



The Ebola epidemic in West Africa: Challenges, opportunities, and policy priority areas

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ABSTRACT

The ongoing Ebola epidemic in West Africa has drawn attention to global health inequalities, in particular the inadequacies of health care systems in sub-Saharan African countries for appropriately managing and containing infectious diseases. The purpose of this article is to examine the sociopolitical and economic conditions that created the environment for the Ebola epidemic to occur, identify challenges to and opportunities for the prevention and control of Ebola and future outbreaks, and discuss policy recommendations and priority areas for addressing the Ebola epidemic and future outbreaks in West Africa. Articles in peer-reviewed journals on health system reforms in developing countries and periodicals of international organizations were used to gather the overview reported in this article. We identify individual, structural, and community challenges that must be addressed in an effort to reduce the spread of Ebola in West Africa. The Ebola epidemic in West Africa underscores the need for the overhaul and transformation of African health care systems to build the capacity in these countries to address infectious diseases. Public-private partnerships for investment in developing countries' health care systems that involve the international community are critical in addressing the current Ebola epidemic and future outbreaks.

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Introduction

In December 2013, a reported unknown contagious and lethal illness started with a young boy in Guéckédou, Guinea—a town well-known for the presence of West African traders from Guinea, Sierra Leone, Liberia, and Côte d'Ivoire. The disease, which caught health officials in the region off guard, was soon identified as the Ebola virus disease (EVD), a disease with a case fatality rate of 90% (Heymann, 2015). The Ebola epidemic

wreaking havoc in West Africa has led to a global ripple effect that has affected the United States and other Western countries. In the absence of a vaccine or treatment for Ebola, the disease has alarmed the global public health community and caused panic among some segments of the population. The fear associated with Ebola, a deadly disease that respects no borders or socioeconomic status, has captured the attention of the global health community (Baden et al., 2014). Although Ebola has been around since 1976 (Piot, 2012), with past outbreaks contained in Uganda and Congo,

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many people do not have the knowledge of how the disease is contracted and spread, and, thus, fears and myths continue unabated.

At the time of this writing, according to the World Health Organization (WHO), worldwide a total of 17,145 cases of EVD have been reported in five affected countries (Guinea, Liberia, Mali, Sierra Leone, and the United States) and three previously affected countries (Nigeria, Senegal, and Spain) up to November 30, 2014. Globally, there have been 6,070 reported deaths (WHO, 2014a). Liberia, Sierra Leone, and Guinea remain the epicenter of the disease. As of November 30, 2014, WHO reports 2,164 cumulative cases and 1,327 deaths in Guinea; 7,635 cumulative cases and 3,145 deaths in Liberia; and 7,312 cumulative cases and 1,583 cumulative deaths in Sierra Leone. Among the three countries at the epicenter of the disease, 17,111 cumulative cases and 6,055 cumulative deaths have been reported (WHO, 2014a). Although the number of new cases is reported to be stabilizing, the situation in these countries remains uncertain, with no treatment in sight. A map of countries at the epicenter of the Ebola epidemic in West Africa is displayed in Figure 1.

Ebola has tested the readiness of health care systems around the world. The disease has especially drawn attention to the inadequacies of sub-Saharan African countries' health care systems and the lack of health care infrastructures to handle complex health emergencies in low-resourced, developing country settings. Because Ebola is an unprecedented disease that threatens the global community, international health agencies and the private sector are in a race with time to develop appropriate medications and potential vaccines to treat and prevent the disease. Although the advancement of such solutions is

paramount, it is important to look beyond the current epidemic by examining factors that have led to such inefficiencies in the affected countries' health care systems.

All three affected countries are emerging from civil wars, which has resulted in low levels of the availability of health resources and dysfunctional health care systems, largely resulting from the lack of adequately trained and available health care workers. Sub-Saharan Africa accounts for 24% of the global burden of disease but with only 3% of the world's available health workforce (World Bank, 2013). Even before the Ebola outbreak, as democracy was being re-embraced in these countries, health care providers were overwhelmed with meeting system-wide needs and developing postwar capacities while economic growth and redevelopment were occurring. It is pertinent, then, to examine the challenges and opportunities for addressing the Ebola epidemic in the affected countries and propose strategies for strengthening these countries' health systems.

Although the governments of the affected countries have worked to improve the economy and health status of their populations, life expectancy across this region remains low. Physician and hospital bed capacities are dismally inadequate from a comparative global perspective, minimally meeting the basic health care needs of the general population. Infant and maternal death rates remain high. Because of high levels of illiteracy, it becomes difficult to disseminate uniform health messages. Economic and health-related information of the affected countries is displayed in Table 1.

Public health infrastructure in the region lacks even the rudimentary armaments to wage battle against an enemy such as Ebola (Forrester et al., 2014). Because the dire necessity in West Africa is so

Table 1 – Health, Economic, and Social Characteristics of West African Countries at the Epicenter of Ebola Epidemic

Selected Indicators	Guinea	Sierra Leone	Liberia
Total population	11,474,383	5,743,725	4,092,310
Death rate (deaths per 1,000 population)	9.69	11.03	9.9
Maternal mortality rate (deaths per 100,000 live births)	610	890	770
Infant mortality rate (deaths per 1,000 live births)	610	73.29	69.19
Life expectancy at birth (in years)	59.6	57.39	58.21
GDP (purchasing power parity)	\$12.56 billion	\$9.16 billion	\$2.89 billion
Health expenditures (% of GDP)	6	18.8	19.5
Physician density: number of physicians (per 1,000 population)	0.1	0.02	0.01
Number of hospital beds (per 1,000 population)	0.3	0.4	0.8
Percent of pop with access to clean drinking water	73.6	57.5	74.4
Percent of pop with access to sanitation facilities	18.5	12.9	18.2
HIV/AIDS: adult prevalence rate (%)	1.7	1.5	0.9
Education expenditures (% of GDP)	2.5	2.9	2.8
Literacy rate (for total population) (%)	41	43.3	60.8
Literacy rate (males)	52	54.7	64.8
Literacy rate (females)	30	32.6	56.8

Source: *The World Fact Book* (2014). Retrieved from: <https://www.cia.gov/library/publications/the-world-factbook/>. GDP, gross domestic product (spending purchasing power parity of a country).

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