



ECOSOC: Economic and Social Council

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Issue: Addressing the impacts of disease outbreaks on development in West Africa

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Committee: Economic and Social Council (ECOSOC)
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I. Introduction



Image 1: Map of West African Countries

Regional health threats are one of the greatest obstacles a government can face when seeking to develop as a country. In the case of West African nations, the disease outbreaks in the region have hindered the efforts of development in the region for years. The outbreaks caused by unsafe conditions that are ill-suited for basic human rights, such as insufficient healthcare infrastructure, inadequate hygiene, and limited surveillance systems, are the primary root causes why West Africa

remains to be considered vulnerable today, as these outbreaks not only menace the well-being of the people but also raise socio-economic questions when it comes to treatment.

For instance, during the Ebola epidemic of 2014-2016, over 11,000 deaths were documented, and an overwhelming number of national crises were witnessed. As a result, regional development efforts were severely disrupted, and the needs of West African populations were marginalized.

While this situation in the region can be likened to the black death of the 14th century, it is significantly important not to forget the fact that nowadays, with the right scientific equipment, we are in a position to solve this crisis on condition that international active cooperation and bilateral trust persist until the issue is resolved by having fruitful debates and long-lasting solutions. Ultimately, future outbreaks are anticipated given the increased intensity and frequency of rapid urbanization and climate change. Thus, it is absolutely indispensable to engage in global and regional collaboration between the member states



II. Key Vocabulary

Epidemic: The appearance of a particular disease in a large number of people at the same time. Epidemics such as Ebola and Lassa have undermined governance and economies in West Africa.

Pandemic: An epidemic occurring over a very wide area, crossing international boundaries and usually affecting a large number of people. ex: COVID-19

Monkeypox (Mpox): A rare disease caused by infection with the monkeypox virus, related to smallpox, characterized by fever, rash, and swollen lymph nodes. Declared a global health emergency in 2022, Mpox further burdened West African nations already recovering from Ebola and COVID-19.

Outbreak: A sudden appearance of a disease in a particular place and time. West Africa frequently faces outbreaks of Marburg virus, cholera, and Mpox.

Ebola Virus Disease (EVD): A severe contagious disease affecting humans and non-human primates. The 2014–2016 Ebola epidemic caused more than 11,000 deaths in West Africa

Lassa Fever: A viral illness spread by a rat found in parts of West Africa. People can get Lassa fever by having contact with infected rats or their saliva, urine, or droppings. Lassa fever can spread between people.

Healthcare Infrastructure: The basic physical and organizational structures and facilities needed for the operation of a society, especially in the health sector.

Public Health Emergency of International Concern (PHEIC): An extraordinary event determined to constitute a public health risk to other States through the international spread of disease and potentially requiring a coordinated international response. Both Ebola and COVID-19 were declared PHEICs.

COVAX (COVID-19 Vaccines Global Access): COVAX is a worldwide initiative working to ensure fair, equitable access to COVID-19 vaccines for every country that participates. Ghana was the first West African country to receive COVAX vaccines in 2021,

The Spillover Effect “The Spillovers”: A virus or infection jumps from animals to humans and starts spreading among people. (Zoonotic Diseases) Many outbreaks in West Africa, such as Ebola and Lassa fever, began as spillovers from animals like bats or rodents to humans.



III. Involved Countries and Organizations

Guinea

Guinea was the starting point of the Ebola outbreak that lasted from 2014 to 2016, which resulted in 2,543 deaths and over 3,800 cases. In addition to being a significant threat to public health, the outbreak was also a social and economic challenge for Guineans. Within a short period of time, the sickness was responsible for the demise of entire generations, and the burden that it put on the already fragile healthcare system ultimately led to its collapse. Famine was also omnipresent as a result of the entire agricultural sector's inability to cultivate or harvest crops. Local business owners witnessed markets consequently vanish overnight, and families who had previously relied on farming to make a living were forced to seek outside help. The long-term consequences were just as devastating as, according to research, the epidemic directly reduced Guinea's GDP by around 2%. Beyond the overall impact of the outbreak, there are cases of orphaned children, women forced to take up unsafe jobs, and medical professionals who faced judgment despite putting their lives in danger. In a 2021 press statement, the Guinean Ministry of Health declared: "Faced with this situation and in accordance with international health regulations, the Guinean government declares an Ebola epidemic." The Minister later explained to the WHO (World Health Organization) that the establishment of treatment centers and the strengthening of laboratory capacity were instrumental: The existence of treatment centres throughout the country facilitated rapid treatment of suspected cases and patients confirmed with the virus. We had better medical expertise, such as improved care, resuscitation beds, laboratory integrated in the Ebola treatment centres, and a trained workforce.

