



The Tourism Impact of Ebola in Africa: Lessons on Crisis Management

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Abstract

The outbreak of Ebola in Western Africa has negatively impacted on the economies of affected countries and also on tourism which is a key economic driver. The crisis from a tourism perspective included the cessation of flights to affected countries and tourism source countries issuing travel warnings to destinations affected by Ebola. The emergence of Ebola has decreased the competitiveness of destination Africa, as a favourable tourism destination. There is a typical trend, where a tragic event in one African country or region, is generally associated with the whole continent, a disease such as Ebola then has a 'neighborhood' impact. The emergence of Ebola in Western Africa was sadly associated with the entire African continent. Thus, the emphasis of this article is laid on the prediction of tourism's role as one of the key drivers of economic growth for each country impacted. This perspective is advanced in light of the recent Ebola virus disease outbreaks that have greatly threatened the tourism sector in Africa. The literature review adds to a paucity of academic gaze on the impact of Ebola on Africa's tourism. Ontologically speaking the article discusses what sort of things exist in the social world and the assumptions about the form and nature of that social reality. It is thus concerned with whether or not social reality such as Ebola and its impacts, exists independently of human understanding and interpretation. Epistemologically the article asks the questions: how do we know? what do we know actually? are there any certain basics on which knowledge can rest? what is truth and is there any justifiable truth in the world when it relates to, inter alia, Ebola?

Keywords: Ebola epidemic, African Countries, Tourism Industry, disease, tourism economics, crisis management, tourism resilience

Introduction

The outbreak of contagious diseases impacts negatively on a destination, as the normal life is troubled, commerce is disturbed and tourists may shun destinations that have contagious disease outbreaks. "The tourism industry is particularly prone to external shocks such as wars, disease, extreme weather conditions (cyclones, tornadoes, mudslides, hurricanes, droughts and so on), elections, adverse publicity, terrorist attacks, transport accidents, pollution, earthquakes, volcanic eruptions, political events, strikes (for example, airline strikes), electricity shortages, recessions and fluctuations in economic conditions" (George, 2013: 33). Terrorism has emerged as the new normal in many tourism destinations, and does impact on tourism. Contagious diseases such as Ebola and Zika virus have impacted on the tourism industry in recent years. This is why, in all medical issues relating to tourism, the buy in of all stakeholders is essential to sustainability (Nicolaidis & Zigiariadis, 2011). The Ebola virus is highly transmissible through direct contact with infected blood, tissues, organs and other bodily fluids from dead or living infected persons as noted by the European Centre for Disease

Prevention and Control (2018:1). The Ebola virus outbreaks have been geographically dominated in Central and Western Africa, specifically the Democratic Republic of Congo. Recurring outbreaks of the contagious Ebola virus presents many lessons for crisis management in an African context.

Ebola was first identified in the Democratic Republic of Congo (DRC) and the Sudan in 1976. The Ebola virus, was named after the Ebola River in Congo (Idowu, et al (2014: 1). According to Schmid and Malcom (2014:3) and also GAR (2014: 3) it is argued that the recent outbreak of Ebola virus diseases, could be traced back to 26 December 2013 in Guinea, especially in one of the Meliandou villages where an 18 month old boy was infected by the virus after playing in an area that was greatly infested with bats. Unfortunately the boy died after two days of fever illness. It was believed that there was no early detection of the virus and by 23 March 2014 there were an additional 49 cases of EVD that, were reported (Schmid and Malcom, 2014:2). However, among the 49 cases, there were also 39 deaths that were reported. Some of the cases, were reported from a region of south eastern Guinea in Guéckédou near the border of Liberia and Sierra Leone in 2014 (Schmid and Malcom, 2014:3). Moreover, on 7 April 2014, the Ministry of Health of Guinea proclaimed 151 clinically well-matched cases of EVD that, were reported with 95 deaths. In addition, on 7 April, 2015 the following towns were identified as the most affected areas in terms of the Ebola Virus Disease (EVD). The towns, such as Lofa, Nimba, Bong, Montserrado and Margibi in Liberia were identified as affected places (Kongoley, 2015). The Africa Research Bulletin (2014: 20336) reported that by October 2014 there was a total of 10141 confirmed or suspected cases of EVD in six countries, namely, Guinea, Liberia, Sierra Leone, Mali, Spain and the United States of America. The World Bank, (2014: 2) stated that the International Monetary Fund (IMF) recommended the Executive Board should release US\$ 127 million to assist the three most affected countries. Nevertheless, some countries, such as Senegal and Nigeria, have managed to contain the spread of the EVD. The outbreak of the virus triggered panic around the world and the world reacted in a number of ways. For example, China started joint research with France so as to combat the epidemic (IMF, 2014). According to the European Centre for Disease Prevention and Control (2018), the below indicated countries were impacted by Ebola in Africa.

