

## **Liberians on Ebola: Foreign aid most effective, but government performed well, is now better prepared**

**Afrobarometer Dispatch No. 116 | Daniel Armah-Attah and Mina Okuru**

### **Summary**

Liberia is one of five West African countries hit by the world's worst outbreak of Ebola Virus Disease. Between March 2014 and May 2015, the epidemic in Liberia produced 10,675 suspected, probable, and confirmed infections and killed 4,809 people, including about 200 health-care workers (Doctors Without Borders, 2016).

The outbreak overburdened Liberia's weak health-care system and affected all aspects of life. The country declared a three-month state of emergency, and the military helped enforce the closure of markets and schools, curfews, restrictions on the movement of patients and their contacts, and the quarantine of some parts of the country (e.g. the West Point slum). International bodies such as the World Health Organization (WHO), the U.S. Army and Centers for Disease Control and Prevention, Germany's International Search and Rescue (ISAR), and Doctors Without Borders constructed, equipped, and staffed makeshift treatment centers for Ebola patients. In May 2015, the WHO declared Liberia Ebola-free, although a few additional cases led to new "Ebola-free" declarations in September 2015 and January 2016.

Findings of an Afrobarometer survey conducted at the end of the epidemic confirm the pervasive effects of the Ebola outbreak as it disrupted daily activities and exacerbated difficulties in getting non-Ebola medical care. Most Liberians say that foreign assistance was more effective than Liberian institutions in providing care for Ebola patients and bringing the epidemic under control, but they also praise their government's handling of the crisis and are confident in its preparedness in case of an Ebola outbreak in the future.

### **Afrobarometer survey**

Afrobarometer is a pan-African, non-partisan research network that conducts public attitude surveys on democracy, governance, economic conditions, and related issues across more than 30 countries in Africa. After five rounds of surveys between 1999 and 2013, results of Round 6 surveys (2014/2015) are currently being published. Afrobarometer conducts face-to-face interviews in the language of the respondent's choice with nationally representative samples of 1,200 or 2,400 respondents.

Practical Sampling International of Nigeria interviewed 1,200 Liberian adults in May 2015. A sample of this size yields country-level results with a margin of error of +/-3% at a 95% confidence level. Previous surveys have been conducted in Liberia in 2008 and 2012.

### **Key findings**

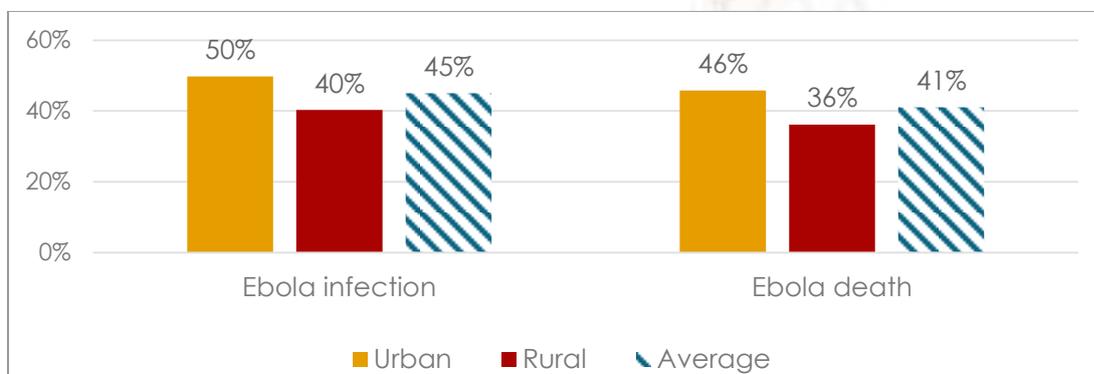
- More than four in 10 Liberians had a relative or close friend who became infected with (45%) and/or died of (41%) Ebola.

- During the year preceding the survey – the height of the epidemic – three-fourths (77%) of Liberians went without medicine or medical care at least once, an increase of 9 percentage points from the 2012 survey. More than half (52%) say they had to pay bribes to obtain health care.
- The Ebola outbreak disrupted the daily lives of most Liberians, as large majorities could not attend social and communal events (89%), attend school (86%), or engage in income-generating activities (86%).
- In Liberians' assessments of who was effective in providing care for Ebola victims, treatment facilities of international entities (85%) and local non-governmental organisations (73%) fare better than Liberian public hospitals and clinics (49%), private hospitals and clinics (40%), and traditional medicine practitioners (30%).
- Similarly, in bringing Ebola under control, international organisations (89%), governments of other countries (89%), and local non-governmental organisations (71%) are widely seen as having been effective.
- But majorities also rate Liberia's national government (66%) and local governments (60%) as effective in controlling the epidemic. Overall, more than two-thirds (69%) of Liberians say their government performed "fairly well" or "very well" in managing the crisis.
- Two-thirds (68%) of Liberians are "very" or "somewhat" confident that their government has taken steps to be better prepared to fight a future Ebola outbreak.
- Only 47% of Liberians want their government to prioritize Ebola for more public funding at the expense of other needs, such as education.

### Ebola infections and deaths

Ebola directly touched many Liberians. Nearly half (45%) of respondents say that a family member or close friend was infected with Ebola, and 41% say a relative or close friend died of the disease. Liberians living in urban centers are more likely than rural residents to report knowing relatives and close friends who were infected (50% vs. 40%) or who died (46% vs. 36%) (Figure 1).

