A new kind of protectionism is haunting the world: the spectre of ebola protectionism. As the ebola virus disease ravages the nations of Guinea, Liberia and Sierra Leone, which comprise the Mano River Union, there are increasing calls from conservative politicians, right-wing groups, and sections of the media to prevent people from MRU states from interacting with the rest of the world.

The protectionist measures range from exit and entry controls, such as temperature checks and mandatory monitoring and quarantining of travellers from MRU states, to flight bans and denial of visas to holders of MRU passports.

The virus poses less of a threat to rich countries with sound public health systems than poor West African countries that have extensive links with the MRU states. Exit and non-intrusive entry controls, not flight bans and visa restrictions that Australia and Canada have imposed, may be enough to manage the few cases that are likely to pop up in rich countries.

It is amazing that a country like Australia that is more than 15,000 kilometres away from West Africa, and with no confirmed case of ebola, is the first Western state to adopt mean-spirited protectionist policies. North Korea, a reclusive country in the far corner of Asia, is also fuelling the global panic by announcing that all foreign visitors regardless of travel history will be quarantined for 21 days.

As health experts have repeatedly affirmed, the ebola virus is not easily transmitted if a carrier is not symptomatic. Besides, it is health workers, home caregivers, and those engaged in customary practices of washing dead bodies that are mostly at risk. Indeed, more than half of the cases of infection have been linked to family members and those engaged in customary burial practices of washing dead bodies that are mostly at risk. Indeed, more than half of the cases of infection have been linked to family members and those engaged in customary burial practices. Besides, it is health workers, home caregivers, and those engaged in customary practices of washing dead bodies that are mostly at risk. Indeed, more than half of the cases of infection have been linked to family members and those engaged in customary practices.

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software of development – building institutions that can ensure citizens’ trust in government policies. Governments are hardly present in the lives of most people for the most fundamental things, such as jobs, social services, and social security. People invariably fend for themselves and have learned to not depend on, or trust, the words of government. Thus, even though most people are aware of the danger of ebola, they continue to ignore government instructions about how to handle the sick and the dead, especially when the instructions are not fully backed by provision of adequate health facilities and resources. In a sense, the ebola crisis has helped to underscore the point that rampant informal coping strategies are an index of underdevelopment that disconnects citizens from states.

State failure in the MRU countries was compounded by health policy failure at the multilateral level during the early period of the crisis when the virus could have been snuffed out at its epicentre in the forest region where the three countries meet – Gueckedou in Guinea, Lofa in Liberia and Kailahun in Sierra Leone. Now that the virus has spread massively to large towns and cities, combating it through contact-tracing is like looking for the proverbial needle in a haystack.

What accounts for the tardy multilateral response? According to The New York Times, budget cuts at the WHO resulted in the dissolution of the organisation’s epidemic and pandemic response department, and large scale retrenchment at its Africa office of staff that were skilled in containing viral epidemics. Surely, the leaders of the MRU states initially showed incredible sluggishness and poor vision in responding to the crisis. However, their multilateral partners also failed to provide sound technical advice on how to combat the disease. The significance of the crisis was downplayed even when the non-governmental emergency response agency, Médecins Sans Frontières, was warning of a health catastrophe as early as June. The surge in international assistance in recent weeks, especially from such countries as the US, Britain, China, Cuba and France may hopefully help to stem the tide.

To conclude, if ebola protectionism takes root in the public policies of rich countries and millions of lives are lost to the disease, as some experts predict, the MRU states may be condemned to a wasteland of permanent poverty and instability. It may confirm Robert Kaplan’s prophecy in the 1990s of The Coming Anarchy, and render untenable international development assistance, which is already facing strong criticism from sections of the policy and research community for its alleged failure to deliver results. Research suggests that aid is only effective when it is combined with efforts at domestic revenue mobilisation and recipients improve their competitiveness in global trade and attracting investments. Ebola protectionism will undermine such efforts and make it harder to optimise key components of development policy.