



Article

The Political Economy of Ebola Virus Disease in West Africa: A Critical Analysis

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Abstract

In March, 2014, the World Health Organization (WHO) elicited regional and global attention on the outbreak of Ebola virus disease in West Africa which began in December, 2013, in Gueckedou of Guinea. The sporadic spread of Ebola virus disease (EVD) with over 10,000 cases and deaths in Guinea, Sierra-Leone, Liberia, Nigeria and Senegal not only accentuated sub-regional anxiety and global apprehension but also adversely crippled the socio-political and economic activities of the most vulnerable countries (Guinea, Sierra Leone and Liberia). Therefore, this paper revealed that public panic which fraught the euphoria of the haemorrhagic fever (EVD) has exacerbated recessionary trend in these fragile neo-capitalist economies which crystallized in civil disobedience, border closure and diplomatic row within the sub-region. Hence, the paper opined that a multi-dimensional response is a plausible measure to curtail the spread of EVD and mitigate its effects.

Keywords

Political Economy, Ebola virus disease and West Africa.

Introduction

Africa as a developing Third World region is constrained with a myriad of challenges such as poverty, mono-recessionary economy, authoritarian governance, weak and corrupt state institutions, electoral irregularities, spread of Islamic extremism and insurgency, pandemic of HIV/AIDS and malaria disease, flagrant violation of civil liberty and abuse of social justice system, ethno-religious intolerance and restiveness. These daunting problems explicitly illuminate the failure of political leadership to respond efficiently to the plights and expectations of Africans through accountable and transparent governance. In this state of public disillusionment, Ebola virus disease emerged and swept across Gulf Coast of West Africa claiming lives and, eliciting anxiety beyond the region.

In March and April, 2014, the World Health Organization (WHO) and US Centre for Disease Control and Prevention (CDC) alerted the attention of the world on the spread of a rare and deadly haemorrhagic fever otherwise known as Ebola virus disease in West African countries of Guinea, Sierra Leone and

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Liberia. The intensity of the Ebola spread is obviously unprecedented humanitarian crisis with heavy human and economic catastrophe in the region of West Africa as aptly noted by Salam-Blyther (2014:1):

In March 2014, an EVD outbreak was reported in Guinea, West Africa. The outbreak is the first in West Africa and has become the largest, most persistent ever documented. The outbreak is continuity to spread in Guinea, Sierra Leone and Liberia (affected countries) and has ended in Nigeria and Senegal, after having infected 20 people in Nigeria and one in Senegal. As of late October, nearly 10,000 people have contracted EVD, of whom almost 5,000 have died.

Invariably, Yetunde (2014:19) also remarks:

Within a period of six months, the recent outbreak of EVD has claimed not less than 1013 lives across Guinea, Liberia, Sierra Leone and Nigeria, four affected countries. And it is still counting. The disease has also gone ahead to force major changes in health and immigration procedures of affected and non-affected countries while compelling the World Health Organization (WHO), to declare a global health emergency (Medecins Sans frontieres, MSF).

Furthermore, the ferocity and public panic on Ebola was also felt beyond Africa continent eliciting global apprehension and response, This development is enunciated by the table below, as of October, 2014.

Table 1: Recent Ebola Cases and Deaths (7th January, 2015)

Country	No of Cases	Deaths
Guinea	2,775	1,781
Liberia	8,157	3,496
Sierra Leone	9,780	2,943
Mali	8	7
Nigeria	20	8
Senegal	1	0
Spain	1	0
United Kingdom	1	0
United States	4	1
Total	20,747	8,236

Source: Adapted from WHO Ebola Situation Report (2015:1)

Note: It is important to Indicate that WHO has declared Senegal and Nigeria Ebola-free countries. However, cases and deaths are still rising in Guinea, Sierra Leone and Liberia.

To lend credence to the global anxiety and public panic on Ebola in the Western countries, The European Centre for Disease Prevention and Control (ECDC) Report (2014) notes:

Since December, 2013, and as of 12 October, 2014, 8, 997 cases of EVD, including 4,493 deaths have been reported by the World Health Organization (WHO) in seven reporting countries (Guinea, Liberia, Nigeria, Senegal, Sierra Leone, Spain and the US). One additional case was reported by the USA on 14th October in a second healthcare worker in*

Dallas, Texas, who tested positive for Ebola virus after having cared for OK first case in the USA.

The above scenario inextricably shows the vulnerability and limitations of the health infrastructures (designed to ensure medic surveillance checks on foreigners) in spite of the acclaimed expertise and sophistication even in the industrialized-capitalist economies. Beyond human loss, the dreaded virus also strips the epicenter countries (Guinea, Sierra Leone and Liberia) of its socio-political and economic activities undermining the slow pace of development. Ekpo (2014:35) shares this view:

There is no doubt that the EVD has affected socio-economic and political activities in Nigeria and the sub-region. It has even affected religious events. The impact of Ebola on the economy of Nigeria and other countries of West African sub-region has been immediate with far-reaching implications and in the medium and long-term.

In these countries (Guinea, Sierra Leone and Liberia), the process of governance and state administration has been stifled. National legislative and administrative activities suspended with the closure of parliamentary complex and public service secretariats as the police and army battle fervently to restrain civil disobedience and arson exacerbated by the indiscriminate isolation and quarantining of people in Conakry, Freetown and Monrovia. The public panic and anger nearly degenerated into chaos but was suppressed by the quick intervention of the law enforcement agencies with the back-up of the military.