**Figure 1: Relative or close friend infected with or died of Ebola | Liberia | 2015**



**Respondents were asked:**

- Do you know a close friend or relative who was infected with Ebola?
  - And do you know a close friend or relative who died of Ebola?
- (% who say "yes")

## Disruptions caused by the Ebola epidemic

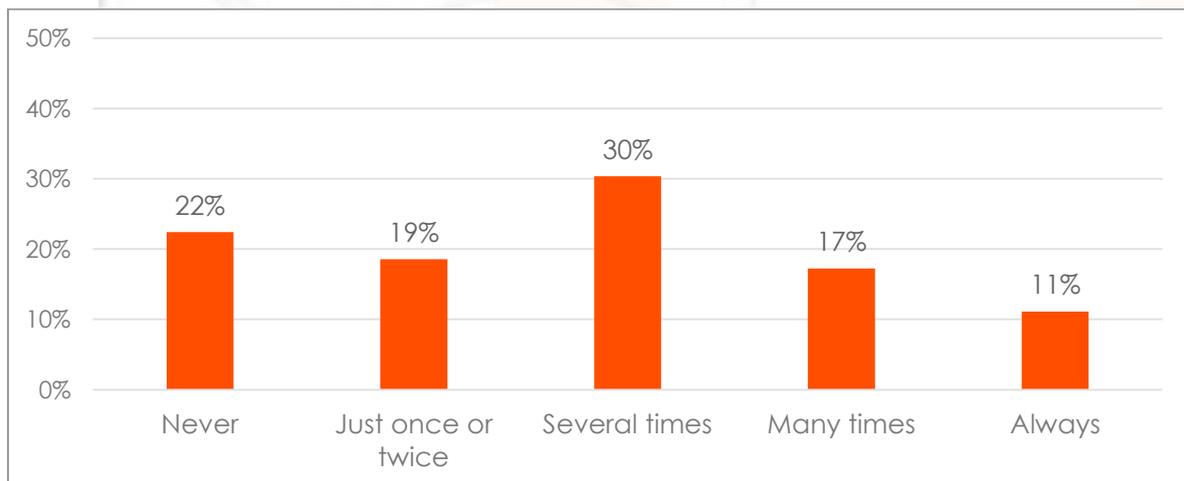
For almost all Liberians – even citizens whose families and friends were not infected with Ebola – the epidemic created major dislocations, ranging from a lack of access to medical care to disruptions in work, school, and social life.

### Challenges in obtaining needed medical care

During the 12 months preceding the survey – the period when Ebola was at its most severe – most Liberians had difficulties accessing medical care, and a majority paid bribes to obtain needed health-care services.

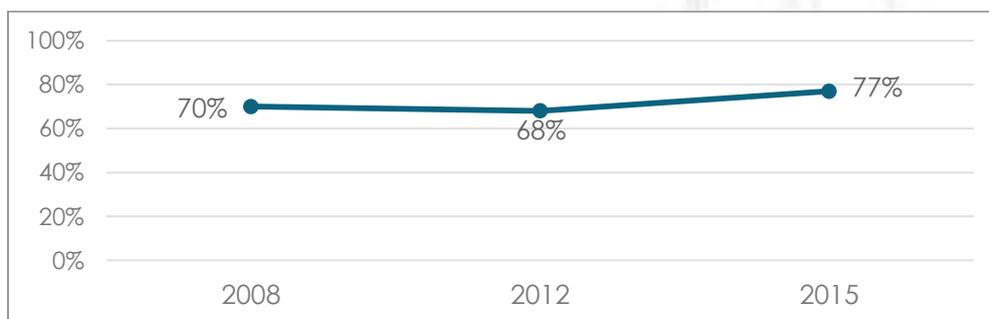
Liberia has consistently had one of the highest rates of Afrobarometer survey respondents who report shortages of medicine or medical care, but the Ebola epidemic seems to have made things worse. More than three-fourths (77%) of respondents say they or members of their families had to go without medicine or medical treatment at least once in the previous year, including 28% who say they experienced such shortages “many times” or “always” (Figure 2). The “at least once” total is 9 percentage points higher than in 2012 (Figure 3) and ranks Liberia as worst among 36 African countries surveyed in 2014/2015.

**Figure 2: Went without medicine or medical care | Liberia | 2015**



**Respondents were asked:** Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?

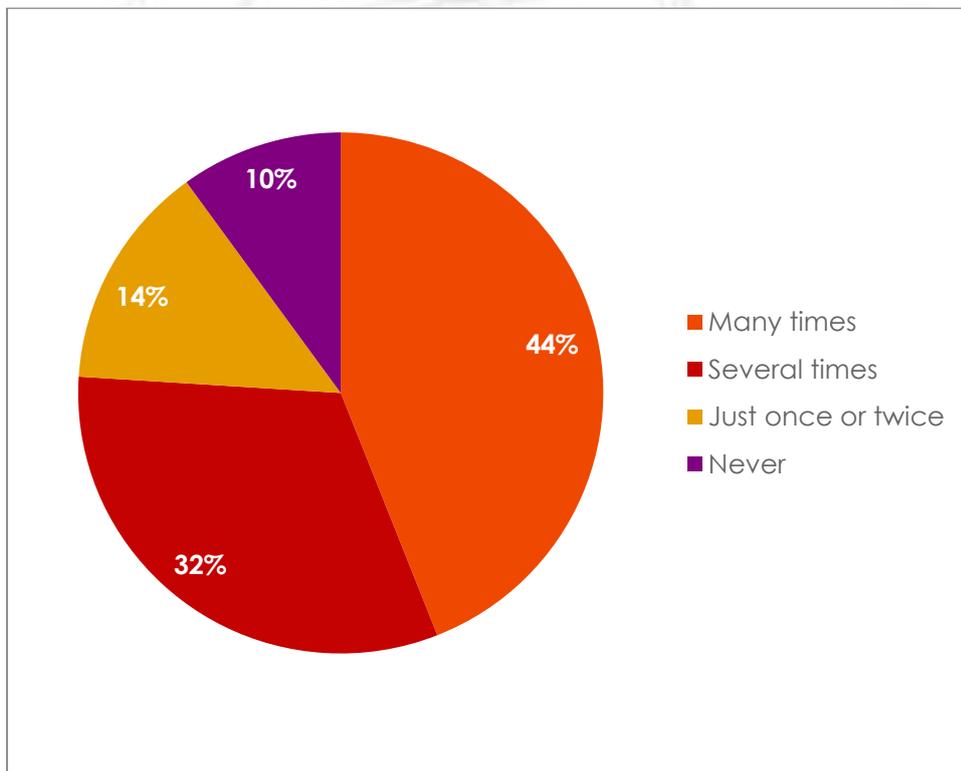
**Figure 3: Went without medicine or medical care | Liberia | 2008-2015**



