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Chapter 13

Economic and Political Impact of Ebola Virus Disease

Chapter Outline

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We are at a dangerous moment in these three West African countries, all fragile states that have had strong economic growth in recent years after decades of wars and poor governance. It would be scandalous to let this crisis escalate further when we have the knowledge, tools, and resources to stop it. Tens of thousands of lives, the future of the region, and hard-won economic and health gains for millions hang in the balance.

Jim Yong Kim and Paul Farmer, World Bank Group President and Harvard University Professor, The Washington Post

West Africa, once home to the Ghana Empire, Mali Empire, Sosso Empire, Songhai Empire, and Akan Empire of Ashanti, is a shadow of its former glory. The fourteenth-century emperor, Mansa Musa, from West Africa was worth a staggering \$400 billion, after adjusting for inflation, as calculated by celebrity net worth.¹ Musa's wealth was a result of his country's vast natural resources. The West African nation was responsible for more than half of the world's salt and gold supply. Just two generations later, his fortune was gone—wasted away by invaders and infighting.

Today, Liberia, Sierra Leone, and Guinea are low-income, neighboring countries located in sub-Saharan West Africa. Guinea, Liberia, and Sierra Leone

TABLE 13.1 Macroeconomic Indicators of the Countries Affected by Ebola Virus Infection

Affected Countries	GDP in 2013 in Current USD	GDP per Capita in Current USD	GNI ^a per Capita in 2013 in Current USD
Liberia	2 billion	454	410
Sierra Leone	5 billion	809	680
Guinea	6.2 billion	527	460

GDP, gross domestic product; USD, United States dollars; GNI, gross national income.

^aThe GNI is the total domestic and foreign output claimed by residents of a country, consisting of GDP plus factor incomes earned by foreign residents minus income earned in the domestic economy by nonresidents.

Source: World Bank.

rank among the poorest nations on earth (Table 13.1), and all three are recovering from long periods of military dictatorship (their involvement in Liberia's 1989–2003 Civil War). A period of unprecedented growth and reform was on the way prior to emergence of Ebola virus disease. Guinea held its first free election in 2010, and the International Monetary Fund had forecasted its economy would grow 4.5% that year on the back of massive iron ore deposits. Liberia had been forecasted to grow at 7% on its rising mining activity, while Sierra Leone was expected to be Africa's fastest growing economy at 13.9%, according to International Monetary Fund.

The economic indicator used to gauge the status of involved country's economy is the gross domestic product (GDP). GDP is the total dollar value of all goods and services produced over a specific time period, and percentage change can be used to gauge growth on a year-to-year basis. For example, if the GDP in Guinea is up 4.5%, this represents that the economy has grown by 4.5% over the last year. According to a report by Elvin Mayer, the GDP is calculated either by adding up what everyone earned in a year (income approach), or by adding up what everyone spent (expenditure method).²

Ibrahim Abdullah was a truck business owner of Lebanese descent, whose ancestors left Lebanon in the late nineteenth century during the final years of Ottoman rule.³ He was a 5-year-old child in March 1991,³ when an attack on a small southern village by a group of armed Sierra Leoneans, Liberians, and Burkinabes identifying themselves as the Revolutionary United Front started a 9-year-civil conflict. Like almost any family in Sierra Leon, he had lost many relatives and was forced to move to Liberia. Over the last decade, he rose through society to own a truck business comprising of a fleet of Caterpillar trucks. He had purchased three of the trucks in the early part of 2014 as part of an agreement with Western Cluster-Liberia to transport iron ore from Bomi and

Grand Cape Mount counties. ArcelorMittal, a major mining company, mined iron ore, the main ingredient in making steel and was one of his lead customers. The company's highly profitable Liberian unit produced 5 million tons of iron ore a year, at a cost of less than \$30 per ton, below that of most other countries. With iron ore prices falling but still around \$100 per ton that made for hefty profit margins. Therefore, Abdullah had every reason to use his lifesavings to expand the business to meet the increasing demands. When reports of Ebola virus-infected patients in Sierra Leon started to emerge, the company reaffirmed its commitment and determination to operate within the scope of the Mineral Development Agreement and ensure that infrastructures are protected as well as the well-being of the people are guaranteed.