Similarly, the Ebola pandemic has also accentuated economic hardship as exemplified in the closure of market, shopping malls, hotels, suspension of flights etc. The UNDP (2014) Report on the socio-economic impact of Ebola virus disease in Guinea, Sierra Leone and Liberia, incisively indicates:

Ebola is hurting economies and livelihoods, slashing gross domestic output, threatening food security, reducing opportunities for jobs and livelihoods, and slowing down foreign investment. All of these consequences are robbing people of a well-deserved peace and promising development gains. Through its impact on prices, the epidemic is reducing people's purchasing power and increasing their vulnerability, even more so in rural areas. The most active and productive segments of the labour force, including women, are being decimated by the virus. Income generating opportunities are being reduced, especially for those in vulnerable employment. All in all, household incomes in affected countries have suffered, plummeting by around 12 per cent in Guinea and 35 per cent in Liberia and posing a potential threat to peace and stability. The crisis is also stressing the fiscal capacity of governments in Guinea, Liberia and Sierra Leone. Overall shortfalls in tax and non-tax revenue resulting from the outbreak are continuing to increase.

Therefore, critical examination of socio-political and economic implications of EVD represents the thrust of this paper. Hence, we analyze and explicate in the preceding pages the effects of Ebola virus disease on politics and economy of the most affected countries, its implications and plausible measures for the effective functioning of the state institutions and development. In this paper, the researcher divided the discourse into five sections: the first introduces the crux of the problem, the second deals implicitly with the conceptual explication of the key terms; the third empirically established the affinity between the

assumptions of an appropriate theory and the discourse, the fourth incisively revealed the trends of global and regional response to the pandemic of EVD and the fifth concludes and makes appropriate recommendations from a multi-dimensional perspective.

Conceptual Explication

Thematic conceptualization of the key terms is imperative for textual analysis of this discourse as expressed below:

Political Economy

Basically, political economy is a hybrid concept which establishes the empirical interface between politics and economy. Therefore, it methodologically examines the development trends and dynamics of the symmetrical relationship between political and economic processes. In this vein, Asogwa (2003:4) explicates further:

The interrelationship between political variables and economic variables becomes apparent when we recognize the fact that problems involving the scarcity of resources which is the domain of economics and the relationships of power, rule and authority which is the area of political science are not disjointed and separate problem but one that cannot be solved without the knowledge and participation of the other.

Pertinently, the discipline of political economy is an interesting and fascinating area in social science discipline. Thus, it represents an interdisciplinary approach which critically and systematically examines the rationale and outcome of behavioural disposition and development within the socio-political and economic context. Nwosu (2011:70) remarks:

The study of political economy has continued to gain place of prominence in the academic area. Man is constantly pre-occupied with the task of producing and reproducing his material existence.

As intriguing, it may seem, political economy also represents a methodology or framework of analysis. Invariably, Aja (1998:10) indicates:

In a methodological sense, political economy is a tool of analysis, or a framework for organizing approaches, concepts, theorems, hypothesis and theories to explain, analyse and predict the interplay of forces which determine not only the nature of capitalist and socialist economies but the structure of the present international political economy and direction of change.

Furthermore, political economy lends credence to the primacy of materialism which the Marxists argue, determines the survival and development of man and his social enclave. Hence, man created and re-creates his existence through labour which constitutes his most profound activity of multiple activities. However, the development, organization and outcome of labour (the sub-structure) exist and reflect within the cc-text of politics which represents the superstructure. Therefore, the link between politics and economy s net only conceptual but also empirical and illuminating as elucidated by Nnoli (2003:225),

"The involvement " state in economic development underlines the fundamental link between politics and economic life".

Expectantly, the methodological nexus between politics and economy provides an insight on the -e = tec --ess and peculiarity of the various facets of human society as Ake (1981:5) aptly notes:

It remains to add that the connectedness of the economic structure, social structure, belief system and political system demands an interdisciplinary approach to the study of society.

On the premise of Ake's assertion, it becomes instructive to remark that the pandemic of Ebola virus disease through a health challenge had adversely affected the socio-political and economic proces to Gunea Sierra Leone and Liberia. In other words, we establish within this empirical discourse the effects of a debilitating disease on politics, diplomacy and economies of the West Africa region.

Ebola Virus Disease

i. Clinical Profile

Ebola as a tropical and contagious virus disease is deadly and kills faster than HIV/AIDS. Clinical profile indicates that Ebola virus disease is a haemorrhagic fever caused by infection with a virus of the family filoviridae, genus Ebola virus. Gatherer (2014:1619) succinctly notes:

EVD is a severe haemorrhagic fever caused by negative-sense ssRNA virues classified by the international committee on Taxonomy of viruses as belonging to the genus Ebola virus in the family filoviridae (order mononega virales). Filovirus parties are 80 nm in diameters and form twisted filaments (hence the name) of up to 1.1 nm in length. One other genus in this family, marburgvirus, contains a similar disease to EVD. The third genus, cuevavirus, is confined that hosts. The case fatality rate in EVD is so high approaching 90% in some outbreaks.

Furthermore, there are species of Ebola as lucidly identified by The Rapid Risk Assessment Report (2014:3) of the European Centre for Disease Prevention and Control (ECDC):

Infections with Ebola viruses originating from Africa cause a severe disease in humans called Ebola virus disease. There are five species of the genus Ebola virus (filoviridae family): Zaire Ebola virus, Sudan Ebola virus, Reston Ebola virus, Tai forest Ebola virus and Bundibugyo Ebola virus. The current outbreak in West Africa is caused by Zaire Ebola virus. Ebola viruses are biosafety level-4 pathogens (BSL-4 risk group 4) and require containment measures and barrier protection, particularly for health workers. The viruses can survive in liquid or dried material for many days (11). They are inactivated by gamma irradiation, heating for 60 minutes at 6CPC boiling for five minutes and are sensitive to sodium

hypochlorite (bleach) and other disinfectants, the incubation period (the period between infection and first symptoms) is usually four to ten days but can be as short as two days and as long as 21 days. The case fatality ratio for Zaire Ebola virus infection is estimated to be between 44% and 90%.