Figure 1: African countries affected the Ebola outbreak



Source: European Centre for Disease Prevention and Control (2018)



Main Affected African countries

Countries with Widespread Transmission	Total Cases (Suspected, Probable, Confirmed)	Laboratory Confirmed Cases	Total Deaths
Guinea	3,814	3,358	2,544
Liberia	10,678	3,163	4,810
Sierra Leone	14,124	8,706	3,956

Other Affected Countries

Italy	1	1	0
Mali	8	7	6
Nigeria	20	19	8
Senegal	1	1	0
Spain	1	1	0
United Kingdom	1	1	0
United States	4*	4	1
Total	28,652	15,261	11,325

Table 1. Represent the Countries with Widespread Transmission and other Countries Affected During the Country Epidemic

Research Methodology: A Literature Synthesis

This article is based on a literature review and analytical approach methodology and we describe the occurrence of Ebola in Africa. The research methodology used was secondary data research, which required us to fill a gap in scientific body of knowledge with reference to Ebola in Africa. "Unlike original articles, literature reviews do not present new data but intend to assess what is already published, and to provide the best currently available evidence" (Ferrari, 2015: 230).

A literature review looks at surveys published articles, and other literature sources related to the topic of interest. A literature review must be an objective, thorough summary and critical analysis of the relevant available research (Cronin et al., 2008:38). Hart (1998) acknowledged that a literature review is an objective that summarizes and makes serious analysis the relevant research and non-research literature on the topic being studied. A plethora of sources were consulted during the secondary data analysis process in order to try to fill the scarcity in academic gap on Ebola, from within an African context.

Impact of Ebola in African Countries

On the 29 March 2016 the World Health Organisation (WHO) elevated the Public Health Emergency of International Concern (PHEIC) status on West Africa's Ebola situation which was designated only for events with a risk of potential international spread, which required a coordinated effort towards risk mitigation between countries.

The European Centre for Disease Prevention and Control (2018:7-8) stated that from December 2013 and as of 17 November 2014, the WHO had issued a report on 14 415 confirmed and suspected cases of Ebola virus disease (EVD) in six affected countries (Guinea, Liberia, Mali, Sierra Leone, Spain and the United States of America) and with two previously affected countries (Nigeria and Senegal). As a result, there were 5 177 reported deaths. However, there was an increase of 1 145 cases and 217 more deaths since 4 November 2014.



Countries	Total cases	Death Confirmed	Period
Guinea:	1 919 cases	1 166 deaths	11 November 2014
Liberia:	6 878 cases	2 812 deaths	10 November 2014
Sierra Leone:	5 586 cases	1 187 deaths	11 November 2014.
Mali	5 case	60-61 deaths	2014
Nigeria:	20 cases	eight deaths	19 October 2014.
Senegal:	1 case	Senegal was declared Ebola free	17 October 2014.

Table 2. Illustrate the Countries with Widespread and Intense Transmission and Distribution of cases
Source: Adopted from: European Centre for Disease Prevention and Control (2018:7-8)

However, Congo (DRC) in 2018 only recorded 29 deaths and there were 57 cases reported in total. The following represents a summary of Affected Health Zones in the Equateur Province of DRC (European Centre for Disease Prevention and Control (2018:ii).

The impact of Ebola on Sport Tourism and Religious Pilgrims

Mass sporting gatherings events, or religious gathering (pilgrimages) attract millions of travellers around the world to the host-country. Those travellers, are at risk of acquiring local endemic infectious diseases (Blumberg et al., 2016:38). In Hinduism, the Kumbh Mela is a religious gathering that is held every 3 years at Ujjain Allahabad Nashik, and Haridwar. Such an event, which generally lasts for about a month and a half, attracts more than one hundred million people (Nsoesie, Kluberg, Mekaru, Majumder, Khan, Hay and Brownstein, 2014:135). In more than five decades, the public health authorities of the host countries, have been concentrating their attention on the transmission of infectious diseases and also its impact on the attendees for the mass gathering, the local population, and the local health system (Global Alert Response, 2014). According to Kluberg et al. (2014:135) African tourism takes a massive hit as a result of Ebola. African destinations suffer disproportionately when a crisis occurring in one country, gets an international potential threat view, which would be attributed to even an entire continent. The Ebola crisis has affected various African tourism destinations, which have experienced lower travel consumption because of the existence of Ebola in far and distant lands. Travellers cancelled their trips to even countries such as South Africa and Kenya and as far as West Africa where there was no hint of the virus. Hotel occupancy rates in Nigeria dropped by half due to news on Ebola. This means that epidemics impact every nation around the globe in some or other way, for example Nipah virus, West Nile virus, Ebola virus, plain Acute Respiratory Syndrome Coronavirus (SARS-CoV) and lastly the Zika virus (ZIKV) outbreak in South America (World Bank 2014: 15) have all had negative impacts globally.

