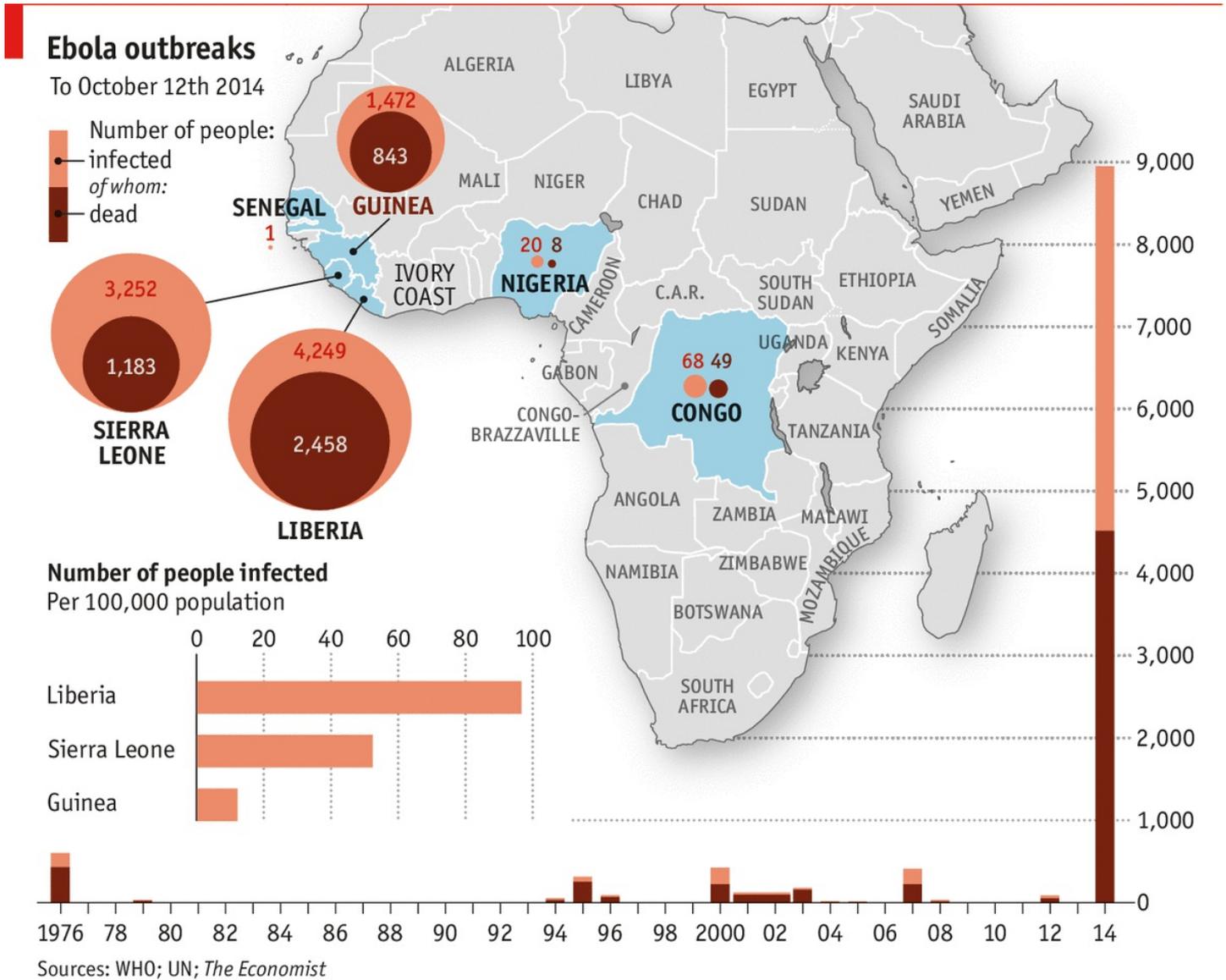


# The toll of a tragedy

Graphic detail

## Charts, maps and infographics

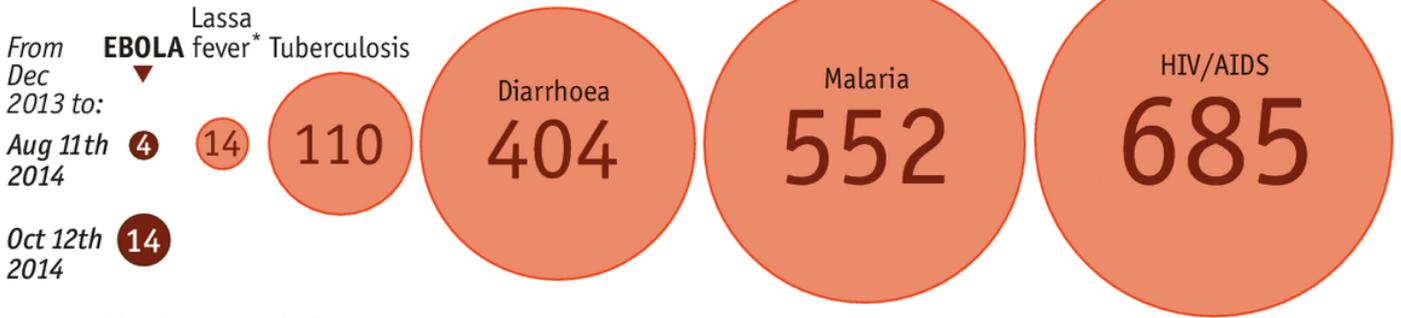


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THE first reported case in the Ebola outbreak ravaging west Africa dates back to December 2013, in Guéckédou, a forested area of Guinea near the border with Liberia and Sierra Leone. Travellers took it across the border: by late March, Liberia had reported eight suspected cases and Sierra Leone six. By the end of June 759 people had been infected and 467 people had died from the disease, making this the worst ever Ebola outbreak. The numbers do not just keep climbing, they are accelerating. As of October 12th, 8,997 cases and 4,493 deaths had been reported worldwide, the vast majority of them in these same three countries. Many suspect these estimates are badly undercooked.

