Ebola: A Global Health Challenge

Since a major outbreak of the Ebola virus disease (EVD) was first reported in Guinea in March 2014, an epidemic has spread across West Africa. This already marks the worst EVD outbreak in recorded history. The disease is no longer contained to the region: a Saudi Arabian man traveling home from Sierra Leone is believed to have died of Ebola in early August and several Americans are treated for the disease in the United States. There is no known cure, although one American doctor diagnosed with the virus was found Ebola-free after taking experimental drugs in August.

While there is widespread concern about the spread of the disease, there are arguments against EVD becoming a pandemic. The virus is not airborne and cannot survive outside the body for long. Symptoms become apparent quickly and patients typically die before infecting more than one or two others.

These realities have done little to quell the panic. Saudi Arabia has stopped issuing visas to Muslim pilgrims from West Africa, British Airways has suspended all flights to and from both Liberia and Sierra Leone and most Western governments have advised their citizens to avoid the region. However, civil unrest, the absence of adequate medical services and low trust in both authority and foreign aid workers might pose the biggest risk.

From August through September 2014, Wikistrat conducted a crowdsourced simulation during which nearly 60 experts forecasted 30 scenarios on the development of the West African EVD epidemic. The simulation was designed to study the challenge posed by the EVD outbreak to health policy globally. Through the simulation, analysts proposed both positive and negative outcomes within comprehensive, competing scenario pathways of the epidemic’s spread and termination.

ABOUT WIKISTRAT

Wikistrat is the world’s first crowdsourced consultancy. It leverages a global network of subject-matter experts via a patent-pending “Collaborative Competition” methodology to provide a variety of analytic services. Wikistrat conducts scenario generation, policy planning, risk assessment and red-teaming exercises on a real-time, interactive online platform.
Scenarios focused on the effect of the EVD outbreak in West Africa on the global public health system. Two overarching themes emerged during the scenario discussion: the degree of change to the global public health system and the positive or negative future of that change.

The **degree of change** is plotted along the X-axis. The far left of the continuum represents minimal, if any, change to the current global public health paradigm, in which donor nations and Non-Governmental Organizations (NGOs) cobble together an *ad hoc* response to situations as they arise under the bureaucratic umbrella of the United Nations World Health Organization (WHO). The far right represents a systemic change through a rejection of the existing global public health methodology and replacement with a different conceptual model: something more robust and with a less *ad hoc* approach to managing global health. Most scenarios exist along this continuum and fall short of such extremes.

The **impact of change** is plotted along the Y-axis, in a continuum ranging from disastrously negative impact at the bottom to blindingly positive results at the top. While all change is contentious and disruptive in some respects, here we focus on the resulting implications of that change.

A **disastrously negative impact**, within the parameters of the simulation, suggests a failure to mitigate the EVD outbreak in West Africa, leading to a regional or global spread. It also implies a disastrous impact on the ability of the global public health system to fulfill its mandate.

A **blindingly positive impact**, on the other hand, indicates change that mitigates or ends the EVD outbreak while preventing further spread. It also implies change that augments the ability of the global public health system to accomplish its mission.

It is essential to keep the degree of change separate from the impact of that change. While change may be sweeping and radical in its scope, it may have a very limited impact. Similarly, a small or subtle shift in policy or practice may have an enormous consequence out of scale to the catalyst, whether positive or negative.

Finally, as with the X-axis, the vast majority of scenarios occur between the two extremes of the axis.

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**A Master Narrative (MN) consists of a distinct grouping of individual scenarios that form an alternative future. Scenarios are plausible storylines whose primary purpose is to describe how the major relevant variables in any trend or series of events can come together to produce a distinct pathway through a perceived “crisis” and then toward an exit point that can be characterized as the subsequent “new normal”.

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**RATIONALE**

In this matrix, variables at the left and bottom are considered less desirable than those at the right and top. The X-axis starts with the assumption that the *status quo*, the far-left anchor of the axis, represents an inadequate and unsatisfactory model. Therefore, no change reflects a negative outcome. With the Y-axis, positive and negative affiliations are defined by their impact on the global public health system. Positive change would result in a stronger, more effective system that is better able to meet the public health needs of at-risk people around the world. Negative change would result in a weaker system that is even less capable of meeting these needs than it is now.