The Zika outbreak in South America was declared as a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO) in August 2014 and February 2016 (Blumberg et al., 2016:36). To undertake such a declaration requires careful planning and disease-risk assessment to detect and control infectious disease outbreaks (Nsoesie, Kluberg, Mekaru, Majumder, Khan, Hay & Brownstein, 2014:135). This has shown a negative impact on sport tourism gatherings and also on religious gatherings (Blumberg et al., 2016:38). Furthermore, in Sierra Leone the tourism industry has attracted huge numbers of tourist arrivals which has also increased visitor expenditure, boosted employment and revenues generation. This has led to an increase in expectations of guests and economic growth (Nsoesie, et al., 2014:135; Kongoley, 2015:542). Furthermore, Kongoley (2015:542) stated that, the outbreak of Ebola in May 2014 brought about a hugely negative impact on the tourism industry in Sierra Leone and led to the shut-down of hotels, airlines, guesthouses and restaurants, and led to a dropping in revenue and profits and increases in unemployment rates across the country. Major tourism inbound source markets located in mainly the Western World, issued travel warnings that would dampen travel to perceived destination risk countries.



Morocco refused to host AFCON Tournament

One of the toughest continental football tournaments is the African Cup of Nations (AFCON). The continental showpiece is popular across Africa and serves as a major scouting opportunity for African soccer players. The tournament was scheduled for January 2015, to be hosted in Morocco in North Africa. The Morocco Football Association expressly citing the Ebola outbreak in three West African countries, decided to pull out of the tournament. In retaliation, the Confederation of African Football, suspended Morocco. One of the reasons for Morocco's refusing to host the tournament was that the virus was identified as a threat due to the four out of 54 African countries which were part of the tournament. A recommendation from the World Health Organization and the Scientific Committee made Morocco more vigilant concerning a potential Ebola outbreak in the country (Morocco World News, 2014: 3).

According to Arab Media and Society (2015) much coverage of Ebola has been inflammatory in the Arab press and the disproportionate response of Morocco was in line with overreactions of Ebola. The New York Times in 2015 reported that during the game between DRC and Sierra Leone, the DRC fans chanted slogans of "Ebola! Ebola!" during the game referring to the Sierra Leonean players. On the other hand, Cameroon, players were ordered to stay in a hotel with no other guests and subjected to Ebola checks two times a day. Tourism on one hand was projected to increase Morocco's GDP by 10% in 2013 with \$104bn. Morocco nonetheless believed that the Cup of Nations would not bring in anything (Jacobs, 2014). On the other hand, even more puzzling was the fact that Morocco hosted Guinea's qualifying games in Casablanca without any overreaction to Ebola, and its airlines were operating daily to affected countries.

The impact of Ebola on Africa's Tourism Economy

The Ebola virus outbreak of 2014-2015 in countries such as Guinea, Liberia and Sierra Leone, affected the tourism and hospitality industry negatively, particularly in Sierra Leone (Kongoley-MIH, 2015:543). In 2014 the outbreak of the Ebola Virus Disease in West Africa had taken a shocking human toll (NDP, 2012: 79). The Ebola outbreak originated from rural Guinea, and then affected neighbouring states such Liberia and Sierra Leone, in particular (See Clarke, and Samb, 2014:10). Those countries have shown the highest number of Ebola cases and 3,400 deaths resulted, while tourism, manufacturing farming, and mining industries were heavily disrupted. Nyenswah, Kateh, Bawo, Massaquoi, Gbanyan Fallah, & De Cock, 2016:6). Across West Africa, the Ebola epidemic is having some ripple effects and has a negative impact on economies (GAR, 2014:1-9).