Development and Recent Outbreak of EVD

In reference to the etymology of the virus and its outbreak, Ebola was first discovered in 1976 near the Ebola River in the present Democratic Republic of Congo. Sawyerr (2014:48) notes this view:

In the 70s, it was reported that Piot carried out a research on the blood sample of a nun who died in Zaire now known as the Democratic Republic of Congo. Though initially, the clinical diagnosis was believed be yellow fever, but under the micro scope, something different came out, which later on was identified as Ebola named after the river in the country where it was first detected.

When it was detected in 1976, the fatality ratio was low and contained. However, what made the present outbreak exceptional is the ferocity of its spread and rapidly rising fatality rate involving three countries with devastating effects on socio-economic and political development of the sub-region. Explicating on the present outbreak, World Health Organization Report (2014) documents:

On 21 March, 2014, the Ministry of Health (MOH) of Guinea notified the World Health Organization (WHO) of a rapidly evolving disease (EVD). The cases of EVD were initially reported from Gueckedou, Macenta and kissidougou in the forest region, an area forming the border with Sierra Leone and Liberia; and later in Conakry, the Capital City. Blood samples collected from the initial cases tested positive for Zaire Ebola virus (EBOV) species by RT-PCR at Institute Pasteur in Lyon, France. On 30" March, 2014, the Ministry of Heath of Liberia reported its first cases of EVD and on 25 May, 2014, the Ministry of Health of Sierra Leone began reporting cases. The scale of the ongoing outbreak is unprecedented, with reports of more than 1,360 cases and 767 deaths (as of 30 July 2014) in the three affected countries since March, 2014. The ministry of Health of Nigeria reported its first case of EVD on 27th July 2014.

Table 2: Case Fatalities in Guinea by town/prefecture up to 20th April, 2014 (WHO, 2014)

Locality	Cases (n)	Deaths •" (n)	Case fatality
Gueckedou	122	87	71
Conakry	53	23	43
Macenta	22	16	73
Kissidougou	6	5	83
Dabola	4	4	100
Dinguiraye watagals	1	1	100

Source: Derek Gatherer (2014:1620)

Note: The local/tie's in the table represent the forest regions and cities of Guinea where Ebola virus disease of 2014 outbreak was first detected before spreading to the neighbouring countries of Sierra Leone and Liberia.

Consequently, the World Health Organization (WHO) on 8th August, 2014 declared the outbreak of Ebola as public health event of international concern. Subsequently, the Ministry of Health in Senegal on 29th August, 2014 reported its first EVD case. On 18th September, 2014, the United Nations Security Council adopted a unanimous resolution which recognizes Ebola virus disease as "threat to international peace and security".

In October, 2014, the Center for Disease Control and Prevention (CDC) in the United States announced the first imported case of EVD in a Liberian man, Thomas Duncan and, later health worker at Texas Presbyterian Hospital (who provided clinical care for Duncan) took ill and became isolated. In the same vein, the Spanish government on 6th October, 2014 reported a confirmed case of Ebola virus disease in a health worker who cared for the second Spanish patient repatriated from Liberia to Spain.

These ugly chronological events consequently intensified efforts towards awareness and advocacy, surveillance, containment measures, strict travel regulations, suspension of flights, closure of borders with adverse effects on the vulnerable countries.

ii. Transmission, Symptoms, Treatment and Vaccine Development of EVD

As aptly illustrated in the introduction, Ebola virus can be transmitted through direct contact of an infected person or animal. Virological research indicates that when an infection does occur in humans then the virus spread in several ways through body or blood fluids (sweat, saliva, feces, semen, urine), infected animals (monkey/apes) and infected fruits, bats and objects such as syringes, needles etc.

Subsequently, the symptoms of Ebola virus disease are obvious in fever, severe headache, fatigue, diarrhea, vomiting, stomach pain, excessive bleeding from the nose and mouth and muscle pain. The affected person is contagious (after 21 days) and chance of recovering is slim which depends on supportive clinical care and immune response of the patient. Presently, there is no approved vaccine or drug for the treatment and cure of Ebola patients. Salaam-Blyther (2014:2) shares this view:

There are no drugs proven to prevent or treat EVD, though efforts are underway to develop them. In October, press reports indicated that WHO planned to begin testing Ebola vaccines in January on some 20, 2000 health workers and other volunteers.

However, the World Health Organization in August, 2014 indicated that it is ethical to use experimental drugs or vaccines to treat Ebola patients. Thus, the success of ZMapp (an experimental drug) in the treatment of Ebola patients has made the prospect for cure more promising. And, other experimented drugs include: Hyper immune, convalescent plasma, AVI 7537(Sarepta), Bex4430 (Biocryst) etc. Furthermore, there has been intense and consistent public enlightenment and advocacy on personal hygiene and ways of avoiding contracting the deadly virus.

From outbreak to epidemic, Ebola virus disease (EVD) continued to spread though with decline number of cases and fatality incidence in the recent time and excruciating effects on social, cultural and economic lives of the most affected West African countries. Ebola virus disease perhaps remained the most daunting challenge of the sub-region beside insurgency.

