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Ebola Virus Disease and Global Safety: The Problematic Case of Social Exclusion of West Africa.

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Abstract: *The Ebola Virus Disease (EVD) has become a global public health issue that threatens the existence of Guinea, Liberia, Sierra Leone and indeed the rest of the global world. The disease has claimed and is still claiming several lives from the affected countries. Distress calls from West African leaders to the international community for support in the fight against the disease received a rather slow response from countries that have the wherewithal to stem the spread of the disease and to halt the continuous extermination of hundreds of people in the affected countries. The Ebola virus disease's potential to brutally hit the rest of the world was probably underrated by the Developed World, culminating to sluggish response to help curb the spread of the disease. Accordingly, the slow response from the international community to fight the disease was probably, a response which was ill-conceived as an African problem that must be resolved by African medics. The Ebola virus disease has since metamorphosed into a global public health pandemic "root and branch." This paper argues that the spread of the infectious Ebola virus disease is as a result of the lackadaisical attitude by the developed world in the fight against the disease, and that the international community's attitude fosters a posture of social exclusion of West Africa.*

Keywords; Global disease, Isolation, Pandemic, Political exclusion, Public health, Social exclusion, sustainable development.

Introduction

Africa is plagued with several health challenges such as guinea worm, cholera, elephantiasis, malaria, HIV/Aids and intra-state conflicts, among others. In recent times, the continent is beset with an Ebola pandemic that threatens the core foundation and existence of the affected countries (Guinea, Liberia and Sierra Leone), all in West Africa. The origin of the Ebola virus disease is unclear in Africa. The disease has been occurring intermittently in Central and East Africa. The Ebola disease first emerged in the Sudan and the Democratic Republic of Congo (DRC) where it killed scores of people in the late 1970s (Daily Graphic, September 3, 2014). The re-emergence of the disease in Liberia, Guinea and Sierra Leone in West Africa is recent and has had a devastating experience on human life. According to the World Health Organization (2014), the disease has so far killed four thousand, nine hundred and fifty (4,950) persons in Liberia, Sierra Leone and Guinea. Over the years, the disease has been treated as country-specific disease confined in the DR Congo and the Sudan by Developed States, which are advanced in medical science. Hence, political authorities in Africa and indeed the world at large treated the Ebola virus disease with kid gloves. The lackadaisical and intransigent posture of global leaders to fight the Ebola disease is reminiscent to the emergence of the HIV/AIDS where there was no

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concerted effort to nib the disease in the bud until it took the world by surprise in terms of its spread. The consequence has been devastating not only in terms of the loss human resource but also in terms of the billions of US dollars spent by governments throughout the world to curb the menace.

Rather than assisting to curb the spread of the Ebola virus disease governments around the world have decided to socially and politically discriminate against the citizens of the affected countries by restricting the issuing of Visas to them. In West Africa, some states including Cote d'Ivoire and Senegal closed their borders to the affected countries (Guinea, Liberia and Sierra Leone). Similarly, airlines operating in the affected countries halted their operations. Accordingly, the affected countries were virtually marginalized and ostracized. In spite of the persistent calls by the President of Ghana (John Dramani Mahama) who doubles as the Chairman of the Economic Commission of West African States (ECOWAS) to member states to re-open the closed borders to the affected states, member countries have remained obdurate. The marginalization and the discrimination of the citizens of the affected countries rather increased the risk of the spread of the Ebola disease not only in West Africa, but also, the world at large. Discrimination and marginalization only increase poverty and hunger, situations that have the potential of compelling the people to move out to places in search of food and livelihood anywhere possible, thereby increasing the risk of the spread of the disease. The intriguing questions this paper strives to find answers to include the following: Why is Ebola disease spreading at an exponential rate around the world? Is the isolation of Ebola stricken countries the answer to avoid the disease? Why is the Ebola disease difficult to control in spite of the advances in medicine in most developed states?

