Experiences of the Ebola victims in the West African nations: a human rights imperative

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Abstract: The outbreak of Ebola virus disease in the West African sub-region has thrown up issues of human rights challenges. Inadequate information on the causes of the disease and the status of the surviving victims has led to ostracisation of the victims and their relatives in the society. The paper recounts the experiences of the victims through anecdotal evidence and examines the human rights implications. A conclusion is drawn that the exclusion of the victims of Ebola from benefits enjoyed by other members of the society amounts to discrimination. The continued stigmatisation of the surviving persons and their relatives has the tendency of deterring victims of Ebola and others upon the occurrence of issues of public health emergency from voluntarily disclosing their health status. This will result in an unpleasant consequence of aggravating, rather than mitigating, the spread of viral diseases in the society.

Keywords: Ebola; victims; discrimination; stigmatisation; human rights; Africa.

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1 Introduction

The recent outbreak of the Ebola virus disease (EVD), a highly infectious disease, in the West African sub-region has left on its trail a mammoth issue of human rights abuses encountered by the victims and their relatives. The EVD is described as a disease of humans and other primates caused by the Ebola virus.[1] Ebola virus is classified by the virologists as a member of the Filoviridae viral Family of RNA viruses, which are characterised by long, thin filaments seen in micrograph images. The disease is named after the Ebola River where the virus was discovered in the Democratic Republic of Congo.[2]

The Ebola virus in the West African sub-region was first reported in the Republic of Guinea in March 2014 following the death of a two-year-old child who was infected with the disease.[3] The virus rapidly spread to the neighbouring countries such as Liberia and Sierra Leone. The World Health Organization's (WHO) report in April 2014, showed 157 suspected and confirmed cases in Guinea, 22 suspected cases in Liberia and 8 suspected cases in Sierra Leone.[4] By the month of July 2014, the disease was imported into Nigeria through a Liberian-American, Patrick Sawyer, who travelled by air from Liberia to Lagos in the Western Nigeria.[5] Senegal also witnessed the spread of the virus as confirmed by that country's Health Minister Awa Marie Coll Seck.[6] The disease also spread to Mali through a 70-year-old imam who was brought to the capital, Bamako, from Guinea.[7] Although the spread of the disease could now be said to have been contained, the existing anecdotal evidence on the experiences of the victims and the human rights implications of those experiences deserve some attention as lessons for the future.

The paper draws from published interviews granted to the media by the victims, their relatives and health service providers as sources of information. The collected pieces of anecdotal evidence from Nigeria, Sierra Leone, Liberia and Guinea are presented and analysed, depicting human rights imperatives arising from the discrimination against and stigmatisation of persons with the Ebola health status.

The reliance on credible secondary evidence was dictated by a number of factors which include the impossibility of gaining access to the primary sources and individuals in the West African nations under focus. The virulent nature of the disease is also an important constraint in assessing the primary sources as the writers were not equipped with protective measures against infection. Although the reporting of some of the incidents might have been disproportionately captured from the real facts, the implicit human rights issues reflected in such accounts are indisputable as the questions of human rights border on laws which are discoverable in both the national and international legal instruments that are operational in the respective West African nations.

2 Discrimination and stigmatisation

The United Nations Committee on Economic, Social and Cultural Rights defines discrimination as any "distinction, exclusion, restriction or preference or other differential treatment that is directly or indirectly based on the prohibited grounds of discrimination and which has the intention or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of covenant rights".[8] In simple terms, a person is discriminated against when he is treated differently from others and in a manner that is disapproved by law. Stigma, on the other hand, constitutes of a strong feeling of disapproval that most people in a society have about something, especially when this is unfair.[9] In the present context, a person is stigmatised when such strong disapproval is expressed by the society on the person's health status.

Discrimination is often associated with stigma. The quest by law to prevent discrimination is necessitated by the stigma attached to people who are given inhuman or degrading treatment. When stigma is attached to a person, it translates into a powerful and discrediting social label that radically changes the way individuals view themselves and are viewed as persons. People who are stigmatised are very often treated as outcasts or shameful for some reasons and as a result are shunned, avoided, discredited, rejected, restrained or penalised.[10] The social hardship suffered by people who are stigmatised is one of the reasons for the statutory intervention which protects the right to non-discrimination.

The reported accounts of the victims of Ebola which border on issues of discrimination and stigmatisation in the West African nations under discussion are overwhelming. Issues of discrimination and stigmatisation are observed in the homes, community, place of work and the society at large. These are very often associated with the level of ignorance and beliefs as would be exposed by the narratives that follow.

2.1 Nigeria

In Nigeria, reports showed that the Ebola victims, their families and those who have come in contact with the infected persons are virtually treated as outcasts with no one showing any inclination to having dealings or contacts with them. It does not seem to be of relevance that the victims have been cured of the infection or dead, as the families and relatives of those persons are not spared from the stigma associated with that infection.

Onyinye Lovelyn Anugwolu, an elder sister to late Obi Justina Ejelonu, a nurse, who died from Ebola disease narrated the experiences of the family since the death of Justina.[11] She stated that her (Onyinye's) husband, parents and sisters are facing public humiliation and incredible pressure. She explained that people have started treating them as if all of them were EVD carriers. Onyinye said that her husband was sent away from work and is currently on a compulsory leave, as his colleagues and superiors fear he might have contacted the EVD himself. All these were happening in spite of the fact that Onyinye and her immediate family did not have any personal contact with their late sister as shown in the following passage where she said:

> "I haven't seen her [Justina] since October last year. We have not been in touch with each other…Obi Justina Ejelonu spent her last days in Lagos, not in Enugu"[12]

Onyinye further lamented that her family was not allowed to participate or even witness the burial of her late sister due to the fear of the spread of the virus.