West Africa

The West Africa is a sub-region of African continent. Topographically, West Africa, broadly defined to include the western portion of Western Sahara, Morocco, Algeria and Tunisia, occupies an area in excess of 6,140,000 km², or approximately one-fifth of Africa. The vast majority of this land is plain lying less than 300 meters above sea level through isolated high points exist in numerous states along the Southern shore of West Africa (Wikipedia- the Free Encyclopedia).

Pertinently, modern West Africa region comprises sixteen countries (Benin, Burkina Faso, Cape Verde, Ivory Coast, Gambia, Guinea, Guinea-Bissau, Ghana, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo). Interestingly, these countries are products of Western imperialism. Hence, Britain and France were the dominant colonial powers whose influence in the sub-region culminated to ideological - polarity among the West Africa countries - the Anglophone and Francophone. Furthermore, the Economic Community of West Africa States (ECOWAS) is the sub-regional platform that facilitates cooperation, trade and partnership among the West African countries. Mauritania is the only Western Africa country that is not a member of ECOWAS.

In the textual analysis of this discourse, we examine critically the threat posed by the spread of Ebola virus disease on the diplomatic relations and economies of the Western African countries.

Theoretical Framework of Analysis

Instructively, conceptual frame of analysis is imperative in empirical discourse of this nature. In other words, adopting and applying the assumptions, postulations and principles of an appropriate conceptual framework to analyze and interpret the occurrence, intensity, trends and effects of Ebola phenomena on the socio-economic and political processes of the most affected countries in the West Africa sub-region underscore the essence of scientific analysis.

Therefore, systems theory is the appropriate conceptual device in the context of this discourse. Systems framework represents a behavioural scientific theory which argues that the development, cohesion and persistence of every human society is the function of the interrelationships of its units. Hence, system is defined as a set of interrelated parts.

Furthermore, the imperative of systems theoretical perspective in political analysis accentuates the affinity between political science and other social science disciplines (interdisciplinary research) as exemplified in the David Easton's political system framework, Gabriel Almond's structural functionalism and respective treaties of Harold Lasswell and Samuel Huntington. Johari (2005) argues in this direction:

The introduction of the systems analysis in social science owes its genesis to the realization or some leading American writers like David Easton, G.A Almond and Morton A. Kaplan who have reacted against the rigid compartmentalization of any discipline belonging to the world of social science like economics or politics, psychology or sociology, that in their views has resulted in nothing else than a reduction of the cross flows between various sister fields of study.

Similarly, Mahajan (2008:8) stresses that “the central proposition of the systems approach is that all social including political phenomena are inter-related and they affect each other. It is assumed that it is not possible to understand one part of the society in isolation from the other parts which affects its operation”. Therefore, "system" which is the unit of analysis of systems conceptual framework denotes

a set of parts in constant interaction for the maintenance and sustenance of the whole. In this view, Hara Das and Choudhury (1997:21) describe the nature of a system as:

There are two crucial characteristics of a system. In the first place, it is composed of separate units that interact in order to perform certain functions. The removal of any unit directly affects the others. This implies that there is a degree of interrelatedness of mutually constraining or conditioning units. Secondly, a system is marked by differentiation.

Distinctively, Apter (1978) highlights the reflective attributes of systems:

1. Systems have boundaries within which there are functional interrelationships mainly based on some of the communications;
2. Systems are divided sub-systems, with exchange existing between the sub-system (as, for example, between a city and a state, or a state and the national government); and
3. Systems have a capacity for coding, that is, they take information inputs; are able to learn from inputs, and translate inputs into some kind of output.

Glaringly, the assumptions of systems theory are further expressed in the context of this discourse as outlined below:

- a. A whole (that is system) made up of various units, parts or sub-systems.
- b. Each sub-system is further divided into units.
- c. Functions and boundaries define the distinctiveness of these units or sub-systems of the system.
- d. A network of relation and communication among the units which express the interrelationships and cohesion of the system.
- e. The dysfunctionality or disarticulation of a particular unit or sub-system affects other units or sub-systems.
- f. The cohesion and disintegration of the system depend on the nature and trends of the relations existing between the units or sub-systems.

In relating the postulations of systems theory to the context of this discourse, West Africa represents a geo-political system comprising interacting sovereign states. The trans-national interactions between these sovereign West African countries are expressed in political relations, bilateral and multilateral transactions, sporting activities etc. Profoundly, these networks of interaction strengthen the equilibrium and cohesion and, accelerate the development of the sub-region.

However, the persistence of these interrelations is today furiously challenged by the pandemic of Ebola virus disease (EVD) emanating from one of the sovereign states with unprecedented spread to other neighboring countries - the disarticulation of a particular unit or sub-system affects other units or sub-systems. This is further exemplified in the suspension of flights (from neighbouring countries to Guinea, Sierra Leone and Liberia), closure of borders, cancellation of bilateral or trade meetings and conferences, suspension of sporting activity such as African Cup of Nations (earlier scheduled to be hosted in Morocco but later hosted by Equatorial -Guinea) in the apprehension and anxiety of the deadly EVD.

Subsequently, the Ebola-vulnerable countries, the Guinea, Sierra Leone and Liberia which constitute the sub-systems of the sub-regional system of West Africa are presently experiencing the dysfunctionality of

their respective units obvious in governance, economy, social, cultural etc. Therefore, Ebola virus disease which is purely a medical humanitarian crisis had adversely affected other facets of the societal lives of these countries. In other words, the near-collapse of these countries is as result of the dysfunctionality or disarticulation of the health sub-system to contain the spread of EVD which had crippled the functionality of other sub-systems

Arguably, the political economy of Ebola virus disease in West African can be extensively analyzed from a systemic perspective. Therefore, the credence of systems theory in the context of this discourse further indicates that:

- i. The analysis of this discourse is a multidisciplinary orientation and approach.
- ii. The intricate challenges, implications and containment of the spread of Ebola virus disease can be scientifically explicated from a systemic approach.