Liberia

With 10,675 cases and almost 5,000 deaths, Liberia was the country most affected by the outbreak. Up to 80% of deaths could have been avoided if international aid had arrived sooner. Liberians suffered greatly as a result of hospitals refusing to treat patients who didn't have the illness, for example, pregnant women received inadequate maternity care, and funeral customs were denied when families were prohibited from burying relatives in the traditional manner. With a GDP decline of about 3%, the nation's economy additionally weakened dramatically. As markets were emptied by fear and restrictions, small business owners, farmers, and street vendors lost their source of income. For months, schools were closed, depriving children of an education and making young people more vulnerable to abuse. In addition to losing family members, the outbreak caused years of financial hardship for many families. President Ellen Johnson Sirleaf publicly appealed for cooperation and adherence to health advice: "All of you must be effective, to curb and combat the disease. I therefore urge the entire population to follow advice given by the Ministry of



Health and Social Welfare ... because we are dealing with a deadly disease, the cooperation of all citizens is necessary.”

Sierra Leone

As the virus spread through towns and rural areas of Sierra Leone, families were left broken and communities were hit by grief. The Ebola outbreak resulted in the almost collapse of institutional trust for the people. Health professionals were frequently mistrusted by the villagers, and social unrest and fear were fueled by rumors about the disease's nature. Between 2014 and 2015, economically, the epidemic reduced Sierra Leone's GDP by around 2.5% since traders lost access to international markets, farmers were unable to sell their crops, and foreign investors pulled out. Socially, many young people migrated in pursuit of employment, especially in rural areas, causing social turmoil. At the official close of Sierra Leone's outbreak, a WHO statement (on behalf of the government) emphasized community power and government leadership: “The power of the people of Sierra Leone is the reason why we could put an end to this outbreak today.” The same statement urged that community engagement remain the cornerstone of ongoing health system resilience: “Under the leadership of the Sierra Leonean Government, an effective response was initiated ... the use of rapid response teams and strong community involvement ... should continue to be the cornerstone of the national response strategy.”

Ghana

Ghana's economy has grown a lot in the last 20 years. The GDP went from 378 billion dollars to 1.7 trillion in the span of 16 years (2005-2021), mostly because of their trade with ECOWAS. The country has also had to deal with several disease outbreaks, such as COVID-19, Marburg, and monkeypox. As the outbreaks kept happening one after the other, they caused a grave issue for the healthcare system. Because of the continuing crises, people in Ghana had to deal with lengthy queues at hospitals, shortages of important medications, and general doubts about their system's ability to handle the crisis. Workers, who contain a large part of the job market, were at greater risk as their incomes went down because they couldn't move around as much.

Nigeria

Although there were only 20 cases reported in Nigeria, the country's status as the center of the region meant that the risks were serious, even though the country's experience with Ebola was much less severe compared to its neighbors. Nigeria is still listed as a high-risk nation for spillovers, especially from Lassa fever, despite the successful limitation effort being frequently highlighted as an example of immediate action. Nigeria is particularly at risk for outbreaks because of the high urban density of Lagos, the country's largest city, and other cities, as well as the high level of regional mobility. The precautions made in order to



protect from the outbreak are the following: schools were temporarily closed, travel restrictions were contemplated, and health examinations were made a regular occurrence. The WHO Country Representative (WR), Dr. Rui Gama Vaz made the formal announcement at a Media Briefing organized by the Federal Ministry of Health, in Abuja, saying that, Nigeria 'is now Ebola Free' adding that "it shows that Ebola can be contained, but we must be clear that we have only won a battle, the war will only end when West Africa and other affected countries are also declared free of Ebola."

Burkina Faso

In spite of the fact that Burkina Faso has not seen an outbreak of Ebola on the same scale as its neighbors, risk assessments indicate that the country is at a moderate risk of Lassa fever. Families are living in terror of future outbreaks, and this is particularly alarming in rural communities since they have the least developed health infrastructure in the country. Even very slight disruptions to health security can cause households to fall into poverty, since local markets and agriculture are extremely important in economic terms to communities.