In another report by UNICEF published on the 30 September 2014, Martins, whose mother, a nurse, who treated an Ebola victim, was diagnosed with the disease, recounted the experience of the family. He stated that after his mother was taken to hospital with symptoms of Ebola, he and his brother were medically monitored for 21 days, the maximum incubation period of the Ebola virus. They were not infected, but Martins said that the situation had a profound impact on their lives. They were virtually living in the hotel outside their home due to the fear of stigmatisation. According to him:

> "We couldn't go back to the house. People knew what happened over there. We knew they would start stigmatizing us. Friends stayed away. People complained [we] had gone to church "to spread the disease…It was really horrible, hearing something like that. Can you imagine that?[13]

When Martins' mother eventually died of the Ebola disease and was cremated (well against the cultural practices in that part of the sub-continent), Martins said the family had wanted to bury the ashes in their village but the village leaders would not allow even the sterile ashes to enter their community. Martins' brother, Princewell was quoted in the report as saying:

> "The way they [leaders] respond is, 'Keep it there, don't take that in here, don't come and bury it here."[14]

Dennis Akagha who visited his late fiancée at the Ebola Isolation Ward in Lagos several times before she died, was infected with the virus. He survived after five days of treatment. Recounting the pains of the stigma he faced, he said:

> "I couldn't buy food outside, because people were not willing to sell to me. I had to walk five kilometres just to find food to buy and then come back home to eat and sleep. I couldn't have a haircut, some people didn't and still do not want to shake my hands."[15]

Akagha lost his job as a marketer in the oil and gas company where he worked. According to him:

> "I lost the job as a result of being infected with EVD. That was where the stigmatization started.[16] A lot of persons were staying away from me – my friends, my neighbours – they were running away from me. In fact, some were suggesting to the landlady to evict me out of the house(sic)."[17]

Kelechi Enemuo is a medical practitioner who lost her husband, Dr. Ikechukwu Enemuo,[18] to Ebola. She stated that ever since her discharge from the isolation ward, where she was quarantined for ten days, life has not remained the same for her. Narrating her emotion-laden experience at the isolation ward in Lagos, Nigeria, Enemuo said she fought to stay alive:

> "For the first 12 hours I spent at the hospital, I was on my own. It was a long night. Then it was confirmed that I also had Ebola because of the contact I had with my husband. I knew that only God could save me and that I had to build my faith. I had to stay positive. I had a baby I had to go back to. She was just three weeks old when I left for the Ebola ward. I knew I had to come back. She had just lost her father and she couldn't afford to lose her mother. I stayed focused. I had to stay alive. I was all alone for the most of the time. I did all they asked me to do, observed everything, and I prayed all the time and believed that I would come out of it alive. I never thought of giving up. I used

> to practise how I would walk through the exit of the ward when I would be told that I was Ebola-free. Thankfully, I was declared free of Ebola after 10 days in the isolation ward."[19]

The discharge of Mrs Enemuo from the Ebola isolation ward was heralded her entrance into the world of stigmatisation and uncertainties. She lamented her plight in the following words:

> "I've been facing accusations. I was accused of killing my husband. I'm a private person; I'm not one to start discussing my issues on the pages of a national newspaper. I have nothing to hide. My husband died of Ebola but people are saying I killed him. I am not guilty of anything. The only thing I'm guilty of is marrying their brother and son. I know I'm still being talked about everywhere, especially in Port Harcourt. But I am coping. I take one day at a time."[20]

Chinyere Enemuo, a sister to the late Dr. Enemuo, and a graduate of geology and mining from the University of Jos, said though Ebola killed her brother, she still carries the burden. After being declared Ebola-free at the quarantine centre, a promising job opportunity which she was actively pursuing suddenly slipped from her fingers as the prospective employers turned her down. She said: [21]

> "When I go to submit my curriculum vitae and employers see my surname, they ask if I am related to Enemuo. Once I say yes, that's the end. I have gone to more than 10 places searching for a job. Sadly, there is no job for me because of the Ebola issue. I left my job as a secretary because I didn't want one of my uncles who worked at the place to be stigmatized."

Chinyere further stated that the stigmatisation extended to her family members as individuals and businesses:

> "It has affected my late brother's hospital business, his family and our personal lives. Stigmatization has destroyed the family; some of our relations were suspended from work because of it. One of our cousins, a teacher, was suspended from work and was never recalled."[22]

The healthcare facilities where the Ebola victims were admitted and treated were not spared the public odium and stigma associated with the disease. The Samstel Clinic and Maternity, a health facility established by the late Dr. Ikechukwu Enemuo, is reported to be a shadow of its old self. The hospital, which occupies a two-storey building in Rumuokoro, River State of Nigeria, was one of the most patronised around the area until Enemuo's death from the Ebola disease. Reports show that the clinic has been deserted by patients. Only 14 of its 53 workers were left. The 25-bed hospital with its empty wards and scant equipment looked desolate.[23] The workers at the hospital also recounted their experience. They stated that they were still being stigmatised despite the fact that the hospital was decontaminated and declared free of Ebola. Mr. Emmanuel Abiola, who said he had been the operations manager of the hospital for about five years, lamented its dwindling finances:

> "The stigma has reduced our patients drastically. Everywhere used to be bustling with patients, but now, the number has reduced significantly. We used to make millions of naira in a month, now it's less than N100,000. "Our salaries have not been paid for three months. We are working because we don't want his legacy to die. Enemuo was a vibrant person who impacted people (sic). We haven't had any form of compensation. The government should come to our aid."[24]

Dr. Eze Nwuafor, a cardiologist at the Good Heart Medical Consultants, the hospital where Dr. Enemuo was diagnosed of the disease and eventually died, recounted the fate of the medical establishment as follows:

> "When you mention Good Heart, many behave as if that name alone can infect someone with Ebola. You find taxi drivers sometimes asking passengers coming here if they are going to 'that Ebola hospital."[25]

Dr. Nwuafor stated that many of the over 300 registered patients at the hospital had gone. "Over 70 per cent of our regular patients have not come back because of Ebola." He said:

> "These negative stories are being propagated by health workers, nurses and doctors, who for their own reasons would rather want this hospital to go under. At a point, it got so bad that when cheques were presented in the bank, some bank workers were scared of touching them. In fact, some banks had to tell their staff who had been to Good Heart in the last three months to stay away. It was that disturbing."[26]

The Nigerian Government had expressed concern over issues of discrimination and stigmatisation associated with Ebola. The Lagos State Commissioner of Health, Dr. Jide Idris, was reported to have cautioned against these negative societal attitudes towards the victims of Ebola where he said:

> "The social problem being faced by discharged cases has been reported to the government. This range from stigmatization, eviction from their accommodation, being asked to stay away from work and termination of employment. We have had cases of employers just terminating the employment of their workers who were just mere contacts, not even suspected cases. We believe this is unfair and we feel this impedes on their fundamental human rights."[27]

The concerns expressed by the government commissioner serve as a confirmation of the reports presented on the accounts of the victims and their relatives on the societal attitude towards them. The disturbing part is that some of these accounts were recorded well after Nigeria was declared Ebola free by the World Health Organization. Public enlightenment, apart from legal intervention through the imposition of appropriate sanctions, could provide the panacea to the prevailing abuses of human rights of the victims of Ebola in Nigeria.

2.2 Liberia

Reports from Liberia showed that Ebola victims and their families were discriminated against and stigmatised in similar manners as in Nigeria even after they have survived the scourge. While some people were welcomed back into their communities after they have recovered, many were shunned due to fear of contagion.[28] Owners of houses would not grant them accommodation, and employers would not hire them. Taxi drivers who were aware of the victims' Ebola status would not give them a lift, and even commercial barbers refused to cut their hair without gloves.[29] Although these could be seen as precautionary measures taken by the concerned individuals and communities, it is submitted that persons who have survived the virus infection deserve to be reintegrated into the society and be treated in the same manner as every other member of the community.

