A Annex

A.1 Robustness checks

i) Leave-one-out estimates

Figure 6 presents the estimates of the Ebola prevalence rates coefficient from equation 1 (alongside the corresponding p-values) when a single region is removed one at a time from the analysis. Each point corresponds to an estimate when a region has been left out. The region left out is labelled in the graph.

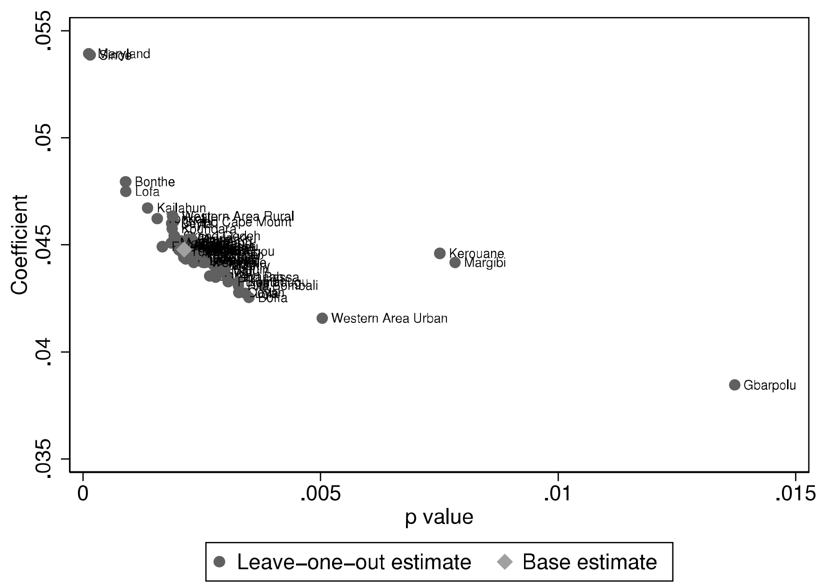

Figure 6: Leave-one-out estimates

ii) Randomly removing regions

Figure 7 re-estimates the model when we leave out multiple regions from the analysis. These regions are removed one at a time randomly to assess the stability of the coefficient. We observe that the statistical significance of the coefficient disappears after 19 regions are randomly removed from the analysis. The main analysis in the paper includes 63 regions.

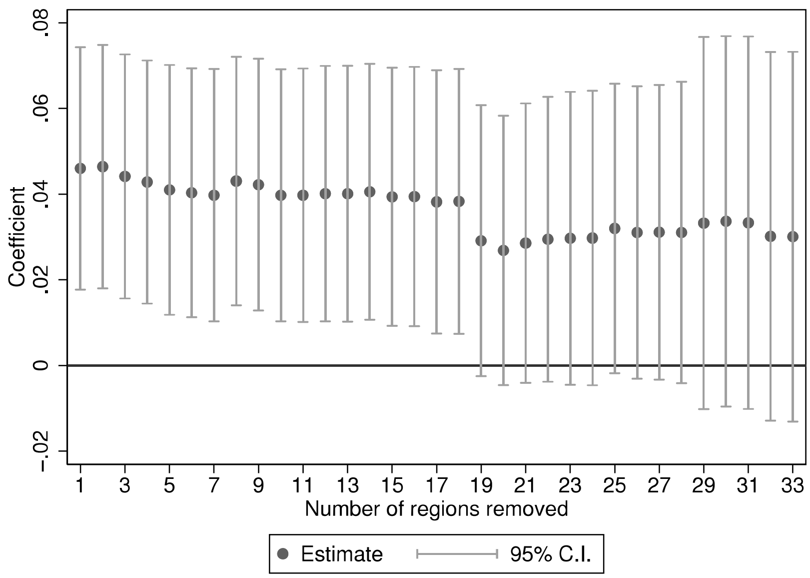

Figure 7: Leaving multiple regions out

iii) Logit/probit model estimates

Table 11: Ebola case rates: logit and probit estimates

	Logit	Probit
Ebola rates/100	0.367***	0.189***
	(0.088)	(0.052)
constant	-0.675***	-0.439***
	(0.178)	(0.105)
N	6910	6910
PseudoR^2	0.2009	0.2007

Notes: full set of demographic and socioeconomic controls included. Region and round fixed effects included. Population weighted estimates. Sample includes 63 regions. Standard errors clustered by region between parentheses. ***p $<$ 0.01, **p $<$0.05, *p$<$0.1.