Conclusively, systems theory is an appropriate conceptual framework that critically examines the eruption, spread and effects of Ebola epidemic on the socio-political and economic development of West African countries. And, the containment of this tropical and contagious virus can only be effective through a multi-dimensional perspective underlying the assumptions of systems analysis.

The Impact of Ebola Virus Disease on Politics, Diplomatic Relations and Economies of West Africa Sub-region

Emphatically, the outbreak and epidemic of Ebola virus disease had adversely impacted on the socio-political, diplomatic and economic processes of the West African states particularly the Guinea, Sierra Leone, and Liberia. Hence, governance, safety and development of 22 million people estimated to live in these three countries where the deadly virus had claimed lives in thousands are undoubtedly challenged by the euphoria and anxiety of the deadly Ebola virus. Ebola undermined the functional process of the state institutions, disrupt public and administrative services, create social disorder, accentuate political tension, erode the gains of macroeconomic stability, exacerbated crises of development and, severed diplomatic relations between these countries and the rest of West Africa.

The Socio-Political and Diplomatic Implications

Assertively, three countries (Guinea, Sierra Leone and Liberia) share the affinity of Western imperialism, presidential democracy, authoritarian regimes, weak and deficient state institutions and ethnic-driven murky party politics. However, Liberia and Sierra Leone are post-conflict states with history of civil war and genocides. The socio-political effects of EVD in these countries are expressed below:

(i) Disruption of the State's Public Service

The euphoria and epidemic of Ebola had for several months undermined political and administrative processes of these affected countries. Hence, state institutions in Conakry, Freetown and Monrovia have suspended their constitutional and statutory responsibilities in the apprehension of the spread of the virus. For instance, the national legislative complex and administrative departments of the government have been under lock and key since June, 2014 in Liberia and Sierra Leone. Similarly, the panic that fraught the Ebola virus disease also disrupted public service of these countries. Reports indicate that 70 per cent of civil workers in Conakry and Monrovia had deserted their offices while the few bold ones report to work twice in a week. This unpleasant situation obviously stifled the public service of the state in response to the plights of social welfare and challenges of development.

(ii) Political Apathy and Anxiety

With regard to political process, Guinea and Liberia would have conducted municipal (local) and senatorial elections in 2014 but its organization and process are threatened by the plague of Ebola virus disease. Hence, the delay for the conduct of these elections deteriorated the already strained relationship between the government and the opposition with widespread apathy among the electorate in these countries. Local council election was expected to take place in the first quarter of 2014 but shifted indefinitely because the government and relevant institutions are working fervently on the measures to contain the spread of the strange and deadly virus. Invariably, in Liberia, the senatorial election scheduled to take place in October, 2014 was shifted to December. However, the 2014 December timeline is uncertain and tentative in the consideration of the intensity of the epidemic.

(iii) Civil Disturbance and Imposition of Curfew

Since the outbreak and spread of Ebola virus disease from Guinea to Sierra Leone and Liberia, social stability and cohesion of these countries have been grossly eroded. This is because of several absurd incidences which created scenario of mistrust between the traumatized local population and government authorities. Consequently, these incidence of social unrest heightened political tension in these post-conflict states. In Sierra Leone, precisely on October, 2014, clashes between youths and the police in the town of koidu in the Eastern Sierra Leone escalated into riots and gunfire, leading to the imposition of curfew. The clashes have reportedly been caused by the refusal of a former youth leader to allow medical personnel to check his grandmother's Ebola status. In Guinea, a team campaigning to raise awareness about Ebola virus in the region of Nzerekore, the second largest city (South-East) was assaulted in September by villagers who accused the team of spreading false information about the virus mode of transmission. This resulted in the death of eight team members (<http://www.rfi.fr/afrique/20140919>).

(iv) Human Rights Violation

Consequently, there is widespread flagrant abuse of civil rights and non-compliance to laws in near-chaotic regions where the epidemic of the virus is escalating. Therefore, the enforcement agencies in bid to entrench tranquility, adopt authoritarian measures such as forced restriction of movement, indiscriminate quarantine and isolation of the local population prompted public anger and social unrest. Similarly, apprehensive Western countries adopt dehumanizing surveillance checks on Western Africa travelers of these affected countries at borders, sea and airports and the phobia against Africans resident in some regions of China, Japan and Germany which are repugnant to civil rights and freedom as universally acknowledged by the United Nations and the rest of the world.

(v) Strained Diplomatic Relations

Undoubtedly, the external relation between these vulnerable countries and the rest of West Africa has been adversely undermined by the euphoria and pandemic of Ebola virus disease. The West African countries at the early stage of the outbreak responded through expertise, logistics and other humanitarian aids to assist Guinea, Sierra Leone and Liberia to contain the spread. However, this diplomatic gesture later changed into hostile relation, when an American-Liberian diplomat Patrick Sawyer died of Ebola virus in Lagos, Nigeria on 25th July, 2014. Then, panic gripped- the neighbouring Western African countries prompting absurd diplomatic measures to limit contagion risks as aptly expressed below:

- a) Senegal closed its borders with Guinea and subsequently banned flights and ships from Guinea, Liberia and Sierra Leone.
- b) Cote D'Ivoire otherwise known as the Ivory Coast closed her border with Guinea and Liberia and institutionalized strict surveillance-checks for all visitors to the country and, suspended its flights to Guinea, Sierra Leone and Liberia.
- c) Beyond West Africa sub-region, South Africa in August, 2014 declared strict restriction for Western African nationals intending to enter the country and subsequently suspended flights to Guinea, Sierra Leone and Liberia.
- d) Gambian and Zambian authorities also cancelled flights to Sierra Leone, Guinea and Liberia.
- e) Beyond Africa, the United States and Britain were also in August and October, 2014 established strict Ebola-surveillance checks on Western African travelers at their respective air and sea ports.