Economic Community of West African States (ECOWAS)

The Economic Community of West African States (ECOWAS) implemented comprehensive health policies in recognition of the shared problem. The most important of these is the creation of an ECOWAS University System, which aims to build a research center and hospital in each relevant member state. The program's goal is to make the region stronger in order to prepare for future pandemics, and it is backed by a \$2 billion investment from abroad. The plan aims to improve infrastructure and give people faith that their governments can keep them safe. Such investments could provide jobs in the health sector, new opportunities for medical science education, and improved access to healthcare in their communities for West Africans. The initiative also acknowledges that pandemics pose existential risks to regional integration and development in addition to being health emergencies.

Africa Centers for Disease Control and Prevention (Africa CDC)

Over two hundred outbreaks were reported in West Africa in the year 2024, according to the Africa Centers for Disease Control and Prevention (Africa CDC). The third highest number of deaths was caused by Monkeypox. On a regular basis, the organization advocated for the allocation of greater funds to be spent on the production of vaccines in the region, the hiring of additional public health personnel, and the construction of improved laboratories.

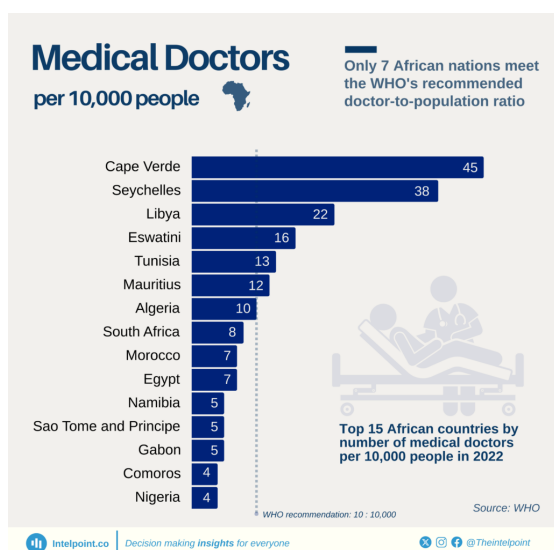


West African Health Organization (WAHO)

The West African Health Organization (WAHO) is key to the coordination of quick response and disease surveillance under the ECOWAS health approach. WAHO requested that member states enhance surveillance, facilitate rapid response, and strengthen coordination. It also suggests that an increased number of frontline staff will undergo training, reporting methods will be standardized, and the entire region will respond collectively when one nation detects a new threat. Enhanced WAHO coordination could advantage communities across West Africa by improving access to care and minimizing delays in aid distribution.

IV. Focused Overview of the Issue

1. Weak Healthcare Infrastructure



The majority of the West African countries' healthcare systems are having trouble stopping the spread of infectious illnesses. The facilities, medical professionals, and materials accessible to the region are grossly inadequate. Before the 2014 Ebola outbreak, Liberia had about 0.01 doctors per 1,000 people, whereas Sierra Leone had around 0.02 per 1,000. The numbers are among the lowest in the world. Most countries in the region have fewer than two medical experts and five hospital beds per 10,000 people.

Image 2: Bar Graph of Medical Doctor Distribution

During the Ebola outbreak, this issue got even worse: 513 doctors, nurses, and midwives died, and 881 got infected, which is 8% of Liberia's health staff. About 10,600 more people died from HIV/AIDS, malaria, and postpartum (after childbirth) complications as a result of the breakdown of regular services because they were unable to receive safe care.

2. Economical Impacts

The economy suffers severely by the disease outbreaks in the West African region. Between 2014 and 2016, the Ebola outbreak caused Guinea, Liberia, and Sierra Leone to lose more than \$2.2 billion in gross domestic product. There was an immediate decrease in growth rates, with the economy of Liberia declining



by more than 1.6% and the economy of Sierra Leone weakening by more than 20% in 2015. A collapse in border trade, a slowdown in mining and agriculture, and a fall in tourism that was almost half as large as before can be traced to the situation. On the other hand, governments lost revenue while spending more money on crisis response. In 2015, the budget deficit of Liberia accounted for 8.5% of the country's gross domestic product.