It was a Monday morning like any other, but that morning, less than half of the drivers showed up for work. Some were sick or taking care of sick relatives, but most wanted to avoid the weak subgrade road travels through villages with Ebola virus-infected patients. With most of the available drivers willing to work longer for extra pay, Abdullah had successfully devised a plan to continue the transport routes scheduled for the week. Then he received a phone call from the representative of ArcelorMittal that the company declared *force majeure* and evacuated 645 employees from Sierra Leon.³ Roughly 4000 other employees and contractors in Liberia stayed to secure equipment and carry out other critical activities related to logistics, engineering, and procurement.³ Abdullah's trucking business was no longer necessary given that the much smaller amount of iron ore expected to be produced could be transported through railway tracks. Abdullah was devastated because he had overextended his company and personal resources for this venture and now had no means to recuperate from the sudden loss of revenue. He had no recourse to enforce the contracts that he had signed with the company because the legal departments of the mining giants had defaulted using the *force majeure* clause.

Force majeure is French for superior force and "is a contract provision that allows a party to suspend or terminate the performance of its obligations when certain circumstances beyond their control arise, making performance inadvisable, commercially impracticable, illegal, or impossible."⁴ With the borders restricted to road traffic, little opportunities existed for Abdullah to diversify into providing logistic support for new and existing trading businesses. He would scramble over the next few months desperately trying to avoid a complete closure of his business while ArcelorMittal (MT) would go on to report a net income of \$22 million or a penny per share in the third quarter of 2014, contrary to a loss of \$193 million or 12 cents per share in the year-ago quarter. Revenues had gone up 2.2% year over year to \$20.1 billion due to increased sales as a result of increased steel shipments and higher marketable iron ore shipments. This was the typical case for many others in Liberia, Sierra Leon, and Guinea who were crushed like ants under the feet of dancing elephants by corporate giants to whom the Ebola virus infection was merely an event (<http://www.haproxy-e-c01-dev.aws.barchart.com/news/stocks/MT>).

DIRECT AND INDIRECT ECONOMIC CONSEQUENCES OF EBOLA VIRUS DISEASE EPIDEMIC

According to a report released by the World Bank, there are two distinct channels through which the outbreak could affect the economies in the Ebola virus infection-affected countries. The direct effect is probably most apparent and is based on consumption of health-care resources and removal of people either temporarily or permanently from the labor force. According to a World Health Organization (WHO) report released on September 20, 2014, in the three affected countries 2803 deaths occurred out of 5843 of total Ebola virus disease cases detected, including confirmed, probable, and suspected cases.⁵ Some analysts fear that the true numbers may in fact be as large as two to four times what is reported due to underreporting issues. The major proportion of these deaths occurred in young persons, which exaggerates the workforce depletion effect. Contraction of labor resource resulted from largely workers who were diagnosed and subsequently died from the virus infection.

There was a substantial loss of productivity due to diversion of workforce by, those who are taking direct care of these patients, a phenomenon called “caregiver burden.” Caregiver burden in West African countries is far greater than that seen in the United States or Europe where the social services infrastructure relieves the load borne by family members serving as caregivers. There was an unmeasured effect of people staying home due to fear of exposure to the virus. All these factors resulted in reduced productivity, lower output, and lesser household income. The reduction in workforce cannot be compensated by smaller businesses that lack the ability to provide work retribution or shed less profitable parts of the business. Thus, loss of a critical mass means a death sentence for many small businesses in these countries.

Less apparent are the indirect effects. According to a report from World Bank, in the recent history of infectious disease outbreaks such as the severe acute respiratory syndrome epidemic of 2002–2004 and the H1N1 flu epidemic of 2009, behavioral effects are believed to have been responsible for as much as 80% or 90% of the total economic impact of the epidemic.

The fear of contagion leads to a fear of association with others and ultimately decreases participation within the collective labor force. Such an effect, however, is minimized in West African countries where financial compensation relies on daily attendance, and absenteeism may result in immediate financial loss. Other behavioral effects in these countries include people who are moving from diseased zones, the decrease in labor participation mainly due to people staying home from their jobs, foreign companies scared of the disease and getting rid of their employees, and closing borders for export of various materials. Such effects also motivate private decision-makers to disrupt travel, trade, and commerce by canceling scheduling commercial flights and reducing in shipping and cargo services. Some governments are motivated to close land borders and restrict entry of citizens from afflicted countries.⁶