In a recent study conducted by the WHO, 62 survivors from the city of Monrovia were interviewed about their post-recovery experiences, 80% of them said they now struggle with stigma and discrimination.[30] One of the victims, Ms. Vivian Rogers, 40, who lost seven relatives to the epidemic before contracting the infection but survived, lamented her plight in a reported interview after she was relieved of her duty post by her employer. She said:

> "I feel that I have been ostracized, I am so sad because I am used to working. They are paying me, but I am not working and not being useful ... I don't know whether they are afraid of me. But I know I am no threat."[31]

Melvin Korkor, a medical doctor, thought the hardest fight had already been won after he survived the infection. But since leaving the hospital, Korkor has been fighting another difficult battle; overcoming Ebola survivor stigma which he told a Liberian radio station "is worse than the fever".[32] As Korkor walked around the campus of Cuttington University recently, passers-by avoided him and students and friends avoided hugs and handshakes. "I am happy Dr Korkor has returned but I am totally not convinced he is Ebola free", one student was quoted as saying. "I will shake his hands after 21 days" said another student. "I will greet him from a distance" said yet another.[33]

Hellen Morris is an Ebola survivor. She lost her husband and seven of her family members, including her parents, to Ebola in August 2014. She narrated to the Doctors without borders the challenges of trying to live after battling the disease:

> "My life is torn apart. I lost my husband and I have no one to console me. Everyone around me is afraid of me, even though I have beaten Ebola. It's a difficult life to live when friends and family neglect you because of an illness you did not purchase. I've been evicted from the family house where my husband and I lived before his death. With no home or sustainable source of income, I struggle to care for my children alone. Now, I am staying with a friend until I raise some money to rent an apartment where my children and I can move in."[34]

Liberia's Chief Medical Officer, Dr. Bernice Dahn, acknowledged the fate of the victims and offered words of assurance that Ebola survivors do not constitute any health risk to the community.[35] In spite of the assurances from the Chief Medical Officer, various members of the community where the victims live were still unwilling to associate with those known survivors of the disease. Mariam Camara, a market woman, demonstrated this cold attitude of the community towards the victims of Ebola where she said:

> "At first they told us it was not a curable disease. Then, after some time, we also learned that there are people who are cured of it. But me personally, when there are people that are cured, I am still scared. It truly frightens me. A sickness that kills people indiscriminately, without a cure - that is not reassuring in my opinion. So I am frightened."[36]

The above reported accounts are reflections of fear borne out of ignorance or lack of information. There was noticeable panic in the West African nations at the inception of this disease. This was galvanised by the paucity or misinformation emanating from the government agencies and individuals on the curability or otherwise of the EVD. The absence reliable information created room for the spread of rumour which instilled fear in the minds of the citizens. Precautionary measures geared at self-preservation invariably conditioned the behavioural pattern of the members of the society which is reflected in their relationships with the victims of the EVD. Unfortunately, the survivors of the Ebola

virus have been made to bear the brunt that manifests mostly in forms of stigmatisation and discrimination. The government bears the obligation to ensure that the members of the public are adequately informed of the status of the victims who have survived this infection to cushion the negative impact of ignorance on the victims and for the protection of their human rights. The need for such public enlightenment is compelling as the recent report on the circumstances surrounding the death of a Liberia nurse, Salome Karwah an 'Ebola hero' indicates.[37] Salome Karwah who survived Ebola pandemic at the peak of the spread of the disease and had cared for the other victims, was reported to have died after childbirth due to neglect by healthcare providers attributed to stigmatisation. The account of Saloma's death reported by TIME from information received from Manley, Salome's sister shows that:

> "On Feb. 17 [Salome] delivered a healthy boy, Solomon, by cesarian section. She was discharged from hospital three days later. Within hours of coming home, Karwah lapsed into convulsions. Her husband and her sister rushed her back to the hospital, but no one would touch her. Her foaming mouth and violent seizures panicked the staff. "They said she was an Ebola survivor,"… "They didn't want contact with her fluids. They all gave her distance. No one would give her an injection." Karwah died the next day. …Manley [said that] if her sister had been treated immediately, she might have had a chance. Instead, "she was stigmatized."[38]

2.3 Guinea

In Guinea, the fear and stigma associated with the disease were apparent. Many residents were limiting their movements, refusing to venture too far from their homes for fear of infection or having contacts with the victims. Amanda McClelland, emergency health officer with the International Federation of Red Cross and Red Crescent Societies (IFRC), described this as a common reaction.[39] Dr. Facely Diawara, head of the health department of the Red Cross Society of Guinea affirmed the statement of McClelland as follows:

> "People have never experienced anything like this before, in Guinea as well as in West Africa. The fact that Ebola is a new disease in this region which is highly infectious and contagious, also contributes to the fear and stigma attached to it."

A Guinean medical doctor who recounted his experience to the Associated Press would not disclose his identity because of the fear of stigmatisation. He was reported as having said:

> "Thanks be to God, I am cured. But now I have a new disease: the stigmatization that I am a victim of. This disease (the stigma) is worse than the fever. Now, everywhere in my neighbourhood, all the looks bore into me like I'm the plague."[40]

Another victim of stigmatisation in Guinea is Kadiatou Fanta. It was reported that when Kadiatou Fanta tried to return to her life in Guinea months after recovering from the virus, she found it to be vastly different from her pre-Ebola existence.[41] Her boyfriend no longer took her calls, according to the Associated Press. The professors at the medical school where she studied refused to have her in class.

> "I still haven't taken my exams while my classmates have moved on to the next level. [Fanta told the AP]. The professors said they were going to grade me by telephone."

The Associated Press reported that Fanta eats alone and sleeps alone. Even her own family members are afraid to touch her.

> "Ebola has ruined my life even though I am cured, [Fanta said]. No one wants to spend a minute in my company for fear of being contaminated."[42]

Dr. Oulare Bakary was infected while treating patients in March 2014. In his reported account:

> "Everyone has been facing stigma and rejection. We needed to send a message to the people about the epidemic and also the possibility to be cured. It's not only the survivors of Ebola, it's their friends and families who are the collateral damage."[43]

The families of those who died from Ebola faced similar problems. Aziz Soumah, a 30-year-old engineer, who lived in a suburb of the Guinean capital, said his family was forced to move after his brother died from Ebola infection. This is his reported account.[44]

> "I went to pray at the mosque. As soon as I entered, all the worshippers left the mosque. I was alone. No one around me."