These identical effects were also seen during the COVID-19 epidemic. In 2020, GDP of West Africa had a decrease of 0.2%, which marked the continent's first recession in several decades. There was just a 0.5% increase in Ghana's GDP, while Nigeria's experienced a 1.8% decrease. Lockdowns are damaging to workers, who make up the majority of the labor force, and cause millions of people to suffer from food shortages and poverty. Consequently, in addition to causing deaths, outbreaks inflict damage on commerce, employment, and the finances of the state, delay the amount of time it takes people to recover, and make them more dependent on assistance from other nations.

3. Social and Educational Impacts



Image 3: UNICEF Ad Against Teenage Pregnancy

children, which produced long-term social difficulties.

Outbreaks also harm people's social lives and human capital. The Ebola outbreak kept approximately five million kids in Guinea, Liberia, and Sierra Leone out of school for nine months. A great number of students never came back, which resulted in significant educational losses. During this time, the number of teenage pregnancies in Sierra Leone were doubled than before.

Ebola also took away one or both parents of roughly 22,000

By the end of 2020, COVID-19 had caused even more consequences; more than 120 million children in West and Central Africa were not going to school. It was often hard to learn online because not everyone had access to the internet and the radio. They also had trouble with their social networks and cultural customs, which made them feel alone and unsafe.

Rich countries will get access to coronavirus vaccines earlier than others

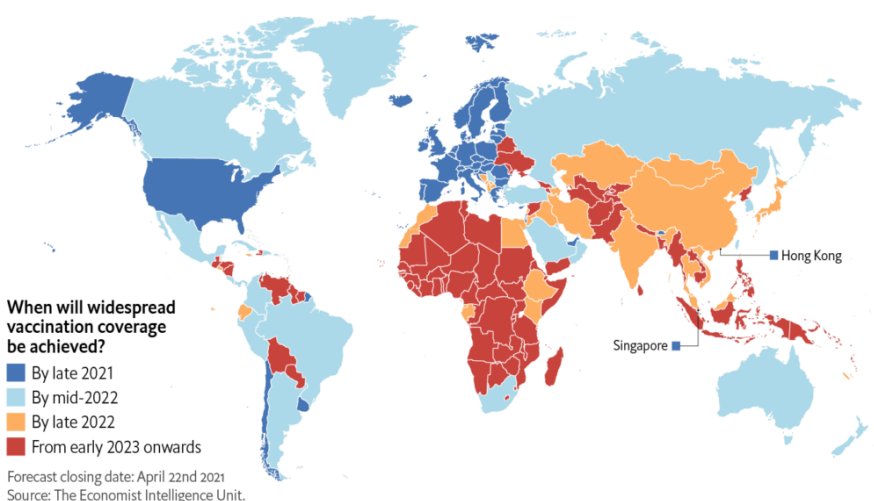


Image 4: Map of Vaccinations Around the World



4. Defects in the regional and international response

It appears evident from the experience of West Africa that the reaction to outbreaks is insufficient. The recognition of the Ebola virus began in 2014; ECOWAS was the first institution to acknowledge that it posed a threat to the security of the region. Yet, national health systems were unable to prevent the disease from spreading. WHO did not declare Ebola a global emergency until August 2014, which was several months after the first cases were reported. Because of this, international action was slowed down.

Since then, a number of new organizations have come into existence. The Economic Community of West African States (ECOWAS) established a Regional Center for Disease Surveillance and Control in 2016. The African Union established the Africa CDC in 2017. These were helpful in terms of planning, but there are still issues with regards to funding and organizational logistics. This became abundantly obvious as a result of COVID-19, which revealed that by the beginning of 2022, just 14% of Africans had received all of their vaccinations due to the unequal distribution of vaccines across the world. Occasionally, regional solidarity has proven to be successful. Ebola was quickly suppressed in Nigeria in 2014, and in 2022, the Economic Community of West African States (ECOWAS) provided \$1.6 million to assist with a regional response to the Mpox virus.

5. Environmental and Demographic Risk Factors

Considering demographic and environmental changes, West Africa is particularly at risk of vulnerability. Rodents and bats are responsible for the transmission of multiple diseases, including Lassa fever, Ebola, and Marburg, as a consequence of overexploitation of mining and deforestation. The very first person to get Ebola was a little child who had been in a region of Guinea that had been deforested and found themselves in close proximity to bats. With 523 cases and 135 fatalities, Nigeria was the country that saw the biggest outbreak of Lassa virus in 2018. Beginning in 2021 and continuing through 2022, the first cases of the Marburg virus were documented in Guinea and Ghana, both located in West Africa.