THE IMPACT OF EBOLA VIRUS DISEASE ON VARIOUS ECONOMIC SECTORS

Mining: The mining sector in Liberia, Sierra Leone, and Guinea is dominated heavily by iron ore mining, but also includes gold and diamond mining. The mining sector accounts for 17% of Liberia's GDP. ArcelorMittal (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, and China Union, the second largest mining company has shut down its operations since August 2014. As a result, mining sector growth forecast by the World Bank for 2014 has been revised from 4.4% growth to 1.3% contraction (Table 13.2). The mining sector of Sierra Leone, which accounts for about 16% of the country's GDP, has not been affected considerably by the Ebola virus infection outbreak, in contrast to the neighboring countries reviewed in Table 13.3. However, iron ore prices recently decreased considerably, and mining revenue is expected to decrease.⁷

Compared to Liberia and Sierra Leone, the mining sector in Guinea does not make up a major component of the economy. The initial projection of mining sector growth was -3% and the revised projection of -3.4% is only slightly worse (Table 13.4). This is also due to the fact that Guinea's major mines are far from the infected zones, and the expected contraction is not expected to deteriorate.

Agriculture: The agricultural sector has been severely affected by the Ebola virus infection epidemic in all three countries of Sierra Leone, Guinea, and Liberia. Agriculture accounts for nearly a quarter of the Liberia's GDP and employs almost half of the available workforce.⁸ The major reason for the severe impact

TABLE 13.2 Liberia—Estimated Gross Domestic Product (GDP) Impact of Ebola (2014)

	Contribution to Growth Shock (%)	Initial Projection (June 2014)	Revised Projection
Real growth in GDP		5.9	2.5
Agriculture	18.0	3.5	1.3
Forestry	-0.1	2.0	2.0
Mining	27.3	4.4	-1.3
Manufacturing	4.6	9.6	5.0
Services	50.2	8.1	4.0

Source: World Bank/International Monetary Fund Staff Estimates.

TABLE 13.3 Sierra Leone—Estimated Gross Domestic Product (GDP) Impact of Ebola (2014)

	Contribution to Growth Shock (%)	Initial Projection (June 2014)	Revised Projection
Real growth in GDP		11.3	8.3
Agriculture	27.8	4.8	2.6
Industry	54.5	24.8	18.4
Mining	39.6	27.3	21.8
Services	17.7	7.7	5.7

Source: World Bank/IMF Staff Estimates.

TABLE 13.4 Guinea—Estimated Gross Domestic Product (GDP) Impact of Ebola (2014)

	Contribution to Growth Shock (%)	Initial Projection (January 2014)	Revised Projection
Real growth in GDP		4.5	2.4
Agriculture	20.3	5.7	3.3
Forestry	0.0	3.5	3.5
Mining	3.8	-3.0	-3.4
Manufacturing	2.5	6.5	5.6
Services	73.5	6.7	3.8

Source: World Bank/IMF Staff Estimates.

on both export and domestic agriculture is due to reduced workforce mobility, people migrating to safe zones, and foreign companies postponing investment due to the evacuation of key expatriates affected. As a result, the World Bank revised its growth expectations from 3.5% to 1.3% (Table 13.2). Disruptions from the outbreak during the planting season earlier this year are expected to diminish yields for the staple crops of rice and maize during the harvest season, between October and December. Due to the neglect of many small farms that produce food for domestic consumption, the World Bank expects Liberia to experience food shortages that may in turn lead to food price increases.⁸

Similarly, Sierra Leone's agricultural sector, which focuses on rice, cocoa, and palm oil, accounts for about half of the economy. According to the Ministry of Agriculture, Forestry, and Food Security, the two regions that were the epicenter of the Ebola virus infection outbreak together produced about 18% of the domestic rice output. Quarantined zones restricted worker movement and many farms were abandoned. According to the reports cited by the World Bank, rice prices jumped by 30% in the affected regions of the country.⁸

A large amount of Guinea economy is composed of agriculture and services. There was tremendous decrease in the production of cocoa and palm oil, which are the main export products of the sector and now threatens Guinea's economy.⁸

Service: The service sector accounts for about half of the Liberian economy and has been perhaps the most impacted by the Ebola virus infection outbreak. According to the World Bank data, wholesalers and retailers experienced 50–75% reduction in turnover compared to the period before the crisis. Due to reductions in business and tourist trips, there have been huge reduction in markets serving expatriates; consequently, the hotel and restaurants subsector has also been negatively affected by the crisis.

