In some respects, the Ebola story is straightforward. A (fairly) new and quite fatal pathogen for which there is no cure arises in a population ill-equipped to respond to its spread. The wealthy world shrugs as it is first confined to a few small African countries, hoping it will fade away as other outbreaks have in the past. But it doesn’t, and a confluence of global neglect, cultural practices, population density and increased mobility risks a new and dangerous pandemic. A few Westerners contract the disease, a few die, and the rich world begins slowly to respond as the story moves from Twitter and social media to front-page headlines. We don’t yet know how the story will end. But what does its re-emergence and spread tell us about our abilities to cope with infectious plagues that we had blithely assumed were things of past? Or with our continued blindness or indifference to those easily treated or managed diseases that, despite notable achievements in reducing infant mortality, still devastate poorer populations in poorer countries to a much greater degree than Ebola has (or is likely to)? Why did the World Health Organization and our emerging systems for global health governance appear to fail with Ebola? Or did they? And what are the broader and deeper global political and economic substrates that condition and constrain our collective abilities to promote the once-aspirational goal of ‘health for all’?

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