The severity of the risk is growing as a result of the fast growth of cities and towns. There is an elevated number of polluted neighborhoods in cities such as Lagos and Accra, which increases the likelihood that diseases would be transmitted from one person to another. The spread of diseases such as cholera and meningitis is impeded by droughts and floods that are caused by climate change. :

6. Impact on Food Security and Agriculture

West African countries depend on agriculture, but epidemics have impacted agricultural growth. Liberian and Guinean farmers abandoned their harvests because of Ebola. In addition to this, food was scarce. To keep crops from getting to markets, trade and travel were limited. Sierra Leone's rice production fell by 17% in 2014. These limits on getting food put families in the country in a poorer situation. COVID-19 made things



worse. It was even harder to bring in seeds and fertilizer because of border closures and worries about the supply chain.

V. Important Events & Chronology

Date (Day/Month/Year)	Event
22/03/2014	Ebola starts in Guinea
31/07/2014	Sierra Leone & Liberia declare emergencies. WHO and partners launch \$100M response plan.
04/08/2014	\$200M pledged to Guinea, Liberia, Sierra Leone for Ebola response from the World Bank
06/08/2014	Liberia declares an emergency, closes schools and borders.
08/08/2014	WHO declares Ebola a "Public Health Emergency of International Concern." (PHEIC)
18/09/2014	UNSC calls Ebola a threat to international peace and security.
19/09/2014	UN launches first-ever health mission to fight Ebola.
14/12/2015	Plan for a regional disease control center under WAHO is approved by ECOWAS
29/03/2016	Ebola ends (28,600 cases, 11,300 deaths).
31/01/2017	African Union opens Africa CDC to strengthen continental outbreak response.
20/09/2017	Nigeria reports its first monkeypox outbreak since 1978.
Jan–Oct 2018	Nigeria records the biggest Lassa fever outbreak (523 cases, 135 deaths)
27/02/2020	First COVID case in West Africa (traveler in Lagos).
14/02/2020	Health ministers agree on joint COVID-19 preparedness.
11/03/2020	WHO declares COVID-19 a global pandemic.
March–April 2020	West African countries impose lockdowns, border closures, states of emergency.
24/02/2021	Ghana receives the first shipment of vaccines from COVAX (600,000 doses).
May 2021	World leaders pledge \$100B in support for Africa's COVID recovery.
09/08/2021	First Marburg virus case confirmed in West Africa (Guinea).



23/07/2022	WHO declares monkeypox a global health emergency.
15/08/2022	ECOWAS adopts joint Mpox response, allocates \$1.6M.
05/05/2023	WHO declares COVID-19 no longer a global health emergency.

VI. Past Resolutions and Treaties

- [S/RES/2177 \(2014\)](#) (UNSC) (first-ever Security Council resolution addressing a health emergency.): The resolution was unanimously adopted on September 18th, 2014. It was declared that the Ebola outbreak in Sierra Leone, Guinea, and Liberia posed a threat to global security and peace. It urged to support concerned member states with material, financial, and technical assistance. It created the first UN emergency health mission, the United Nations Mission for Ebola Emergency Response (UNMEER).
- [A/RES/69/1 \(2014\)](#) (General Assembly Resolution): It was adopted the day after UNSC 2177, on September 19th, 2014. The resolution urged cooperation and quick international action to wipe out Ebola in Sierra Leone, Guinea, and Liberia. It explained the serious concern about how the outbreak would affect governance, stability, and development in the region. It requested more assistance from international financial institutions, UN agencies, and Member States.
- [A/RES/69/317 \(2015\)](#) (General Assembly Resolution): It was adopted on September 15th 2015. It explained the importance of the fact that in Guinea, Liberia, and Sierra Leone, the emphasis shifted from immediate confinement to long-term recovery and reconstruction. It highlighted the need to improve governance, agriculture, health, and education systems in order to reduce the negative impacts of Ebola on development. It called for debt relief for West Africa's post-Ebola reconstruction.
- [International Health Regulations \(WHO\)](#): Adopted in 2005, this legally binding document is administered by the World Health Organization (WHO) and has been in effect since 2007. It defines the process for establishing Public Health Emergencies of International Concern (PHEIC) and requires Member States to build fundamental public health capabilities for disease detection, reporting, and response. The implementation of it during the 2014 Ebola outbreak exposed flaws such as: response efforts were impeded by delays and insufficient compliance, and many nations were unable to meet the necessary capacities.