## Deaths per day

Guinea, Liberia, Nigeria and Sierra Leone combined



Sources: WHO; US Centres for Disease Control and Prevention; *The Economist*

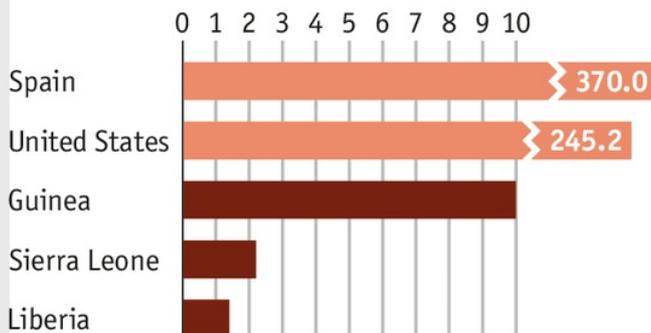
\*West Africa

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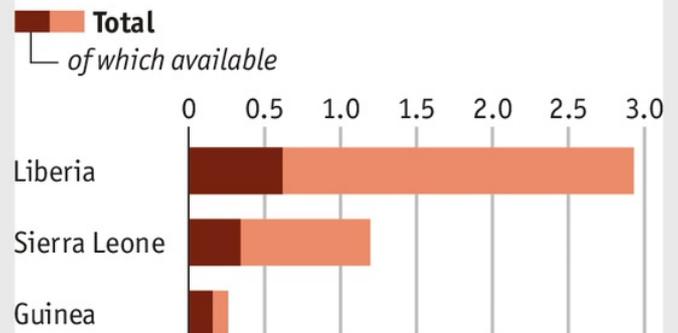
Ebola still barely rates among the continent's big killers. Far more deaths are attributable every day in west Africa to malaria, diarrhoea and HIV/AIDS. But the spread of infections means that death rates are rising fast: from four a day in August to 14 now. There are no licensed treatments or vaccines (although scientists are working all out to rectify that). The assumption that an Ebola outbreak could always be managed—the disease is hard to catch and people are only contagious when they are showing symptoms—is under strain.

