The Ebola Outbreak in Comparison: Liberia and Côte d'Ivoire

Katharina Heitz Tokpa, Andrea Kaufmann and Franzisca Zanker

West Africa has been fighting its first epidemic of the Ebola virus disease for more than a year now. Despite a decline of infections, especially in urban centres, new cases still emerge and call for continued vigilance. According to the WHO, there have been 26,044 cases with 10,808 mortalities as of April 22, 2015. Though Sierra Leone has by now experienced the highest number of cases, overall mortality rates are higher in Liberia, where almost half of those infected died (4,573 of 10,212). No case has been recorded in Côte d'Ivoire. Why has there not been a single official case in Côte d'Ivoire despite the fact that it shares large parts of its border with Liberia and Guinea?

Analysis

■ Apart from the slow reactions from international organizations, with some notable exceptions, there are a number of domestic reasons why measures against the spread of Ebola took a long time to take effect. This includes weak state institutions and a lack of trust. In those countries in which Ebola spread most rapidly, public infrastructure is in much worse condition than in countries where the disease could be contained, or where there have been no cases so far like in Côte d'Ivoire.

■ The high number of international organizations present in Liberia has contributed to uncoordinated and partial reconstruction efforts. Emphasis has been on the Security Sector Reform - at the expense of the health system and other public services.

■ A long history of negative experiences with the Liberian state, coupled with two civil wars has deepened citizens' mistrust towards state actors and institutions.

■ Côte d'Ivoire has a comparatively good infrastructure with a better-equipped health care sector.

■ A solid communications infrastructure in Côte d'Ivoire, which was extended during the peace process, has allowed the state to mobilize and alert large parts of the population early on.

Keywords: Côte d'Ivoire, Liberia, Ebola, public infrastructure, state-society relations

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Complexities of Post-War Liberia

In 2003, *The Economist* called Liberia "the worst place to live in the world." In the early 1990s, Liberia hit international headlines with the outbreak of civil war that included child soldiers, cross-dressing rebels and the ominous conflict over "blood diamonds", though the latter largely took place in neighboring Sierra Leone. More recently, the pictures of a Liberia shaken by Ebola reminded of these years of turmoil: a state of emergency with overcrowded hospitals, dead bodies in the streets, a terrified population, or closed schools. Many employers recommended their staff to stay at home, and international organizations and businesses flew out their personnel. When these businesses and organizations ceased to operate, often so did the payment of their local employees.

Early responses to stopping the further spread of Ebola seemed helpless and disorganized. How could this epidemic spread so fast? A more differentiated view of West Africa can help us understand how the Ebola virus has spread. Comparing the situation in Liberia and Côte d'Ivoire, two neighboring countries, shows subtle differences which made the former one of the most severely affected countries and the latter not recording a single case.

A great many factors are responsible for the severity of the situation in Liberia, many of which are interlinked. Liberia's history is marked by decades of extreme inequality between a small but high-powered tier of society who maintained their expansive power and economic authority at the expense of a marginalized majority of the population. Ever since 1847, when former slaves from the United States founded Liberia, the state has been marked by the centralization of power and public goods; state-run institutions were concentrated mainly in the capital and public infrastructures have always been scarce. Because of this, public goods and services such as health care and educational facilities were largely available only to elites in the most important cities, particularly Monrovia. The civil wars between 1990 and 2003 exacerbated this inequality, as most of the states' infrastructure was practically destroyed. More than 200,000 people died as a result of this period of violent conflict.

The first post-war elections were held in 2005. Ellen Johnson Sirleaf, a development economist with solid international connections and experience, won the presidential elections. The first few years of her period in office went well: structural reforms were planned at every level of government, leaving many people hoping for lasting change. But reform efforts were only implemented slowly, and in some cases they failed to take place at all. A variety of international organizations such as the World Bank and International Monetary Fund supported infrastructural and other development projects, as did a myriad of private and state-run development organizations. But little of this reconstruction work was efficiently coordinated and structured. In addition, whilst these international organizations provided advice and capacity building, this reduced responsibility taken by some state institutions, impairing the long-term institutional development as a result. The considerable lack of coordination efforts is particularly evident in the health system.

In 2008, Liberia ranked at the bottom of the number of doctors in relation to the population. The few doctors in the country were mainly employed in hospitals in Monrovia and a few other hospitals in regional capitals. Most clinics are in fact run by international organizations, and became regarded as the most trustworthy. An extensive public health system has never existed in Liberia. In 1985, before the first civil war took place, only 35 percent of the population had access to medical care; there was only one state-run hospital available for the entire country, and that was in Monrovia. Moreover, a large number of university graduates left the country during the war, many of whom were qualified doctors. A low level of basic medical care was therefore ensured by humanitarian aid organizations. Way before the Ebola crisis hit Liberia, waiting rooms in clinics were generally overcrowded, and medical staff was overwhelmed with work. In 2008, there were fewer than sixty doctors in the entire country of four million inhabitants (see Table 1).