**Respondents were asked:** Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment? (% who say “just once or twice,” “several times,” “many times,” or “always”)

When asked specifically about the effects of the Ebola crisis, even more respondents say that it caused them or their families to miss out on care for other medical problems: 90% say this happened at least once (Figure 4).

**Figure 4: Ebola crisis led to lack of medical care for other health problems | Liberia | 2015**



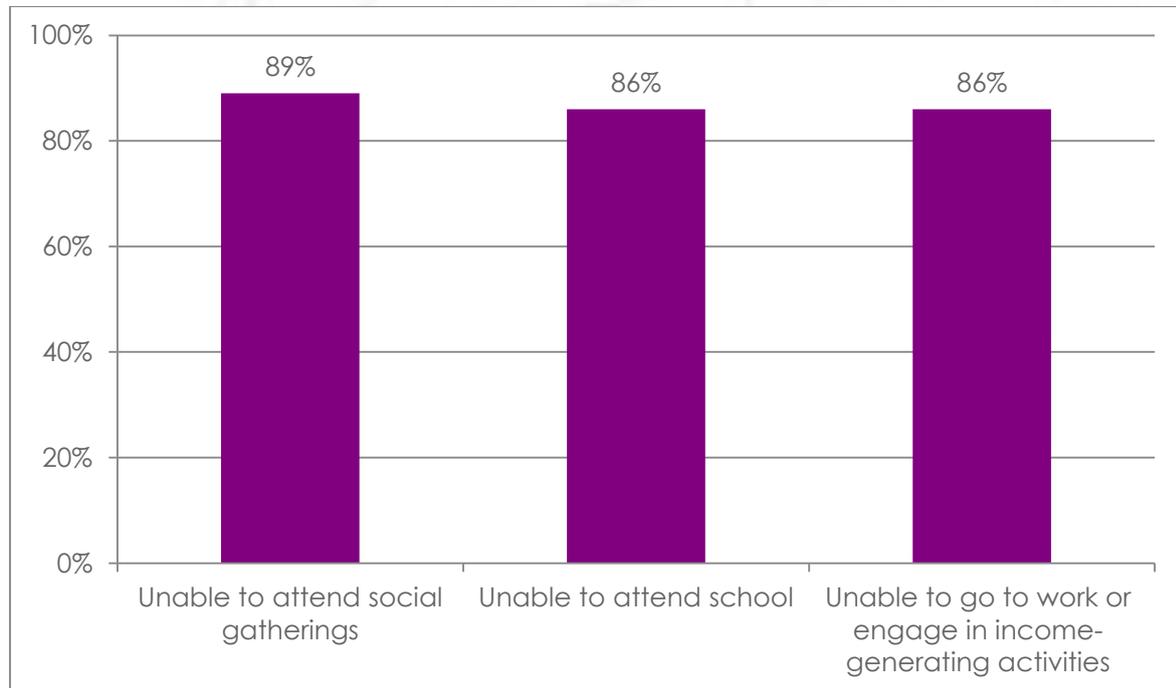
**Respondents were asked:** *Over the past year, how often, if ever, have you or anyone in your family been unable to get medical care for other health problems due to the Ebola outbreak?*

In addition, 62% of those who sought medical treatment during the previous year say it was “somewhat difficult” or “very difficult” to obtain the services they needed – third-worst among the 36 surveyed countries. These difficulties may be one reason that Liberia ranks first among surveyed countries in corruption in health care: More than half (52%) of Liberians who accessed medical care say they had to pay a bribe, offer a gift, or do a favour before they could obtain the needed services. (For more on citizen perceptions and experiences with health care in Liberia and other surveyed countries, see Armah-Attah, Selormey, & Houessou, 2016, at <http://afrobarometer.org/publications/pp31-despite-gains-barriers-keep-health-care-high-on-africas-priority-list>.)

### *Disruptions in work, school, and social life*

Even for Liberians whose families and friends escaped direct contact with the Ebola virus, the epidemic was a part of daily life. As shown in Figure 5, large majorities of Liberians say that as a result of the Ebola epidemic, they could not attend social gatherings and other communal events (89%), attend school (86%), or go to work or engage in other income-generating activities (86%). These disruptions were shared in about equal proportions by urban as well as rural residents, women as well as men.

**Figure 5: Disruption of daily activities as a result of Ebola | Liberia | 2015**



**Respondents were asked:** Over the past year, how often, if ever, have you or anyone in your family: (a) Been unable to attend school due to the Ebola outbreak? (b) Been unable to go to work or engage in other income-generating activities due to the Ebola outbreak? (c) Been unable to attend social gatherings and other communal events due to the Ebola outbreak? (% who say "just once or twice," "several times," or "many times").