In this discussion of the X-axis, Wikistrat’s decision to label the *status quo* as less preferable to systemic change is a subjective one, based primarily on the stipulation that the current *ad hoc* global public health response system is inadequate to existing and emerging threats. While we would never argue that all change is, by definition, good, experts
in the simulation agreed that the current global public health system is inherently inadequate. Therefore, systemic change represents the better of the two options.

This matrix results in the following four quadrants, which define four archetypical "Master Narrative" scenarios:

1. **Code Red** (Negative Systemic Failure): Change in the global public health system is widespread and systemic, with catastrophic consequences in terms of successfully providing for the health security of the global community.

2. **Comatose** (Negative Status Quo): Change in the global public health system is minuscule or non-existent, while the consequences of not changing are disastrous for the global public health mission.

3. **Stabilized** (Positive Status Quo): There is little to no change in the global public health system, but inertia, stability and a bit of luck result in a positive outcome for those impacted by public health crises.

4. **Miracle Cure** (Positive Systemic Change): Widespread change in the global public health system results in positive impacts on a broad scale, directly improving not only the ability of the global public health system to accomplish its mission, but improving the level of health security in troubled spots around the globe.

Of these four quadrants, the first ("Code Red") reflects the least desirable outcome, while the fourth ("Miracle Cure") reflects the most desirable outcome.
NEGATIVE RESULTS OF A GLOBAL EBOLA VIRUS OUTBREAK

This worst-case Master Narrative is composed of scenarios focused on the negative consequences of a failure to contain the West African outbreak of EVD, the resulting global spread and the resulting implications. Negative consequences refer not only to the misery and death resulting from the EVD outbreak itself, but also the human social, economic and political reactions to the event. The word “global” is used loosely here. We don’t imply a true global carpeting of EVD, as has been the case with the HIV pandemic. Instead, we primarily mean escape beyond West Africa to any other region(s), including the rest of Africa, the poorer regions of South America and Asia and the affluent developed world of donor nations. So in this case, “global” means “not contained in West Africa.”

NARRATIVE DRIVERS

The spread of EVD outside West Africa can be linked to several factors that are difficult or impossible to control. First, the international community is slow to respond to the exponential growth of the initial EVD outbreak in Guinea. Second, global public health response system is ad hoc by design, meaning it must wait for a need to emerge before deploying adequate resources. Third, with rapidly spreading and high virulent diseases such as EVD, by the time a need has emerged, it is too late to completely contain it. Lastly, this ad hoc design is further frustrated by weak government institutions in West Africa that are unable to effectively monitor for such outbreaks and are unable to act decisively in the initial stages.

Global spread is almost ensured when this ineffective monitoring and response system is combined with unregulated travel within the region and easy and frequent travel and trade with Europe, North America and Asia. Businessmen and large ex-pat communities also provide vectors for ensuring that a significant regional outbreak cannot remain contained and will emerge on a global scale. It is also possible that non-traditional methods of transmission could contribute to global spread. Should other – as yet unproven – transmission vectors emerge (possibly airborne or sexual transmission), then containment becomes even less likely.

OUTCOMES

The results of a global spread are catastrophic on many levels. Infection and death rates in the poorer parts of the globe (high-density regions of South America, South Asia and Southeast Asia) match those in Africa for the same reasons: endemic poverty, poor sanitation, weak government structures and cultural practices that put people at extreme risk. In the wealthier regions, infection and death rate are lower. Better sanitation and lower population density combine to decrease the infection rate of EVD, while access to better medical care significantly lowers the death rate from its high of 70 percent.

Impoverished regions devastated by EVD suffer much as those in West Africa have, with ineffective quarantines and restrictions having little impact on the infection or death rate. They are forced to rely on their own resources, since no global response capacity exists. As a result, populations end up becoming radicalized and turn on their governments. Xenophobia and ethnic/racial conflict become likely as frightened and terrorized peoples search for someone to blame. Multiethnic and/or multiracial societies see violent attacks. Weak regimes in especially hard-hit nations fall to popular uprisings demanding better care and services and clashes with security forces result in as many deaths as the EVD outbreak. Potential candidates for such outcomes are Bangladesh, Honduras, Myanmar, Pakistan and Venezuela.