Sierra Leone

In Sierra Leone, the World Health Organisation, officially declared Ebola and the airlines then started to suspended their flights in and out of Sierra Leone (Kongoley-MIH, 2015: 545). This caused foreigners travelling out of the country to be subjected to heavy health screening at the airports. Furthermore, Kongoley (2015:544-545) stated that, local cuisine is often one of the top attractions of Sierra Leone shopping, plazas, restaurants, and designer bars were attracting a fair share of visitors. Due to the outbreak of the Ebola virus, all of these places were hardly visited even by the locals, coupled with a declaration of a state of emergency. The entertainment seekers were afraid of gathering for fear of arrest by the police and possible prosecution in courts (Alive2green, 2017). Schmid and Malcom (2014: 2) furthermore suggested that a good number of businesses places had closed down operations, while some were operating on a low scale with fewer staff. However, earlier, between 2005 and 2007, the employment in the tourism sector in Sierra Leone, particularly restaurants, guest houses and hotels were the leading sources of employment (Alive2green, 2017). On the contrary, due to Ebola, all of these sectors have scaled down operations due to massive lay-off of employees as a result of no customers and no income (Kongoley-MIH, 2015: 545-546). However



countries such as Guinea, Liberia and Sierra Leone have accounted for less than 1% of international tourism arrivals to Sub-Saharan region (Alive2green, 2017).

In Africa 50% of tour operators experienced cancellations due to fears of the virus, on one hand, 69% of declines is expected to prevail in the future bookings (Alive2green, 2017). In October 2014, the Hotels Association of Tanzania noted a 30% to 40% decline in tourism business compared to 2013. South African tourism also experienced declines in tourism business due to fears of Ebola (Alive2green, 2017). The Ebola outbreak decreased occupancy rates and a skeleton staff structure in the tourism industry was introduced in line with the dropping revenues of the country and the high cost of running operations them on a full scale without incoming funds (Kongoley-MIH, 2015: 544). Between 2009 and 2012 a total number 1,312,934 arrivals in Sierra Leone were recorded by the National Tourist Board (Vogt, August 2014; Cronje, October 2014: 1).

Destination operators suffered such as Sierra National Airlines, bus services, railways and ports. Before the Ebola outbreak, international flights from Europe and Africa were generating revenue for the airport (Cronje, October 2014: 1). The number of arrivals dropped and this had a direct impact on revenue and employment within the tourism industry in the country (Kongoley-MIH, 2015: 545-546). Upon the declaration of Sierra Leone as an Ebola infected country by World Health Organisation, many visitors cancelled their flights and hotel accommodations for fear of the Ebola virus (Vogt, August 2014; Cronje, October 2014: 1).

Liberia

Liberia is been rated as the poorest countries in Africa with a population of 4 million, and a per-capita income of US\$410, and almost 60% of its population are below the national poverty line (Clarke, and Samb, 2014:10). Three quarters of the labour force come from informal areas and they are employed to work mainly in mining, commerce and agricultural industries, (World bank, 2014:11). Liberia, on the other hand have shown the highest rates of infection and this is demonstrated by the contraction of 5.2% in its GDP in 2015. This has left the country more than \$100 million poorer than it would have been (Duckstein, 2017). Wholesale and retail traders recorded 50-75 % drops in turnover in both commercial and tourism enterprises (Nyenswah et al., 2016). The country's domestic transport sector has been severely affected by the Ebola crisis. The fuel sales dropped (petrol and diesel sales) by 21-35%. Emergency rules then limited the operating taxis to carry at least 4 passengers and this has huge cost implications in domestic travel. Transport costs and road maintenance went up by 50% (World Bank 2014).

The impact of Nigeria

The Ebola outbreak in Nigeria reduced the number of customers to shops, tourism and commercial businesses according to Duckstein (2017). The government spent more resources in order to fruitfully contain the disease and the country placed some travel restrictions on its citizens. From tourism to shopping centres and commercial businesses in Lagos there was a significant decline of 20 to 40% in demand (Meltzer, et al., 2014:8-9). Nigeria had discouraged most of the foreign tourists from visiting the country, as it recorded a relatively small foreign tourist industry inflow. The current decline in in tourism and commercial arenas replicates the fear, shock, and uncertainty of Ebola in Lagos and Port Harcourt (Clarke & Samb, 2014).

Senegal

With reference to Senegal, Ebola patients were treated successfully and the economic impact was only on a small scale. The Ebola impact on tourism was a drop of 1% in GDP annually.