Methodology

Data and information for this study were collected from April 2014 to April 2015. Two main sources of data were employed in the analysis and discussion in this paper. The first data consisted author observation of events and processes since the inception of the Ebola disease in West Africa. The attempts and efforts of heads of the Economic Community of West African States (ECOWAS) and the Ebola stricken states to prevent and/or free themselves from the clutches of the Ebola virus was analyzed and synthesized in this work. This paper also analyzed the posture and reactions of West African countries toward Guinea, Liberia and Sierra Leone. The perfunctory attitude, the stigmatization and the discrimination based on the concepts of 'them and us' as well as the unfriendly treatment meted to citizens of the affected countries by the international community at large were noted and scrutinized. The second source of information was complemented by secondary sources and mainly from newspaper publications, books, peer-reviewed journal articles and World Health Organization reports on Ebola. These sources of data and information were carefully subjected to scrutiny and analyzed.

Conceptual Framework

The use of the concept 'social exclusion' is pervasive and hence, various scholars have defined it variously reflecting their individual orientation or understanding of the concept. Social exclusion is adopted in this paper for the purposes of explaining the stigma and the discrimination associated with countries affected with the Ebola virus. The concept of social exclusion was first employed in France in the 1970s to 'describe the condition of certain groups on the margins of society …' (Pierson, 2002:4). In other words, social exclusion refers to an area or a group of people who were disadvantaged in several fronts as a result of health hazards, poverty, and

disability, among others. In the mid-1990s, the use of the concept 'social exclusion' was pervasive in the vocabulary of Labor Party politicians in the United Kingdom (UK). This culminated in the establishment or setting up of the Social Exclusion Unit (SEU) to deal with issues regarding the disadvantaged in the United Kingdom (2004). The SEU described social exclusion to refer to a phenomenon where individuals or areas suffer from a combination of linked problems such as isolation, unemployment, bad health (or the breakout of an infection disease from a particular geographical area), high crime environments, low incomes, poor housing and family breakdown (cited in Mclean and McMillan, 2009). As a result of social stratification, a people suffering from social exclusion also suffer stigma, isolation of individuals from the community or communities from participating in the normal societal interactions or functions. This scenario inversely increases poverty, starvation, rejection and death. Social exclusion is described as a situation where a group is 'being blocked from participating in key activities of a society' (Burchardt, Le Grand & Piachaud: 2002). Room (1995) describes that social exclusion implies a major discontinuity in relationships with the rest of society. He suggests five key components that are fundamental to the definition of social exclusion:

- **a.** Multidimensional: social exclusion cannot be measured by income alone but should include a wide range of indicators of living standards.
- **b.** Dynamic: analyzing social exclusion means understanding processes and identifying the factors which can trigger entry or exit.
- **c.** Collective: social exclusion is not just about individual living standards, but also about the collective resources (or lack of these) in the neighbourhood or community. This means insufficient or unsatisfactory community facilities, such as run-down schools, remotely sited shops, poor public transport networks and so on.
- **d.** Relational: the notion of poverty is primarily focused upon distributional issues, the lack of resources at the disposal of an individual or a household. In contrast, social exclusion focuses more on relational issues. In other words, it refers to inadequate social participation, lack of social integration and lack of power.
- **e.** Catastrophic: a catastrophic separation from society as a consequence of long-standing and multiple deprivation across all the above.
- **f.** Tsakloglou and Papadopoulos (2002) also suggest that there are five consensus as the keystone of the concept of social exclusion:
- **g.** Multidimensional: across a wide range of indicators of living standards, including neighbourhood or community resources.
- **h.** Dynamic: it relates not just to the current situation but also to prospects for the future.
- **i.** Relative: it implies exclusion in a particular society at a particular time.
- **j.** Agency: it lies beyond the narrow responsibility of the individual.
- **k.** Relational: meaning a major discontinuity with the rest of society.
- **l.** The definition of social exclusion as offered by Steinert and Pilgram (2003) hinged on participation at both the individual as well as at the state levels. In the words of Steinert and Pilgram,

Social exclusion can thus be understood as the continuous and gradual exclusion from full participation in the social, including material and symbolic, resources produced, supplied and exploited in a society for making a living,, organizing a life and taking part in the development of a (hopefully better) future (Steinert & Pilgram, 2003:5).