VII. Failed Solution Attempts

1. Diplomacy and Funding

Nigeria and ECOWAS provided funding for West Africa, but it was too late to stop the spread of Ebola and the amounts were insignificant in comparison to the needs.

The African Union requested that member nations send nurses and physicians. Many lacked the necessary training to handle the situation, and some arrived slowly.

The World Health Organization (WHO) requested \$100 million in aid and established a coordination center. Although this action was helpful, it was taken too late, and the outbreak had already gotten out of hand.

2. Military

The United States constructed treatment facilities and deployed troops. In the short term, this was beneficial, but it undermined trust by making local health authorities less involved in the response.

Military units have been sent to Sierra Leone by the UK, Canada, and Ireland. Although they contributed to halting the Ebola outbreak there, the response placed an undue reliance on foreign troops rather than indigenous systems.

Actions were coordinated by the Sierra Leonean army and British forces. Local health offices were marginalized, but organization was improved

To prevent people from moving and potentially spreading diseases, travel restrictions and quarantines were implemented. They did more harm than good, slowing down health checks and worsening the outbreak in some places.

3. International Organizations

The World Health Organization took a long time to take action. It took several months for the emergency to be declared, which caused a delay in the global response and undermined confidence in the WHO.

The majority of West African nations lacked the capacity to pay attention to the International Health Regulations (IHR), which were designed to prepare nations for such outbreaks. The regulations were in place, but they could not be enforced.



VIII. Possible Solutions

When a new disease emerges, ECOWAS or the African Union could establish a regional fund to provide funds promptly. Additionally, a regional health office could exchange trained personnel, medical supplies, and information with other nations. Delays would be avoided, and quicker, better-coordinated responses would be guaranteed.

Building local capacity is just as important. It would be simpler to identify cases early and provide direct assistance in towns and villages if community health workers were trained. To establish trust with communities, the response should be led by local health ministries rather than outside organizations. Clear communication and public education are also necessary to combat misinformation and fear.

While military assistance can be beneficial, it should only be used for logistics, transportation, and clinics. Health professionals and local authorities should always maintain the primary leadership position. To ensure that armies assist medical personnel without taking over the response, clear regulations should be established.

Prior to the next outbreak, preparedness needs to be strengthened. To ensure prompt use, medical supplies, emergency clinics, and mobile labs should be kept nearby. All West African nations could receive assistance when needed from a trained and mobile regional health emergency team.

The World Health Organization should be able to announce emergencies and dispatch assistance more quickly on a global scale. With a dedicated fund for medical emergencies, international assistance ought to be more dependable. In order to better prepare nations for the future, health system reforms can also be connected to debt relief and long-term development aid.

Last but not least, the only way to prevent future outbreaks from destroying progress is to have more effective health systems. Better hospitals, more qualified physicians and nurses, pharmaceutical supply chains, and unambiguous health leadership are all necessary for nations. Strong health systems enable rapid outbreak containment and allow West Africa to develop without returning each time a new disease emerges.

IX. Useful Links

- [The 2014-2016 West Africa Ebola Crisis: 2020 Hindsight - Pr S. Cordner](#)
- [How the Deadliest Ebola Outbreak Unfolded \(full documentary\) | FRONTLINE](#)
- [Ebola and West Africa: Three Things to Know](#)



- [Special Briefing on Mpox Outbreak in Africa | Sept 19, 2024](#)

X. Works Cited

“About Africa CDC.” *African Union*, 2025, <https://au.int/en/africacd>.

“About Zoonotic Diseases.” *Centers for Disease Control and Prevention (CDC)*, 2023, https://www.cdc.gov/one-health/about/about-zoonotic-diseases.html?CDC_AAref_Val=https://www.cdc.gov/onehealth/basics/zoonotic-diseases.html.

“Cambridge Dictionary: Outbreak.” *Cambridge University Press*, 2023, <https://dictionary.cambridge.org/dictionary/english/outbreak>.

“COVID-19 Coronavirus Pandemic Declared.” *World Health Organization (WHO) – Europe*, 11 Mar. 2020, <https://www.who.int/europe/emergencies/situations/covid-19>.