iv) Logarithm of Ebola prevalence

Table 12: Ebola case rates: logarithmic transformation

	(1)	(2)
log(ebola rates +1)	0.112***	0.112***
	(0.038)	(0.029)
constant	0.295***	0.334***
	(0.018)	(0.033)
N	7067	6910
R^2	0.2166	0.2371
Controls	No	Yes

Notes: full set of demographic and socioeconomic controls included in column 2. Region and round fixed effects included. Population weighted estimates. Standard errors clustered by region between parentheses. Sample includes 63 regions. ***p $<$ 0.01, **p $<$0.05, *p$<$0.1.

v) Alternative specification of the Ebola exposure independent variable

In this section, we classify regions as having high or low Ebola prevalence, using the median. We then re-estimate the model using this dichotomous variable instead of the Ebola prevalence rates. In Table 13, we find that the coefficient for this dichotomous variable is positive and significant at the 1% level. While we cannot completely rule out all possible unobserved regional correlates, the results of this re-specification of the independent variable allow us to cautiously be more confident in the robustness of our results.

Table 13: Falsification test: support for taxation for development and Ebola exposure.

	(1)	(2)
high prevalence	0.143***	0.149***
	(0.031)	(0.028)
Constant	0.286***	0.339***
	(0.027)	(0.034)
N	7067	6910
R^2	0.2289	0.2402
Controls	No	Yes

Notes: a high prevalence region is defined as one that has a prevalence rate above the median. All specifications include controls for ethnicity, enumeration area characteristics as well as region and round fixed effects. Population weighted estimates. Standard errors clustered by region between parentheses. Sample includes 63 regions. ***p $<$ 0.01, **p $<$0.05, *p$<$0.1.

vi) Alternative specifications of the dependent variable

In this section, we test whether the main results are robust to the inclusion of neither responses (n=50) and different thresholds for the dummy variable in Table 14. In column 1 we code neither responses as zeros within the main dummy variable. In column 2, we recode the dependent variable to account for the intensity of preference, i.e. strongly agree, or agree with each statement. This variable ranges from 1 (Agree very strongly with statement 2, i.e. no support for taxation) to 5 (Agree very strongly with statement 1, i.e. support for taxation). A score of 3 represents agreement with neither statement. All coefficients are estimated using OLS. We therefore label column 2 as a cardinal approach. We also estimate an ordered logit model for the same variable in column (3).

	(1)	(2)	(3)
Dep. variable type:	Incl. Neither	Cardinal	Ordinal
Ebola rates/100	0.040***	0.203***	0.412***
	(0.014)	(0.047)	(0.070)
constant	0.322***	2.504***	
	(0.033)	(0.100)	
N	6959	6959	6959
R^2 / Pseudo R^2	0.2330	0.2520	0.1081

Notes: full set of demographic and socioeconomic controls included. Region and round fixed effects included. Population weighted estimates. Standard errors clustered by region between parentheses. Models in columns 1 and 2 are estimated using OLS. Column 3 contains coefficients for an ordered logit model. Sample includes 63 regions. ***p < 0.01, **p <0.05, *p<0.1.

Table 14: Different specifications of dependent variable

vii) Controlling for institutional trust and effectiveness

Table 15: Support for increased taxation: regional prevalence and institutional trust

	(1)	(2)	(3)	(4)	(5)
Ebola rates/100	0.045***	0.045***	0.043***	0.044***	0.047***
	(0.014)	(0.014)	(0.014)	(0.013)	(0.014)
Trust president		0.009			
		(0.006)			
Trust parliament			-0.007		
			(0.006)		
Trust revenue auth.				0.015*	
				(0.009)	
Trust local auth.					-0.001
					(0.006)
constant	0.328***	0.311***	0.364***	0.295***	0.327***
	(0.033)	(0.039)	(0.036)	(0.035)	(0.036)
N	6910	6787	6671	6458	6702
R^2	0.2364	0.2418	0.2370	0.2424	0.2411

Notes: full set of demographic and socioeconomic controls included. Region and round fixed effects included. Population weighted estimates. Standard errors clustered by region between parentheses. Sample includes 63 regions. ***p < 0.01, **p <0.05, *p<0.1.