## Health-care systems

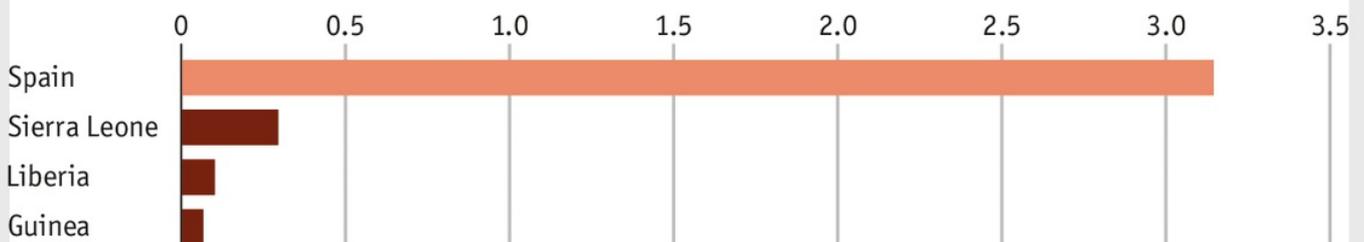
Doctors per 100,000 population, 2012\*



Number of beds required, '000, latest estimates



Health spending per person, at purchasing-power parity, 2012, \$ '000



Source: WHO

\*Or latest available

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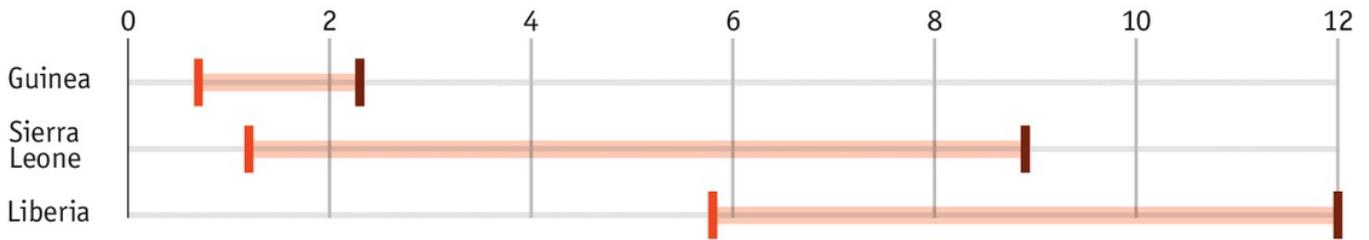
The inadequacies of the health-care systems in the three most-affected countries help to explain how the Ebola outbreak got this far. Spain, whose first locally transmitted case was confirmed on October 6th, spends over \$3,000 per person at purchasing-power parity on health care; for Sierra Leone, the figure is just under \$300. The World Health Organisation estimates that Liberia needs just under 3,000 treatment beds for Ebola; its current capacity is 620. The United States, which suffered its first Ebola fatality this week, has 245 doctors per 100,000 people; Guinea has one. The particular vulnerability of health-care workers to Ebola is therefore doubly tragic: as of October 12th there had been 427 cases among medical staff in the three west African countries, and 236

deaths.

## Economic impact of ebola

Estimated lost GDP (as % of 2013 GDP)

2015 estimates: *Low*  *High*



Source: World Bank

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Ebola is not just a medical emergency, but an economic one. Sick people cannot work; fear of sickness keeps others from coming to work. Transportation and travel is disrupted. An impact assessment by the World Bank, released on October 8th, estimated the short-term impact of the outbreak on the economies of Guinea, Liberia and Sierra Leone in terms of forgone GDP at \$359m. Depending on whether the outbreak is contained quickly or slowly, the damage will continue into next year; under the Bank's gloomier "High Ebola" scenario, the economic loss to Liberia in 2015 would be the equivalent of 12% of GDP.

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