The conceptualization of social exclusion in this paper points to the fact that social exclusion is related to the denial or the inability of a people or society to fully participate in the

global activities – owing to bad health or a virus which has the potential to infect other members of the global community - as a result of stigmatization, isolation and deprivation of material resources to ameliorate the cause of their predicament. Isolating, discriminating and restricting the movement of a segment of society as a result of bad health is distressing. Distressing in the sense that while the society concern look up to the rest of the World for a rescue, the World is rather watching helplessly for them to die from the bad health or disease. Social exclusion is narrowly construed in this paper to mean, isolation, exclusion and discrimination of an entire or section of a geographical area from participating in general societal affairs as a result of bad health and/or infectious disease.

The concept of social exclusion is well fitted into the outbreak of Ebola virus disease in the minute segment in West Africa (i.e. Guinea, Liberia and Sierra Leone}. These states have been stigmatized, isolated, and restricted the movements of people from the affected countries from participating in the normal functions of global society - by having free movement into other states. This discrimination started initially when their immediate neighbors (Senegal and Cote d'Ivoire) immediately shut their borders to the affected countries. Other African states, which did not announce the official closure of their borders have since employed other subtle means of restricting and/or isolating citizens from these affected countries from entering into their countries. While some West African/African states are currently ingrained in the stigmatization, isolation, grounding of national airlines from operating in the affected states, restriction in the movement of citizens or people from Guinea, Liberia and Sierra Leone into their respective countries, the developed world have also joined the fray by stigmatizing the rest of the African continent as the potential careers of the Ebola virus. Those already resident in some West African and African states have either quit from their jobs as a result of stigma or are prevented from travelling 'home' or have any contact with their compatriots who wish to visit them. The international media have unwittingly given a sub-regional and continental dimension of the Ebola conundrum in West Africa and Africa, respectively. In some instances, West Africa was lampooned and given an epithet as a sub-region whose peoples were saturated with the Ebola virus. This has given rise to dire consequences as some West Africans/Africans have reportedly lost their jobs in the Developed World as a result of the 'negative' framing from the international media**.** The net effect of the jigsaw of the intra-stigmatization (among West Africans or Africans) and the international stigmatization of whole West Africa as Ebola-prone or Ebola-infested area have created a scenario whereby less global effort was galvanized to combat the disease from further spread to other parts of the globe. The consequence of these intransigence from the Developed and Developing Countries from tackling the disease head-on, but rather, take/took solace in stigmatization of West Africa resulted in the reported cases of the Ebola disease to the United States, Spain, Germany, Senegal, Nigeria and their like. While these cases have been ruthlessly dealt with in these countries, the isolated cases reported in some of the advanced countries in the West and Europe should be a wake-up call to all countries irrespective of the geographical area, in joining forces in the fight of the Ebola disease that is not only becoming a fast global pandemic or health risk reminiscent to HIV/AIDS, but should be 'brutally' treated as a security threat or concern of global magnitude. This paper argues, though not incontrovertibly, that the Ebola disease be considered inherently global that cannot be confined in West Africa alone. Socially excluding and/or stigmatizing the affected states can only aggravate the rapid spread of the Ebola disease across the globe.

Similarly, health professionals from industrialized states who volunteered to assist in the fight against the Ebola Virus Disease (EVD) in West Africa, were quarantined, discriminated

and treated shabbily having returned 'home'. For instance, a nurse who returned to the US having served in Liberia was subjected to health scrutiny and quarantined for several weeks. This isolation and discrimination hampered the efforts by the International community to mobilize the needed resources and logistics to fight the EVD in the affected states in West Africa. To this effect, the UN Secretary-General, Ban Ki-moon lamented profusely on the nature of discrimination against aid workers and health professionals who return home from the Ebola infected states in West Africa as "unacceptable". According to the Secretary General, "strict quarantine rules are hampering aid efforts when more health workers are needed in order to deal with the crisis" (BBC News in Nairobi).