These accounts again reflect the need for public enlightenment on the status of the survivors and relatives of the victims of Ebola disease. A recent report by the US Centre for Disease Control suggests that it is only through sexual intercourse that the survivors of the EVD could transmit the disease in about six months after they have been cured. Mere body contacts with such survivors do not impose any risk to the third party.[45]

2.4 Sierra Leone

In Sierra Leone, Ebola survivors and their families were not spared the odium which their counterparts in the other West African nations were subjected. Even when the victims have fully recovered, people were still afraid to come near them or to have anything to do with them. Sulaiman Kemokai, 20, was released from an Ebola treatment centre after spending 25 days there. He lamented that in spite of his recovery, some members of his community were still reluctant to have any physical contact with him.[46] Senessieh Momoh, a driver taking part in a conference organised by the state authorities, the UNICEF and the US Center for Disease Control, and representing 35 former Ebola patients in Sierra Leone's eastern city of Kenema, emphasised the importance of public enlightenment on the status of the survivors in his account as follows:

> "We survivors are being treated as lepers to be shunned by the community in which we have grown up. People who had been our friends and whom we had shared palm wine with no longer wanted to be with us. Even when I showed the community elders my Ebola-free certificate, they just shook their heads. I am happy that the conference is taking place as it will help to change people's thinking about us."[47]

A recent UNICEF survey of 1,400 households across Sierra Leone found that Ebola survivors suffered high levels of stigma and discrimination.[48] James Gebbeh, a farmer in Sierra Leone who survived the disease after being confined at the treatment centre for two months, said:

> "[W]hen I returned to the community, I was rejected by people I had known for far too long. I am no longer allowed to fetch water from the well and I solely depend on food from charitable agencies.[49]

Douda Fullah watched five members of his family die in an Ebola ward. The first was his father who was a lab technician, followed by his stepmother, his grandmother, a two-year-old brother and a 13-year-old sister. According to him, the harsh irony of being an Ebola survivor is that, instead of being treated as a victim who needs support at the time of familial devastation, he was shunned by neighbours and parents' friends who believe that he still carries the virus.

3 Human rights imperatives

The human rights implications of the experiences of the Ebola victims in the four West African nations border on the protection of the right against discrimination. The Canadian Supreme Court in *Law v Canada* (*Minister of Employment and Immigration*)[50] considered discrimination in law as differential treatment by imposing a burden upon or withholding a benefit from a person in a manner which reflects the stereotypical application of presumed group or personal characteristics, or which otherwise has the effect of perpetuating or promoting the view that the individual is less capable or worthy of recognition or value as a human being or equally deserving of concern, respect, and consideration.

In simple terms, treating persons differently in the community on account of their health conditions and in such a manner as would demean their human dignity amounts to discrimination. Preserving a person's dignity in the society demands equal concern and equal respect to every person in the society.[51] Though persons are not compelled by law to interact or commune with others, the exclusion of a person from the benefits or privileges enjoyed by others on account of that person's perceived health status is discrimination.[52] Such conduct whether by the government, community or individuals is not permissible under the law except when it is done for the protection of the larger societal interests. The protection of the greater societal interests is not portrayed as the cardinal factor compelling acts of discrimination in the reports of the victims as narrated above. The experience of the Ebola victims with discrimination and stigmatisation continues well after they have been given a clean bill of health.

The social hardship suffered by people who are stigmatised is one of the reasons for the legal protection of the right against discrimination. It should be emphasised that acts of discrimination violates both international and national human rights instruments. Article 26 of International Convention on Civil and Political Rights (ICCPR) provides that "All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status". In the same vein, article 2(2) of the International Convention on Economic Social and Cultural Rights (ICESCR) provides that the States Parties to the Covenant undertake "to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin,

property, birth or other status". Similarly, article 2 of the African Charter on Human and Peoples Rights (ACHPR) provides that: "Every individual shall be entitled to the enjoyment of the rights and freedoms recognized and guaranteed in the present Charter without distinction of any kind such as race, ethnic group, colour, sex, language, religion, political or any other opinion, national and social origin, fortune, birth or other status". The import of the provision of article 2 of the ACHPR was judicially enunciated in *Zimbabwe Human Rights NGO Forum v Zimbabwe*[53] where the African Commission recognised that "[d]iscrimination can be defined as applying any distinction, exclusion, restriction or preference which is based on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, and which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by all persons, on equal footing, of all rights and freedoms". The Commission stressed the importance of the principle of non-discrimination provided under article 2 of the Charter as being the foundation for the enjoyment of all human rights with the aim of ensuring equality of treatment for individuals irrespective of nationality, sex, racial or ethnic origin, political opinion, religion or belief, disability, age or sexual orientation. Similarly, in *Legal Resources Foundation v Zambia*[54] the African Commission referred to the provision of article 2 simply as the right to equality and described it as very important as every citizen should expect to be treated fairly and justly within the legal system and be assured of equal treatment before the law and equal enjoyment of the rights available to all other citizens. Equality or lack of it affects the capacity of a person to enjoy many other rights.

The reference to 'any ground' in the decision in *Zimbabwe* suggests that the grounds of non-discrimination are in-exhaustive and would include health status in the present context. More specifically, the phrase 'or other status' as used in the international instruments referred to earlier has been interpreted by the United Nations Committee on Economic, Social and Cultural Rights (CESCR) General Comment No 20 to include health status. "Health status refers to a person's physical or mental health".[55] The CESCR enjoins States parties to ensure that a person's actual or perceived health status is not a barrier to realising the rights under the Covenant.[56]

Although the above provisions emphasise mainly the State's obligations towards the citizens, they are also viable instruments in the hands of the victims to strengthen delictual actions against individuals for impairment of dignity. An inference could be drawn from the South African court decision in *Le Roux and Others v Dey*[57] where Harms DP, in an action in delict, said:

> "The term 'dignity' covers a number of concepts… [including] the plaintiff's sense of self-worth…the inborn right to the tranquil enjoyment of one's peace of mind; and the valued and serene condition in one's social or individual life which has been violated when one is subjected to offensive and degrading treatment, or exposed to ill-will, ridicule, disesteem or contempt."

This decision confirms that discrimination and stigmatisation, could, to the extent that they undermine a person's self-esteem, be actionable against an individual as a delictual wrong for impairment of dignity.

The Constitutions of Nigeria, Sierra Leone, Liberia and Guinea also embody provisions against discrimination.[58] Section 42 of the Nigerian Constitution of 1999, for instance, provides *inter alia*:

> "(1) A citizen of Nigeria of a particular community, ethnic group, place of origin, sex, religion or political opinion shall not, by reason only that he is such a person:-
>
> (a) be subjected either expressly by, or in the practical application of, any law in force in Nigeria or any executive or administrative action of the government, to disabilities or restrictions to which citizens of Nigeria of other communities, ethnic groups, places of origin, sex, religions or political opinions are not made subject or;
>
> (b) be accorded either expressly by, or in the practical application of, any law in force in Nigeria or any such executive or administrative action, any privilege or advantage that is not accorded to citizens of Nigeria of other communities, ethnic groups, places of origin, sex, religions or political opinions.
>
> (2) No citizen of Nigeria shall be subjected to any disability or deprivation merely by reason of the circumstances of his birth."

