

ADVOCACYNET 368
September 15, 2021

What the World Learned from Ebola in Liberia

And how the lessons were ignored



Liberians have recalled their terrifying brush with the Ebola virus, which claimed 4,810 lives between 2014 and 2016, and asked why the world was not better prepared for the lethal COVID-19 pandemic three years later.

Their story is captured in blogs by [Matthew Nyanplu](#), an Advocacy Project Peace Fellow who spent the summer in Liberia working with Ebola survivors.

Matthew's final interview was with Mrs. Ellen Johnson Sirleaf (photo below), who served as Liberia's president during the Ebola outbreak and is one of Africa's most respected leaders. Mrs. Sirleaf shared the 2011 Nobel Peace prize for leading Liberia's recovery from war and co-chaired [The Independent Panel for Pandemic Preparedness and Response](#), set up by the UN to review the response to COVID-19.

In [an exclusive interview](#), Mrs. Sirleaf told Matthew that her government met the threat from Ebola with community health workers, information, and coordination, and that this had helped Liberia respond to COVID-19. Deaths from COVID-19 currently stand at 283.

But Mrs. Sirleaf also expressed bafflement that the world wasted two precious months before responding to COVID-19 in early 2020: “Even when the threat was clear people were hesitant about preventive measures like masks and social distancing and lock-downs. Today they are still resisting the use of masks!”



Liberia’s experience with Ebola offered a grim foretaste of what lay ahead with COVID-19. The Ebola outbreak began when a boy was infected by a bat in Guinea in late 2013. The virus then spread to Sierra Leone and Liberia.

Unlike the coronavirus, Ebola is not airborne but spread by physical contact and often characterized by severe bleeding. But it produced the same sense of panic in 2014. There was no known cure and Liberia’s health system had been

reduced to just 50 doctors by war. Tolbert Nyenswa, the former Director General of Liberia's National Public Health Institute, told Matthew that by August 2014 [over 90% of those infected with Ebola were dying](#).

As with COVID-19, early efforts were hampered by bizarre misinformation. [In one blog](#), Matthew describes how hundreds of villagers in Lofa County died after avoiding a government treatment unit that was said to be surreptitiously stealing the kidneys of patients.

Contact with dead bodies was another major cause of transmission and there were lurid accounts of people hiding the bodies of deceased relatives rather than have them buried without the family present. But as [Matthew explains](#), the personal farewell is deeply ingrained in Liberian culture: “How do you tell me I should not touch my sick or dying mother, father, brother, sister or child?” asks one relative. “We were prepared to die for our loved ones.”

As with COVID-19, community [health workers were on the front lines of the fight against Ebola](#). One worker, Maxwell Tangay (photo), described how he would accompany sick patients along forest paths and spray the path with chlorine after they passed. He would also try and keep patients alive with intravenous injections until they could reach a river. Many patients died.

As in the early stages of COVID-19, the courage of health workers was not always recognized and Mr. Tangay recalled being evicted by a landlord who feared that he would spread the virus. But by the end of the outbreak, [Ebola had claimed the lives of 8% of Liberia’s doctors, nurses, and midwives](#) and their extraordinary contribution was recognized. Time Magazine declared “The Ebola Fighters” its person of the year in 2014.



President Sirleaf said that she views the training of community health workers as one of her main accomplishments, and they certainly provided Liberia with a vital resource against COVID-19. Mr. Tangay was deployed to Liberia's only isolation center when the pandemic broke out. A veteran of Lassa fever, Monkey pox, Ebola and now COVID-19, he shrugs off the latest threat while also agreeing that "no one

enjoys putting their lives and families at risk."

Unlike COVID-19, the threat to global health from Ebola was quickly understood. Only four people contracted Ebola in the US, but President Obama dispatched 3,000 military personnel to Liberia early in 2014 and the [CDC eventually trained almost 25,000 health workers](#) in the three countries. The US and Liberia also set up a joint project to test drugs and search for vaccines, known as [PREVAIL](#).



The contrast with COVID-19 could not be greater, and Mrs. Sirleaf was particularly critical of northern governments for ignoring Africa's needs. To date, less than 28,000 Liberians out of a population of 4.94 million have been fully vaccinated.

Overall, Mrs. Sirleaf's panel is pessimistic about the future. Describing COVID-19 as "the 21st century's Chernobyl moment," the report warns that in spite of the deaths (4,665,316 and growing by over 4,000 a day) the world is still unprepared: "The system as it stands now is clearly unfit to prevent another novel and highly infectious pathogen, which could emerge at any time, from developing into a pandemic."

Matthew Nyanplu, a Liberian national, was one of three graduate students at the Fletcher School, Tufts University, who served as Peace Fellows in Africa this summer. He was supported from the US by Peace Fellow [Beliz Aluc](#), a Turkish national at Pomona College, California. **Contact [Matthew](#) and [Beliz](#).**

Next: Survivors of Ebola in Liberia still suffer from stigma. We ask what lies ahead for survivors of COVID-19.

Photos by the World Bank (top) and Matthew Nyanplu.