Ebola in Senegal has impacted on economic growth (Meltzer et al, 2014:7). The GDP growth indicated 4.9 % in 2014 and the GDP growth of 4.7% was shown for the first two quarters of 2014 (Alive2green, 2017). In an effort to contain the Ebola virus, the country had previously closed its border with Guinea and also banned flights and ships from Sierra Leone, Liberia and Guinea. Several professional and academic conferences were cancelled and incoming flights were compelled to carry fewer passengers according to the World Bank (2014).

South Africa

According to the World Bank (2014: 63) there could have been a drop of the tourism activities in the country if Ebola reared its head. The National Treasury, (2010: 16) also argued that intensified Ebola fears would undermine investments, confidence and travel. The Global Risks 2015 reported that Sub-Saharan Africa reflected the smallest continent preparation for the development of infectious diseases and resulting unemployment (Global Risks, 2015: 23). In South Africa, the outbreak of Ebola as a pandemic could disrupt travel and tourism, trade, financial markets, and domestic and even regional order (NDP, 2012: 79). This is due to the fact that the country has adopted an approach as defined by the Public Sector Risk Management Framework (PSRM). According to this definition (PSRM) risk is defined as an unwanted outcome, actual or potential to the institution's service delivery and other performance objectives, caused by the presence of risk factor(s) (National Treasury, 2010:15). In addition the ninth edition of 2014 Global Risk report placed the pandemic outbreak in the second place of social risks. Moreover, the risk was not listed among the top 5 global risks in relation to the likelihood of an epidemic or its impact (Sifolo, 2015:5). The Global Economic Prospects (GEP) report of January 2015 stated that Ebola is viewed as one of the idiosyncratic risks that have affected Sub-Saharan Africa during the reviewed period (GEP: 2015, 104). The decline in tourism due to fears about contracting Ebola, negatively impacted on the South African economy.

This is why it is critical to have a range of stakeholders involved at National, provincial, and local governmental levels, since they also have a huge stake in what happens in the event of a pandemic outbreak. It is vital to get the buy-in and commitment of all stakeholders and to build a positive working relationship with them and eliminate obstacles as far as possible. There are of course various other key stakeholders for SA Tourism for example, the following *inter alia*, could be critical stakeholders: the Department of Health, tour operators, local consultants, local administration, local businesses, IATA, travel agents, the Department of Home Affairs, ASATA, Airports Company of South Africa, airline companies, Statistics South Africa, CATHSSETA, SATSA, Immigration, restaurants, hotels, Field Guides Association, Tourism Business Council, World Travel and Tourism Council and transport and logistics companies (Nicolaidis, 2015).

Recommendations: Contagious Disease Early Warning System

Early warning systems are important and provide, timely surveillance indication systems that collect information on epidemic-stages in order to trigger prompt public health interventions (WHO, 2018). Poverty, overcrowded living conditions poor healthcare system and civil conflicts are the key broader social determinants of Ebola. There need to be pro-active responses to engage with communities in increasing their resilience and preparedness to manage future infectious outbreaks and also to ensure that future infection events do not happen (Alexander et al., 2014). However, in January 2003, WHO, and the French *Institut de Veille Sanitaire*, supported the Morocco Directorate of Epidemiology and Disease Control and design the specifications of a computerised early warning system. The stakeholders in synergy with organizations, also have a very important role to play in the development process of a mitigation of threats to a tourism destination and their buy-in is critical to success (Nicolaidis, 2015).



Alexander et al (2014:26) stated that an early-warning system will require a multiscale effort that extends from the international level down to the level of community engagements on the plan for the prevention of future Ebola outbreaks. The community-driven wildlife surveillance plan should be designed with participatory approaches, driven by traditional leaders in partnership with a close geographic country governments. Government and community should own the process at both national and local levels. Communities should be alert for barriers that can or may exist in the suspicion of 'those in authority who have not experienced the same traumatic journey that they have' (Blakey et al., 2012: 19).