“COVID-19 Vaccine Doses Shipped to Ghana Marking the Beginning of Global Rollout.” *UNICEF USA*, 24 Feb. 2021, <https://www.unicefusa.org/press/covid-19-vaccine-doses-shipped-covax-facility-head-ghana-marking-beginning-global-rollout>.

“Dictionary: Infrastructure.” *Oxford Learner’s Dictionaries*, 2023, <https://www.oxfordlearnersdictionaries.com/definition/english/infrastructure>.

“Ebola Outbreak in Liberia Is Over.” *World Health Organization (WHO) – Africa*, 2015, <https://www.afro.who.int/news/ebola-outbreak-liberia-over>.

“Ebola Virus Disease – Update 31 July 2014.” *World Health Organization (WHO) – Africa*, 31 July 2014, <https://www.afro.who.int/news/ebola-virus-disease-west-africa-update-31-july-2014>.

“Ebola Virus Disease Fact Sheet.” *World Health Organization (WHO)*, 2023, <https://www.who.int/news-room/fact-sheets/detail/ebola-disease>.

“Ebola Virus Disease: Lessons Learned from West Africa.” *Africa CDC*, 2020, <https://africacdc.org/download/how-to-prepare-for-the-next-inevitable-ebola-outbreak-lessons-from-west-africa/>.

Ebola West Africa – Socioeconomic Impact Report. UNDP, 2014, <https://www.undp.org/sites/g/files/zskgke326/files/migration/africa/ebola-west-africa.pdf>.



“Genomic Analysis of 2018 Nigeria Lassa Fever Outbreak.” *National Institutes of Health (NIH)*, 2018, <https://www.nih.gov/news-events/news-releases/genomic-analysis-offers-insight-into-2018-nigeria-lassa-fever-outbreak>.

Global Financing Facility. “Burkina Faso.” *Global Financing Facility, World Bank Group*, www.globalfinancingfacility.org/partner-countries/burkina-faso. Accessed 1 Oct. 2025.

Knippenberg, Rudolf van, et al. *Public Financing for Health in Africa: Ghana Case Study*. *Deutsches Nationalbibliothek*, 2022, d-nb.info/1249626331/34. Accessed 1 Oct. 2025.

“Lassa Fever Fact Sheet.” *World Health Organization (WHO)*, 2023, <https://www.who.int/news-room/fact-sheets/detail/lassa-fever>.

“Liberia Report, March 2017.” *ECD Peacebuilding Library*, 2017, https://ecdpeace.org/sites/default/files/pdf/01-19_Liberia_Report_March2017_LowRes.pdf.

MacDougall, Claire. “Ebola Seriously Threatens Liberia’s National Existence: Minister.” *Reuters*, 9 Sept. 2014, www.reuters.com/article/business/ebola-seriously-threatens-liberia-s-national-existence-minister-idUSL1N0RA1NA/. Accessed 1 Oct. 2025.

“Marburg Virus – Ghana 2022.” *World Health Organization (WHO)*, 2022, <https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON409#:~:text=The%20Ministry%20of%20Health%20of,and%20died%20the%20following%20day>.

“Marburg Virus – Guinea 2021.” *Reuters*, 10 Aug. 2021, <https://www.reuters.com/world/africa/who-says-guinea-monitoring-155-contacts-after-confirmed-marburg-case-2021-08-10/#:~:text=WHO%20says%20Guinea%20monitoring%20155>.

“Monkeypox (Mpox) – About.” *Centers for Disease Control and Prevention (CDC)*, 2023, <https://www.cdc.gov/poxvirus/mpox/about.html>.

“Monkeypox Outbreak in Nigeria – 2017.” *World Health Organization (WHO)*, 2017, <https://www.who.int/emergencies/disease-outbreak-news/item/21-december-2017-monkeypox-nigeria-en#:~:text=On%20%20September%202017>.

“Oxford English Dictionary: Pandemic.” *Oxford University Press*, 2023, https://www.oed.com/dictionary/pandemic_adj?tab=meaning_and_use#32143648.



Reuters. "Guinea Declares New Ebola Outbreak." *Reuters*, 14 Feb. 2021,

www.reuters.com/business/healthcare-pharmaceuticals/guinea-declares-new-ebola-outbreak-2021-02-14/. Accessed 1 Oct. 2025.

"Security Council Response to Ebola." *International Peace Institute – Global Observatory*, 2014,

<https://theglobalobservatory.org/2014/12/security-council-response-ebola-action>.

