective manner.

Leadership and adequate coordination on the part of the international community will also be extremely important. While there is broad

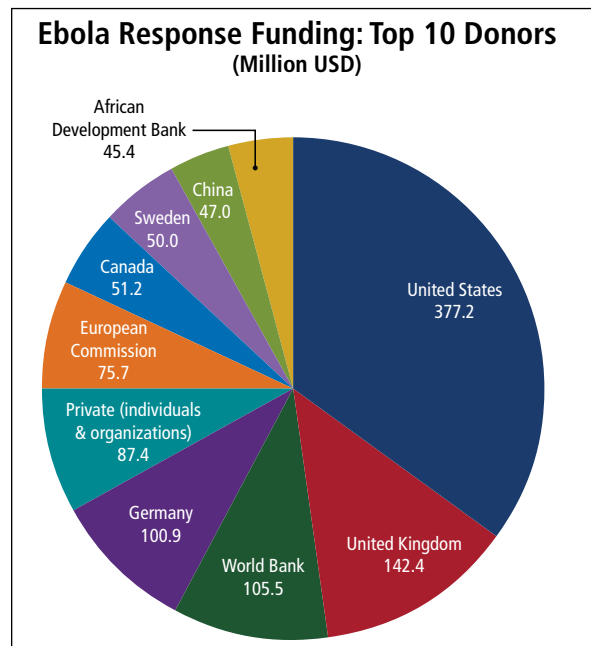
recognition that the international community was slow to act, there is now a common understanding of the need for rapid and concerted action as evidenced by the G-20 call to action in Brisbane, Australia. In West Africa, under the Economic Community Of West African States (ECOWAS) leadership, an Ebola working group has been in place to manage the epidemic.

Second, restoring confidence in the health systems remains an important part of the short-term challenge. Ebola is attacking the very health systems responsible for controlling and eradicating it. In Albert Camus' novel *The Plague*, the characters did not wait for the government to provide health workers. Instead, many able-bodied individuals at the community level were mobilized immediately to fight the plague. The key to success was the isolation of cases. In this way, the novel provides a lesson that could be used to address outbreaks while more health workers are mobilized. At the moment, African countries have mobilized over 380 health workers according to the African Union to assist the countries in addition to the U.S., Cuba, and the U.K., among others.

Similarly, the international community can assist, by providing technical assistance to train medical personnel both in the public and private sector, and by helping the government regulate and supervise private practices to ensure all protocols are respected. In particular, the international community could support the development of a community of practice networks between countries to share experiences and discuss emerging issues.

Third, along the same lines, there is a need for rapid financing to assist countries in managing the demand for basic health services, especially when public resources are already stretched. In Senegal it cost over a million dollars to manage one case, and in Nigeria it is estimated that about 13 million dollars was needed to manage its cases. Bringing the cases to zero would

FIGURE 2



Note: This chart displays the top 10 countries and institutions that have donated to fighting this Ebola crisis. Over 50 other countries have donated or pledged another \$274.6 million. Source: UNOCHA Financial Tracking System.

require substantially more resources for the three countries affected. To date, the international community and the private sector have pledged over \$1.3 billion to assist already affected countries in combatting the disease. In a historic move, the U.S. Congress has pledged \$5.4 billion to fund worldwide Ebola fighting efforts. Importantly, countries at risk (14 in West and Central Africa, and South Sudan according to the World Health Organization) must also make domestic financing available for basic prevention and put in place contingency plans in the event of an outbreak. The private sector, and many African philanthropic organizations, have provided and continue to provide financial assistance to governments. These developments are positive and welcome.

Fourth, governments must implement clear systems to maintain peace and order while organizing the communities and managing the needs of citizens. In a number of instances, there has been civil unrest due to weak

management of populations stressed by the crisis, such as the incidents in Freetown in Monrovia. This disorder, if not rapidly contained, could further complicate the problem. In Senegal, the government successfully used civil society organizations, NGOs and local community leaders to help with the information campaign but also with civil order.

Finally, there is a need for continued international communication on the incidences of Ebola so that countries that are not affected by the virus do not bear the brunt of sanctions and that countries with the virus are not unduly quarantined. This advocacy, however, must be coupled with stepped-up control identification and tracking of affected persons by countries impacted. The international community can help to finance and set up border control monitoring stations in order to achieve this objective.

In the Medium and Long Term

Over the medium to long term, the focus should be on strengthening health systems to be able to deal with such crises. Countries must adequately fund their health sector and ensure the system is progressive. The U.S. experience, in which 15 percent of GDP is spent on health care with rather poor access and outcomes, demonstrates that the focus should not be on how much of the national budget is allocated to the health sector but on what results are expected and how the public and private sectors can collaborate to provide adequate health care with appropriate staffing, skills and technology.

Second, the private sector and the international community should work together to fund and develop vaccines for the disease through innovative financial instruments like the ones for malaria, such as the Roll Back Malaria (RBM) Partnership and others. Similarly, the International Finance Facility for Immunization (IFFIm) is a particularly creative financial mechanism that uses securitized bond offerings to

front-load medium- to long-term donor funding so that donors can finance immunization campaigns in the near-term, thereby reducing the disease burden in the long run.

In addition to developing vaccines, more laboratories are needed on the continent to help with disease diagnosis. The efforts of the non-governmental organization Institut Pasteur of Dakar are noteworthy. Initially it took 24 hours or more in Guinea and Sierra Leone to diagnose a case. With the installation of Institut Pasteur local labs in both countries, diagnosis time has been reduced to 12 hours. This kind of regional support as well as the role of ECOWAS in the fight against Ebola must be strengthened.

Third, an economic recovery and reconstruction plan to assist countries in re-launching their economies is critical. This endeavor requires rapid financing of infrastructure and agriculture projects that can create jobs. With Ebola, the risk of investing in Africa has increased and as such international financial institutions may need to develop innovative guarantee instruments to assist the private sector to buy down the risk of investing in the affected countries. The international community, working in collaboration with the public and private sector, can facilitate these tasks. The International Monetary Fund has already suggested that countries most affected by the crisis should increase their deficits in order to restore growth, which counters the IMF's usual orthodoxy on closing deficit gaps.

Fourth, affected governments will also have to put in place and reinforce safety net systems in order to protect the poor and the vulnerable who have been hard hit by the crisis.

Fifth, the international community must learn from the lessons of the past and ensure that, in focusing on winning the battle against Ebola, other health issues—such as HIV/AIDS and the overall health system—are not undermined. While many African countries are not set to meet the targets set out in the Millennium Development Goal 6 (“Combat HIV/AIDS, malaria and other diseases”) some progress has been made in combatting these diseases. Many countries have developed aggressive plans to combat the disease and the fight to bring Ebola to zero should not undermine efforts already underway.

Finally, global governance of health systems needs to be improved. The Ebola epidemic and the response of the international community demonstrated that there is a need to revisit the global health crisis and security management system and the protocol for dealing with pandemics at the international level. The initial slow reaction of the international community indicates an absence of leadership and lack of clarity of roles and responsibilities between the technical, funding and implementing agencies both at the national and international levels.

Awa Marie Coll Seck, minister of health and social action of Senegal and former department head of UNAIDS, contributed to this piece.

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