Persistence of Ebola epidemic exposes global health failure

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While the West African Ebola epidemic has dwindled in size, a steady stream of new infections in Guinea and Sierra Leone, as well as the reappearance of the disease in Liberia, point to a potential resurgence. The fact that the epidemic has not been contained in the 19 months since it began points to the deplorable health conditions confronting the region's poor.

The current epidemic, which began in December 2013, dwarfs all previous outbreaks of the disease with 27,591 infected and more than 11,238 dead so far. This outbreak is responsible for over 90 percent of all Ebola cases since the disease was first identified in 1976. At its height in late 2014, there were 1,000 new cases being reported each week. That rate has been in decline since last December and is now below 30 per week, but the outbreak remains uncontained and there is the risk of a resurgence.

Half of the new cases in Sierra Leone and one-sixth of the new cases in Guinea were people who had no contact with known cases, pointing to a reservoir of the disease in unobserved populations. Liberia was declared free of the disease on May 9 after 42 days with no new cases reported, but this past week a 17-year-old boy died after infecting two others. The deceased had no apparent contact with areas of active transmission in neighboring countries, posing the threat of new infections from unknown sources.

These new cases could come from hunting infected animals, sexual transmission from Ebola survivors who can pass on the disease for months after they recover, or from a "shadow epidemic" of cases that have gone undocumented in remote areas. The US Center for Disease Control estimated in September 2014 that documented cases only accounted for a third to a half of the total number of infections.

The unprecedented size, scope, and duration of the current outbreak has been driven by the immense poverty, lack of health care and infrastructure, and the colonial past of the afflicted region.

According to the WHO, the epidemic likely began in December 2013 in the Guinean village of Meliandou near the border with Liberia and Sierra Leone. A diseased bat infected a village boy who then infected his family. It spread unidentified for three months crossing the border to the neighboring countries. By May it reached Conakry, Guinea's capital city of two million, marking the first time Ebola was widely spread in a major city. By June it was in Monrovia, Liberia's capital, and at the end of July it was in Freetown, capital of Sierra Leone.

The disease has a very high mortality rate, with the World Health Organization (WHO) estimating 70 percent fatality for untreated individuals and 57-59 percent for those hospitalized. There is no cure for the disease but treating the symptoms, especially dehydration, can reduce the risk of death.

Ebola has always been a disease of poverty. Although it is highly infectious, it can only be transmitted through direct contact with bodily fluids. This means that basic sanitation measures prevent most transmission outside of immediate family and health care providers. The current epidemic was able to affect so many people because it reached tightly packed slums with no water, sanitation, or health care infrastructure.

The three main countries affected are among the poorest in the world. Sierra Leone is the "richest" of the three, with a Gross Domestic Product per capita of $2,027 a year, making it the 25th-poorest country on earth. Liberia is the poorest of the three, with a GDP per capita of just $882 a year. Before the start of the outbreak, the three countries averaged fewer than two doctors per 100,000 people. Inadequate training and

equipment would reduce those numbers, as 828 heath care workers have been infected and 499 of those have died since the outbreak began.

International efforts to contain the epidemic were woefully underfunded. Pledges only reached the WHO goal of $1 billion nine months in and it took several more months for that money to materialize. It wasn't until December 2014 that each country had enough capacity at Ebola treatment locations to accommodate the number of reported cases.

Even more fundamentally, the lack of either a cure or a vaccine for a disease that has been widely known since 1976 flows from the poverty of those at risk. Pharmaceutical companies saw no profit in researching a disease that affects deeply impoverished rural African populations.

Even if the current epidemic is successfully contained, the potential for new epidemics remains because none of the underlying causes have been removed. Sanitation and clean water remain inaccessible for broad layers of the world's population well beyond West Africa.

According to a WHO report released June 30, 2.4 billion people, a third of the world's population, have insufficient sanitation facilities. Although access to improved water sources is better, nearly a thousand children under five die each day from diarrhea associated with unsanitary water sources.

According to WHO estimates in 2004, it would have cost the world $22.6 billion per year to provide everyone on earth with improved water and sanitation by 2015. World capitalism had different plans for that money. Between 2004 and 2015 the combined net worth of the world's billionaires grew by $5.2 trillion, enough to provide the world with this essential for a healthy life 23 times over.

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