Table 16: Support for increased taxation: institutional trust

	(1)	(2)	(3)	(4)	(5)
Ebola direct	0.035**	0.034**	0.035**	0.040**	0.032*
	(0.018)	(0.017)	(0.017)	(0.018)	(0.017)
Ebola disrupt	0.013**	0.013**	0.013***	0.014***	0.014***
	(0.005)	(0.005)	(0.005)	(0.005)	(0.005)
Trust president		0.008			
		(0.006)			
Trust parliament			-0.006		
			(0.006)		
Trust revenue auth.				-0.013**	
				(0.007)	
Trust local auth.					-0.005
					(0.007)
constant	0.751***	0.729***	0.766***	0.731***	0.758***
	(0.069)	(0.075)	(0.077)	(0.075)	(0.078)
N	4525	4446	4422	4201	4392
R^2	0.1082	0.1094	0.1100	0.1072	0.1087

Notes: all specifications include controls for enumeration area characteristics and region-round fixed effects. Columns (3)-(5) include ethnicity fixed effects. Population weighted estimates. Standard errors clustered by enumeration area between parentheses. Sample includes 400 enumeration areas. ***p $<$ 0.01, **p $<$0.05, *p$<$0.1.

Table 17: Support for increased taxation: institutional effectiveness

	(1)	(2)	(3)	(4)	(5)	(6)
Ebola direct	0.036**	0.035**	0.036**	0.036**	0.036**	0.037**
	(0.017)	(0.017)	(0.017)	(0.017)	(0.017)	(0.017)
Ebola disrupt	0.014***	0.013***	0.014***	0.014***	0.014***	0.014***
	(0.005)	(0.005)	(0.005)	(0.005)	(0.005)	(0.005)
National govt.		-0.034				
		(0.022)				
Local govt.			-0.001			
			(0.019)			
Local NGOs				0.006		
				(0.020)		
Intl. orgs.					-0.028	
					(0.031)	
Intl. govts.						-0.045*
						(0.027)
constant	0.786***	0.818***	0.786***	0.780***	0.809***	0.820***
	(0.060)	(0.066)	(0.065)	(0.065)	(0.070)	(0.068)
N	2254	2254	2254	2254	2254	2254
R^2	0.1314	0.1331	0.1314	0.1315	0.1321	0.1332

Notes: Round 6 for Liberia and Sierra Leone only. All specifications include controls for enumeration area characteristics and region fixed effects. Columns (3)-(5) include ethnicity fixed effects. Population weighted estimates. Standard errors clustered by enumeration area between parentheses. Sample includes 218 enumeration areas. ***p $<$ 0.01, **p $<$0.05, *p$<$0.1.

viii) Simulated prevalence rates

As noted in the main text, there may be some degree of reverse causality between Ebola prevalence and preferences that biases our coefficient estimates. To investigate this further, we replicate the identification strategy of Flückiger et al. (2019) with redistributive preferences. They simulate the spread of Ebola across regions utilising an spatio-temporal epidemiological model, which represents the outbreak as a network of localised epidemics. The model utilises disease specific factors, such as the reproduction number and serial interval (time between successive cases) to simulate the number of cases in each region over time. The spread of the epidemic between regions is determined by a gravity model in which the probability an infected individual migrates to another region is determined by the relative regional population sizes and bilateral distances.The underlying parameters of this model are exogenous to the actual Ebola outbreak, since they rely on predetermined factors such as population size, relative distances between regions as well as information from prior Ebola outbreaks (reproduction rate, serial interval). This allows the authors to simulate spread of Ebola in a way that is independent of regional socio-economic factors that influenced the evolution of the actual outbreak, such as redistributive preferences. They simulate weekly prevalence rates by running the model multiple times (starting from the index case region) and averaging the simulated outcomes. Instrumenting actual prevalence rates with these simulated rates allows the authors to isolate variation in Ebola prevalence that is exogenous to regional differences in state legitimacy, which encapsulates trust and willingness to pay taxes.