These unpleasant situations may impel drastic review of foreign policy relations of Guinea, Sierra Leone and Liberia with some of their neighbouring West Africa countries after recovery from the epidemic which may endanger the cooperation and solidarity of the sub-region.

The Socio-Economic Implications

Prior to the outbreak of Ebola virus disease, Guinea, Sierra Leone and Liberia had macro-economic stability (driven by prudent macroeconomic governance and foreign direct investment in mining, agriculture, industry) with exponential growth of GDP though over 50 per cent of the local population lives below poverty line. Consequently, the recent humanitarian crisis of EVD has for several months worsened recessive trends of these neo-capitalist economies as exemplified in the drastic decline in the growth of GDP, loss of jobs, rapid rise of price of market goods and service, sharp decline in the production of key export commodities, household hardship and disruption of trade and partnership in the sub-region.

(i) Agriculture

The agricultural sector is one of the leading sectors in Guinea, Sierra Leone and Liberia economies accounting for over 40 per cent in the Gross National Product (GNP) and engages proportional percentage of the productive workforce. However, the domestic and export agriculture have been severely undermined by the Ebola crisis. Hence, there has been disruption in the domestic" farming activities and sharp decline in the production and exportation of key agricultural commodities such as cocoa and, staple food like cassava, rice. This is as a result of the indiscriminate quarantine, restriction of movement and volatility of Ebola in the agricultural productive areas. In Liberia, the production and shipment of rubber (key cash crop) have been disrupted by reduced mobility of the labour force.

(ii) Mining

The mining industrial sector is a strategic sector of these Ebola-affected countries. In Guinea, mining industry is one of the leading industries with impressive contribution to GDP, accounts for 87 per cent of industries in Sierra Leone and about 17 per cent of GDP in Liberia. However, the Ebola epidemic is seriously threatening the mining industrial sector with regard to sharp decline in productive capacity, disruption of services, evacuation of expatriate staff etc. In Liberia, restrictions of movement have severely disrupted the mining activities of Artisanal and Arcelormittal (leading gold and iron ore mining

companies) in Yekepa and the service of Vale (a leading iron-ore producer) in Simandou, a forest of Eastern Guinea has been disrupted.

(iii) Reduction in the Household Income and Job Losses

Apparently, the Ebola crisis has reduced drastically household per-capita income caused by jobs losses and inflation in Guinea, Sierra Leone and Liberia. Prior to the outbreak and spread of EVD, these countries have consistently experienced an improved level of per-capita income which lends credence to its macro-economic stability. However, the advent of Ebola tragically revised the trend with heavy toll on household per-capita income exemplified in loss of purchasing power. Invariably, there has been loss of jobs in the mining, hospitality, telecommunication, banking and insurance sectors which reversed the macro-economic gains of the previous years and worsen the poverty status of the local population within these countries.

(iv) Fiscal Responsibility

Fiscal responsibility obviously underscores the expedience of government's roles in the management and development of the economy. However, the Ebola epidemic has eroded the fiscal capacity of public authorities in Guinea, Sierra Leone and Liberia. Hence, the Ebola crisis has weakened the capacity to optimally generate revenue (from taxes, tariffs and customs) and increased government expenditure (on public enlightenment and advocacy, logistics and supplies, salaries and incentives for health workers) which accelerates the ratio of public debt. And, these jeopardize the macro-economic stability and accentuate the imperative of austerity measures in post-Ebola economic recovery.

(v) Disruption of Trans-National Trade

Indicatively, border closure, cancellation of flights, postponement of businesses and investment meetings or conferences in the Ebola-affected countries are indeed an economic blockade of the sub-region with ripple effects on the strategic sectors of the neighbouring countries. Ekpo (2014:35) illustrates further:

The hospitality industry is hard-hit. Hotels have lost large number of guests, night activities are no more profitable. In freedom, the hotel business is a/most non-existent. The situation is similar in Monrovia and Conakry. Sierra Leone could not export her diamond and so the decline in revenue (foreign exchange) is obvious with all the inherent implications among which is the fact of enough resources to finance development and government business.

Table 3: Guinea-Estimated GDP Impact of Ebola (2014)

	Contribution to growth shock (%)	Initial projection (Jan 2014)	Revised projection
Real GDP growth		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
Service	73.5	6.7	3.8

Table 4: Sierra Leone-Estimated GDP Impact of Ebola (2014)

	Contribution to growth shock (%)	Initial projection (June 2014)	Revised projection
Real GDP growth		11.3	8.0
Agriculture	27.8	4.8	2.6
Industry	54.5	24.9	18.4
Mining	39.6	27.3	21.8
Services	17.7	7.7	5.7

Table 5: Liberia-Estimated GDP Impact of Ebola (2014)

	Contribution to growth shock (%)	Initial projection (June 2014)'	Revised projection
		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
Service	50.2	8.1	4.0

Source: Adapted from the World Bank Report (2014) on the economic impact of the 2014 Ebola Epidemic: short and medium-term estimate for Guinea, Liberia and Sierra Leone

The tables explicitly note that the GDP growth estimates of 2014 and projections of 2015 (with regard to the strategic sectors of the economy) have been drastically revised downward. The recessionary trend is largely attributed to decline in production of domestic and export commodities, market disruption, losses of jobs and household purchasing powers, budget cuts etc.

