

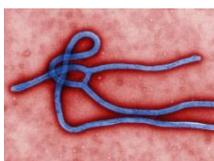
THE EBOLA SCOURGE IN WEST AFRICA

An Ebola epidemic has been ravaging West Africa in recent times. The WHO has described the current epidemic as the worst in history. The outbreak started in March in South East Guinea but has spread to Liberia, Sierra Leone, Nigeria and lately Senegal¹. It is very difficult to give good statistics of the outbreak because the figures are changing every day. Besides, the statistics that the WHO is giving on the matter is far from being a fair representation of the real situation on the ground. What is clear is that in the three worst hit countries namely Guinea, Liberia and Sierra Leone, the health system is no longer able to keep pace with the exponential spread of the [Ebola virus](#).

In Nigeria, there are a handful of cases and the situation is under control. What helped Nigeria was an enlightenment campaign initiated by the government and championed by religious, traditional and civil society leaders/organisations. There is no case of a community transmission of the Ebola Virus Disease (EVD) in Nigeria. All the cases are of a single line transmission through Patrick Sawyer, the Liberian-American who imported the virus into the country. In Senegal, it was imported by a Liberian University student who escaped quarantine. However, the Senegalese government was alerted by the Liberian counterpart and appropriate actions were taken in time to control the virus from spreading in Senegal.

It is a different story however in Guinea, Liberia and Sierra Leone. The epidemic has completely wiped away entire families and villages. The minister of health in Liberia has described the spread of EVD in that country as a wild fire. The fact is that for every reported case, there are more than three unreported cases. Contrary to the Nigerian experience, the attitude of not reporting real and suspected cases of the disease is pivotal to the spread. This attitude is not unconnected with the traditional belief system which has mingled with the conventional religions (Christianity and Islam) to interpret the epidemic as a witchcraft attack and the oath of secrecy associated with ritual initiation into puberty that prohibits one from reporting matters to the civil authority. If the war against this unseen enemy must be won, this fundamental cultural mind-set must be addressed by the various governments and the international community.

The tragedy is that this way of thinking is not necessarily a function of illiteracy since it also noticed among the elite including the very educated religious leaders. The consequence is that government ultimatums and enlightenment campaigns to control the outbreak seem like water pouring off a duck's back and the end of the outbreak in these countries is not yet in sight. For example, there are mandates that sick persons must be reported to the health workers and the dead must be buried with government approval. However, the people will secretly nurse their sick infected with the virus and in the process get infected with the virus themselves. When the person dies, they will secretly bury the remains or send a word to the civil authority while everybody disappears into thin air and the spread of the epidemic continues unabated. Again, directives that taxi cabs must not exceed three persons while transporting people is not observed. At present no clinically confirmed drug or vaccine is available.



Ebola virus: [Austin Ruse](#)

Ebola virus disease (EVD) is a haemorrhagic viral fever. Early symptoms of the disease include a sudden onset of fever, headache, pains, and weakness and later on followed by sore throat, chest pains, coughing, hiccups, red eyes, impaired functioning of the kidneys and liver, internal and external bleeding, diarrhoea,

¹ Centers for Disease Control and Prevention, "2014 Ebola Outbreak in West-Africa", to be consulted at : <http://www.cdc.gov/vhf/ebola/resources/distribution-map-guinea-outbreak.html#areas>

low white blood cell and platelet counts. EVD is transmitted through contact with the carrier's bodily fluids such as sweat, blood and saliva. According to the WHO, Ebola has a fatality rate of up to 90% but this is changing because of early detection and management in treating the disease. The most recent suggestion for cure is the use of a survivor's blood. Again, this is still at the level of theory.

The outbreak of EVD occurred simultaneously for the first time in the Democratic Republic of Congo formerly known as Zaire and in Sudan in 1976. Peter Piot and his colleague Adam Kucharski were the first to identify and isolate the virus. The virus derives its name from the Ebola River in the Democratic Republic of Congo around where the outbreak occurred. Different strains of the virus have been isolated but what is ravaging West African is the [ZEBOV](#) strain (Zaire Ebola Virus). It is believed that the [fruit bat](#) is the natural host of the virus before passing it to other animals and humans².

Beyond the threat to life that the Ebola outbreak has constituted in the ECOWAS region, the socio-economic impacts of the disease are quite enormous. Prominent among them is the stigmatisation of an entire country and individuals within some of the countries experiencing the epidemic. For example, there are media reports in Nigeria that a Nigerian family residing in the United Kingdom who travelled to Sri Lanka for a wedding was delayed for hours and turned back from the airport because they are citizens of Nigeria where there is EVD outbreak and not because they travelled from Nigeria. In Nigeria, four Liberians who were about their business were rounded up and quarantined because they are Liberians and not because they are suspected carriers of EVD. In Nigeria too, when someone from any of the two cities where there are confirmed cases of Ebola outbreak travels to the rural communities; he is ostracised and treated like a leper. The survivors of the EVD in Nigeria have lost their jobs and have not been integrated into their wider families and society.

The EVD is taking a big toll on economic activities in the West African community (ECOWAS). Some airlines have suspended flights to the region against the advice of the WHO that this suspension will limit assistance to the region, inhibit economic activities and isolate the region from the global community. The countries of the region are also closing their borders against each other increasing the isolation of each country and impeding the economic activities in the region. There are wide media reports of cancellations of international conferences and business meetings in the region. Travel agencies are experiencing low patronage. In the same vein there is also a drastic drop in the numbers using the hospitality and tourism industry. Direct foreign investment is also experiencing a huge decline. The unemployment situation is getting worse in the presence of the EVD scare. Very soon the region may experience shortage of rice. The region imports large quantities of rice from Thailand and the Thai sailors have refused to sail to the region for fear of EVD. Though our vision is to see Africa achieve her food security through family farmers and make her less dependent on food imports a sudden food shortage precipitated by the EVD outbreak will further endanger the lives of the people. It is feared that the EVD outbreak has already done unprecedented damage to the economy of the ECOWAS region and will do more if nothing is done urgently to arrest the situation.

Nevertheless, the Ebola outbreak has contributed immensely to personal hygiene in some of the countries of the region. In Nigeria for example, hand sanitizers are in high demand, the prices have tripled and sellers go smiling to the banks. People have learnt to wash their hands regularly with soap and water which are now readily available in public places.

But what has continued to be of greater concern to this narrator is the response of the international community to the plight of the region. Obviously, the international community has made responses to the situation but more needs to be done to arrest the situation. What is certain is that in the

² Carex, "Dealing with the Ebola Outbreak", 2014, to be consulted at: <http://www.carex.com.ng/dealing-with-ebola?gclid=CN70jNG94MACFc7HtAodwgUARA>

present age of world connectivity, an epidemic which has become a great threat to the West African region is also a threat to the global community because what you consider to be far away from you can get to your door step at the blink of an eye³.

Chika Onyejiuwa, CSSp

³ ABC News Australia, "Ebola Crisis: Australian Doctor at the Frontline of Outbreak says time is running out to contain disease", 2014, to be consulted at <http://www.abc.net.au/news/2014-09-13/australian-doctor-says-time-running-out-to-contain-ebola/5741858>