In February 2014, nursing staff in a number of public health facilities went on strike. The employees wanted to raise awareness of the precarious financial situation they were in and refused to accept any reductions of their allowances. In response, Walter Gwenigale, the minister of health at the time, threatened not to pay their salaries for February 2014 and to lay people off. This led to criticism by the National Health Workers Association of Liberia (NAHWAL) and a refusal to work with the minister, with the strikes resuming

Table 1: The Proportion of Health Care Workers Liberia, Côte d'Ivoire and Germany

	Number of Physicians per 100,000 inhabitants	Number of Nursing and Midwifery Personnel per 100,000 inhabitants
Liberia	1.4	27.4
Côte d'Ivoire	14.4	48.3
Germany	380.6	1,148.9

Source: WHO, *Global Health Observatory Data Repository*, online: <http://apps.who.int/gho/data/node.main.A1444> (14 October 2014); the figures on Liberia and Côte d'Ivoire are from 2008, while those on Germany are from 2011.

in March. At the same time, first reports circulated about Ebola infections. These were initially confirmed by the Liberian government, but then later denied.

Liberia's health care system had already been going through a crisis for some time. Unfortunately, this situation only became apparent to the rest of the world when the Ebola epidemic broke out. Other sectors were given priority up till then, including most significantly the security sector. A UN peacekeeping force (UNMIL) with an initial deployment of 15,000 personnel played an important role in improving security in post-war Liberia. Initially focused on demobilizing and reintegrating Liberian combatants, the focus then shifted the reform of the security sector, including rebuilding the police force under the auspices of the UN, and the Armed Forces of Liberia under the direction of a private security company commissioned by the United States. Understandably, the first priority in post-war Liberia, like in similar settings, was to stabilize the country. Nevertheless, this focus on security diverted people's attention from other issues, especially the shortcomings that existed in the health and education sectors. The structural problems that Liberia faces are particularly grave, when compared with those of its neighbor, Côte d'Ivoire.

Public Infrastructure in Côte d'Ivoire

Liberia shares the longest part of its border with its eastern neighbor, the Republic of Côte d'Ivoire. This West African state, too, is only just recovering from a period of violent political conflict, which lasted from 2002 to 2011 and left more than 10,000 people dead. On the whole, though, the conflict was less destructive than in Liberia. Therefore, Côte d'Ivoire has been able to build on its comparatively sound infrastructure it had before the violent conflict broke out.

The world's largest producer of cocoa has long been an economic and political exception in West Africa. The first president, Houphouët-Boigny, pursued a liberal, France-oriented policy and attracted foreign capital as a result. The high price of natural resources in the 1960s and '70s ensured post-independence Côte d'Ivoire two golden decades of economic growth, which still remains in many people's minds today. Unlike the situation in Liberia, a middle class with considerable purchasing power emerged. It was at this time of economic success and political stability that large-scale infrastructure projects were implemented.

Since colonial times, state-led infrastructure projects - including the health sector - have privileged the plantation-rich South. For instance, instead of investing money in twelve regional hospitals, Houphouët's government prioritized the construction of a modern university hospital in one of the well-off parts of Abidjan to the detriment of country-wide basic health care. Thus, the country shares the structural problems with other countries in the region (Graber and Patel 2013).

Moreover, the crises of the 1990s, and especially the armed conflict of 2002, put a great strain on the nation's infrastructure. Nonetheless, Côte d'Ivoire is in a relatively good position compared with other countries in the region. Until the late 1980s, wealthier classes of society have sought treatment at health centers for the general public rather than at private clinics. Although public services have suffered from the economic decline in the 1990s, a fair degree of trust exists in Côte d'Ivoire's health care system.

Conditions for coping with a potential case of Ebola are considerably better than in neighboring Liberia, and this is reflected in the way the population has responded to the health threat and sensitization campaigns. A large part of the population seems to cooperate with international and state-led interventions. When the authors asked an official whether it was true that there had been

a first case of an Ebola infection in Toulépleu back in October, they received the sobering reply "only if the WHO has confirmed it."