Global Mobilization and Fight against Ebola Virus Disease (EVD)

The EVD is a modern public health risk and as such, a disease that threatens to engulf the world, and to serendipitously unleash calamity and disaster to families and the global economy. Global mobilization in the fight of modern diseases that pose danger to the world economy must be approached in unison irrespective of the origin and geography of the disease. However, in the case of the EVD, global response to the fight of the Ebola pandemic in Guinea, Liberia and Sierra Leone – all in West Africa - was to say the least, disappointing prompting outrage around the Developing World regarding the slow response from the international community. Initial mechanisms put in place by governments in the affected countries and indefatigable efforts pf the agglomeration of civil society organizations involved in the fight against the EVD failed to stem the spread of the disease. It was for this reason that the Chairman and governments of the Economic Community of West African States (ECOWAS) appealed to the international community for assistance to halt the spread of the disease. It would appear that the conspicuously slow response from the donor community was based on the misconception that the EVD was a 'cancer' of West Africa which may not have a "ubiquitous" bearing on the people and security of other countries across the globe. The EVD has spread from the confines of West Africa and metamorphosed into a global public health emergency concern. The tenets of global integration of political, economic as well as technological advances demanded a swift response from the international community to nib the EVD in the bud. The inaction and complacency exhibited by the World Health Organization (W.H.O.) and the Developed World gave the EVD the needed ammunition that began to spread like wild fire and at an exponential rate. The EVD is therefore no longer a public health risk confined in West Africa (i.e. Guinea, Liberia and Sierra Leone), but a security threat of global dimensions that has the potential to kill other nationals outside the jurisdiction of Africa.

Tackling Ebola Virus Disease: Is Isolation the Answer?

The fight of EVD must be a collective global responsibility irrespective of the geographical location of states. This paper argues that the initial deportment of countries whose adoption of the policy of isolation by restricting people of African and/or West African origin from entering their countries was not only a disaster but a miscalculation of foreign policy. Since the twilight of history, alliances rather than isolation have been established to be the cogent methodology of effective combat of threats emanating from global warfare, social, political and environmental menaces. The experience of the United States of America in pursuing the policy of isolation in the face of World War I was not spared of its negative consequences at Pearl Harbor. In the same vein, as a result of the initial inertia by states and complacency on the part of the World Health Organization (W.H.O.) to marshal global response during the outbreak and spread of the EVD (probably seen as an African problem) with the hope that the Ebola stricken states were capable

to fight or confront the disease all alone, the Ebola virus disease defied that logic by spreading to neighboring states such as Senegal, Nigeria and Mali within the African continent. Outside Africa, the EVD was also recorded in Spain, United Kingdom and the United States. These states were however, able to eliminate the EVD in the shortest possible time frame because of the swift response in tackling the disease. This lend credence to the argument that if the same methodology was applied by the international community, the EVD could have been stopped at embryonic stage. In spite of the tight Visa and immigration policies (e.g. Australia) including the closure of borders (e.g., Senegal, Cote d'Ivoire, Nigeria and Mali), the EVD found its way to these countries. Enormous contributions were made by countries including the US, Cuba, Norway, Germany, Japan, Australia, Nigeria, Spain, Ghana, and institutions such as the World Bank, the European Union, African Business leaders and host of others to fight the EVD menace, but lamentably the contributions came at the wrong time. The EVD is now known to have infected over 25,532 persons since the outbreak. Out of this number, more than 10,584 deaths have been recorded (W.H.O., 2015). This number excludes unreported cases of the disease (persons who died and were secretly buried by families and/or relations) to medical facilities. The exposure of family members to dead relatives (persons killed by the Ebola disease), is a major setback hampering efforts to eradicate the disease by the United Nations Mission for Ebola Emergency Response (UNMEER) team in Africa.

