

## Ebola and Lessons for Development

As the Ebola crisis continues to unfold across West Africa and the international community belatedly responds, broader questions arise beyond the immediate challenges on the ground. These fundamentally challenge our understanding of 'development' as framed and practised in past decades. In order to understand the causes and consequences of this particular outbreak, and to foster resilience, our attention must turn to why these outbreaks occur, why they have such devastating impacts in some situations and not others, and what responsibility 'development' may bear.

### One year on...

The Ebola outbreak has decimated West Africa for more than a year. The crisis is unprecedented in terms of its duration, the numbers affected and the geographic scope. With more than 21,000 cases as of mid-January 2015, it is the deadliest Ebola outbreak in history (World Health Organization 2015). The international community continues to struggle to respond effectively while the disease consumes lives and vital resources chiefly in Guinea, Sierra Leone and Liberia. The threat of Ebola has rung alarms in the seats of global economic and political power. International media attention has inspired widespread popular concern and debate over infection control and appropriate quarantine measures. Ebola has become a global health emergency, with much of the response focused on immediate issues of control and containment to avoid spread to richer, more privileged settings.

The origin of this particular outbreak is traced to the likely confluence of a virus, a bat, a two-year-old child and an underequipped rural health centre at a particular moment in late 2013. The toddler, named Emile Ouamouno, was the first human case in this outbreak, tragically known to most only as 'Patient Zero'. He is believed to have come into contact with the body fluids or excretions of an infected bat near his home, likely through ordinary play (Saéz *et al.* 2015). From Emile, the infection spread to family members and to the staff of a local health centre (Baize *et al.* 2014). These factors coincided in an area of rural Guinea characterised by 'porous borders and dense transnational trade networks' (Moran and Hoffman 2014). By March 2014 health workers in the towns of Guéckédou and Macenta, in south-eastern Guinea, alerted public health officials and

#### Box 1 Structural violence

The Ebola crisis has exposed the consequences of patterns of systematic 'underdevelopment' and 'structural violence', and the implications of deep-seated unequal global social and economic relations. Structural violence occurs when social structures and institutions cause harm by preventing people from meeting their needs, excluding them from opportunities and focusing disproportionate risk on particular groups. For many years, West Africa has suffered the consequences of structural adjustment and economic reform as a condition of aid. This has resulted in the hollowing out of states and the dismantling of public services, including health systems. The shift of service provision to the private sector and the failure to train professionals and support state capacity in health and other services in turn have compounded this. Is the Ebola crisis in large part the result of failed development, and indeed systematic underdevelopment and inequality entrenched by development policies imposed by powerful countries? In West Africa, active neglect has surely been a contributory factor to the devastation being wreaked by Ebola. What responsibility does 'development', as practised in recent decades, bear?

Médecins sans Frontières (MSF) to the first clustered cases of an unknown infection with a high incidence of mortality. Eventually, the cause of the infection was identified as the Zaire strain of the Ebolavirus. In this current crisis, it is important to appreciate that after the initial zoonotic ‘spillover’ or transmission, each of the thousands of later incidences of transmission occurred through human-to-human contact, primarily in hospitals and homes, and surrounding the burial of the dead.

### Box 2 Zoonoses and spillover events

Zoonoses are infectious diseases transmitted between vertebrate animals and humans. Many of the pathogens that affect humans are zoonotic in origin including those that cause plague, yellow fever, mumps and measles, bovine tuberculosis, rabies, SARS, some strains of influenza, Lassa fever, HIV/AIDS and Ebola. A ‘spillover’ is an event in which zoonotic transmission occurs between a non-human reservoir population and a human. When a spillover occurs, the novel pathogen enters a new population of hosts and can cause epidemic disease. There has been a significant increase in outbreaks of zoonotic diseases over the past 40 years. People in low-income countries are disproportionately at risk of sickness or death due to zoonotic diseases.

### Political economy, inequalities and the West African Ebola crisis

The magnitude and persistence of the current crisis exposes the hazards of living in a highly inequitable global political and economic system. It highlights the consequences that can emerge from patterns of structural violence that gross inequality and systematic underdevelopment engender. Relationships between wealthy and less developed regions of the world frequently

entail what social anthropologists term ‘negative reciprocity’ – where benefits and costs of a social relationship are distributed in an extremely disproportionate manner. Legacies of the transatlantic slave trade, colonial rule, inequitable trade policies, aid arrangements and land reforms have structured many contemporary political and economic systems in ways that are not only unsustainable, but are fundamentally hazardous for the people who live in them (Farmer 2001). Understanding the forces that have in part shaped these systems and the linkages among them can help explain why this outbreak spiralled out of control in Guinea, Sierra Leone and Liberia in particular.