Wealthier regions face their own crises beyond the public health threat posed by EVD and most developed countries see EVD as an “invader” brought to their shores by foreign or immigrant threats. Regardless of whether or not this is accurate, it ends up being a dominant theme – especially in regions where multiethnicity and multiculturalism are already polarizing issues. Efforts to clamp down on borders and isolate contact with foreign-appearing elements have serious economic implications. Asian export-driven economies suffer extreme dislocation when their foreign markets...
The European Union and the United States move toward self-sufficiency in order to better protect themselves from "overseas threats." A global EVD outbreak also has significant consequences for domestic policy and politics, reshaping the immigration reform debate in the U.S. and fueling the nascent isolationist sentiments voiced by libertarians. In Europe, an EVD outbreak further radicalizes nationalist movements as right-wing and anti-immigrant movements seize on EVD as proof of their agenda. In China, people demand that the country's robust presence in Africa be revisited as a threat to domestic security. Use of EVD by a terror group would exacerbate all of these xenophobic, anti-immigrant, isolationist agendas, but in a visceral way.
NEGATIVE RESULTS OF A REGIONALLY-CONTAINED EBOLA VIRUS OUTBREAK

This mixed-case Master Narrative is second-worst in terms of negative consequences. It is composed of scenarios which focus on the negative consequences of an EVD outbreak contained within West Africa. Negative consequences refer not only to the misery and death resulting from the EVD outbreak itself, but from the secondary and tertiary social, economic and political implications of the event. These negative consequences can be temporary or longer-lasting. The word “contained” means that the virus has not established itself on the ground outside the Economic Community of West African States (ECOWAS) region. However, it does imply that EVD will spread throughout the West African region. Given the scope of the epidemic when the simulation started, there is no relevance to discussing isolation within a particular country. West Africa as a whole is affected by the EVD epidemic, even if parts of the region have no infections as yet.

NARRATIVE DRIVERS

The spread of EVD within West Africa is predicated on the same socio-economic, political and cultural factors that facilitate its spread globally in other Master Narratives. Endemic poverty, high-density slums, ineffective government institutions, poor sanitation and non-existent health care combine to make West Africa a fertile ground for the spread of an infectious virus such as Ebola. Weak governments and populations that are still fractured due to decades of conflict make it difficult to take mitigating action. This is exacerbated by West African cultural and Muslim religious practices as well as a lack of hospital and clinic space, requiring many who are dying of EVD to be treated at home. While the region consists of many countries, it is so interconnected that national borders often have little relevance in how people travel or trade.

Thus, Ebola spreads throughout the West African region, including to prosperous countries such as Senegal, Ghana and Nigeria. An EVD outbreak in Nigeria is the tipping point for the region, due to Nigeria’s geopolitical weight. A runaway outbreak in Nigeria turns that nation inward, causing it to shut its borders and withdraw any assistance to others as it treats its own. This causes a snowball effect throughout the region, as the lack of political will or public resources to fight a transnational scourge in a transnational manner does little to slow the spread of the disease.

OUTCOMES

Unchecked EVD outbreak in West Africa results in hundreds of thousands of deaths – mostly in crowded urban areas and high-density slums. It also spawns a series of opportunistic rebounds by other, more chronic diseases such as malaria, tuberculosis and HIV/AIDS as funds and resources to combat these infections are diverted to the EVD epidemic. Even with resources diverted from other health needs, resources to combat the epidemic fall far short of what is needed, making it impossible to keep up with the spread. The regional EVD epidemic heightens existing frustrations and outrage at ineffective governance. Weak institutions are highlighted when economic dislocation and disruption spread to the middle classes, putting more pressure on governments unable to respond.

Efforts to address the epidemic prove to be as lethal as EVD itself. Border closings and quarantines pit vulnerable populations against security forces in an interconnected and interdependent region. Goods and people in West Africa must move to avoid starvation and collapse and closing borders disrupts that essential traffic. People in regions with an outbreak migrate away in large numbers, in part to avoid contracting the disease, but also out of fear of being caught in an enforced quarantine that could be as deadly as EVD. Conversely, others migrate toward treatment centers and areas with adequate resources. Combined with an effort to close borders and restrict interaction, it is a recipe for disaster.

Women, as the primary caregivers, are affected in far greater numbers than men, putting pressure on the family structure. Women traditionally care for the sick and wash the bodies of dead family members before burial, putting them at greater risk of infection. Ancient cultural and religious traditions flash with essential medical practices, polarizing society and undermining an effective EVD response. These cultural consequences can have the most lasting impacts on security and stability at the local, national and regional levels.
MASTER NARRATIVE III: STABILIZED

POSITIVE RESULTS OF A REGIONALLY-CONTAINED EBOLA VIRUS OUTBREAK

This mixed-case Master Narrative is second-best in terms of positive consequences. It is composed of scenarios focused on the positive consequences of an EVD outbreak that is contained within West Africa. Positive consequences refer to possible secondary and tertiary social, economic and political implications to the event. Wikistrat does not imply that the EVD outbreak itself has any positive consequences. This is very much the “silver lining” of the outbreak.