The Sierra Leone's and Guinea's service sectors face a similar crisis. Sierra Leone's tourism industry has suffered from canceled flights. Hotels are occupied at half capacity, and secondary effects have extended to the country's brewing industry. In Guinea, projected growth in the services sector has been cut in half.

OVERALL FISCAL IMPACTS

The negative effects of the Ebola virus infection outbreak on the affected countries' economies are also expected to be reflected in the fiscal balance of these countries including expected reduction in tax revenues. At the same time, governments are facing increased expenditures to meet the increased requirement for medical resources to prevent and treat Ebola virus infection. According to the World Bank, "Budget deficits of the affected countries are expected to increase by amount equal to 1.8% of gross domestic product in both Sierra Leone and Guinea and 4.7% in Liberia" (Figure 13.1). Negative effects in the agricultural sector will lead to food shortages that will cause food prices to increase. Although not anticipated at this point, food shortages can easily escalate into health consequences related to malnourishment and cast additional burdens onto a vulnerable society.

Due to contraction of the major economic sectors along with a significant decrease in exports, there will be a negative effect in GDP growth.⁸ The World Bank staff has revised their 2014 GDP growth projections of the affected countries: Liberian GDP was revised from 5.9% to 2.5%, for Sierra Leone from 11.3% to 8.3%, and for Guinea from 4.5% to 2.4%⁸ (see Tables 13.2–13.4).

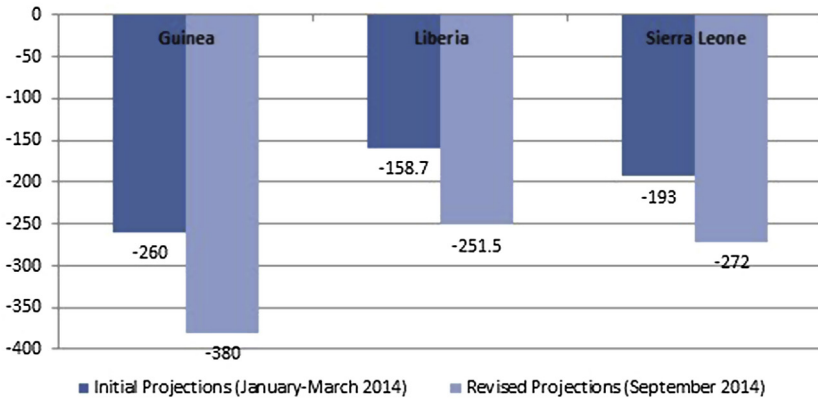


FIGURE 13.1 Estimated short-term impact on the overall fiscal balance (2014), in \$US millions. Source: World Bank.

FINANCIAL AID IN PROGRESS

The World Bank Group (WBG) is mobilizing a \$400 million financing package for the countries hardest hit by the Ebola virus infection crisis, including \$230 million package announced in August 2014 and an additional \$170 million package announced in September 2014.⁹ Of the \$400 million committed, \$117 million is already disbursed to countries and implementing agencies, including \$58 million for Liberia, \$34 million for Sierra Leone, and \$25 million for Guinea.

WBG's Board of Executive Directors approved 105 million dollars in financial aid on September 16, and this new money provided grants for the WBG's IDA Crisis Response Window.⁹ The other \$12 million in the emergency financing was reallocated in August 2014 from existing health projects in Liberia and Sierra Leone (\$6 million per country) to make some funds immediately available and take advantage of the existing implementation capacity set up for these projects. The WBG's Board of Executive Directors will consider the remaining new funding in the near future.

These funds are being used to pay for essential supplies and drugs, personal protective equipment and infection prevention control materials, health workers training, hazard pay and death benefits to Ebola virus infection health workers and volunteers, contact tracing, vehicles, data management equipment, and door-to-door public health education efforts.⁹ These funds also are providing budgetary support to help the governments of Guinea, Liberia, and Sierra Leone cope with economic impact of the outbreak and are financing the scaling up of social safety net programs for people in the three countries. UN agencies—particularly UNICEF, WHO, UNOPS, United Nations Population Fund (UNFPA), and the World Food Program (WFP)—are implementing some of the activities financed by the WBG's emergency project. WBG funding is helping WFP to scale up its ongoing response to the Ebola virus infection emergency. Some examples are given below.

