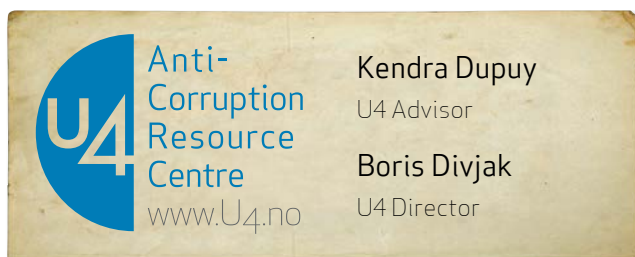# Ebola and corruption: Overcoming critical governance challenges in a crisis situation

Since the end of 2013, the Ebola virus disease has been ravaging the economies and societies of Sierra Leone, Liberia, and Guinea-Conakry, infecting over 20,000 people by the end of 2014. The disease also spread to Nigeria, though it was quickly contained. An estimated $1 billion in international public and private aid has been dispersed to these countries to try to stem the epidemic (Grépin 2015). Corruption played a key role in the outbreak, spread, and slow containment of Ebola in these affected countries.

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Corruption's role in the outbreak of Ebola

International support to fight Ebola has been going to four highly corrupt countries[1], where a lack of transparency prior to the outbreak weakened these countries' health care systems. This raises questions of whether and how corruption played a role in the outbreak of the disease as well as whether external funds are being used appropriately in the relief effort.

Corruption poses particular challenges to the health sectors of fragile states like Sierra Leone, Liberia, Nigeria and Guinea – states that are extremely poor and suffer from weak institutions and/or conflict. As in other public service sectors such as education, heightened poverty levels in fragile states provide individuals with incentives for corrupt behavior. Institutions have low capacity to manage data collection, record keeping, budgetary, public financial management (including procurement) and payroll systems, as well as to enforce existing regulations.

In the case of the West African Ebola epidemic, corruption contributed to the disease's outbreak primarily by weakening public health institutions in the preceding years. For example, Sierra Leonean government officials' misappropriation of Gavi Vaccine Alliance[2] donor funding led to medical personnel illegal charging for health services and medicines, reducing access to health care services.[3]
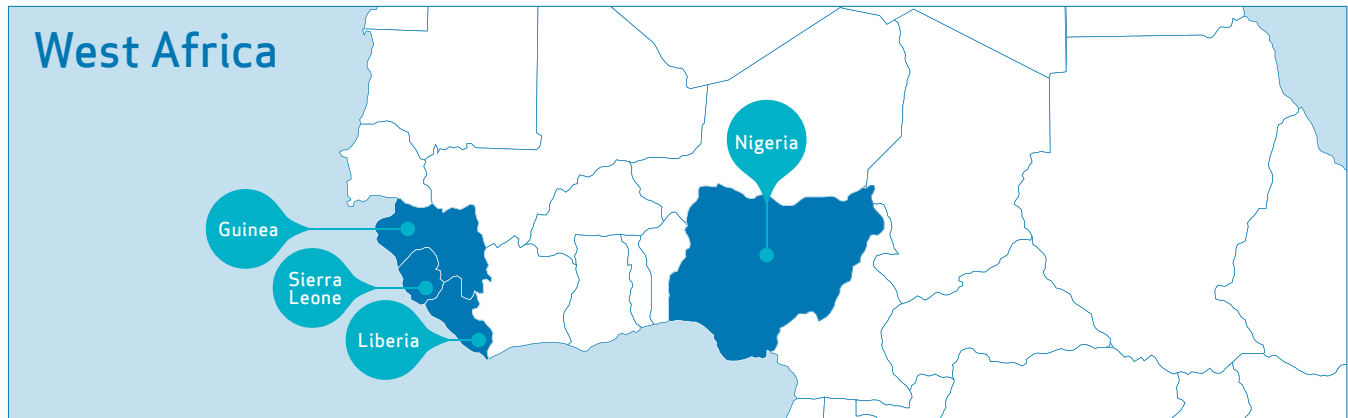
Scholars and country experts have pointed to high levels of government corruption and low levels of transparency and accountability as being partially responsible for the low levels of popular trust in the governments of the affected countries. During the first months of the epidemic, low trust levels contributed to the spread of rumors that the Liberian government had exaggerated or even concocted the Ebola crisis as a way to get access to international funding that could be siphoned off for private uses.[4] Consequently, Ebola-affected individuals and communities resisted the efforts of medical personnel to isolate and treat victims, collect data and dead bodies, and spread information about Ebola.[5]

International aid flows to mitigate Ebola

Large-scale international aid flows to the affected countries did not start until August 2014, when the World Health Organization and the regional governments publicly appealed for international donor funding and launched national emergency response plans (Grépin 2015).[6] Nearly 1400 cases had been reported by that time, over half of which had resulted in death, and estimates were made that thousands more would become infected.