NARRATIVE DRIVERS

The focus of this narrative and the scenarios that fuel it is not so much the impact of the outbreak, but the response of governments and non-governmental actors in the region. The disease ravages the region similarly as in Master Narrative II, but the drivers for positive outcome are at the regional level, with institutions and international organizations operating within the region. The essential players in West Africa – ECOWAS, the African Union, the UN and Western donor nations – collectively step back, look at the catalytic drivers of epidemic disease and seek solutions that are both implementable and sustainable.

A key driver is time, and the ability to analyze, plan and implement policy both during and after the crisis. The epidemic progresses slowly enough that no critical actors are overwhelmed for long during the outbreak. This permits a thin staff of strategic leaders to see the EVD crisis from a broad perspective and identify critical pressure points to improve the response system. The fact regional actors drive the improvement ensures that sustainability and capacity to implement are primary considerations. The existence of a regional organization with credibility is also an important factor, as without that resident center of reliability and consistency, it is difficult to effect sustainable change.

Drivers are actors, trends or processes that affect stability. They can be tracked and measured with clear indicators and metrics.

OUTCOMES

The contained outbreak in this Master Narrative causes widespread death and disruption to the region, but it does not cause a spiral into social, political or economic chaos, primarily as a result of regional leadership from ECOWAS and the African Union, supported and assisted by international donors. The epidemic is managed and fought from a regionally-focused perspective and programs to prevent spread and mitigate harm are developed with an eye toward being able to sustain the programs domestically after the epidemic subsides.

Local health workers are trained to counsel, screen, identify and treat those at risk of EVD infection. Spread of the disease to Nigeria proves to be the catalyst for the emergence of the regional response, as ECOWAS and African Union officials understand that an epidemic that threatens Nigeria makes national ad hoc responses inadequate.

The key to success is the political will to act, combined with the support and assistance of the international donor community. Ugandan officials travel to the region to advise on sustainability, due to the initial success of their HIV/AIDS campaign. Close coordination with international donors and organizations helps resolve complicated and potentially explosive issues surrounding the medical ethics of providing new and untested drugs to humans.

The key in finding positive outcomes in an EVD outbreak is the realization that regional crises must be addressed regionally. As with all infectious diseases, EVD does not recognize lines drawn on the map. National borders are artificial human constructs that complicate and diminish the effectiveness of any effort to combat a transnational threat. By staying at the regional level, West Africa is better able to address the threat. With some effort, the benefits will survive this crisis and become part of a permanent capacity.
MASTER NARRATIVE IV: MIRACLE CURE

POSITIVE RESULTS OF A GLOBAL EBOLA VIRUS OUTBREAK

The best-case Master Narrative is composed of scenarios focused on the positive consequences of an EVD outbreak beyond West Africa. Positive consequences refer to the secondary and tertiary social, economic and political implications of the event.

NARRATIVE DRIVERS

All discussion under this Master Narrative is predicated on the assumption that the current global public health system is inadequate in all aspects – planning, preventing, monitoring, responding and recovering from an infectious epidemic. While the simulation was not designed to get into the details of what a new global public health system should look like, it did discuss the drivers for how that new system might come about, as well as who might be involved in that discussion. That is nowhere more obvious than in this narrative.

Drivers for positive change in this narrative focus on the desire to address the underlying causes of the threat posed by EVD. In most, but not all, scenarios, this more strategic approach is driven by the fact that most of those nations fueling the move toward positive change are shocked by the EVD pandemic, but not devastated by it in terms of numbers or impact. They not only have more resources to devote to a new system of response, but also more political and social capacity.

Another driver for change is the nexus between the EVD outbreak and other transnational threats that plague the developed world in particular. Terror groups using or threatening to use the virus create a driver to address other threats, such as drug smuggling and human trafficking. A further driver is the scope of a global spread, which involves non-traditional players in finding solutions and preventive measures. These non-traditional players bring new resources, ideas, motivations and energy to the challenge.