WBG funds have already financed a first shipment of 100 tons of essential health and hygiene supplies (worth \$1.6 million), which UNICEF procured and

delivered to Liberia on August 26, 2014. Among the items in the shipment were hundreds of sets of personal protective equipment, latex gloves, thermometers, syringes, and other medical supplies to restock depleted stores at many of the country's health facilities.

On September 5, UNICEF procured and delivered 48 tons of materials and essential drugs for Ebola virus disease treatment centers (antibiotics and other essential medicines, cannula, coveralls to protect health workers, 7440 pairs of latex gloves, and body bags) to Sierra Leone (worth \$850,000), also financed by the WBG.

On September 17, also with WBG financing, UNICEF airlifted a second delivery to Sierra Leone (worth \$1.7 million) 100 tons of drugs and equipment, including personal protective equipment, antibiotics, intravenous fluids, and chlorine. On October 18, also with WBG financing, WFP airlifted 30 ambulances and mortuary pickup vehicles to Sierra Leone, which will help improve mobility and shorten the response time to people affected by Ebola virus disease. With WBG financing, WFP also has brought in 4000 metric tons of food to feed people in holding and treatment centers and quarantined communities in Sierra Leone, reaching 300,000 households.

On September 9, UNICEF procured and delivered 28 new, all-terrain vehicles to the Guinea Ministry of Health (worth \$880,000), also with WBG financing. These vehicles will provide much-needed ground logistics support to treatment, supervision, contact monitoring, and burial teams working in Guinea. A second lot of vehicles will include ambulances for patient transfers and motorbikes for contact monitoring in remote, hard-to-reach villages. On October 15, UNICEF procured and delivered 57 tons of goods and equipment to Guinea—also with WBG financing—including 4.5 million gloves, 50 tents, medicine, and food supplements to fight Ebola virus disease.⁹

THE EFFECT OF OUTBREAK ON SURROUNDING COUNTRIES' ECONOMIES

This impact on economy is not felt in the affected countries, but this wave of economic influence is also slowing down neighboring economies, with several disruptions. Although Nigeria has been officially declared by WHO as an Ebola virus-free country, one of the reports says that “commercial businesses in Lagos indicate significant recent declines in demand, sometimes in the range of 20 to 40 percent.”¹⁰ Gambia, where the economy is largely dependent on tourism, is also experiencing a major decline in this sector. According to a Bloomberg Report, in Gambia, “hotel bookings are down by 65 percent due to a fear of the virus.”¹⁰ This is being attributed to a “geographic misfortune” of “being located within a few hundred kilometers of Senegal’s border with Guinea.”¹⁰ In the unaffected countries in Africa, the stigma of the outbreak is having an impact on potential international investors and multinationals operating in these countries.¹⁰

In East African countries like Kenya, the geographical impact of the Ebola virus disease outbreak is also affecting major sectors like tourism

and transportation.¹⁰ However, since the recent Ebola virus disease outbreak began in December 2013, the global airline industry is perhaps the worst affected and has led to several countries imposing various rules and regulations on air travel, including strict measures like increased passenger screenings. A report by the Official Airline Guide says that, before the outbreak in 2013, 264,300 passengers traveled by air from the affected countries to either Europe or North America. However, as of October 2014, year-on-year capacity and frequency are down by 64% from the affected countries. In May 2014, there were some 427 flights from Liberia, Sierra Leone, and Guinea to any destination in the world. In October, that had fallen to some 152 flights scheduled, providing some 22,782 seats.¹⁰

PREGNANCIES AND CHILDBIRTHS: LONG-TERM ECONOMIC CONSEQUENCES

“A man found a dead newborn girl at a scrapyard in the ELWA Junction in Monrovia, Liberia, umbilical cord still attached. It is unknown if the baby died at the yard or if the girl was already dead. Residents said this was not the first such incident, as dumping newborns is increasing since Ebola virus disease broke out in the country.”¹¹

Although not uncommon in the past, dumping of newborns has greatly increased since the recent outbreak in the country. The reason is either that the pregnant patient is too afraid to visit the health-care facility due to the fear of Ebola virus disease or, if she is at home, no one will help her because they are afraid of contact with the bodily fluids. Many of the health-care clinics refused to treat pregnant women due to fear of coming into contact with blood and other bodily fluids of women, and sometimes they even do not know if the patient is Ebola virus infected or not. When nothing else works, the patients end up giving birth in the streets. According to an estimate by UNFPA, there will be more than 800,000 women who will give birth in the next 12 months, and 120,000 of these pregnant women will face complications during pregnancy and childbirth and could die if the required lifesaving emergency obstetric care is not provided. This report also states that they still need 64.5 million dollars to provide all the services required to promote health of the expectant mothers and the newborn babies in Guinea, Liberia, and Sierra Leone. Currently, they only have \$3 million for this purpose.¹¹ If these appropriate measures are not taken, they warn that one in seven pregnant women in these West African countries could die during childbirth.¹² There may be a reduction in workforce due to newborn and infant mortality that will be felt two to four decades from now if situation does not improve.