### Effectiveness of institutions in fighting Ebola

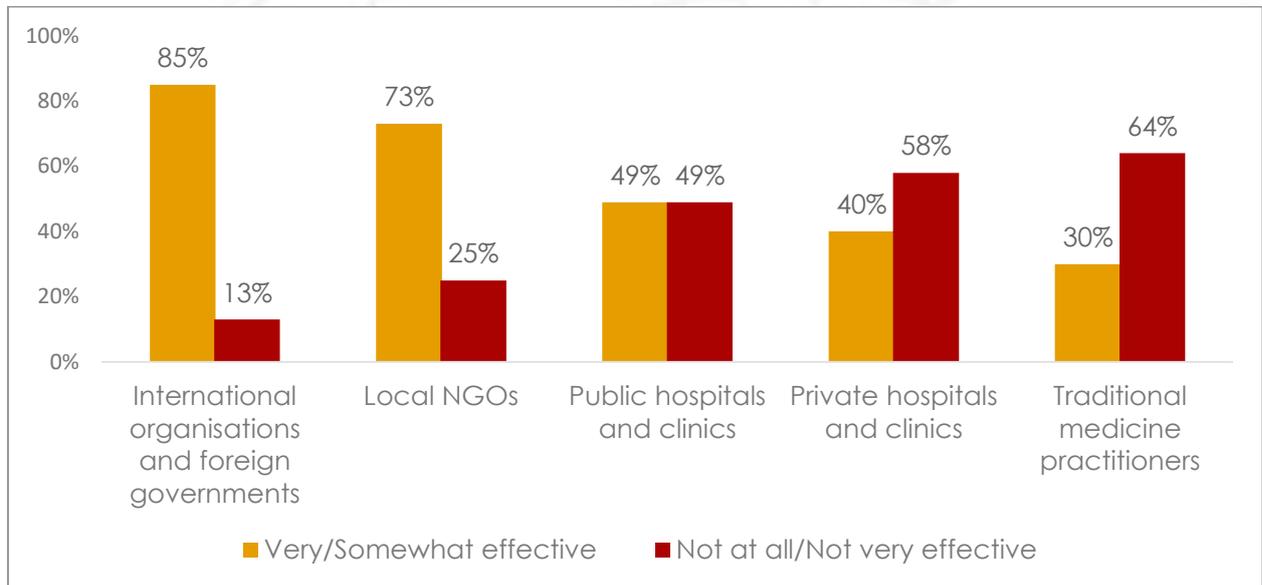
When it comes to fighting the Ebola outbreak, most Liberians say foreign assistance was more effective than Liberian institutions in providing care and controlling the epidemic, but the Liberian government also receives high marks for its management of the crisis.

#### Effectiveness in providing care for Ebola victims

Medical care for Ebola victims in Liberia was provided by Liberian public and private hospitals and clinics, treatment facilities set up by international organisations and foreign governments, clinics run by local non-governmental organisations, even traditional medicine practitioners. Liberians have clear views on which were most effective.

As shown in Figure 6, large majorities say treatment facilities mounted by international organisations and foreign governments (85%) and local non-governmental organisations (73%) were "somewhat effective" or "very effective" in providing care for Ebola victims. Only half (49%) of respondents say Liberia's public hospitals and clinics were somewhat/very effective. With respect to private hospitals/clinics and traditional medicine practitioners, the verdict of a majority of citizens is that they were "not very effective" or "not at all effective."

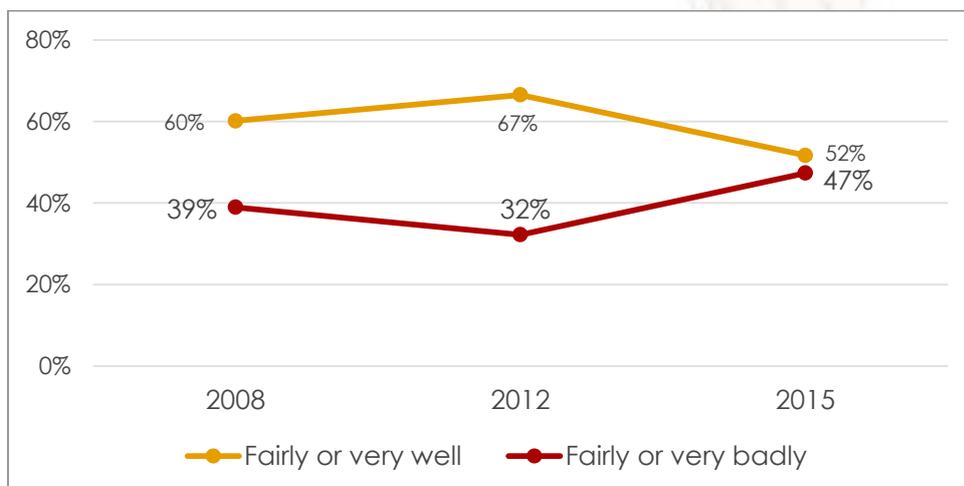
**Figure 6: Effectiveness in providing care for Ebola victims | Liberia | 2015**



**Respondents were asked:** *In your opinion, how effective or ineffective was each of the following in providing care to Ebola victims: (a) Private hospitals and clinics? (b) Public hospitals and clinics? (c) Traditional medicine practitioners or herbalists? (d) Treatment facilities set up by local non-government organisations? (e) Treatment facilities set up by international organisations or governments of other countries such as the United States or the United Kingdom?*

The lower effectiveness ratings for public hospitals and clinics in providing care for Ebola victims are in line with Liberians' general assessment of their government's performance in improving overall basic health services. Only about half (52%) of citizens rate the government as performing "fairly well" or "very well" in improving basic health services. In fact, between 2008 and 2015, the percentage of Liberians giving positive ratings of government performance on improving health services dropped by 8 percentage points (Figure 7).