"The Ebola Outbreak and State of Emergency in Liberia and Sierra Leone." *The Guardian*, 31 July 2014,

<https://www.theguardian.com/society/2014/jul/31/ebola-outbreak-state-of-emergency-liberia-sierra-leone>.

"UN Security Council Response to Ebola." *Al Jazeera*, 31 July 2014,

<https://www.aljazeera.com/news/2014/7/31/ebola-forces-state-emergency-in-sierra-leone#:~:text=Siera%20Leone%20began%20quarantining%20areas>.

"West African Countries Agree Joint COVID-19 Preparedness." *West African Health Organization (WAHO)*, 13 Feb. 2020,

<https://www.wahooas.org/web-ooas/en/actualites/benin-burkina-faso-cabo-verde-cote-divoire-gambia-ghana-guinee-guinee-bissau-liberia-20>.

"WHO Ebola Outbreak Statement, 8 August 2014." *World Health Organization (WHO)*, 8 Aug. 2014,

<https://www.who.int/news/item/08-08-2014-statement-on-the-1st-meeting-of-the-ihf-emergency-committee-on-the-2014-ebola-outbreak-in-west-africa>.

"WHO International Health Regulations (2005)." *World Health Organization (WHO)*, 2008,

<https://www.who.int/publications/i/item/9789241580496>.

"WHO One Health – Managing Epidemics." *World Health Organization (WHO)*, 2018,

<https://www.who.int/publications/i/item/9789241516389>.

"Wired: Africa's Early Detection for Future Pandemics." *WIRED Magazine*, 2022,

<https://www.wired.com/story/africa-pandemic-early-detection/>.

"World Bank COVID-19 and African Economies." *PMC – National Library of Medicine*, 2023,

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10089322/>.

"World Bank Ebola Lessons and Projections." *PMC – National Library of Medicine*, 2020,

<https://pmc.ncbi.nlm.nih.gov/articles/PMC7111626/>.



- “World Bank Pandemic Preparedness.” *PMC – National Library of Medicine*, 2015,
<https://pmc.ncbi.nlm.nih.gov/articles/PMC4508539/>.
- “World Bank Review of Regional Response to COVID-19.” *PMC – National Library of Medicine*, 2024,
<https://pmc.ncbi.nlm.nih.gov/articles/PMC11667086/>.
- “World Bank West Africa Outbreaks.” *PMC – National Library of Medicine*, 2020,
<https://pmc.ncbi.nlm.nih.gov/articles/PMC7537518/>.
- “World Development under Pandemic Threats.” *Frontiers in Microbiology*, 2023,
<https://www.frontiersin.org/journals/microbiology/articles/10.3389/fmicb.2023.1255032/full>.
- “Zoonotic Spillover and Health Risks in West Africa.” *ScienceDirect – One Health Outlook*, 2022,
<https://www.sciencedirect.com/science/article/pii/S2468227622004173>.
- “Guinea’s Minister of Health Explains What It Took to End Ebola.” *World Health Organization (WHO) Regional Office for Africa*, 20 June 2016,
www.afro.who.int/news/guineas-minister-health-explains-what-it-took-end-ebola. Accessed 1 Oct. 2025.
- “Liberia Reinforces Health Promotion Post-Ebola.” *World Health Organization (WHO) Regional Office for Africa*, 24 Oct. 2016, www.afro.who.int/news/liberia-reinforces-health-promotion-post-ebola. Accessed 1 Oct. 2025.
- “President of Liberia Supports Ebola Outbreak Response.” *World Health Organization (WHO) Regional Office for Africa*, 9 Aug. 2014, www.afro.who.int/news/president-liberia-supports-ebola-outbreak-response. Accessed 1 Oct. 2025.
- “Statement on the End of the Ebola Outbreak in Sierra Leone.” *World Health Organization (WHO) Regional Office for Africa*, 7 Nov. 2015,
www.afro.who.int/media-centre/statements-commentaries/statement-end-ebola-outbreak-sierra-leone
[e](http://www.afro.who.int/media-centre/statements-commentaries/statement-end-ebola-outbreak-sierra-leone). Accessed 1 Oct. 2025.
- “WHO Declares Nigeria Ebola-Free.” *World Health Organization (WHO) Regional Office for Africa*, 20 Oct. 2014, www.afro.who.int/news/who-declares-nigeria-ebola-free. Accessed 1 Oct. 2025.