If we go back not more than 100 years and look at the babies born during Spanish flu pandemic, we find that people who were born in the United States

just after the 1918 flu pandemic or the people who were still in utero when the disease was at its peak had a higher risk of heart attack in their adulthood than those born before or after the pandemic. The researchers also found that men born in 1919 were shorter by about 0.05 inches relative to surrounding cohorts and were of lower weights as teenager with a higher percentage of various health issues.¹³ In addition, children born to those women who had been infected with flu were three to seven times more likely to develop schizophrenia later in life. All of these health-related conditions caused not only an increase in economic burden of the country due to increased utilization of health-care expenses, but also led to inefficient and impaired workforce of the country. With the example of pandemic flu how the economy of the country could continue to be affected years later even after the outbreak, we hope that the Ebola virus disease outbreak is aggressively controlled; so, the duration is shortened enough to prevent unwanted health-related effects on the babies born during this period.¹⁴

The Ebola virus disease epidemic continues to spread rapidly in Guinea, Liberia, and Sierra Leone. If the virus continues to surge in the three worst-affected countries and spans to neighboring countries, the 2-year-regional financial impact could probably reach \$32.6 billion by the end of year 2015⁹ dealing a potentially catastrophic blow to already fragile states. These economic costs can be limited if swift national and international responses succeed in preventing the spread of the virus and mitigating fear resulting from people's concerns about contagion fueling the economic impact.¹²

POLITICAL IMPACT OF THE EBOLA VIRUS DISEASE OUTBREAK

The biggest concern of the Ebola Outbreak is political, not medical.

Ashoka Mukpo [Former researcher with the Sustainable Development Institute, a Liberian Civil society advocacy group based in Monrovia]

INTRODUCTION

The Ebola virus disease outbreak has created a broad impact on the global political environment within several countries. Government's poor organization and subsequent inadequate response to the Ebola virus disease outbreak creates vulnerability to criticism and change. The crisis can promote citizens' lack of faith in their governments and aggravated social tensions.¹⁵ Ebola virus disease outbreak clearly poses a threat to the safety and stability of Liberia, Sierra Leone, and Guinea—countries still struggling to deal with the consequences of prolonged civil wars (Liberia and Sierra Leone) and chronic political instability (Guinea). The current crisis is likely to have a noteworthy effect not only on these countries' economies, but has also affected the political and operational hierarchy within those countries.¹⁶

POLITICAL IMPACT OF EBOLA VIRUS DISEASE ON WEST AFRICAN COUNTRIES

Sierra Leone is one of the few countries where the political infrastructure was severely affected by Ebola virus disease outbreak. Part of the challenges to the political infrastructure were related to travel and transport limitations; restrictions on the movement of individuals; and constraints on the people's right of assembly, and community by laws which have led to a "do not touch" policy. The Sierra Leonean government has stopped spending money on services not directly related to battling Ebola virus disease and day-to-day service facilities have largely deteriorated. Open criticism of the government followed as a consequence. Sierra Leone's citizens have begun to question the president Dr Ernest Bai Koroma regarding his capacity to handle the challenges. In one such incident, a journalist was arrested after a guest condemned the President's way of handling the Ebola virus disease outbreak on his inadequate effort to institute emergency measures in the face of the epidemic.¹⁵

The Ministry of Health Sanitation (MOHS) has faced a lot of criticism. President Koroma has also faced disapproval for supporting Miatta Kargbo, Minister for Health and Sanitation. Kargbo's situation became increasingly weak from June 2014, after she suggested that victims of Ebola virus disease had a role in acquiring the infection and deaths could have been avoided if victims had appropriately responded. She had gone on further in criticizing health care workers for the spread of Ebola virus disease through immoral acts. In August 29, 2014, she was removed from office, with the President mentioning the need "to create a conducive environment for efficient and effective handling of the Ebola outbreak." The MOHS was quite overwhelmed by Ebola virus disease and was looking for an outside source for assistance to handle the crisis.