OUTCOMES

Outcomes in this Master Narrative are focused into two groups: those directly related to the global public health system and those impacting other regions and areas of concern. This division is a bit simplistic, as there is a good bit of overlap between the two, but it is necessary for an organized approach to the narrative.

A global EVD outbreak brings new, unfamiliar voices into the discussion on how to improve the global public health system. Among the new players is China. It has an enormous presence in West Africa, both in terms of resources and personnel; a regional outbreak has a serious impact on its economy. A global spread that has significant consequences on the ground in China has an even greater impact on Chinese policy and China’s willingness to engage in the international community. As China expands its footprint, it is more at risk of pandemics. China’s manpower, resources, economy and political represent a dynamic voice in discussions over modifying the global public health system.

Private pharmaceutical conglomerates represent another new entry into the global public health system debate. These companies have certainly played a role before, but not the dominant one they now play if they choose to do so. Merck is the maker of ZMAPP, the only known drug to treat EVD. When they choose to engage in the response and treatment of EVD infections, they bring a great deal of expertise and influence to the table.

Other biogenetic and pharmaceutical companies, including Tekmira and BioCryst Pharmaceuticals, Newlink Genetics and Sarepta Therapeutics, have entered the infectious disease treatment and prevention area, receiving grants and other funding to test vaccines and medicine.

A collaborative public-private partnership between a pharmaceutical firm and international donors represents a radical change in how the provision of public goods is discussed. This cooperation proves profitable, motivating other...
pharmaceutical firms to redouble their efforts to find a vaccine for EVD and other threatening diseases.

As the EVD epidemic becomes a pandemic, its consequences and implications begin to emerge in other indirectly connected arenas. In many ways, this is a benefit for combatting endemic ERIDs as it is typically very difficult to get donors and international organizations to give ERIDs a high priority for planning, personnel or resources. However, when it is seen to co-exist with other more traditional threats to global security and stability, the paradigm begins to change.

As stated previously, EVD and all ERIDs are transnational threats, oblivious to national borders or racial, ethnic and religious divisions. When other transnational threats serve as a source of transmission of EVD into the developed world (deliberately or not), then global public health expands in both visibility and importance.

Human trafficking and drug smuggling networks are prime examples of transnational threats facilitating the unintentional transmission of EVD from West Africa to Europe, North America and Asia. The movement of goods and people outside of regulated channels provides an opportunity for viruses to stow away in the bodies of victims and perpetrators and the determination to fight these criminal networks increases due to outrage over their contribution to a global pandemic. It also benefits those trying to augment the global public health system as an opportunity to bring in new resources and sources of support.

Regional and global terror groups represent the deliberate spread of ERIDs. Boko Haram in Nigeria and ISIS in Syria and Iraq are both capable and inclined to use EVD as a bio-terror agent. While considerable personnel and resources are already dedicated to combatting these organizations, their use of EVD presents an opportunity to bring new voices and ideas to the discussion of a new global public health system. Support for these groups diminishes out of revulsion for their use of a biological weapon, assisting those trying to destroy their criminal networks.

A global EVD outbreak also provides a strategic opportunity for those involved in ingrained conflict to change the dynamic. The global scope of the outbreak means that any effort to mitigate or address it has benefits in all circumstances. One scenario suggests that Israel can use its advanced medical research capacity to develop treatments or monitoring measures relevant to the environments of West Africa and the Arab world. This would change the dynamic in what has become a static conflict.

An EVD outbreak would also catalyze efforts to bring reliable energy infrastructure to Africa, in order to facilitate response and prevention of ERIDs. The United States’ Africa Power Initiative and ECOWAS Power Pool both benefit from efforts to combat endemic diseases and the international community will be more prepared to support such goals if a firm link to preventing future pandemics is emphasized.
STRATEGIC TAKEAWAYS

• **Human Agency:** The conditions of spread are remarkably similar in both the positive and negative result categories. EVD is primarily transmitted through close contact with the body fluids of an infected person. It is the human response during the outbreak, and especially in the aftermath, that largely determine whether the discussion falls in the positive or negative category.

• **More Than a Disease:** In regions with marginal or corrupt institutions, the inability to respond effectively to an EVD outbreak will further erode the legitimacy of national or local governments. As this bond between people and their leadership is weakened, others stand ready to fill the void. In many areas, violent extremist groups stand ready to seize such opportunities. As such, virulent outbreaks of ERIDs must be seen as more than threats to human health, but to national and societal stability as well.