The absence in this provision of 'health status' as a factor for which a person should not be subjected to disability or restriction was invoked by the Federal High Court in Nigeria in *Festus Odaife & Ors v AG Federation & Ors*[59] to hold that the denial of medical treatment to the applicants who were HIV positive, though constitutes inhuman and degrading treatment, does not amount to discrimination under section 42 of the constitution. Such a decision is indefensible. It is reading the letters of the law within a very narrow confine. The grounds mentioned in section 42 are not exclusive of other grounds of discrimination including health status. More so, section 34 of the same Constitution provides for the protection of a person's dignity by prohibiting inhuman and degrading treatment. There is a symbiotic relationship between both provisions as discrimination in whatever form, infringes on the person's dignity. In *Law v Canada (Minister of Employment and Immigration)*[60] the Supreme Court of Canada emphasised that the purpose of section 15(1) of the Canadian Freedom Charter which guarantees equal treatment of all persons is to prevent the violation of essential human dignity and freedom through the imposition of disadvantage, stereotyping, or political or social prejudice, and to promote a society in which all persons enjoy equal recognition at law as human beings or as members of the society, equally capable and equally deserving of concern, respect and consideration. McIntyre J had in *Andrews v Law Society of British Columbia*[61] cautioned that it would be inappropriate to confine the requirements of section 15(1) of the Canadian Charter into a 'fixed and limited formula'. That caution eluded the Nigerian court in *Odaife's case* while applying section 42 of the Nigerian Constitution which bears a simple purpose of guaranteeing the right of equality to all within its purview. A glimpse of hope for the victims of infectious disease appears in the Lagos High Court decision in *Georgina Ahamefule v Imperial Medical Centre & Another*[62] where the forcible testing of the HIV status and subsequent termination of the plaintiff's employment was declared illegal and unlawful, and as violating the plaintiff's right to health guaranteed under the African Charter and the ICESCR. Instructively, the *Odaife* and *Ahamefule* decisions emanated from the first instance courts and of coordinate jurisdictions. The intervention of the appellate courts would be indispensable in sealing the judicial direction in matters of this nature.

Suffices to observe that the West African nations under focus are all signatories to the regional and international instruments prohibiting discrimination based on health status.[63] Thus, even in the absence of specific mentioning of discrimination on health ground in the individual nation's constitution, the States obligations under the international

instruments specifically compel them to adopt measures that would guarantee the protection of the rights of the victims of Ebola in their respective nations. The reflections on the victims reports in the various countries as earlier set down do not suggest any compliance by the nations with their obligations under the various instruments. Reports by the International Human Rights Funders Group indicate that the rural dwellers in Guinea, especially in the forest area where the first incidence of Ebola was recorded, like the other rural areas in the West African region, are far removed from the government due to chronic neglect and failure to invest in social services such as health, education, and infrastructure.[64] Sierra Leone does not seem to fare any better as it has been observed by writers that as a violation of the right to health, resources that could be devoted to public works for the poor are instead funnelled to elite coffers – hence the 'public health desert' found in today's Sierra Leone. The resulting dysfunctional health facilities exacerbates the transmission of infectious diseases where there is an outbreak.[65] The anecdotal evidence from the various West African nations confirm these assertions in addition to the fact that victims of Ebola are discriminated against, stigmatised and ostracised by the society even after they have received clean bills of health from the healthcare providers.

Inferences from the more appropriate judicial responses to the issues of discrimination against persons living with HIV/AIDS in other jurisdictions provide possible analogies to how the courts should respond to the plight of the Ebola victims whose rights against discrimination are violated in the West African nations. In *Hoffmann v South African Airways,*[66] Ngcobo J of the South African Constitutional Court, while denouncing discrimination against persons living with HIV, said:

> "Society has responded to [the plight of those living with HIV] with intense prejudice. They have been subjected to systemic disadvantage and discrimination. They have been stigmatized and marginalised…. Society's response to them has forced many of them not to reveal their HIV status for fear of prejudice. This in turn has deprived them of the help they would otherwise have received… any discrimination against them can, to my mind, be interpreted as a fresh instance of stigmatisation and I consider this to be an assault on their dignity. The impact of discrimination on HIV positive people is devastating. It denies them the right to earn a living. For this reason, they enjoy special protection in our law."

Although the medically established mode of transmission of HIV is not the same as Ebola, the Ebola patients should not be discriminated against, especially in the provision of healthcare, simply on account of their health condition. What is needed is the balancing of the interests of the patient with those of the wider society by taking into consideration the impact which the preservation of the patient's right would have on the wider society. This was emphasised by the Indian court in *MX of Bombay Indian Inhabitant v M/s ZY and another*[67] as follows:

> "Taking into consideration the widespread and present threat of this disease in the world in general … the State cannot be permitted to condemn the victims …many of whom may be truly unfortunate, to certain … death. It is not in the general public interest and is impermissible under the Constitution. The interests of the [victims] … and the interests of the society will have to be balanced in such a case."

In *Hamel v Malaxo*[68] it was held that a physician must not deny treatment to patients because their medical condition may put the physician at risk. If a patient poses a risk to

the physician's health or safety, the physician should take all available steps to minimise the risk before providing treatment or making other suitable alternative arrangement for providing treatment.

It is an accepted medical practice for doctors to refer patients to the hospitals where they could have access to more advanced medical facilities or to be treated by more skilled professionals rather than an outright rejection of such patients. Although the spread of the Ebola disease in some cases resulted from the healthcare providers in the course of discharging their obligations to their patients, the records suggest that in most cases the contracting of the infection by the doctors and nurses were borne out of ignorance as they were not able to diagnose their patients' Ebola status early enough to enable them to adopt the necessary precautionary measures.[69] It is thus not just the risk but the ignorance or lack of skill of the healthcare providers that facilitated the spread of the disease. The risk factor should therefore not be an excuse for doctors to avoid their obligations to the patients.

The harm which could arise from the acts of discrimination and stigmatisation as shown by the decision in *Hoffman's* case are real. Some of the victims may opt to conceal their disease status in order to avoid being stigmatised and discriminated against. This will cause more harm to the wider society. The safer route is to administer appropriate treatment to the identified victims and provide them with a sense of belonging in the society. These will encourage others to disclose their status and which invariably guarantees protection for the wider society.