Fortunately, there was an improvement seen in the governance of Sierra Leone, when President Koroma handed the day-to-day running of the National Ebola Response Centre (NERC) to Major (Rtd) Alfred Paolo Conteh, Minister of Defense. Some of the initial steps taken that assured control of the government were the imposition of a 3-day, nationwide lockdown in September 2014 and sanctioning of the extension of emergency measures for another 9 months. Moreover, President Koroma's increased presence at isolation units and treatment centers and occasions celebrating survivors, improved morale. The government provided ongoing support of the development of a remote education curriculum to counter balance the schools remaining closed. The President received a cross-party support, from Sierra Leone People's Party (SLPP) leader, Brigadier (Rtd) Julius Maada Bio, and thus succeeded to create a logic of national unity.¹⁷

In Liberia, President Ellen Johnson Sirleaf said under the state of emergency, the government will introduce astonishing methods, if need to be the suspension of certain rights and privileges as authorized by the constitution for a 90-day period. The outbreak has exacerbated a lack of trust that many

Liberians have in their government. Because of the current uncertainties due to the Ebola virus disease epidemic, several investors, aid workers, and skilled employees started to leave the country despite continuous pleas from the Liberian finance minister for continued assistance. Elections originally scheduled for early October were continually postponed. In a nation where years of civil war have deeply undermined trust in government and its institutions, some worried a constitutional crisis would be one of Ebola virus disease's deadliest symptoms. Concerns regarding political and social unrest leading to coup and civil war still prevail.¹⁸

Similarly, Guinea is also facing political challenges particularly in light of upcoming elections. There are apprehensions among citizens that the delays in the organization of local elections will increase prevailing tensions between the government and the opposition parties.¹⁶

POLITICAL IMPACT OF EBOLA VIRUS DISEASE IN THE UNITED STATES OF AMERICA

In the United States, regardless of there being no actual risk of an Ebola virus disease epidemic, following the death of Liberian citizen Thomas Duncan (first person to contact Ebola on the United States soil) and the consequent infection of two Texan health workers who had treated Duncan, health department has been under criticism for its failure to uphold strict protocols and screening procedures for Ebola virus disease.

The United States Centers for Disease Control and Prevention (CDC) has been implicated in failure to implement preventive strategies.

On the first week of October 2014, Dr Thomas Frieden, director of the CDC issued a public statement "We will stop it in its tracks" meaning that the Ebola virus disease will not be entering the United States soil. In the ensuing months, isolated cases of Ebola virus disease were identified in the United States, leading to major embarrassment for the government. Frieden was asked to provide an assessment to the Members of Republican Party-led House committee during a 3 h high-level inquiry in Washington with emphasis on his inadequate response to the Ebola virus disease outbreak, thereby even demanding his resignation. Consequently, the Obama government has faced criticism for CDC's deficient efforts. The Republicans are seizing on the issue as a chance to prove a point that President Barack Obama has not provided a real assessment of the situation by stressing Obama's recent promise that Ebola virus disease infection was "unlikely" to get to the United States. Several Republican leaders have been pressurizing the regulatory authorities to enforce new travel constraints for those countries in Africa where the outbreak began.

On October 17, 2014, the President selected the supposed Ebola czar "Ron Klain" as the White House's "Ebola Response Coordinator." Nevertheless, President Obama's decision has received wider disapproval because the so-called coordinator lacked a proper background in health care. In addition, many

voters were opposing the President's decision to send the United States troops to Africa to fight the dreadful disease.



Since the United States midterm elections are coming up in October 2015, both political parties are using the events surrounding the national and international Ebola virus disease occurrence to disrepute and blame one another. Predictably, Ebola virus disease has been a burning subject in the congressional electoral race, where, for example, Senator Mark Udall of Colorado accused the Republican Party for the poor response of health care workers and emphasizing Republican-supported financial cuts of public health care agencies like the CDC, whose principal job is to forecast and respond to major health crisis.¹⁹ On the other hand, the Republicans are accusing the Obama government for not taking necessary steps against Ebola virus disease spread. The White House has subsequently announced the formation of Special Weapons and Tactics (SWAT) teams to contain any further outbreaks if such events were to occur in the United States.²⁰

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