Even though the three countries share borders, their national political, economic and social histories are unique and divergent. Their interactions with processes of economic globalisation and development trajectories have been linked in recent decades through membership in the Mano River Union. All three countries have been recovering from major ruptures in their sociopolitical and economic systems, including more than a decade of violent armed conflict in Sierra Leone and Liberia that spilled over into Guinea. These countries have attracted billions of dollars of foreign direct investment since the 1970s, yet this has primarily benefited the extractive industry without contributing to other economic sectors or social programmes. The international community has supported these countries’ efforts to prioritise economic policies including trade liberalisation, privatisation and deregulation, yet not to build strong or integrated public health sectors, for example. Ebola is not the first major disease outbreak emerging from conditions of structural violence, political marginalisation and inequality, but it is the most dramatic in recent times.

## Ebola and questions for development

By exploring the crisis from different standpoints we can make more nuanced sense of the dynamic interactions among the historical, social, demographic, political and ecological processes in play. With this series of briefings, we examine the situation through the lenses of global governance, health systems, conflict studies, political economy, political ecology, urban ecology, gender and community engagement to address the following themes and questions.

**Global governance and the limits of health security** – The capability of the international community to respond rapidly and sufficiently to the current outbreak has been affected by the structure and funding of global health governance and trends towards securitising health emergencies. What are the drawbacks to a ‘militarised’ response to epidemics in terms of short- versus long-term needs, and in terms of trust in places where people have recent experience of outside military intervention?

**Strengthening health systems for resilience** – The fact that people in Guinea, Liberia and Sierra Leone have avoided health facilities and, in some cases, actively resisted public health teams, raises important questions about the significance of trust to the functioning of health systems. Governments must build new social infrastructure for health service delivery and lasting relationships of trust, but are unlikely to accomplish this alone. How can organisations with social legitimacy – faith-based health facilities, non-governmental organisations (NGOs) and local community institutions – contribute to health systems reconstruction? What does a realistic, long-term vision of health system change look like for the region?

**Legacies of war and reconstruction** – To many it is unsurprising that a disease like Ebola would spread in environments with a history of transnational civil wars and chronic violent insecurity. How have legacies of conflict, shortcomings in reconstruction efforts and the state's 'remoteness' from daily life in the region affected how the virus has spread in the current crisis? In turn, what are the implications for social and political stability? How do histories of violence influence contexts for development long after war is officially declared over, and how can post-conflict governments and their development partners better support societies shaped by violence and war?

**Ebola, politics and ecology beyond the 'outbreak narrative'** – Understanding how a virus, a bat, a child and a health centre in rural Guinea combined to spark a transnational health disaster requires us to question received wisdoms about poverty, deforestation, bats and bushmeat, and to interrogate the familiar Ebola 'outbreak narrative' widely propagated by media in a broader and deeper political, economic and ecological context. How have inaccurate assumptions about rural people and human-environment relationships, and insufficient understandings of regional processes of environmental change contributed to the likelihood of spillover – and the severity of the outbreak? Are bats and bushmeat to blame for the current crisis? What models for coordinated surveillance exist, and how can this protect populations?

**Mining and false promises for equity and human development** – Guinea, Liberia and Sierra Leone share a rich geological beltway, and in recent years have experienced significant economic growth due to an extractive industries boom. Yet there is increasing frustration among the un- and under-employed at the continuing poverty and income inequality, coupled with unmet and unrealistic expectations of improved quality of living as a result of the boom. As the majority of the populations have received little benefit, what are the impacts of the practice and politics of large-scale mining both on ecological dynamics and on the trust of local populations towards Ebola response health teams?

**Urbanisation, peri-urban growth and zoonotic disease** – Ebola is a disease with rural origins that, until recently, tended to remain in rural areas. The current crisis highlights how poor housing, inadequate water supplies, hazardous conditions and dense concentrations of people in peri-urban areas all exacerbate the potential for zoonotic disease spread. How are basic hygiene practices and isolation of the sick constrained in peri-urban settings? How do people's patterns of movement and immediate material needs affect quarantine and isolation capabilities at the urban-rural interface? How does quarantine reinforce the political exclusion of poor or politically marginalised people?