Therefore, the epidemic is indeed a call for synergy between the global and regional organizations to contain the debilitating disease and mitigate its adverse effects. In other words, we examine briefly the trends of international and regional response to the epidemic of Ebola virus disease in West Africa.

The Global and Regional Response to the Epidemic of Ebola virus Disease

The declaration of Ebola as a public health emergency by the World Health Organization accentuated the expediency of the trans-national intervention to contain the spread of the deadly virus disease. In this regard, the affected countries have in the past ten months witnessed massive deployment of medics, supply of drugs, financial assistance, high-level diplomatic meetings and conferences at the sub-regional and global levels from regional political organization, United Nations, global health and humanitarian agencies.

Essentially, the United Nations in partnership with the World Health Organization (WHO) is leading international response against the spread of Ebola virus disease in West Africa. In September, 2014, the United Nations established the UN Mission for Ebola Emergency Response (UNMEER) to coordinate effectively the international response against the spread of the virus. The UNMEER is providing assistance in the areas of treatment and care of infected patients and provision of essential logistics and service. And, UNMEER in partnership with WHO, UNICEF, the World Bank, African Development Bank Group and West Africa Health Organization has spent nearly over 1.2 billion dollars in humanitarian aid and funding since June, 2014.

At the sub-regional level, several high-level meetings have been held between ECOWAS, UNMEER and WHO with pledge to stop the transmission and prevent the spread of EVD in the neighbouring countries through strengthening epidemic preparedness and response measures. Impressively, the European Union is also a leading regional response group. Hence, EU through European Commission has donated 1.4 billion Euros and 68 million Euros in financial and humanitarian assistance since the outbreak and spread of EVD. EU is also providing humanitarian aids assistance in the areas of epidemic surveillance, diagnostics, supplies and deployment of medics (doctors, nurses etc.). In March, 2015, the EU co-chaired a high-level international conference on Ebola. Invariably, the United States government is also complementing the efforts of these global and regional organizations through Disaster Assistance Response Team (DART) coordinated by USAID to respond strategically to the epidemic of Ebola virus disease. The US Agency for International Development (USAID) since October, 2014 has provided US funding for EVD of over 344.6 million dollars, and US Department of Defense (DOD) is also pledging more fund to control the outbreak. And, since October, 2014, US government has deployed civilian and military personnel to West Africa to provide expert assistance in the containment, treatment, vaccine development, security, rehabilitation etc.

Table 6: Coordination of the Ebola Response

Response Activity	Lead Agency
Case management	WHO
Case finding, lab and contact tracing	WHO
Safe and dignified burials	International federation of Red cross and crescent societies. Red
Community engagement and social	UNICEF
Crisis management	UNMEER
Logistics	UNMEER and World Food Programme
Cash payment coordination	United Nations Development Programme
Staffing	UNMEER
Training	WHO and US Centers for Disease Control Prevention and
Information management	UNMEER

Source: World Health Organization (2014) on Ebola Situation Report 7th January, 2015 See: http://www.who.int/isr/resources/publications/ebola/response_roadmap/en/.

Conclusion and Recommendations

The spread of EVD epidemic in West Africa is apparently eliciting serious concern among the people and governments of West Africa and beyond. It has claimed lives, undermined the legitimacy and viability of state institutions, disrupted public service, created social unrest, stifled the trends of growth and development of fragile economies, distorted values and norms of social relations and cohesion, militated against the socio-economic development of the sub-region and threatened the diplomatic relations and solidarity of West African states. However, the regional and global response to contain the spread of EVD is impressive though constrained with unpleasant conditions within these vulnerable countries. Though, there is high optimism with regard to the containment of the spread, WHO on 10th May, 2015, declared Liberia a "free-Ebola country". Therefore, it is expected that the following incisive and plausible multi-dimensional measures shall strengthen the accelerated response to contain the spread of the haemorrhagic fever (EVD) that has inextricably pervaded all facets of societal life.

A National Response Strategy

The strategy is an exposition of plausible measures to complement the efforts of governments of Guinea, Sierra Leone, and Liberia and other neighbouring countries to contain the spread and mitigate the effects of the epidemic.

- (a) The governments of Guinea, Sierra Leone and Liberia should develop a national policy on Ebola response plan with priority targets, defined modalities and established institutional framework to combat the deadly virus and alleviate its excruciating effects.
- (b) Mobilize and ensure synergy between the relevant institutions of the state (police, army, media, hospitals, civil society and advocacy groups, foreign agencies) to respond efficiently to the Ebola crisis.
- (c) Intensify public sensitization and advocacy on the risks of transmission of the virus and precautionary measures in the interior areas.
- (d) Strengthen surveillance, case finding report, isolation, quarantine and contact tracing measures.
- (e) Design and establish National Ebola Survivors Rehabilitation Programme (NESRP) to facilitate effective re-integration of Ebola survivors to their families, careers, friends and society at large,
- (f) Enact legislations to check against stigmatization and violation of rights of the EVD survivors.
- (g) Ensure adequate security of hospitals, health facilities and medical personnel especially in the restive areas against arson and vandalism.
- (h) In collaboration with UNMEER and the World Health Organization ensure adequate supply of preventive vests for health workers and enlightenment of their use.
- (i) Strengthen institutional collaboration with UN, WHO, EU and USAID with regard to finance, expertise and logistics.
- (j) Revamp the public health system and institutionalize a Center for Disease Control and Prevention supported by efficient clinical governance, facilities and competent personnel.
- (k) In collaboration with the relevant stakeholders in the economy design a "Post Ebola-Economic Recovery Plan" to provide plausible measures towards mitigating the socio-economic challenges of EVD.
- (l) Establish Community Care Centers (CCCs) to respond to the plights and expectations of the local population in the Ebola-affected communities.