As of December 2014, 60% of donations specifically aimed at the Ebola relief effort have come from bilateral donors, with the United States, United Kingdom, Germany, and Sweden among the top ten. The majority (71%) of the $1 billion dispersed through the end of 2014 has gone to the United Nations, the Red Cross, and non-governmental organizations, while only 11% has gone directly to the governments of the affected countries (Grépin 2015).[7]

Governance challenges in containing Ebola's spread

While the significant outpouring of international aid for Ebola has helped to slow the spread of Ebola, it has not entirely stopped it. One reason for this is the role that corruption has played in the diversion of relief funding and supplies, and in undermining Ebola mitigation measures.[8]

First, corruption may have led to the diversion of funds and supplies needed to fight the epidemic in the affected countries. In February 2015, the Sierra Leonean Auditor General released an audit of domestic donations made to the government for the Ebola relief effort. The results of the report provided evidence of mismanagement by public officials in the dispersal of these funds. Payments for supplies and sensitization efforts were duplicated and undocumented, money was paid out to private individuals rather than to organizations, taxes and healthcare worker salaries were not actually paid out as claimed, hazard pay was improperly provided to police and military personnel, and procurement procedures were widely disregarded (Audit Service Sierra Leone 2015).[9]

Second, petty corruption has compromised containment measures, such as roadblocks, quarantines, and body collection and burial procedures. For example, the Liberian government placed Monrovia's West Point community under quarantine in late August 2014, but residents were easily able to break the quarantine by bribing the soldiers and police officers responsible for enforcing it.[10] Additionally, Liberian families have paid bribes to body retrieval teams to issue death certificates stating that their dead relatives had not died of Ebola, thus enabling them to keep the body for traditional burial.[11]

Stemming the tide

- Despite the incentives and opportunities for corruption that the Ebola crisis created – including the quick injection of large amounts of funding and the implementation of mitigation measures such as roadblocks that rely on exploitable power asymmetries – individuals and communities increasingly started to comply with mitigation measures in the affected countries and the Ebola epidemic started to come under control. As the fear of contracting the disease grew, the following were particularly useful in containing the epidemic (see HEART 2014):

- Availability of appropriate medical and hygienic supplies, gear and training (largely donor supported);

- Public awareness campaigns – spreading information through a variety of outlets such as radio, SMS, bulletins, hotlines, household visits, music, social media and taxi drivers in an attempt to explain the disease, educate about hygiene, and promote anti-stigmatization of, and provide support to, affected communities and victims;
- Community mobilization to monitor, educate, and care for residents;
- Actions of local elites – traditional authorities (chiefs) adopted regulations to stop Ebola's spread, including travel restrictions, prohibitions against bush meat hunting, limitations on traditional burials and transportation of corpses, and hefty fines for hiding Ebola victims and breaking quarantine measures;
- Individual actions – heroic individuals who went to great lengths to treat Ebola victims.[12]

The large-scale international humanitarian intervention in two relatively small states (Sierra Leone and Liberia) has also contributed in no small way to curtailing the disease's spread. International relief organizations such as Doctors Without Borders (MSF) established a parallel healthcare system to treat Ebola victims that partly relies on existing manpower in each country, enabling quick and effective treatment. MSF constructed and operated Ebola treatment centers, trained local and international healthcare workers, provided vital medical supplies, and helped to carry out clinical vaccine trials in West Africa, among other activities.[13] All of these efforts boosted the confidence of the local population of the affected states and gave the epidemic an international, rather than just public sector dimension.

Nigeria was able to quickly contain the spread of Ebola to its borders because it already had a solid health care infrastructure in place with trained doctors and enough resources to quash the spread of the disease.[14] This was the result of a national initiative to address polio implemented in 2012, funded by international donors. This illustrates that systemic donor-supported health initiatives can strengthen health systems even in very corrupt contexts.

Lessons learned and recommendations for aid transparency in crisis situations

The Ebola epidemic has demonstrated the necessity of coordinating relief efforts, having a strong national response, and ensuring aid transparency during a crisis situation in a fragile state (Thomas 2014).

Bold and innovative solutions that consolidate the efforts of government, civil society, citizens, and international actors must be quickly pursued. The example of Nigeria shows how important this is: Nigeria successfully stopped the spread of

Ebola to its territory due to coordinated and quick action by national and local level governments, which was supported by donor actions that were seen as functional and trustworthy by citizens.[15] In Sierra Leone, Liberia, and Guinea, the donor-funded, large-scale institutional response to the Ebola crisis has helped some of the poorest countries in the world not only to emerge from the epidemic, but also to improve their health care infrastructure through training of healthcare personnel and provision of supplies and infrastructure. In some cases, international actors successfully coordinated with governments in mass public awareness campaigns, improving communication between the state and citizens.