**Gender and Ebola in West Africa** – A powerful set of ideas encompassed in the dominant gender and development discourse locates 'cultural' patterns of 'non-modern' gender relationships as the root cause of poverty and underdevelopment. How have these ideas encouraged development actors to underplay the much deeper forms of structural violence that underpin the vulnerability of men as well as women in the world's poorest communities? In what ways has the confluence of two health emergencies – Ebola and maternal mortality – thrown the dangers of local blame into stark relief?

**Community and local engagement** – The Ebola outbreak highlights how cultures of mistrust and exclusion can fuel epidemics and severely challenge response efforts. However, much of this is far beyond the range of current health or emergency response policy. How can local knowledge, experience and perspectives, in dialogue with biomedical expertise, be placed at the heart of epidemic and emergency response? How can we foster investment that is required to ascertain views 'from below' and to integrate them into political and policy mechanisms?

## Lessons for development

This crisis offers important lessons for states and actors long engaged in regional development activities, as well as emerging powers in international development. Focusing only on the immediate circumstances of the Ebola outbreak is not enough: we must address the underlying and complex dynamics that allowed the crisis to develop. In the context of disease emergence, we must address prior causal factors – particularly those giving rise to structural violence and exacerbating inequalities – as we respond to unfolding crises, prevent them from happening again and invest in a more resilient, equitable future. These lessons are:

- Reinvest in global health governance to support the development of sustainable rapid response programmes, and close the health system gap among high-, middle- and low-income countries.
- Build cultures of trust across sectors. Strengthening health systems for resilience means strengthening social and political systems, which in turn build institutions' and individuals' capacities to respond to hazards. This means going beyond surveillance, health infrastructure, training and the delivery of medical care to long-term investments and support for institutions that foster trust.

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- Resist received wisdoms and pervasive stereotypes that misguide interventions. Rather, support research that guides sound planning through interdisciplinary research including local knowledge and expertise, with cross-sectoral cooperation and ecological surveillance activities to build greater knowledge and capacity around contemporary human-environment-wildlife dynamics.
- Support resilient livelihoods and equitable investment programmes as an essential part of rebuilding societies to make them less vulnerable and able to respond effectively to outbreaks.
- Bring the social and economic 'margins' of societies to the forefront of human development planning; dismantle exclusionary structures to enable the people who inhabit them to play important roles in the upgrading and management of their environments.
- Respond effectively to gendered dimensions of hazards and crises by working creatively with existing social models and institutions, and build resilience by reconfiguring the institutions that exacerbate and entrench structural violence.
- Invest in capacity to learn from and support successful local responses and show how collaborations can be realised at scale. Local knowledge and perspectives on containing Ebola and other disease outbreaks must be central to political, public health and biomedical responses.

These lessons point to important work ahead across sectors, borders and regions, involving coordination among researchers, global governance institutions, international donor organisations, governments and local communities, to support and realise transformative systemic change.

## References

Baize, S.; Pannetier, D.; Oestereich, L.; Rieger, T.; Koivogui, L.; Magassouba, N.F.; Soropogui, B.; Sow, M.S.; Keita, S.; Hilde De Clerck, M.; Tiffany, A.; Dominguez, G. and Loua, M. (2014) 'Emergence of Zaire Ebola Virus Disease in Guinea', *New England Journal of Medicine* 371.15: 1418–25

Farmer, P. (2001) *Infections and Inequalities: the Modern Plagues*, Berkeley: University of California Press

Moran, M. and Hoffman, D. (2014) 'Introduction: Ebola in Perspective', *Fieldsights-Hotspots*, *Cultural Anthropology Online*, [www.culanth.org/fieldsights/586-introduction-ebola-in-perspective](http://www.culanth.org/fieldsights/586-introduction-ebola-in-perspective) (accessed 7 October 2014)

Saéz, A.M.; Weiss, S.; Nowak, K.; Lapeyre, V.; Zimmermann, F.; Dux, A.; Kühl, H.S.; Kaba, M.; Regnaut, S. and Merkel, K. (2015) 'Investigating the Zoonotic Origin of the West African Ebola Epidemic', *EMBO Molecular Medicine* 7.1: 17–23

World Health Organization (2015) *Ebola Response Roadmap Situation Report*, Geneva: WHO



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