The Cataclysm of Mistrust and Poverty in Liberia

The slow and partial reconstruction efforts that have taken place in Liberia over the last decade are not particularly surprising considering the country's history and the uncoordinated international input. Another problem is the move from the planning stage to the implementation of reforms. Expansive governance reforms have been planned in various government agencies, most notably the Governance Commission. Nonetheless, for example a constitutional review committee that has existed since 2012, and has conducted extensive consultations with representatives of various interest groups, has so far failed to come up with a politically viable constitutional amendment. A detailed plan for decentralization has yet to become law as the devil remains in the details. These important reforms were further put on hold as the Ebola virus ravaged the country. Senatorial elections were postponed several times, eventually taking place in December 2014. Despite an extremely low turnout, unsurprisingly, of just over 25%, the results expressed a clear message to Liberian politicians: only two of 12 incumbent senators wishing to be re-elected were successful, out of a total of 15 senatorial seats.

Repeatedly, state representatives have failed to consistently meet the needs and wishes that citizens have in jobs, education, roads, transport, and a good health care system. This explains why many people have so little trust in the state and its representatives. Trust is based on trustworthiness, which is exactly what is lacking (Hardin 2002). The way in which people respond to information depends on how credible or trustworthy the source of the information is regarded to be. In an atmosphere of deep mistrust, information is quickly doubted or immediately thought of as wrong or outright irrelevant. Focus group discussions with Liberian market women, teachers and youth conducted at the beginning of 2014 by one of the authors, indicated the level of mistrust towards the poorly functioning public institutions and representatives of the state. The participants were asked if local government officials fulfilled their duties. In the respondents' view, barely forty percent of the officials they knew carried out the functions they were expected to. The estimate was even lower for the focus groups with youth: according to them, only 21 percent of the officials actually did what they ought to do.[1] In addition, participants noted that money had to be paid for any kind of service to be rendered and that only elites benefited from state services. Coupled with the mistrust and fears ever present in a post-war society, this lack of publicly accessible services leads to further mistrust, giving room for rumors in the absence of reliable information.

Many Liberians therefore prefer to turn to personal contacts they have rather than to state-run institutions, particularly when it comes to medical treatment. A great many rumors have been circulated about abuse and malpractices in hospitals, especially during the wars, including the refusal to admit people and medical experiments being conducted on patients without their consent. Rumors of this kind arise not least due to a lack of proper education and widely available information, exacerbated by grueling experiences when trying to get help. A host of deadly diseases are rampant in Liberia, including Malaria, Tuberculosis and HIV, which in combination with the weak health infrastructure makes mortality rates high. Due to the Ebola epidemic the health system collapsed even more, the number of deaths from persons with illnesses other than Ebola remains a grey, but assumedly very high figure. Recent reports suggest an outbreak of measles is possible due to a stop of immunization campaigns. In the opinion of many Liberians, the cost of medical treatment is also too high, despite health care being subsidized. The relatives of a sick person have to pay a large proportion of the costs for treatment themselves, such as those for the patient's meals, transport and medicine. This is a main reason why patients frequently only get taken to a hospital when it is too late to help. The great mistrust people have towards the state's health care facilities becomes evident due to the fact that the country's elites tend to seek treatment in hospitals in Ghana, South Africa, Europe, or the U.S., whereas the rest of the

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1 See Zanker (2014). Focus-group interviews were conducted in Monrovia (Montserrado County), Gbarnga (Bong County) and Ganta (Nimba County) between January and February 2014 in connection with the research project "Local Arenas of Power-Sharing" funded by the German Research Foundation (DFG) Priority Programme 1448 "Creativity and Adaptation in Africa."

population has to make do with the precarious facilities available locally.

The first few years of post-war reconstruction were characterized by high hopes, but what the international media only reported about recently has been obvious to Liberians for a long time now, most recently expressed in the Senatorial elections: the government has become inefficient and clouded in corruption scandals which is hampering the country's development. According to this view, the government has failed to understand the aggrieved population and their critical situation. This becomes particularly clear if one looks at the events that took place in West Point.