The tables below summarizes cases of infection in the EVD stricken states (Guinea, Liberia and Sierra Leone) and the number direct deaths associated with the Ebola disease since its outbreak in 2014.

Table 1: Case Counts of Ebola Infections in Guinea, Liberia and Senegal

Country	Total cases (suspected, probable and confirmed	Laboratory confirmed cases	Total deaths
Guinea	3565	3136	2358
Liberia	10042	3151	4486
Sierra Leone	12265	8563	3877
Total	**25872**	**14860**	**10721**

Source: World Health Organization, 2015.

The above data show that Liberia is the worst affected state, followed by Sierra Leone. The table also excludes new reported cases in the EVD stricken states for the second quarter of 2015. The number of laboratory confirmed cases and total direct deaths could rise. These statistics exclude indirect deaths associated with the Ebola disease. Many other persons are dead as a result of malnutrition, starvation, the fear of reporting other diseases (such as malaria, fever, cancers, hernia and general ailments) to hospitals for fear of being stigmatized and quarantined. These victims of the EVD pandemic are deceased as a result of these treatable and preventable diseases. The morbidity rate of the EVD and other associated illnesses mistaken for Ebola is quite high and extremely alarming and cataclysmic. It is not inappropriate to argue that some of these deaths were preventable. This human catastrophe would have been prevented or minimized if the World Health Organization and individual states with better medical professionals and logistics had been proactive in their approach in tackling the Ebola disease. The World became alarmed only when the disease had spread to other African (Nigeria, Senegal Mali) and few

developed states such as the United States, Spain and the United Kingdom. The table below is a summary of countries with previously reported cases of Ebola outside the three known EVD stricken states.

Table 2: Case Counts of Infection outside the Ebola Stricken States

Country	Total cases (suspected, probable and confirmed)	Laboratory confirmed cases	Total deaths
Nigeria	20	19	8
Senegal	1	1	0
Spain	1	1	0
United States	4	4	1
Mali	8	7	6
United Kingdom	1	1	0
Total	**25**	**33**	**15**

Source: World Health Organization, 2015.

Analysis of the above table indicates that the disease was curtailed in view of the swift response to the fight against the Ebola disease by the states involved. Also, the number of laboratory confirmed cases in two of the African states – Nigeria, and Mali – combined, recorded 14 out of 15 deaths. The death toll in the US was one (1) out of four (4) and the United Kingdom and Spain recorded no deaths. This scenario reveals that the Developed States have better medical facilities that could have been have put at the disposal of the West African states stricken by the Ebola. This could have save the world, the quantum of resources that are channeled to eradicate the Ebola disease.

Economic Effects of Ebola Virus Disease in West Africa

The outbreak of the EVD in the afflicted countries in West Africa has had a debilitating consequences on the economies of not only the afflicted countries in West Africa, but the entire continent of Africa. For instance, expatriates working on various projects had to pull out of the African continent for fear of contracting the EVD. In Ghana, Korean experts scheduled to commence a $180,000 bio-gas project for the Kumasi abattoir had to abandon the project because of the Ebola scare (Daily Graphic, 2014:26). Though the EVD was not reported in Ghana, the economic ramifications have had a toll on the country and the African continent as a whole – a continent of economic malaise and internal armed conflicts since the end of the cold war. The economic effects of the Ebola Virus Disease are summarized in this paper as follows:

First, the outbreak of the EVD in Guinea, Liberia and Sierra Leone did not only disable the economies of the afflicted countries, but the rest of West Africa. Even though the three afflicted countries (Guinea, Liberia and Sierra Leone) represent only three out of seventeen countries in West Africa, the negative framing of the rest of West Africa by the international media as having been engulfed by the EVD has indeed stagnated the economies of whole West Africa. One notable area that has been severely affected since the outbreak of the EVD is the tourism sector. Many African countries depend on tourism as a major source of foreign inflow and employment. Many hoteliers in Ghana, Nigeria, Cote d'Ivoire, Benin, Togo, and Burkina Faso among others, have complained of lack of patronage from Europeans and people from the

Western countries for fear of contracting the EVD. This phenomenon is crippling and has since collapsed some tourism businesses in West Africa at cataclysmic dimensions.