Hotlines

Hotlines were successfully implemented by the civil society organization Transparency International Bosnia and Herzegovina during the 2014 floods, and are being implemented for humanitarian relief efforts by Transparency Palestine (AMAN) in Gaza. These hotlines are designed for members of the public to report abuse in the delivery and distribution of aid.

Information management, particularly about aid flows, is an important element in ensuring transparency and accountability in relief efforts. Both national and international level systems must be established to ensure the transparent use of funds. There have been a number of efforts to make existing data available to the public on international Ebola aid donations, recipients, and uses, though the information that is currently available in the public domain is insufficient.[16] Public reporting measures on aid uses represent an additional way to carry out monitoring and collect information in a crisis situation, such as telephone hotlines for reporting.

Among the public sector agencies, the Anti-Corruption Commissions of Liberia and Sierra Leone have been involved in auditing and monitoring domestic and international aid earmarked for Ebola relief efforts, though more work remains to be done in this area, particularly in holding violators to account. In the longer run, donors should work with these Commissions to enhance their capacity to audit all domestic and international funding flows, as well as to prosecute those who abuse aid.

Endnotes

[1] As ranked on Transparency International's Corruption Perceptions Index. Out of 174 countries evaluated in the 2014 version of the CPI, Liberia is ranked 94 (31 points), Sierra Leone 119 (31 points), Nigeria 136 (27 points), and Guinea number 145 (25 points)

[2] The Gavi Alliance is an international organization that aims to improve access to vaccines for children living in poor countries. See www.gavi.org

[3] See www.nytimes.com/2013/04/14/world/africa/sierra-leone-graft-charges-imperil-care-and-aid.html?pagewanted=all&_r=0

[4] See www.thenation.com/article/181618/why-liberians-thought-ebola-was-government-scam-attract-western-aid# and also www.chathamhouse.org/expert/comment/15955

[5] See www.nytimes.com/2014/11/17/world/africa/fear-of-ebola-opens-wary-villages-to-outsiders-in-guinea.html

[6] See www.healthmap.org/ebola/#timeline for information on reported Ebola cases over time.

[7] Further information on Ebola-related public funding sources and recipients can be found at www.one.org/international/ebola-tracker/, at http://simonbjohnson.github.io/ebola-fts-dashboard/, and at the UN OCHA Financial Tracking Service website (http://fts.unocha.org/pageloader.aspx?page=emerg-emergencyDetails&emergID=16506). Information on private corporate donations can be found at www.uschamberfoundation.org/ebola-outbreak-corporate-aid-tracker

[8] There has been considerable debate over corruption's role in the outbreak and spread of the Ebola disease. For a summary of this debate, see http://globalanticorruptionblog.com/2014/10/14/is-corruption-partly-responsible-for-the-ebola-crisis/

[9] A full accounting of international aid flows has yet to take place in any of the three affected countries

[10] See www.nytimes.com/2014/08/30/world/africa/quarantine-for-ebola-lifted-in-liberia-slum.html

[11] See www.dailymail.co.uk/news/article-2791911/bribery-breaks-battle-against-ebola-liberian-victims-families-paying-corrupt-retrieval-teams-bodies-traditional-burials.html

[12] See, for instance, www.forbes.com/sites/realspin/2014/09/03/nigeria-is-containing-the-ebola-outbreak/

[13] See www.doctorswithoutborders.org/our-work/medical-issues/ebola

[14] See http://thinkprogress.org/health/2014/10/03/3575895/nigeria-ebola-public-health/

[15] See www.scientificamerican.com/article/how-did-nigeria-quash-its-ebola-outbreak-so-quickly/

[16] See footnote 7 for websites with information about Ebola funding sources and flows. Additional information sources on Ebola relief efforts include the Humanitarian Data Exchange (https://data.hdx.rwlabs.org/ebola), Ebola GeoNode (http://ebolageonode.org/), Open Street Map (http://umap.openstreetmap.fr/en/map/ebola-e-tracking-in-sierra-leone-liberia-and-guine_12522#4/85.05/12.00), and Eboladata.org (http://eboladata.org/)

Further reading

Grépin, Karen A. 2015. "International Donations to the Ebola Virus Outbreak: Too Little, Too Late?" BMJ, 2015; 350: h376. Accessed on 17 February 2015 at www.bmj.com/content/350/bmj.h376

Health & Education Advice & Resource Team. (2014). Helpdesk Report: Ebola Regional Lesson Learning. Accessed on 2 March 2015 at www.heart-resources.org/2014/12/ebola-regional-lesson-learning/

Thomas, Kate. 2014. "Culture, Corruption and the Context of the Ebola Crisis". Ebola Deeply, 27 October 2014. Accessed on 24 February 2015 at www.eboladeeply.org/articles/2014/10/6368/culture-corruption-context-ebola-crisis/