West Point is a peninsula connected to Monrovia. Despite its central location, Liberia's governments have always neglected West Point. The area has the reputation of being a hotspot for crime. Violence is commonplace, often directed at women and girls. There is very little public infrastructure available, even a steady supply of fresh water is lacking and hardly any sanitary facilities exist in this densely populated part of the city, home to between 50,000 and 70,000 residents. Fresh water is brought into the area from other parts of the capital, being transported on carts pushed by young men. The majority of West Point's residents make a living by petty trading or fishing. The only clinic is run by the Catholic Church. A women's organization has been fighting for a badly needed ambulance for the last ten years.[2]

Residents from West Point found out through street rumors that the state had apparently set up a quarantine center for Ebola patients in this part of the city in August 2014, moving seventeen suspected cases there from other areas of Monrovia. Misanthropy and fear grew into resistance. The quarantine ward was eventually attacked and seventeen patients apparently disappeared. As a result, the government ordered the police and army to block off access to the peninsula on August 20, and the whole of West Point was put under quarantine. In the clashes that followed, shots were fired, hitting a sixteen-year-old boy who died as a result, because he failed to receive proper medical care. Sealing off the peninsula meant that its inhabitants had no way of going about their nor-

mal daily business to make a living - they were not even allowed to go fishing. Access to water, food and medical care was no longer possible.

The lack of trust in the state is one reason amongst many, why numerous Liberians hardly paid any attention to the outbreak of Ebola initially. Things changed by the beginning of August 2014, when the government declared a national state of emergency, a large number of international organizations left the country and the food supply became difficult because ships were prevented from docking. Reliable information was initially hard to attain, which is why numerous rumors were spread. The initially contradictory statements about the situation the government had made, worsened this. Many of our informants acknowledged that the large number of rumors that had been spread during the war made it difficult to believe anything the government pronounced.

Sensitization Campaigns in Côte d'Ivoire

Over a year into the Ebola epidemic, Côte d'Ivoire has not had a single official case of Ebola. This is surprising, because the entire western part of the country borders Liberia and Guinea, both severely affected by the Ebola virus. Two reasons amongst many are the early sensitization campaigns and the strict border controls. Paradoxically, Côte d'Ivoire's violent political conflict may have actually prepared the country for the task of coping with the threat of Ebola. Frequent information campaigns during the peace process and in preparation for the 2010 elections, set a precedent for strong sensitization campaigns. In addition, stepped-up border patrols were already in place, aimed at preventing attacks from groups of exiled Ivoirians living across the border in Liberia.

Campaigns to make people aware of the dangers posed by Ebola were carried out by mixed delegations consisting of prefects, employees from the health sector and army officers. From the end of March to April 2014, delegations traveled from village to village near the border, providing them with necessary information. As in other parts of this region of West Africa, practically every district of a town and village in Côte d'Ivoire is organized in a simple yet effective way that makes it easier for information to be circulated: a committee is grouped around the head of the village consisting of representatives of all the impor-

2 See Kaufmann (2011a and b). Ethnographic field research was conducted in Monrovia between 2009 and 2013 in connection with the University of Basel's research project on "The Work of State Imageries," which was funded by the Swiss National Science Foundation (SNSF).

tant social groups, including religious communities, women, youth, immigrant and occupational groups. Peace missions that were conducted over the last few years also used these networks as a way of spreading information, further institutionalizing the system.

Moreover, the state, local and international NGOs, and the village heads themselves have made ample use of these communication channels. If one succeeds in persuading the representatives of the individual social groups to do what one wants them to and wins their trust, then there is a relatively good chance of the information being passed on to the groups in words they can understand. Trusted people and proven organizational paths create a sound basis for communication, which makes it much easier to comprehend and implement any preventive steps.[3]

Sensitization campaigns were repeated in August and September 2014, when the virus was spreading fast in neighboring countries. In addition to this, special observation committees run by the sub-prefects have been set up to monitor the situation locally. A national consortium that possesses decision-making powers meets about once a fortnight, led by the Prime Minister (and attended by foreign diplomats and representatives of international institutions). Although Ebola no longer makes the front-page news in Côte d'Ivoire, the government and its international partners still make efforts at keeping people alert with ongoing sensitization campaigns touring through the country and TV spots.

In the end, however, a lot came down to luck. When it became official that Ebola had broken out in Guinea in March 2014, the virus had not yet spread as far as Côte d'Ivoire. In Liberia and Sierra Leone, in contrast, the first cases were already present. Fearing that infected people had already entered the country, the Ivorian government reacted right away by reaching out to the public and to border communities in particular to raise people's awareness.

Safeguarding Porous Borders?

Between August and October 2014, Côte d'Ivoire closed its borders as an attempt to protect itself from Ebola.

As it is nearly impossible to seal off the porous borders of West Africa hermetically, "closing the borders" probably just means monitoring them more closely. The border with Liberia – marked by a river – had already been under strong army surveillance for the past three years. Since Alassane Ouattara became the country's president in 2011, Ivorian army outposts near the border have been attacked repeatedly. The precarious security situation along the Ivorian–Liberian border became the subject of international attention ever since seven UN soldiers from Niger were killed in June 2012. Due to tightened security, it can be assumed that uncontrolled border crossings have become relatively rare on this border. Moreover, since Ebola broke out, a large number of dugout canoes, usually used in border crossings, have either been chained up or destroyed by the Ivorian Army.