**Figure 7: Trends in public ratings of government performance in improving basic health services | Liberia | 2008-2015**



**Respondents were asked:** *How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?*

*Effectiveness in bringing Ebola under control*

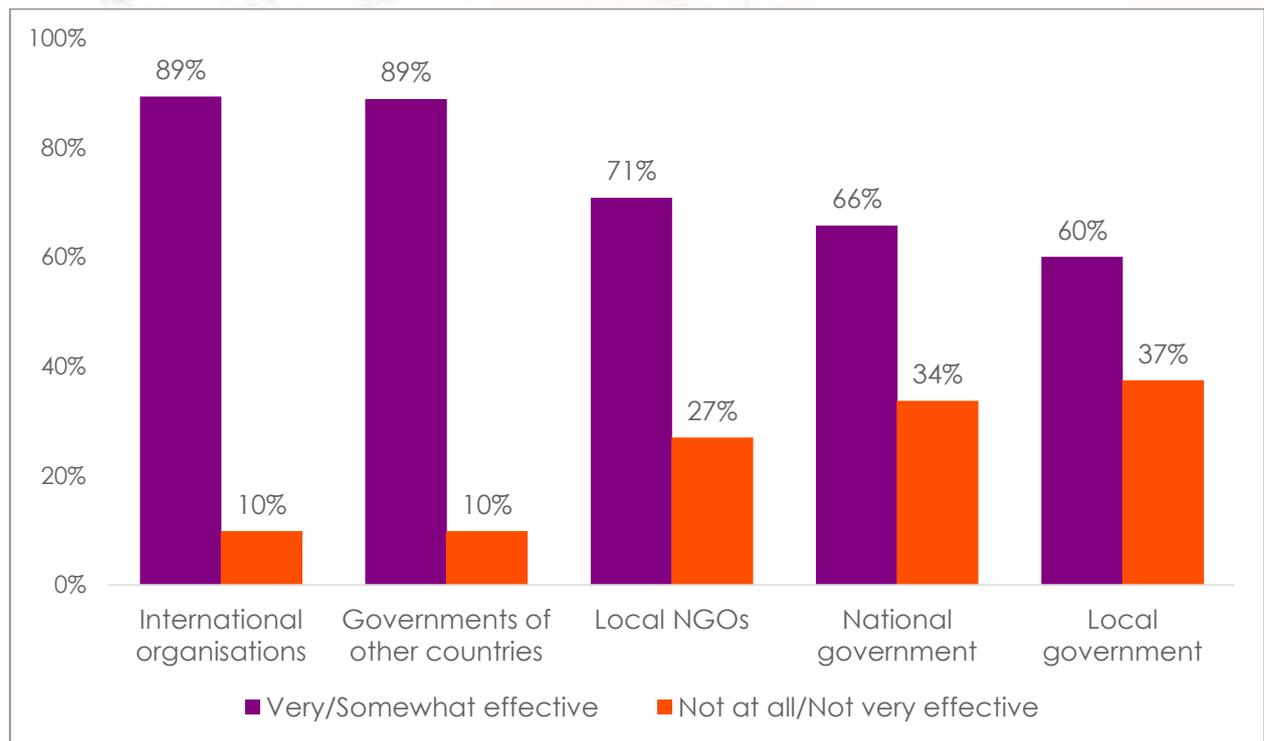
As on the question about patient care, Liberians overwhelmingly see international organisations (such as Doctors Without Borders, the Red Cross, the WHO, and the United Nations) (89%) and governments of other countries (such as the United States and the United Kingdom) (89%) as “somewhat effective” or “very effective” in bringing the Ebola outbreak under control. But while fewer than half of respondents see public hospitals and clinics as effective in providing patient care, strong majorities rate the national government (66%) and local governments (60%) as “somewhat effective” or “very effective” in bringing Ebola under control (Figure 8).

To further explore this data, please visit Afrobarometer's online data analysis facility at [www.afrobarometer.org/online-data-analysis](http://www.afrobarometer.org/online-data-analysis).

Moreover, when asked specifically about the government's performance in managing the Ebola virus outbreak, more than two-thirds of Liberians say it was handling the crisis “very well” (37%) or “fairly well” (32%) (Figure 9).

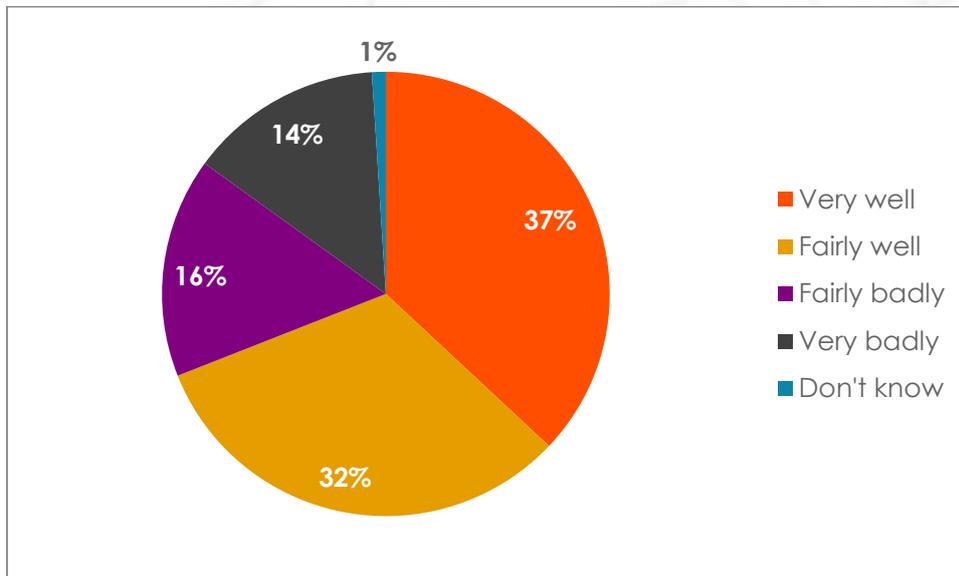
Across the board, more educated Liberians are more likely than their less-educated compatriots to see the various bodies as “somewhat” or “very” effective (Table 1), perhaps due to better access to information about efforts to control the epidemic.