Second, the net effect of the unabated crippling of the tourism sector and the collapsing businesses in the formal and the informal sectors of West African economies is the high unemployment rate which has the propensity to ravel the security of West African states and also risk to state failure. High unemployment in a country presupposes that majority of citizens idle and do not contribute to national development. This phenomenon usually has a devastating effect on a state's economic well-being and a substantial reduction of the Gross Domestic Product (GDP). It is estimated by West African leaders that the outbreak of the EVD has significantly reduced the GDP of all economies in West Africa. They intimated that the countries battling the disease – Guinea, Liberia and Sierra Leone – have a 4.6% combined reduction of GDP. As noted by Al-Rodthan and Kuepfer:

Rapid economic decline … can be detrimental to state stability. Not only does rapid economic decline lead to widespread unemployment and poverty, it also forces a government to cut welfare benefits for its population. In fact, the decline of a country's GDP has been found to be a common indicator, albeit not a cause, of state failure (Al-Rodthan and Kuepfer, 2007:48).

The EVD in Guinea, Liberia and Sierra Leone is having a decline in the performance of their respective national economies. This is because the fiscal resources available for sustainable development have dropped and thereby reeling albeit desperately to exercise a reasonable degree of the basic functions of a state. Governments unable to exercise – these basic functions of protection, welfare, security, payment of salaries, medical services, employment, meaningful development and their like – or assert its authority risk being toppled by the military or a civil dissension from frustrated and/or aggrieved persons in the country. For instance, Liberia, Guinea and Sierra Leone (the Ebola endemic states) have had the experience of state failure that had financial ramifications for the global economy. Productivity has equally slowed in West Africa's economies especially EVD endemic states. Civil servants, public servants and government officials have had to abandon their mandated duties to either mourn death relatives or avoid work in order to escape contracting the EVD. This in one way or another affects the development and well-being of the population. It is therefore imperative not only to marshal global resources to curb the potential risk of the spread of the Ebola disease to other parts of the world, but to assist the afflicted states from a potential outbreak of violence and/or civil dissention.

Third, the EVD states are currently experiencing acute shortage of foodstuffs to feed their citizens. They are now living on the benevolence of donor states and other global institutions for survival. The catastrophic deaths (killing majority of population engaged in agriculture and agribusinesses) emanating from the EVD and the subsequent loss of the bulk workforce in the agricultural sector (agriculture is the backbone of African economies) to Ebola disease is irreplaceable and could take a decade or more to reach the economic development they were before the outbreak of the EVD. African leaders have thus far, failed (with the exception of Ghana, whose president, John Dramani Mahama, visited the EVD states, and also presented assorted food items to ameliorate the suffering of the affected populations) to respond or support the Ebola stricken states to deal with a possible starvation of their populations. Ghana is also generously hosting the United Nations Mission for Ebola Emergency Response (UNMEER) staff to use the country as the central point or linchpin in the fight against the EVD in Africa. It appears African leaders, have relegated their burden in the domestic and international responsibilities to the advanced or metropolitan states to bear. Though globalization demands all hands to be on deck, it behooves on each state to solve its domestic problems, though foreign

assistance is not ruled out. The propensity to rely solely on international assistance for solving or curbing the EVD for instance, played a pivotal role in the spread of the disease to other parts of the world. If the African continent is touted as the food basket, why should Guinea, Liberia and Sierra Leone suffer from food shortages? The answer is the over reliance of the industrialized states for economic bail out since the end of the cold war. Since Africa is accustomed to receiving financial assistance from industrialized states for economic development including support for the eradication of diseases over decades now, the leaders of Africa are yet to be responsive in dealing with their domestic and backyard problems.