• **Skin in the Game:** Western donors and international organizations are more likely to support and invest in a more robust public health response system when they themselves are at risk of infection. Scenarios and discussion during the simulation demonstrated that when EVD is isolated in Africa, even at epidemic levels, there is less interest in systemic change than in expanding the current system on an *ad hoc* basis. But when EVD emerges in Europe, Asia or North America, many more change options move from plausible to possible.

• **Women at Risk:** Women are far more at risk of contracting EVD than are men, especially in West Africa. Women are the primary caregivers, so when a family member becomes sick, it is usually a woman (mother, sister, daughter) who tends to the patient. In regions with minimal access to medical services, this trend is exaggerated since there is no viable option for care outside the home. Since EVD is spread through close contact with the body fluids of an infected person, women caregivers are at increased risk of contracting the disease and dying from it. This is potentially destabilizing on a societal level, as the family is the cornerstone of social order and stability.

• **Demographic Spiral:** Africa is a young continent, with half of its population under the age of 15. As a result, it has a very high dependent/supporter ratio – the number of people each wage earner supports. High dependent/supporter ratios are inherently unstable, since the death of one person can plunge five to ten others into abject poverty. Diseases such as EVD make this dangerous situation worse, since it strikes young adults (often women caregivers). The instability resulting from EVD exceeds the death toll exponentially, with five to ten dependents per victim left dead or struggling to survive.

• **My Brother’s Keeper:** The current EVD epidemic is the first such outbreak to affect an entire region. It therefore presents the opportunity for a regional public health response system to evolve. West Africa is especially well position to lead that effort, as ECOWAS is one of the strongest and most respected sub-regional organizations in Africa. If ECOWAS leaders Senegal, Ghana and Nigeria are willing to provide political will and leadership, and the international community are able to provide resources, African capacity to manage its own epidemic outbreaks could dramatically increase.

• **The Cure is as Bad as the Disease:** One of the most effective ways of combatting EVD is by limiting the contact between people in a high-risk zone and those in areas not yet invaded by the virus. This is often done by way of quarantines and border closings. However, great care and planning must be taken prior to such draconian measures to ensure that the impacts of these mitigation steps are not more risky than the chance of EVD infection. Like most regions, West Africa is interconnected across national borders and highly dependent on regional trade for essential commodities such as food and energy. Sudden border closings and neighborhood quarantines threaten these vital supply lines and could pose as much if not more risk than the EVD outbreak itself.

• **Sustainable Development is Key:** The existing global public health response paradigm is to wait for the emergence of an ERID outbreak and then mobilize as large a response as possible, primarily from Western donors. This usually results in an overwhelming amount of personnel and resources in a short period of time. After the outbreak has
subsided, the personnel and resources disappear, leaving the country or region as vulnerable to further outbreaks as before. A different approach is necessary, one that focuses on building a sustainable response capacity in regions at risk of outbreaks. Plans must rely on resources that can be maintained and supplied regionally, and personnel that can be trained locally. Such a plan would require the collaboration and cooperation of regional and international donors and organizations.

- **Public-Private Partnerships:** Pharmaceutical conglomerates represent an untapped resource in the efforts to build a sustainable global public health response system. Firms that invest in treatment drugs or vaccines could be brought into planning, resourcing and implementation of sustainable response protocols. If they were compensated for their investments, it would motivate other pharmaceutical groups to combat other infectious agents.

- **Collateral Benefits:** Familiar transnational security threats such as organized crime, human trafficking, money laundering, drug smuggling and extremist terror groups can serve as vectors for transmission of ERIDs, including EVD. The increased visibility and attention that EVD would get from traditional law enforcement and security organizations would benefit efforts to create a global monitoring, prevention and response system. Proponents should emphasize these links in order to benefit from the increased visibility and the more focused political will to combat other transnational threats.
TOP 4 POSSIBLE GLOBAL IMPACTS OF THE EBOLA OUTBREAK

U.S.: If aid workers return from Africa with Ebola, fear could lead to a ban on immigration and visitors from the affected regions.

China: Beijing may be forced to curb its relationships with West Africa, harming recently-forced economic development projects.

Europe: Fear of Ebola may fuel pre-existing anti-immigration sentiment, leading to a limit on shipments and persons from West Africa.

Africa: Violence and deprivation resulting from an anti-Ebola quarantine could spread faster than the virus itself.

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This report is based on the collaborative effort of 59 Wikistrat analysts held from August to September 2014.

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