4 Limitations in the enjoyment of rights

It is acknowledged that the human right of a victim of an infectious disease in situations of a public health emergency is not an absolute right. The right could be curtailed for the protection of the wider public interests. This is permissible under the law. Article 9(1) of the ICCPR, for instance, provides that: "Everyone has the right to liberty and security of person. No one shall be subjected to arbitrary arrest or detention. No one shall be deprived of his liberty except on such grounds and in accordance with such procedure as are established by law". Similarly, article 6 of the African Charter provides that: "Every individual shall have the right to liberty and to the security of his person. No one may be deprived of his freedom except for reasons and conditions previously laid down by law. At the national level, the constitutions of Nigeria, Sierra Leone, Guinea and Liberia respectively, recognises limitations to the human rights provisions. Section 45(1) of the Nigerian Constitution is highly encompassing in that regard. It provides as follows:

> "Nothing in sections 37, 38, 39, 40 and 41 of this Constitution shall invalidate any law that is reasonably justifiable in a democratic society
>
> (a) in the interest of defence, public safety, public order, public morality or public health; or
>
> (b) for the purpose of protecting the rights and freedom of other persons."[70]

The Supreme Court of Nigeria has learnt credence to that provision in *Medical and Dental Practitioners Disciplinary Tribunal v Okonkwo*[71] where Ayoola JSC, while recognising a patient's autonomy founded on the constitutionally guaranteed right to

liberty, privacy and freedom of thought, conscience and religion, held that those can be eroded:

> "[w]here they impinge on the right of others or where they put the welfare of the society or public health in jeopardy. The sum total of the rights of privacy and of freedom of thought, conscience and religion which an individual has… is that an individual should be left alone to choose a course for his life, unless a clear and compelling overriding state interest justifies the contrary."

In a situation of public healthcare emergency, the encroachment on the freedom of the victim could take the form of quarantine as was done by the West African nations in order to prevent the spread of Ebola. Such a restriction is justified if it complies with the protocol laid down under international human rights law. International human rights law, as observed by Human Rights Watch (2014), has set down a bench-mark that States should observe for the quarantining of persons in times of public health emergency as follows:

> "[R]estrictions on human rights in the name of public health or public emergency meet requirements of legality, evidence-based necessity, and proportionality. Restrictions such as quarantine or isolation of symptomatic individuals must, at a minimum, be provided for and carried out in accordance with the law. They must be strictly necessary to achieve a legitimate objective, the least intrusive and restrictive available to reach the objective (sic), based on scientific evidence, neither arbitrary nor discriminatory in application, of limited duration, respectful of human dignity, and subject to review. When quarantines are imposed, governments have absolute obligation to ensure access to food, water, and healthcare."[72]

Where the occasion of quarantine fails to satisfy these basic international protocols, it cannot be justified as being for the protection of the health of the society. The reason for quarantine is not just the seclusion or exclusion of the victims from the public but to administer the necessary curative measures that would restore the victims to their normal way of life in the society. The victims' interests should thus remain of paramount concern of the government even under quarantine. A quarantining condition that fails to attain the basic needs of the victim or purpose for the course amounts to discrimination which is abhorred by law.

Individual nations are known to have responded in different ways to the issues of public health emergencies. In Nigeria, for instance, at the inception of the spread of the HIV/AIDS disease, the government had put in place a policy that would ensure the control of the spread of the disease and to mitigate its impact to such extent that the disease is no longer considered a public health issue.[73] Persons living with the disease were consequently fully integrated into their communities, work places and social lives. All real or perceived incidences of risk to self or others were addressed through the provision of healthcare facilities, education and purposive implementation of the legal instruments against discrimination. Similar measures are seemingly indispensable in ensuring the full reintegration of the victims of Ebola in the society and to eradicate all incidences of discrimination and stigmatisation associated with that disease.

5 Conclusions

The pieces of anecdotal evidence presented in the paper reflect abysmal infringement on the human rights of the victims of the EVD and their relatives in the West African nations. Victims are stigmatised and isolated by the members of their communities. They are discriminated against in the provision of healthcare services which in some cases have resulted to avoidable deaths. The fear of stigmatisation has the propensity of driving the victims underground and as such hindering the effort of the government to effectively control the spread of the disease. Discrimination against the EVD victims infringes on the human right of the victims. The protection of human rights is essential to the survival and progress of man in society. The universality and immutability of human rights were depicted in the observation made by Bhagwati, of the Supreme Court of India, as follows:

> "Human Rights are as old as human society itself, for they derive from every person's need to realise his [or her] essential humanity. They are not ephemeral, not alterable with time and place and circumstances. They are not the products of philosophical whim or political fashion. They have their origin in the fact of the human condition; and because of this origin, they are fundamental and inalienable. Human rights were born not of humans, but with humans."[74]

The universal nature of human rights is reflected in their global recognition by various international, regional and national bodies through the instrumentalities of treaties, conventions and laws. The victims of EVD are human beings and as such enjoy protections of their rights under the various national and international human rights instruments which are enacted or ratified by the governments in the West African nations.

It is not unusual, on the occasion of public health emergency, for the consideration of the preservation of self to be placed above the interest of the victims of the disease. The existing anecdotal pieces of evidence reveal that the victims of EVD were no exception to this societal attitude. There seems to be no importance attached to post viral status of such victims. Even families and relatives of the non-surviving victims were subjected to the stigma associated with the disease. The acts of discrimination and stigmatisation of victims, except when justifiable for the protection of the overriding interests of the public, constitute an infringement of the human right of the EVD victims. It speaks of failure in the discharge of the respective governments obligations in the West African nations that incidences of stigmatisation and discriminations against the EVD victims still persist in the society well after those victims have been certified as being free from the disease.

There is a need for public enlightenment to assure the communities that those victims of Ebola who are cured no longer impose health risk to the public and should be reintegrated into their work and social activities. Those still living with the disease need help and not stigmatisation to enable them overcome their health challenges. The invocation of the coercive powers of the law by the victim or the State is a viable option to ensure the protection of the rights of the victims where persuasive measures fail to yield the desired result.

References

(2014) '2014 Ebola pandemic' [online] http://en.wikipedia.org/wiki/Ebola_virus_epidemic_in_West-Africa (accessed 27 September 2014).

(2014) 'New Ebola case in Mali confirmed, two more suspected' [online] http://www.nbcnews.com/storyline/ebola-virus-outbreak/new-ebola-case-mali-confirmed-two-more-suspected-n254126 (accessed 24 September 2015).

(2014) 'West Africa: respect rights in Ebola response| human rights watch' [online] http://www.hrw.org/news/2014/09/15/west-africa-respect-rights-ebola-response (accessed 22 September 2014).