We instrument our measures of Ebola exposure with the simulated prevalence rates provided by Flückiger et al. (2019). For consistency with their simulated measure, we convert our prevalence rates from totals to weekly averages.[1] In the first stage, we regress Ebola prevalence rates on the simulated Ebola prevalence rates, a vector of individual level controls,, as well as regional (ϑ_r) and time (κ_t) fixed effects:

$$EbolaPrev_{irt} = \theta SimPrev_{rt} + \eta X'_{irt} + \vartheta_r + \kappa_t + \psi_{irt} \tag{3}$$

The second stage utilises the predicted values ($Ebol\hat{a}Prev_{irt}$) from the first stage regression (which captures exogenous variation in observed prevalence due to disease specific and time-invariant factors) to isolate the effect of Ebola prevalence on redistributive preferences:

[1]Note that Flückiger et al. (2019) utilise different data sources for their population estimates to construct actual and simulated measures of prevalence. We find that the results in this section are robust to the use of either source of data.

$$Y_{irt} = \beta Ebol\hat{a}Prev_{irt} + \gamma X'_{irt} + \delta_r + \lambda_t + \varepsilon_{irt} \quad (4)$$

Table 18 presents the estimates of this model alongside the baseline linear regression estimates with weekly Ebola prevalence for comparison (see Column 1). Note that the Flückiger et al. (2019) dataset only provides predicted Ebola rates for 61 out of the 63 regions, we therefore lose some round 6 observations in column 2. The first stage coefficient of simulated Ebola prevalence is significant at the 10% level while the Kleibergen-Paap F-statistic for the excluded instrument of 3.25, suggesting that the estimates may be subject to the weak instrument problem. The resulting estimate for Ebola prevalence is positive and significant at the 5% level. The inclusion of socio-demographic controls in column 3 slightly reduces the magnitude of the coefficient estimate.

To further test the robustness of our results, we also estimate a more restrictive version of equation 4 in column 4. This is the same model estimated by Flückiger et al. (2019) which includes country-round fixed effects as well as interaction effects between survey round and key socio-demographic variables (age, sex, education, urban location, and ethnicity). The latter allows us to capture any differences in the way these variables may affect preferences for redistribution across rounds, for instance due to changing attitudes or behaviours over time. The coefficient for simulated prevalence rates is highly significant in the first stage regression while the Kleibergen-Paap F-statistic for the excluded instrument is 7.53, suggesting that the specification is less susceptible to the weak instrument problem. The Ebola rates coefficient is similar to the previous specifications and displays the same level of statistical significance. Note that the sample size for this specification is larger because we only interact a sub-set of the individual level controls with the round variable to align with the model of Flückiger et al. (2019).

Overall, the analysis conducted in this section reinforces our main finding that Ebola exposure has a positive effect on preferences for redistribution and support for taxation. Moreover, the IV analysis in Table 18 suggests that our core results may be somewhat downwardly biased due to endogeneity concerns regarding reverse causation between the dependent variable and the Ebola prevalence.

Table 18: IV regression: Support for taxation for development

	(1)	(2)	(3)	(4)
Ebola rates/100 (weekly)	2.627**	3.994**	3.827**	3.810**
	(1.090)	(2.027)	(1.835)	(1.745)
First stage regression: Ebola prevalence				
Simulated Ebola prev. (weekly)	-	1.898*	1.869*	1.521***
	-	(1.053)	(1.055)	(0.554)
Individual level controls (main specification)	No	No	Yes	No
Time variable individual level controls	No	No	No	Yes
Country x round FE	No	No	No	Yes
N	7067	7043	6886	6932
F-test excl. IV	-	3.25	3.14	7.53

Notes: specifications 1-3 include controls for enumeration area characteristics as well as region and round fixed effects. Specification 3 includes the same individual level controls as the main specification. Specification 4 mimics the model estimated by Flückiger et al. (2019) including region fixed effects, country-round fixed effects and interaction terms between round and key socio-demographic variables (age, sex, education, urban location, and ethnicity. Population weighted estimates. Standard errors clustered by region between parentheses. Sample includes 63 regions. ***p $<$ 0.01, **p $<$0.05, *p$<$0.1.

ix) Regional covariates

A key concern for our estimates is that there may be time-varying regional factors that are correlated with both Ebola exposure and preferences for redistribution, such as economic development and population density. In this section, we test the robustness of our results for the inclusion of such factors.