**Figure 8: Effectiveness in bringing Ebola under control | Liberia | 2015**



**Respondents were asked:** How effective or ineffective was each of the following in bringing the Ebola outbreak under control in this country, or haven't you heard enough to say: (a) Central or national government? (b) Local government? (c) Local non-government organisations? (d) International organisations such as Doctors Without Borders, the Red Cross, the World Health Organization, and the United Nations? (e) Governments of other countries, such as the United States or the United Kingdom?

**Figure 9: Government performance in managing the Ebola outbreak | Liberia | 2015**



**Respondents were asked:** How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Managing the Ebola virus outbreak?

**Table 1: Effectiveness in bringing Ebola under control | by education level | Liberia | 2015**

|                     | International organisations | Foreign governments | Local NGOs | National government | Local government |
|---------------------|-----------------------------|---------------------|------------|---------------------|------------------|
| No formal education | 83%                         | 84%                 | 60%        | 48%                 | 60%              |
| Primary             | 85%                         | 84%                 | 68%        | 60%                 | 68%              |
| Secondary           | 90%                         | 90%                 | 75%        | 73%                 | 75%              |
| Post-secondary      | 98%                         | 97%                 | 75%        | 74%                 | 75%              |

**Respondents were asked:** How effective or ineffective was each of the following in bringing the Ebola outbreak under control in this country, or haven't you heard enough to say: (a) Central or national government? (b) Local government? (c) Local non-government organisations? (d) International organisations such as Doctors Without Borders, the Red Cross, the World Health Organization, and the United Nations? (e) Governments of other countries, such as the United States or the United Kingdom? (% who say "somewhat effective" or "very effective")

Having a relative or close friend who was infected with and/or died of Ebola does not seem to systematically influence respondents' assessments of how effectively institutions provided care and helped control the epidemic. In some cases, respondents whose loved ones suffered from Ebola are less likely to see an institution as effective, while in others they are more likely to see it as effective. In all cases, differences are fairly small.

### Confidence in government's ability to respond to future Ebola outbreak

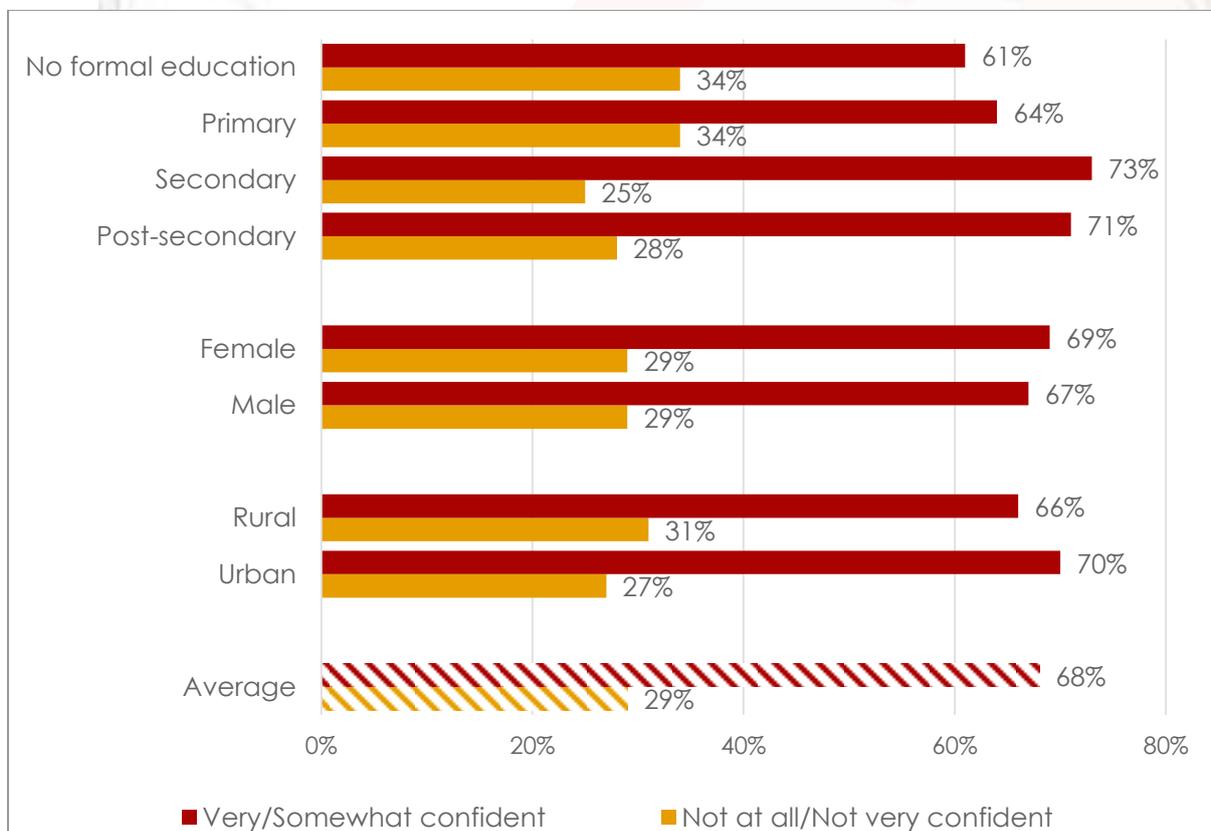
During the Ebola crisis, the government of Liberia took leadership of the fight against the epidemic with a high sense of urgency. It worked to communicate Ebola infection prevention information to citizens, strengthen public health services, conduct surveillance to deal quickly with cases as they occurred, and control infection within institutional settings. The government also coordinated most of the international assistance, including the signing

of a \$52 million Ebola emergency response operation agreement with key development partners to support logistics and services for the fight against the virus.