Regional and Sub-regional Response Strategy

The strategy underscores the imperatives of the African Union and ECOWAS to lend assistance to the affected countries and contain the spread of the virus.

- (i) The neighbouring West African countries should establish an effective Ebola-surveillance, isolation and treatment units at the airports, seaports and land borders.
- (ii) The need for effective collaboration and synergy between ECOWAS, African Union, UN, WHO and European Union
- (iii) Intensify regional and sub-regional Ebola enlightenment campaign and advocacy.
- (iv) The need for periodic trans-national consultation and collaboration between Nigeria, Senegal and the three most affected countries on measures to contain the spread
- (v) The African Union and ECOWAS should expedite action to establish what shall be called Afri-Ebola Fund (AEF) to provide financial support to the Ebola-affected countries.

International Response Strategy

This is the final strategy aimed at enhancing the accelerated international response against Ebola virus disease.

- (1) The United Nations Mission for Ebola Emergency Response (UNMEER), WHO and international donors should not relent in assisting the affected countries in finance, humanitarian and development aids.
- (2) The international response to Ebola epidemic should focus primarily on vaccine development, awareness and advocacy, clinical support and rehabilitation.
- (3) The WHO should also task the governments of Guinea, Sierra Leone and Liberia and their neighbouring countries to improve on their public health system.
- (4) The European Centre for Disease Control and Prevention (ECDC) should support the ministries of health of these affected countries on priority needs of expertise, supply of drugs, facilities and vaccine development.
- (5) The World Health Organization should identify its internal limitations and explore ways to enhance its capacity in effective response to the crises of the Ebola-epidemic.
- (6) The World Bank and International Monetary Fund (IMF) should assist these affected countries in the areas of finance and expertise for speedy post-Ebola recovery.
- (7) Finally, the United States, British and French governments should work strategically to provide coherent and operational leadership to respond efficiently to the daunting challenges of this tropical virus and mitigate its devastating effects through expert-driven post-Ebola rehabilitation programme.

REFERENCES

- Aja, A. (1998). *Fundamentals of Modern Political Economy and International Economic Relations Changing with the times*. Nigeria: Data-Globe Nigeria.
- Ake, C. (1981). *A Political Economy of Africa*. Nigeria: Longman Group.
- Apter (1978). *Introduction to Political Analysis*. New Delhi: Prentice hall.
- Asogwa, F. (2003). *Lecture Guide on Political Economy*. Enugu.
- Ekpo, A. (2014). "Ebola and the Quarantining of West Africa's Economies". *Tell Magazine, Lagos in Nosa, Igiebor*. (Eds)Tell Communication Ltd: No 37, page 35
- European Centre for Disease Prevention and Control: Outbreak of Ebola virus disease in West Africa-rapid risk assessment. Fifth update, 29th September 2014 (internet).Stockholm: ECDC, 2014. Available from: <http://ecdc.europa.eu/en/publications/publications/ebola-sierra%20leone-liberia-guinea>.
- European Centre for Disease Prevention and Control. Outbreak of Ebola virus disease in West Africa-rapid risk assessment. Sixth update, 17th October 2014(internet) Stockholm (ECDC). Available from: <http://ecdu.europa-eu/en/publications/publications/ebola-guinea-rapid-risk assessment.Pdf>.
- European Centre for Disease Prevention and Control. Outbreak of Ebola virus disease in West Africa-rapid risk assessment. 8th April 2014(internet).Stockholm: ECDC, 2014. Available from <http://www.ecdc.europa.eu/en/publications/publications/Ebola-RRA-WestAfrica.Pdf>
- Gatherer, D. (2014). "The 2014 Ebola virus disease outbreak in West Africa". *Journal of General Virology*: 55,1619-1624.
- Hara Das, H. and Choudhury (1997). *Introduction to political Sociology*. New Delhi: Vikas Publishing House PVT Ltd.
- Johari, J. (1982). *Comparative Politics*. India: Sterling Publishers PVT Ltd.
- Maghan, V. (2013). *Political Theory*. India: Rajendra Pavindra Printers PVT Ltd.
- Nnoli, O. (2003). *Introduction to Politics*. Enugu: Snapp Press Ltd.
- Nwosu, I. (2011). "The Political Economy of Economic Dependency of African States: The Nigerian Experience", *International Journal of Modern Political Economy*, Vol. 2,NO 3:ISSN:2250-9151.
- Salaam-Blyther, T. (2014). U.S and International Health Responses to the Ebola outbreak in West Africa. Congressional Research Service (CRS Report):7-5700. See www.crs.gov.R43697.

Sawyerr, S. (2014). "Curtailling a Wandering Disease". *Tell Magazine* Lagos in Nosa Igiebor: Tell Communication Ltd. NO 30 page 48.

UNDP Report on Socio-economic impact of the Ebola virus disease in Guinea, Liberia and Sierra Leone. Denmark: Phoenix Design Aid (AIS). See www.phoenixdesignaid.com.

WHO Ebola resources: <<http://www.who.int/csr/resources/publications/ebola/en/>>.

WHO Ebola Response Roadmap:<<http://www.who.int/csr/resources/publications/ebola/response-roadmap/en/>>.

World Bank Report (2014). on the Economic Impact of 2014 Ebola Epidemic: Short and Medium term Estimates for Guinea, Liberia and Sierra Leone.

Yentunde, D (2014). Top 10 Killer Diseases in Nosa Igiebor: *Tell Magazine* , Lagos. Tell Communication Ltd: N037 page 19.