Given the paucity of subnational GDP data across Africa, we rely on nighttime light (NTL) data as a proxy for changes in economic performance. These data are captured by satellites, which detect visible and near-infrared light emissions at night, filtering out natural sources (e.g., moonlight). Such data are being increasingly used by economists to explain subnational variation in economic development and capture the impact of economic shocks/natural disasters (see Henderson et al. 2012; Gibson et al. 2021). We utilise the Annual VIIRS Nighttime Lights v2.1 dataset from the GeoQuery website (see Goodman et al., 2019), which provides the average and sum of NTL (measured in nano Watts per square cm per steradian) per administrative unit.[2] Given we already control for region fixed effects (e.g., size), we use the sum of NTL within each region to proxy for changes in economic development.[3] We extract data from the years 2013 (pre-outbreak) and 2015 (post-outbreak).[4] It is important to recognise that, while NTL data have been shown to capture the effect of economic shocks, it may have a number of limitations. For instance, in the context of the Ebola outbreak, the measure may not well correlate with decreases in regional GDP given that NTL may increase due to the outbreak response, e.g., imposition of curfews, emergency response tents. To investigate this further we plot the log of sum of lights by country in Figure 8. We plot these separately to allow for the inspection of trends over time. While the peak of the crisis occurred in late 2014 for all three countries, each country seems to have a different trend in NTL. Guinea experiences a dip in 2014 but then NTL increases thereafter. In contrast, the sum of NTL reaches a low of 2016 for Liberia and Sierra Leone, recovering thereafter. Overall, the aggregate data do seem to capture some overall impact of the outbreak between 2013-2016. Still, it obscures subnational variation in these trends, which may differ to those at the national level.

We also obtain gridded population density (people per km^2) estimates from WorldPop.[5] These data are generated using satellite imagery, census records, and demo-

[2] This is a curated dataset that calculates average values excluding irrelevant or non-informative background pixels. The source data is taken from Elvidge et al. (2021).

[3] Our results are also robust if one uses changes in average light intensity over time.

[4] The VIIRS system provides data from April 2012 onwards but was subject to recalibrations during its first year. For this reason, we rely on annualised data from 2013 for the pre-outbreak rounds. Note that the Afrobarometer surveys were carried out in mid-2012 for Liberia and Sierra Leone. Our results are also robust to using 2016 as the post outbreak year.

[5] WorldPop (www.worldpop.org - School of Geography and Environmental Science, Univer-

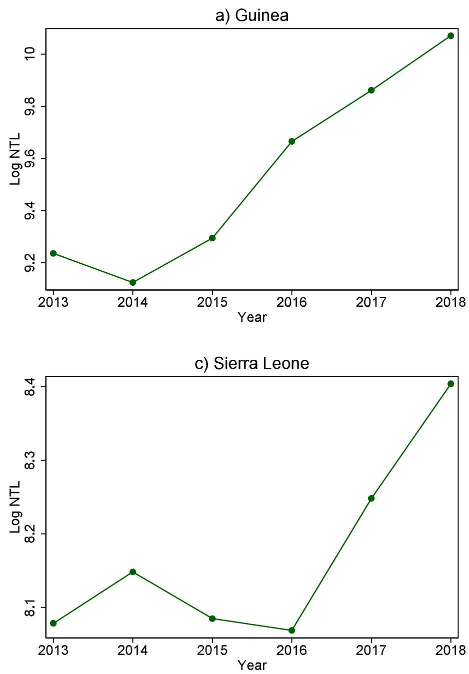

Figure 8: Log of NTL by country

graphic models, which allows one to capture spatial and temporal heterogeneity in the population distribution (see Lloyd et al., 2019). We calculate average population density values by region using the boundaries contained within administrative shape files.[6] We then match the annual data with the corresponding survey year for each country.

In table 19, we include the logs of these variables as controls in our main regression using regional prevalence rates.[7] By including both NTL and population density measures, we aim to control for time-varying regional heterogeneity and ensure that our estimates of the Ebola exposure on preferences are not confounded by shifts in local economic development or demographics. The table demonstrates that our estimates are robust to the inclusion of these variables, suggesting that the effects are not being driven by changes in economic factors or demographics. In addition,

sity of Southampton; Department of Geography and Geosciences, University of Louisville; Departement de Geographie, Universite de Namur) and Center for International Earth Science Information Network (CIESIN), Columbia University (2018). Global High Resolution Population Denominators Project - Funded by The Bill and Melinda Gates Foundation (OPP1134076). https://dx.doi.org/10.5258/SOTON/WP00674

[6] We obtain these from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). Accessed via [06/07/2021]: https://data.humdata.org/

[7] We do not include these variables in the self reported exposure regressions because they would be absorbed by the region-round fixed effects.