These efforts appear to have given Liberians some confidence in the government's capacity to tackle the Ebola virus should it reappear in the future. More than two-thirds (68%) of Liberians say they are "very" or "somewhat" confident that the government has been taking steps that will make it better prepared to respond should there be another Ebola outbreak.

Citizens with a secondary education (73%) or post-secondary qualifications (71%) express greater confidence than responses with primary (64%) or no formal education (61%) – again perhaps reflecting access to information about the government's anti-Ebola efforts. Urban residents are slightly more confident than rural residents in the government's preparedness, 70% vs. 66% (Figure 10).

**Figure 10: Confidence in government's preparedness to deal with future Ebola outbreak** | by education level, gender, and urban-rural residency | Liberia | 2015



**Respondents were asked:** How confident are you that the government of Liberia has been taking necessary steps so that it will be more prepared to respond if there is a new Ebola outbreak in future?

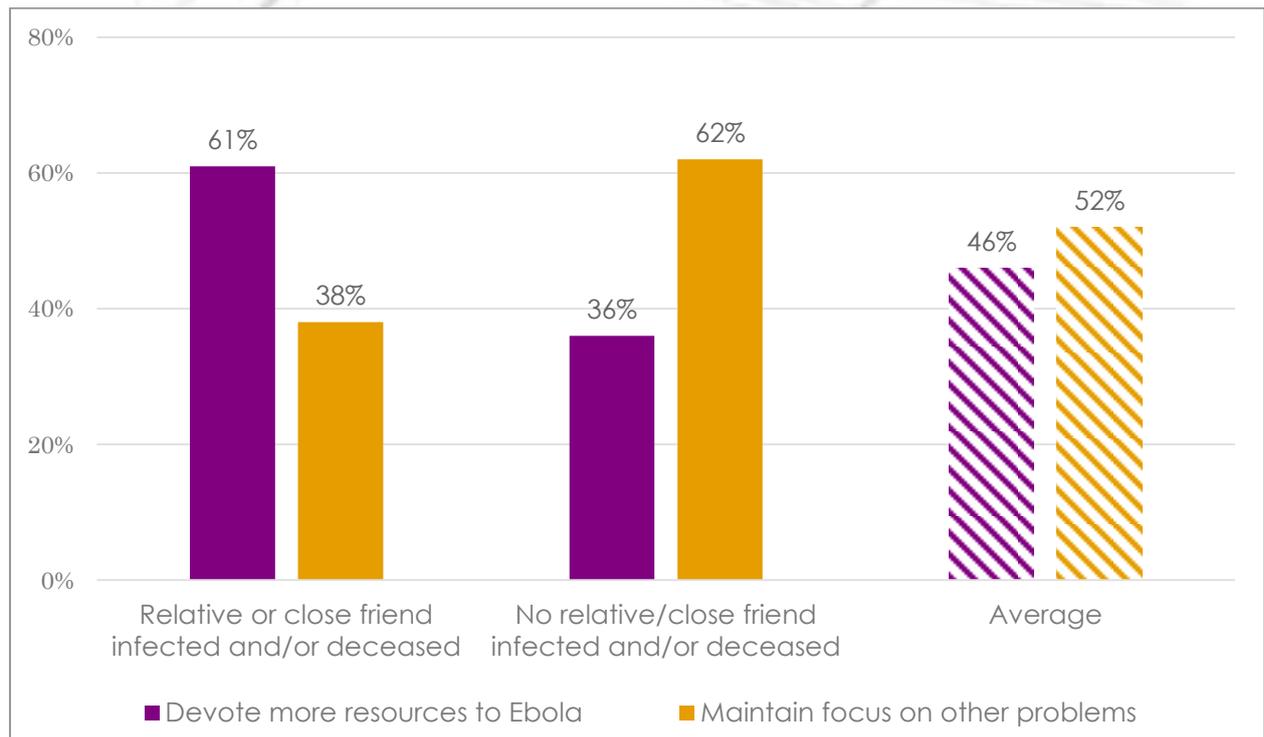
### Should Ebola be prioritized among national problems?

In light of the deaths, suffering, and disruptions caused by the Ebola epidemic, should the Liberian government prioritize Ebola for more resources even if doing so would take away resources from other areas such as education?

Liberians are divided on the issue. A slight majority (52%) say the government needs to keep its focus on solving other problems, while 46% say Ebola should be prioritized.

Citizens whose relatives or close friends suffered from Ebola are significantly more likely to call for prioritization of Ebola in the allocation of national resources than those who do not have loved ones who were infected with or died of the virus (61% vs. 36%) (Figure 11).