At the height of the Ebola outbreak, between August and December 2014, the weekly markets along the borders were forbidden owing to the threat posed by Ebola. In border towns more than elsewhere in the country, people followed the government's advice and ceased to shake hands in greeting ceremonies. Local restaurants in which game — which has been declared responsible for transmitting Ebola — used to be prepared have been closed down, and anyone who fails to comply with this regulation can expect penalties.

By March 2015, people became more relaxed in Côte d'Ivoire and today hardly anyone refrains from shaking hands. This 'Ebola fatigue' is seen as constituting a new risk, according to experts. Therefore NGOs such as Act for Change (ACTED) or the International Rescue Committee (IRC) have started a new round of sensitization campaigns.

Quo Vadis?

The Ebola outbreak in Liberia happened at a time when the health care system was in tatters and reliance in state structures and representatives was the exception to the rule. Decades of discrimination and isolation as well as fourteen years of unrest and civil war have given many Liberians the

impression that their concerns and basic needs are not a priority, even in the view of their own state.

Whilst the political elite has also greatly disappointed the citizens of Côte d'Ivoire in the last two decades, it still succeeded in maintaining a certain standard of service and provision of public goods. Well-tested communication networks have worked to the benefit of the state and proved their effectiveness and usefulness. Nevertheless, the fact that bad state-societal relations helped to spread the Ebola virus in neighboring countries should be taken seriously. The state still has a lot to deliver – and is expected to do so – especially in the long neglected north of the country.

It will take time to learn from all the mistakes that have been made dealing with the Ebola virus. For now, the worst may be over, at least in Liberia. Just recently, however, a new case was recorded after three weeks without a single new infection of Ebola. Relief must not turn into negligence. The West African outbreak of Ebola has been argued to be symbolic of the failure of international aid (MSF 2015). This no doubt plays a role, not least confirmed by inconsistent reform efforts made by the international community in the last decade. The comparison between the situations in Liberia and Côte d'Ivoire demonstrates that foreign financial aid alone will not solve the underlying structural and social problems that enabled the rapid spread of Ebola in Liberia.

The Liberian government, along with international partners and community networks, eventually established a strong anti-Ebola campaign that included intense and successful communication campaigns with local communities to quell rumors and mistrust by explaining the sickness and why it required change in practices such as greetings and burial methods in this period of national emergency. This momentum must be maintained. Building on communication networks, and further strengthening them, will help to address the levels of mistrust toward the state, and advance the implementation of badly-needed reforms beyond the security sector, not least in health care provision.

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■ **The Authors**

Katharina Heitz Tokpa, Dr. des., is a research associate at the University of Freiburg, Germany, and is currently involved in a research project funded by the German Research Foundation (DFG), entitled "Creativity and Constraint on African State Boundaries" (SPP 1448). She has a Ph.D. in Social Anthropology from the University of Basel.
<katharina.heitz.tokpa@ethno.uni-freiburg.de>,
<https://uni-freiburg.academia.edu/KatharinaHEITZTOKPA>.

Andrea Kaufmann, Dr. des., is currently working as a gender expert at the United Nations Research Institute for Social Development (UNRISD). She holds a Ph.D. in Social Anthropology from the University of Basel.
<kaufmann@unrisd.org>, <www.unrisd.org/andrea-kaufmann>.

Franzisca Zanker, M.A., is a research fellow at the GIGA Institute of African Affairs, Hamburg, and is currently working on a research project funded by the German Research Foundation (DFG), entitled "Local Arenas of Power Sharing" (SPP 1448). She has just submitted her Ph.D. thesis in Political Sciences at the University of Tübingen, Germany.
<franzisca.zanker@giga-hamburg.de>, <www.giga-hamburg.de/en/team/zanker>.

■ **Related GIGA Research**

The "Local Arenas of Power Sharing" is a project funded by the DFG as part of its Priority Programme 1448 "Creativity and Adaption in Africa." In its fifth year, it is now under the direction of Andreas Mehler (GIGA) and examines dynamics of power sharing and institutional reforms at the local level in post-war countries, which include Liberia, amongst others. Giulia Piccolino, an Alexander von Humboldt Post-Doctoral research fellow at the GIGA works on the subject of post-conflict reconstruction and statebuilding in Côte d'Ivoire, amongst other things.
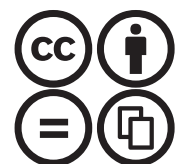
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