Table 19: Controlling for NTL and population density

	(1)	(2)	(3)	(4)
Ebola rates/100	0.045***	0.045***	0.048***	0.048***
	(0.014)	(0.014)	(0.016)	(0.016)
log NTL		0.005		0.006
		(0.021)		(0.022)
pop. density			-0.309	-0.320
			(0.440)	(0.453)
constant	0.328***	0.304***	1.326	1.334
	(0.033)	(0.100)	(1.424)	(1.443)
N	6910	6895	6910	6895
R^2	0.2364	0.2369	0.2366	0.2371

Notes: full set of demographic and socioeconomic controls included. Region and round fixed effects included. Population weighted estimates. Standard errors clustered by region between parentheses. Sample includes 63 regions. ***p < 0.01, **p <0.05, *p<0.1.

the magnitude of the Ebola coefficient increases when we control for population density. Note that the sample size slightly decreases when we include log of NTL because one region (Grand Kru in Liberia) has a missing value in 2013.

A.2 Sample statistics by country

To give a better indication of the underlying demographics in our sample, we present summary statistics at the country level. The sample frame of the Afrobarometer surveys is the adult population, aged 18 years and over. Note that all three countries have very young populations. In 2013, almost half of the populations in Guinea (50.9%), Liberia (48.8%), and Sierra Leone (49.2%) were aged less than 18 years.[8] While this hinders the generalisability of our results to the general population, our principle aim is to investigate the impact of the epidemic on the preferences of those able to pay taxes, i.e. the adult population.

[8] United Nations, Department of Economic and Social Affairs, Population Division (2024). World Population Prospects: The 2024 Revision. Information accessed at [04/02/25]: `https://population.un.org/dataportal/home`

Table 20: Country summary statistics: Guinea

	Count	Mean	S.D.	Min	Max
Support for taxation	2368	0.46	0.50	0	1
Ebola prev. (WHO)	2400	16.80	39.52	0	248
Ebola prev. (chiefdom)	2368	14.60	44.11	0	384
Ebola exposure	2336	0.27	0.45	0	1
Ebola disruption index	-	-	-	-	-
Age	2393	41.10	15.95	18	95
Female	2400	0.50	0.50	0	1
Adults in household	2400	5.69	3.69	1	25
Urban	2400	0.34	0.47	0	1
Christian	2400	0.10	0.30	0	1
Unemployed	2389	0.21	0.41	0	1
Participative	2396	0.35	0.48	0	1
Education					
None	2385	0.565	0.496	0	1
Primary	2385	0.139	0.346	0	1
Secondary	2385	0.175	0.380	0	1
Post-secondary	2385	0.121	0.326	0	1
Ethnicity					
Malinke	2400	0.29	0.45	0	1
Mende	2400	0.00	0.00	0	0
Susu	2400	0.21	0.41	0	1
Temne	2400	0.00	0.00	0	0
Assets					
Radio	2400	0.58	0.49	0	1
TV	2400	0.29	0.45	0	1
Vehicle	2400	0.23	0.42	0	1
Mobile phone	2400	0.39	0.49	0	1
Personal computer	2400	0.04	0.20	0	1
Metal roof	2400	0.75	0.43	0	1
Formal housing	2400	0.69	0.46	0	1
Toilet in home	2400	0.07	0.26	0	1
Water in home	2400	0.02	0.15	0	1
Enumeration Area					
Electricity grid	2400	0.35	0.48	0	1
Piped water system	2400	0.72	0.45	0	1
Sewage system	2400	0.12	0.32	0	1
Cell phone service	2400	0.78	0.41	0	1
Post office	2400	0.08	0.28	0	1
School	2400	0.93	0.26	0	1
Police station	2400	0.38	0.49	0	1
Health clinic	2400	0.55	0.50	0	1
Market stalls	2400	0.57	0.50	0	1
Tarred/paved road	2400	0.24	0.43	0	1

Notes: Ebola prev. (WHO) and Ebola prev. (chiefdom) are taken from WHO situation reports and Soumahoro (2020), respectively. S.D. is standard deviation.