Finally, the economic conundrum of these countries (Guinea, Liberia and Sierra Leone) has serious trickle-down effects on women. Women in the affected countries have suffered and are still suffering from the collateral damage since the outbreak of the EVD. Women constitute the bulk of the informal sector (farming, marketing, supplying food stuffs to all parts of their country through trade etc) contributing substantially to the Gross Domestic Product (GDP) in Africa. The outbreak of the EVD have annihilated or eroded the position of women in these EVD states. This has had untold hardships and impoverishment to women in particular. The burden of African women of having to fend for the family in most cases has aggravated. Women having lost their economic livelihood, are also facing a new challenge of having to take care of orphans - whose relatives succumbed to the Ebola disease - from the immediate and extended families.

Implication and Recommendations

The outbreak of the EVD and its dire economic consequences on West African states has several ramifications for the global economy:

First, women who are suffering from collateral damage and the burden of taking care of children whose parents succumbed to the EVD may engage in prostitution for survival, which has the likelihood of triggering a spiral spread of the already menacing HIV and other sexually-transmitted diseases. Given the axiomatic view that the clients of prostitutes' are of various nationalities, there is the fear that prostitution would provide the channels for the spread of the EVD from the affected countries to other countries across the globe. Hence, there is the need to urgently double international efforts in dealing with the EVD menace to save the world of the extinct of the human race.

Second, the economic decline of the afflicted states and generally West African economies suggest that governments no longer have the ability to create opportunity for jobs for the teeming unemployed youth. The implication for this economic decline is that developed states may witness a surge in the number of economic migrants entering their countries through approved and unapproved roots to make a living. Most of these would-be economic migrants – especially those using the Mediterranean Sea – may be carriers of the EVD. Though the intentions of these migrants are largely motivated by economic reasons, the possibility of infecting their host cannot be treated with kids' gloves.

Finally, the EVD has thus far, slowed down the economies of West Africa and by *ipso facto,* meaningful sustainable development. The implication is that most of these states may not be able to honor their debt repayment obligations to their creditors. On the contrary, these states will rather turn to the advanced states and other financial institutions for further financial support to keep the faces of West African economies above water. This scenario has the propensity to affect the financial wherewithal of the global economy. Indeed, since the outbreak of the Ebola disease, issues of sustainable development in West Africa has been substituted regrettable, with huge unbudgeted expenditure for fear of a possible spread of Ebola to other neighboring West

African states. This pre-emptive spending have had negative ramifications on governments in West Africa (especially the three most affected states) in providing welfare services to those segment of their populations who live in extreme poverty.

In order to forestall the spread of Ebola Virus Disease (EVD) to other parts of the world, this paper proffers the following suggestions and recommendations:

First, medical support and training of indigenous health professionals must continue to be offered to the afflicted states in order to defeat the EVD. When these professionals are well equipped to handle the EVD and other related mystical ailments, the citizens' confidence will arouse to seek early medical attention without attempting to travel to Western World and Europe as the only lifesaving and destination to seek medical care. The advanced states (health professionals in particular) risk contracting the disease if due diligence is not adhered to in the process of transferring an infected person to abroad for treatment – already medical doctors and other health professionals in the EVD stricken states have lost their lives in combating the Ebola menace.