(2015) 'Ebola survivor shunned by boyfriend, even school' [online] http://news.yahoo.com/ebola-survivor-shunned-boyfriend-even-school-171433631.html (accessed 12 May 2015).

(2015) 'How family members of late Ebola victim suffer humiliation and stigmatisation' [online] http://www.naija.io/blogs/p/821350/how-family-members-of-late-ebola-victim-suffer-humiliation-and-stigmatisation (accessed 8 May 2015).

'Ratification table: African charter on human and peoples rights' [online] http://www.achpr.org/instruments/achpr/ratification/ (accessed 15 October 2016).

Akanbi, M.A. (2010) 'Socio-demographic factors influencing HIV/AIDS stigmatization and discrimination amongst women in Lagos state', *Gender and Behaviour*, Vol. 8, No. 2, pp.3209–3211.

Bhagwati, P.N. (1996) 'Creating a Judicial Culture to promote the enforcement of Women's Human Rights in Advancing the Human Rights of Women: using human rights standard in civil litigation, 20–22 May, p.21 Hong Kong

Cambridge Advanced Learner's Dictionary & Thesaurus (2017) [online] http://dictionary.cambridge.org/dictionary/english/stigma (accessed 9 April 2017).

Center for Disease Control (2014) *Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease* [online] http://emergency.cdc.gov/han/han00364.asp (20 September 2014).

Committee on Economic, Social and Cultural Rights General Comment No. 20 (2009) *Non-discrimination in Economic, Social and Cultural Rights*, art 2, para 2, UN Doc. E/C.12/GC/20.

Cornell, D. and Woolman, S. et al. (2013) *The Dignity Jurisprudence of the Constitutional Court of South Africa*, Vol. 1, p.78, Fordhdam University Press, New York.

Dachen, I. (2015) 'Ebola virus disease survivors thrown out of jobs and houses in Lagos' [online] http://pulse.ng/news/discrimination-ebola-virus-disease-survivors-thrown-out-of-jobs-and-houses-in-lagos-id3118703.html (accessed 15 May 2015).

Diallo, B. and Dilorenzo, S. (2015) 'Lucky few who survive deadly Ebola virus face stigma' [online] http://globalnews.ca/news/1294059/lucky-few-who-survive-deadly-ebola-virus-face-stigma/ (accessed 13 May 2015).

Diallo, M. (2015) 'Battling fear and stigma over Ebola in West Africa' [online] http://www.ifrc.org/en/news-and-media/news-stories/africa/guinea/battling-fear-and-stigma-over-ebola-in-west-africa-65367/ (accessed 15 May 2015).

Ebola Virus (2014) [online] https://microbewiki.kenyon.edu/index.php/Ebola-virus (accessed 20 September 2014).

Frankowski, S. (1998) *Legal Responses to AIDS in Comparative Perspective*, 1st ed., Imprint of Brill Academic Publishers, Netherlands.

Huffpost Healthy Living (2015) *Lack of Experience Fuels West African Ebola Crisis* [online] http://www.huffingtonpost.com/2014/08/08/ebola-outreach_n_5662359.html (accessed 23 September 2015).

Iwuagwu, S. and Durojaiye, E. et al. (2001) *Human Rights and HIV/AIDS: Experience of People Living with HIV/AIDS in Nigeria*, CRH Publications, Nigeria.

Kabia, J. (2016) 'The human rights dimension of West Africa's Ebola outbreak' [online] https://ihrfg.wordpress.com/2014/11/20/the-human-rights-dimension-of-west-africas-ebola-outbreak/ (accessed 18 October 2016).

Ladan, M.A. (2008) *The Role of the HIV/AIDS Policy: Trend of Case Law in Nigeria and Other Jurisdictions*, Inaugural Lecture delivered at the Ahmadu Bello University, Zaria.

Lazuta, J. (2015) 'Ebola victims face stigma in West Africa', [online] http://www.voanews.com/content/ebola-victims-face-stigma-in-west-africa/1902587.html (accessed 12 May 2015).

Lazuta, J., 'Ebola victims face stigma in West Africa' [online] http://www.voanews.com/content/ebola-victims-face-stigma-in-west-africa/1902587.html (accessed 12 May 2015).

Lemos, A. (2015) 'My life is torn apart: living in the aftermath of Ebola' [online] http://www.doctorswithoutborders.org/article/%E2%80%9Cmy-life-torn-apart%E2%80%9D-living-aftermath-ebola (accessed 14 May 2014).

MacJohnson, R. (2015) 'Ebola survivors 'shunned' as lepers, they tell SLeone meeting' [online] http://news.yahoo.com/ebola-survivors-shunned-lepers-tell-sleone-meeting-174157076.html (accessed 14 May 2015).

Moser, P. (2015) 'In Nigeria, battling the stigma of Ebola' [online] http://www.unicef.org/infobycountry/nigeria_76103.html (accessed 8 May 2015).

Nichols, M. and Harding, J.G. (2015) 'Defying stigma, survivors join the Ebola fight in West Africa' [online] http://www.reuters.com/article/2014/10/27/us-health-ebola-survivors-idUSKBN0IG23820141027 (accessed 12 May 2015).

Phillip, A. (2015) 'They survived Ebola. Now they are shunned' [online] http://www.washingtonpost.com/news/to-your-health/wp/2014/08/13/they-survived-ebola-now-they-are-shunned/ (accessed 12 May 2015).

Richardson, E.T., Barrie, M.B., Kelly, J.D., Dibba, Y., Koedoyoma, S. and Farmer, P.E. (2015) 'Biosocial approaches to the 2013–2016 Ebola Pandemic', *Health and Human Rights Journal* Vol. 18, No. 1 [online] https://www.hhrjournal.org/2015/12/biosocial-approaches-to-the-2013-2016-ebola-pandemic/ (accessed 18 October 2016).

Tamata, L. (2014) *Application of the Human Rights Conventions in the Pacific Islands Courts* [online] http://www.usp.ac.fj/index.php?id=13205 (accessed 6 June 2014).

TIME (2017) 'Liberian Ebola fighter, a TIME person of the year, dies in childbirth' [online] http://time.com/4683873/ebola-fighter-time-person-of-the-year-salome-karwah/ (accessed 9 April 2017).

Umukoro, A. (2015) 'Double victims: Nigerians turned into social outcasts by Ebola' [online] http://www.punchng.com/feature/double-victims-nigerians-turned-into-social-outcasts-by-ebola/ (accessed 8 May 2015).

US Centre for Disease Control (2015) *Ebola Survivors Can Spread Disease Through Sex for Longer Than Previously Thought* [online] http://www.huffingtonpost.com/2015/05/04/ebola-transmission-sex_n_7205518.html (accessed 22 October 2015).