**Figure 11: Should government prioritize Ebola for resource allocation? | Liberia | 2015**



**Respondents were asked:** Which of these statements is closest to your view? Choose Statement A or Statement B.

*Statement A: The government should devote many more resources to combating Ebola even if this means that less money is spent on things like education.*

*Statement B: There are many other problems facing this country beside Ebola; even if people are dying in large numbers, the government needs to keep its focus on solving other problems.*

The fact that support for prioritization of Ebola over other problems is a minority view is consistent with Liberians' overall ranking of their most important problems and priorities for additional government spending.

Asked what they consider the most important problems facing the country that government should address, and allowed up to three responses, citizens are more likely to mention unemployment (cited by 38% of respondents), infrastructure and roads (34%), education (29%), and management of the economy (29%) than health (26%).<sup>1</sup> The ranking of health on Liberians' list of most important problems has remained fairly stable over time, ranking third in 2008 and 2012 (Table 2).

<sup>1</sup> The percentages for health include HIV/AIDS in 2008, 2012, and 2015 and Ebola in 2015.

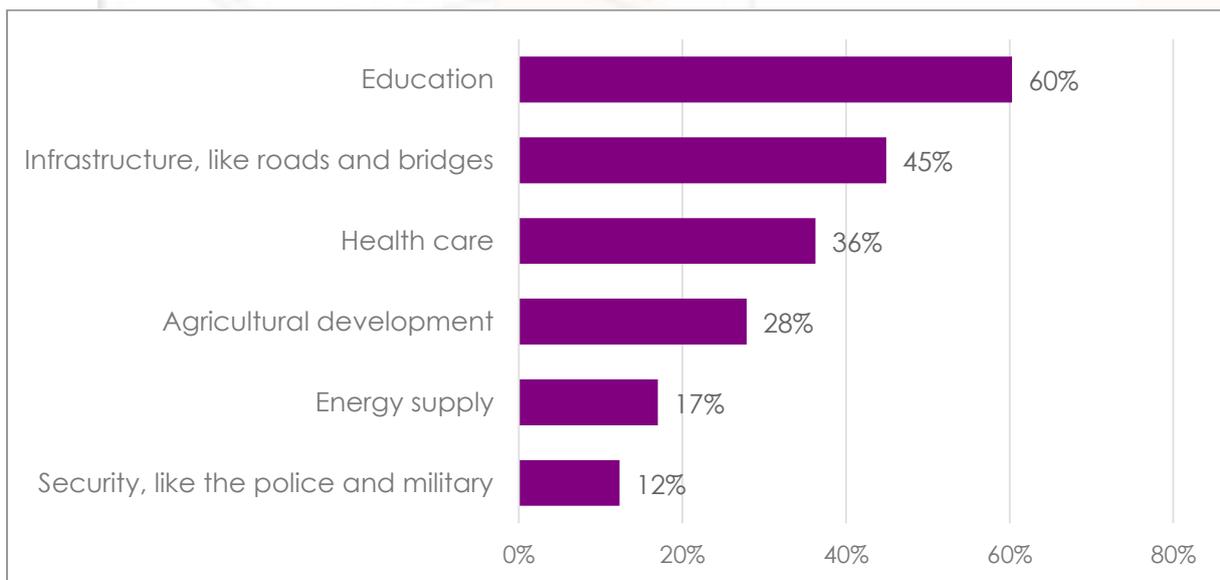
**Table 2: Most important problems that government should address | Liberia**  
 | 2008-2015

|                           | 2008 | 2012 | 2015 |
|---------------------------|------|------|------|
| Unemployment              | 33%  | 27%  | 38%  |
| Infrastructure and roads  | 33%  | 48%  | 34%  |
| Management of the economy | --   | --   | 29%  |
| Education                 | 38%  | 45%  | 29%  |
| Health                    | 29%  | 41%  | 26%  |

**Respondents were asked:** *In your opinion, what are the most important problems facing this country that government should address? (% of respondents who cite each issue as one of their three responses)*

Likewise, when asked which of six key sectors (education, infrastructure, security, health care, agriculture, and energy) would be their first and second priorities for additional investment if the government could increase its spending, Liberians rank health care in third place (cited by 36% of respondents), after education (60%) and infrastructure (45%) (Figure 12).

**Figure 12: Priority areas for additional government investment | Liberia | 2015**



**Respondents were asked:** *If the government of this country could increase its spending, which of the following areas do you think should be the top priority for additional investment? And which would be your second priority? (% of respondents who cite each issue as one of their two priorities)*

## Conclusion

Few if any Liberians escaped the impacts of the Ebola epidemic, ranging from the deaths of family members to the disruption of everyday activities. While international assistance gets higher marks than Liberian health institutions for their roles in fighting Ebola, a majority of citizens also credit their national and local governments with effectively fighting the epidemic, and most are confident that Liberia will be better prepared should the virus strike again. Despite their horrific experience, Liberians are divided as to where Ebola should rank among the social and economic challenges their government needs to address.

## References

- Armah-Attoh, D., Selormey, E., & Houessou, R. (2016). Despite gains, barriers keep health care high on Africa's priority list. Afrobarometer Policy Paper No. 31. Available at <http://afrobarometer.org/publications/pp31-despite-gains-barriers-keep-health-care-high-on-africas-priority-list>.
- Doctors Without Borders. (2016). Ebola activity update – March 2016. Available at <http://www.msf.org/en/article/ebola-activity-update-march-2016>.

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Afrobarometer is produced collaboratively by social scientists from more than 30 African countries. Coordination is provided by the Center for Democratic Development (CDD) in Ghana, the Institute for Justice and Reconciliation (IJR) in South Africa, the Institute for Development Studies (IDS) at the University of Nairobi in Kenya, and the Institute for Empirical Research in Political Economy (IREEP) in Benin. Michigan State University (MSU) and the University of Cape Town (UCT) provide technical support to the network.

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