Second, the international community as a matter of urgency should consider providing technical and financial assistance or support to the EVD stricken states reminiscent to the Marshal plan rolled out by the United States of America (USA) to rebuild Europe - having been devastated by World War II. Certainly, the temporary 'forced' break from work (as a result of Ebola scare) by civil servants, public servants, tourists, trade and the informal sector in general have individually and collectively stagnated the economies of the EVD stricken states. It is only when Guinea, Liberia and Sierra Leone are given this assistance that a semblance of economic reconstruction will be meaningful to propel the economies to their former status before the outbreak of the Ebola disease. Foreign Direct Investments (FDIs) and other multinational corporations who had to suspend operations owing to the Ebola scare must be considering returning to the EVD stricken states as the first step towards offering economic livelihoods to the people and revamping the shattered economies. This will somewhat reduce the social and political exclusion, stigmatization and discrimination of the EVD stricken states.

Third, debt cancellation or debt reschedule for the EVD stricken states by the international financial institutions and other bilateral credits will give them some temporary reprieve to start rebuilding their individual states. The international financial and multilateral institutions may consider the economic consequences of the EVD stricken states and declare them as highly distressed countries retched in debt repayment. These debt forgiveness will enable the EVD states to channel such funds into social infrastructure, poverty alleviation and income generating activities for women who have had to take care of orphans of dead relatives. This will gradually put the EVD stricken states on the path of reinvigorating sustainable development.

Four, in the spirit of camaraderie and regional integration, all the four African countries that have closed their borders with the EVD stricken states must, as a matter of urgency, re-open their borders. This would undoubtedly ensure free movement of goods and services though the health status of migrants would be carefully scrutinized to ensure that health policies are not compromised. Similarly, all services including the suspension of operations of airlines must be restored to enable government officials as well as businessmen and women to transact legitimate businesses they were involved in with their neighboring states prior to the outbreak of the EVD. For, there is nothing worse than inequality, discrimination, stigmatization and isolation of humans owing to a virus disease as Ebola.

Finally, leading scientists around the world together with World Health Organization must intensify the search for a vaccine either for preventive purposes or a cure for the Ebola virus disease. US-based scientists have taken the lead in the search of a potent vaccine to cure the Ebola menace. There seem to be a breakthrough by the US-based scientists whose experimental drug has cured monkeys infected with the Ebola virus disease. This breakthrough is a first step probably towards finding lasting solution to a disease that has sent many people in West Africa to their graves and still threatening the entirety of humanity. It is gratifying that Liberia – the worst affected in terms of the number of deaths associated with the Ebola disease - in May 2015 is declared Ebola-free state by the World Health Organization (W.H.O.)after forty-two days of unreported case(s). Guinea and Sierra Leone are still in the grips of the EVD. Hence, West Africa cannot be said to have escaped the wrath and the effrontery of the Ebola disease The World must be cautiously optimistic or brimming with confidence that a cure for the Ebola virus disease may be found sooner or later. What needs to be done to achieve a lasting solution or cure to EVD pandemic is to eschew complacency and strive for more knowledge to curb future reoccurrence.

Conclusion

The existence, the spread and the exponential rate of mass deaths associated with the EVD is a stark reality. The disease is no respecter of persons and geolocation of states. Accordingly, the Ebola Virus Disease (EVD) and its modus operandi must be regarded as an international emergency concern capable of wiping the human race at catastrophic proportions. Its outbreak in West Africa should be treated as a global public disease and therefore there is the need to devise a global response to combat it. The World must treat the Ebola Virus Disease just as the seriousness the international community employed in its resolved to tame HIV/AIDS and other 'dangerous' and infectious diseases the world is/was confronted with. Isolation, stigmatization and social exclusion of the afflicted states and indeed the people of West Africa is contrary to the political and economic globalization of contemporary global economy – an era of free movement of people and goods, capital through foreign direct investment, politically as well as technological driven. The industrialized World I think are not about abandoning their huge investments in West Africa and Africa at large because of Ebola disease. There is the need for world leaders to continue the fight against the EVD without complacency and fatigue; to ensure the total eradication and efficient medication to combat its future reoccurrence and its threat it poses to the global economy. In spite of the now concerted efforts by the international community to deal with the menace, the rate of infection cases have positively receded considerable albeit, the continued and snail pace reverberating of the disease.

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