Crisis Management

Progress has been made during the 20th century in the reduction of the overall burden of infectious diseases worldwide (Lozano et al., 2012). Human suffering and community devastation, due to disease outbreaks such as Ebola, has caused severe social, security and, economic problems for affected populations. An Ebola Virus Disease Outbreak Response Plan in West Africa is a call for action. Thus, A Call For Action is needed (WHO:2). WHO and the Governments of Guinea, Liberia, and Sierra Leone have urgently asked for financial support of about US\$ 71,053,413 to implement their outbreak plan. This funding plan was to empower the affected countries and involves WHO stakeholders, both nationally and internationally (WHO:3). Such plans will enable the Governments of Guinea, Liberia, and Sierra Leone to implement operational plans in response to the Ebola virus disease (EVD) (see WHO report). The WHO (2014) presented the Action Plan in two parts: 1).To support the actions plan of the three first EVD affected countries (Guinea, Sierra Leone and Liberia). 2). Interventions in neighbouring countries are needed to alert and prepare them and also to prevent more occurrence of such outbreaks (WHO: 6). All affected countries were asked to form a National Task Force for Ebola Outbreak Response and declared the Ebola virus disease epidemic as a national health emergency. (WHO: 6). Such a plan advocates for the establishment of public awareness about EVD, its risk factors for transmission as well as its prevention and control among the populations affected (WHO, 2014:8).

Recommended Approach

The paper has tried to illuminate Ebola's possible impact on the tourism sector. The paper views the tourism sector and its context as being one that one believes importantly requires a multi-sectoral approach. This may eventually result in a drive towards the proper implementation of the regulations in the tourism sector in relation to health sector security and international relations (Sifolo, 2015:9). The outbreak of the Ebola epidemic in the African continent has shaken the health sector and threatened the economic growth of the continent. Although such an approach could be viewed as indistinguishable to being viewed as even benign or neglecting it, is important as other sectors respect the mandate of the health sector (Sifolo, 2015:8) but it would be a costly exercise for any country. If a country uses a substantive argument that involves stakeholders it is likely to lead to better decisions since they will have access to information that might not otherwise be accessible. They are also able to bring local knowledge and thus hands on practical experience to a project in a community (Nicolaidis, 2015).

Binagwaho (2014) put forward that one of the greatest challenges to development in global health is the slender view that investing solely in health systems is a remedy for managing health threats. Rather, it is necessary to reinforce all the sectors that affect social determinants of health and governance – including finance, transportation, security and communication – to ensure a collaborative and effective response to such threats. According to Binagwaho's idea, this is particularly vital in respect of Ebola and tourism sustainability.

It is argued that a collaborative approach by relevant sectors such as health, tourism, transport, home affairs, and international relations can bring some relief to the challenges



posed. A range of stakeholders need to be consulted and then support the anti-pandemic initiatives. According to the UNWTO, the stakeholders include inter alia, tourism professionals such as travel agents, tour operators, media, hotels, taxis, public authorities, the press and all the media. Other interest groups and individuals include local residents and indigenous groups are also important to consult with (Nicolaidis & Zigiriadis, 2011; Nicolaidis, 2015).

The security sector would be required to implement the emergency procedures that are aimed at containing the virus on the one hand, while the international relations sector could implement diplomacy to calm the fears of the world and the affected nation (Sifolo 2015:8-9). In addition, it vital that the contribution of tourism to economic growth depend on the sector free of negative barriers (such as pandemics) to its growth. The Ebola epidemic reveals a huge risk to the tourism sector.

Thus, a predictable holistic approach should involve all stakeholders and entities such as international relations, security transport, health, home affairs and tourism, and all could add a positive drive to respond promptly to the Ebola epidemic in the future. A clear lesson should be learned by the government of South Africa that the implementation of the NDP calls for constant probing on several risks that could delay the envisaged development by 2040. The slow pace of control of the Ebola epidemic projected a negative consequences for many countries, including South Africa (Sifolo, 2015:8-9).

Conclusion

The 2014 and 2015 Ebola outbreak in West Africa presented too many challenges particularly in the hospital sector when preparing for the potential emergence of highly contagious diseases. Indeed the epidemic demonstrated the critical significance of clear communication and guidelines for community and government authorities alike. The landscape of Africa is changing, and our approaches will have to follow the same path of complexities for that region and its community livelihoods. It is clear that factors such as Increasing population size, poverty and social unrest, have contributed to the Ebola disease spreading in West Africa. Africa should rethink its approach to disease emergence events in lower source areas, where major knowledge gaps exist and operational plans are being obstructed and should be carefully controlled.

Tourism is a highly competitive industry, and the outbreak of contagious diseases negatively impacts on tourism growth, and the developmental benefits from tourism consumption. Disease outbreak therefore impacts negatively on the competitiveness of a tourism region and destination. Africa continues to receive less than 10% of global tourism receipts and contagious disease outbreaks are not assisting the agenda to increase tourist arrivals to Africa. African governments must work in a coordinated way and be driven by Pan Africanism where one that has capacity, can assist a sister country with challenges, in this case eradicating Ebola.

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