Washington Post (2014) 'Senegalese minister of health confirms 1st case of Ebola virus in the West African country' [online] http://www.washingtonpost.com/world/africa/senegalese-minister-of-health-confirms-1st-case-of-ebola-virus-in-the-west-african-country/2014/08/29/7996179a-2f79-11e4-be9e-60cc44c01e7f_story.html (accessed 24 September 2015).

World Health Organization (2014) *Ebola Virus Disease, West Africa Situation as of 7 April 2014-Guinea* [online] http://reliefweb.int/report/guinea/ebola-virus-disase-west-africa-situation-7-april-2014 (accessed 24 April 2015).

Zoroya, G., 'They survived Ebola only to become social outcasts' [online] http://www.usatoday.com/story/news/world/2014/12/13/ebola-survivors-stigma-immunity-liberia-monrovia/20251081/ (accessed 13 May 2015).

Notes

1 http://en.wikipedia.org/wiki/Ebola_virus_disease.

2 https://microbewiki.kenyon.edu/index.php/Ebola-virus.

3 Center for Disease Control (2014).

4 World Health Organization (2014).

5 http://en.wikipedia.org/wiki/Ebola_virus_epidemic_in_West-Africa.

6 *Washington Post* (2014).

7 http://www.nbcnews.com/storyline/ebola-virus-outbreak/new-ebola-case-mali-confirmed-two-more-suspected-n254126.

8 Committee on Economic, Social and Cultural Rights General Comment No. 20 (2009).

9 http://dictionary.cambridge.org/dictionary/english/stigma.

10 Iwuagwu et al. (2001).

11 http://www.naija.io/blogs/p/821350/how-family-members-of-late-ebola-victim-suffer-humiliation-and-stigmatisation.

12 Ibid.

13 http://www.unicef.org/infobycountry/nigeria_76103.html.

14 Ibid.

15 Ibid.

16 http://www.punchng.com/feature/double-victims-nigerians-turned-into-social-outcasts-by-ebola/.

17 http://www.unicef.org/infobycountry/nigeria_76103.html.

18 Dr. Ikechukwu Enemuo was a medical practitioner and the owner of Semstel Clinic and Maternity situated in Port Harcourt, Nigeria. He was actively involved in medical practice when he contracted the EVD which eventually led to his death.

19 http://www.unicef.org/infobycountry/nigeria_76103.html.

20 http://www.punchng.com/feature/double-victims-nigerians-turned-into-social-outcasts-by-ebola/.

21 Ibid.

22 Ibid.

23 Ibid.

24 http://www.punchng.com/feature/double-victims-nigerians-turned-into-social-outcasts-by-ebola/.

25 Ibid.

26 Ibid.

27 http://pulse.ng/news/discrimination-ebola-virus-disease-survivors-thrown-out-of-jobs-and-houses-in-lagos-id3118703.html.

28 http://www.voanews.com/content/ebola-victims-face-stigma-in-west-africa/1902587.html.

29 http://www.usatoday.com/story/news/world/2014/12/13/ebola-survivors-stigma-immunity-liberia-monrovia/20251081/.

30 Ibid.

31 Ibid.

32 http://www.washingtonpost.com/news/to-your-health/wp/2014/08/13/they-survived-ebola-now-they-are-shunned/.

33 Ibid.

34 http://www.doctorswithoutborders.org/article/%E2%80%9Cmy-life-torn-apart%E2%80%9D-living-aftermath-ebola.

35 http://www.voanews.com/content/ebola-victims-face-stigma-in-west-africa/1902587.html.

36 http://www.voanews.com/content/ebola-victims-face-stigma-in-west-africa/1902587.html.

37 Salome Karwah was described by TIME as person of the year. See *TIME* (2017).

38 Ibid.

39 http://www.ifrc.org/en/news-and-media/news-stories/africa/guinea/battling-fear-and-stigma-over-ebola-in-west-africa-65367/.

40 Ibid.

41 http://news.yahoo.com/ebola-survivor-shunned-boyfriend-even-school-171433631.html.

42 Ibid.

43 http://www.reuters.com/article/2014/10/27/us-health-ebola-survivors-idUSKBN0IG23820141027.

44 http://globalnews.ca/news/1294059/lucky-few-who-survive-deadly-ebola-virus-face-stigma/.

45 US Centre for Disease Control (2015).

46 http://news.yahoo.com/ebola-survivor-shunned-boyfriend-even-school-171433631.html.

47 http://news.yahoo.com/ebola-survivors-shunned-lepers-tell-sleone-meeting-174157076.html.

48 Ibid.

49 Ibid.

50 [1999] 1 SCR 497, 1999 CanLII 675 (SCC).

51 Cornell et al. (2013).

52 See Akanbi (2010) where the writer stated that discrimination follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived health status.

53 [2006] AHRLR 128 (AHRLR 2006) para 170. Emphasis added.

54 [2001] AHRLR 84 (AHRLR 2001) para 63.

55 General Comment No. 20 para 33.

56 Ibid.

57 2010 (4) SA 210 (SCA) para 20.

58 See ss 42 and 27 of the 1999 Nigerian and 1991 Sierra Leonean Constitutions respectively, as well as arts 18 and 8 of the 1986 Liberian and 2010 Guinean Constitutions respectively.

59 [2004] AHRLR 205 (NgHC).

60 [1999] 1 SCR 497, 1999 CanLII 675 (SCC).

61 1989 CanLII 2 (SCC), [1989] 1 S.C.R 143, at 164.

62 Unreported HC Lagos State decision in Suit No ID/1627/2000, 27 September, 2012.

63 See, for instance, http://www.achpr.org/instruments/achpr/ratification/.

64 See https://ihrfg.wordpress.com/2014/11/20/the-human-rights-dimension-of-west-africas-ebola-outbreak/.

65 Richardson et al. (2015).

66 2001 (1) SA 1 (CC) para 28. See also Allpass v Mooikloof Estates (Pty) Ltd t/a Mooikloof Equestrain Centre 2011 (2) SA 638 (LC).

67 AIR 1997 (Bombay) 406 at 431.

68 25 Nov. 1993, No. 730-32-ooo37929, small claims court Joliette (Unreported) available at http://www.anilaggrawal.com>...>Reviews>TechnicalBooks (accessed 11 February 2015); see also Frankowski (1998).

69 Huffpost Healthy Living (2015).

70 See also s 15 of the Sierra Leonean Constitution, Arts 24 and 11 of the Guinean and Liberian Constitutions respectively.

71 [2001] 7 NWLR (pt 711) 206 SC at 244.

72 http://www.hrw.org/news/2014/09/15/west-africa-respect-rights-ebola-response.

73 See Ladan (2008).

74 See Bhagwati referred to by Tamata (2014).