Table 21: Country summary statistics: Liberia

	Count	Mean	S.D.	Min	Max
Support for taxation	2371	0.82	0.39	0	1
Ebola prev. (WHO)	2398	57.95	85.27	0	314
Ebola prev. (chiefdom)	-	-	-	-	-
Ebola exposure	1199	0.00	0.00	0	0
Ebola disruption index	2384	0.02	1.86	-2	3
Age	2349	35.21	11.47	18	99
Female	2398	0.50	0.50	0	1
Adults in household	2384	5.80	3.09	1	34
Urban	2398	0.47	0.50	0	1
Christian	2398	0.87	0.34	0	1
Unemployed	2387	0.42	0.49	0	1
Participative	2358	0.47	0.50	0	1
Education					
None	2376	0.20	0.40	0	1
Primary	2376	0.25	0.43	0	1
Secondary	2376	0.37	0.48	0	1
Post-secondary	2376	0.18	0.38	0	1
Ethnicity					
Malinke	2398	0.04	0.19	0	1
Mende	2398	0.02	0.14	0	1
Susu	2398	0.00	0.00	0	0
Temne	2398	0.00	0.00	0	0
Assets					
Radio	2398	0.76	0.43	0	1
TV	2398	0.26	0.44	0	1
Vehicle	2398	0.16	0.36	0	1
Mobile phone	2398	0.39	0.49	0	1
Personal computer	2398	0.08	0.28	0	1
Metal roof	2398	0.77	0.42	0	1
Formal housing	2398	0.49	0.50	0	1
Toilet in home	2398	0.19	0.39	0	1
Water in home	2398	0.06	0.23	0	1
Enumeration Area					
Electricity grid	2398	0.24	0.43	0	1
Piped water system	2398	0.14	0.35	0	1
Sewage system	2398	0.12	0.32	0	1
Cell phone service	2398	0.77	0.42	0	1
Post office	2398	0.08	0.27	0	1
School	2398	0.89	0.31	0	1
Police station	2398	0.33	0.47	0	1
Health clinic	2398	0.61	0.49	0	1
Market stalls	2398	0.45	0.50	0	1
Tarred/paved road	2398	0.44	0.50	0	1

Notes: Ebola prev. (WHO) and Ebola prev. (chiefdom) are taken from WHO situation reports and Soumahoro (2020), respectively. S.D. is standard deviation.

Table 22: Country summary statistics: Liberia

	Count	Mean	S.D.	Min	Max
Support for taxation	2328	0.86	0.35	0	1
Ebola prev. (WHO)	2381	84.82	116.69	0	370
Ebola prev. (chiefdom)	2365	105.69	281.59	0	2110
Ebola exposure	2365	0.47	0.50	0	1
Ebola disruption index	2339	-0.04	1.99	-2	3
Age	2364	37.81	13.46	18	99
Female	2381	0.51	0.50	0	1
Adults in household	2381	6.98	3.46	1	35
Urban	2381	0.37	0.48	0	1
Christian	2381	0.34	0.47	0	1
Unemployed	2352	0.33	0.47	0	1
Participative	2357	0.44	0.50	0	1
Education					
None	2372	0.39	0.49	0	1
Primary	2372	0.13	0.34	0	1
Secondary	2372	0.31	0.46	0	1
Post-secondary	2372	0.16	0.37	0	1
Ethnicity					
Malinke	2381	0.03	0.17	0	1
Mende	2381	0.33	0.47	0	1
Susu	2381	0.03	0.18	0	1
Temne	2381	0.29	0.45	0	1
Assets					
Radio	2381	0.72	0.45	0	1
TV	2381	0.18	0.39	0	1
Vehicle	2381	0.08	0.28	0	1
Mobile phone	2381	0.33	0.47	0	1
Personal computer	2381	0.06	0.24	0	1
Metal roof	2381	0.82	0.39	0	1
Formal housing	2381	0.53	0.50	0	1
Toilet in home	2381	0.07	0.26	0	1
Water in home	2381	0.03	0.17	0	1
Enumeration Area					
Electricity grid	2381	0.27	0.45	0	1
Piped water system	2381	0.26	0.44	0	1
Sewage system	2381	0.16	0.37	0	1
Cell phone service	2381	0.92	0.27	0	1
Post office	2381	0.07	0.25	0	1
School	2381	0.86	0.34	0	1
Police station	2381	0.30	0.46	0	1
Health clinic	2381	0.63	0.48	0	1
Market stalls	2381	0.38	0.48	0	1
Tarred/paved road	2381	0.57	0.50	0	1

Notes: Ebola prev. (WHO) and Ebola prev. (chiefdom) are taken from WHO situation reports and Soumahoro (2020), respectively. S.D. is standard deviation.

A.3 Additional figures

Figure 9: Health spending as %GDP. IHME (2021).

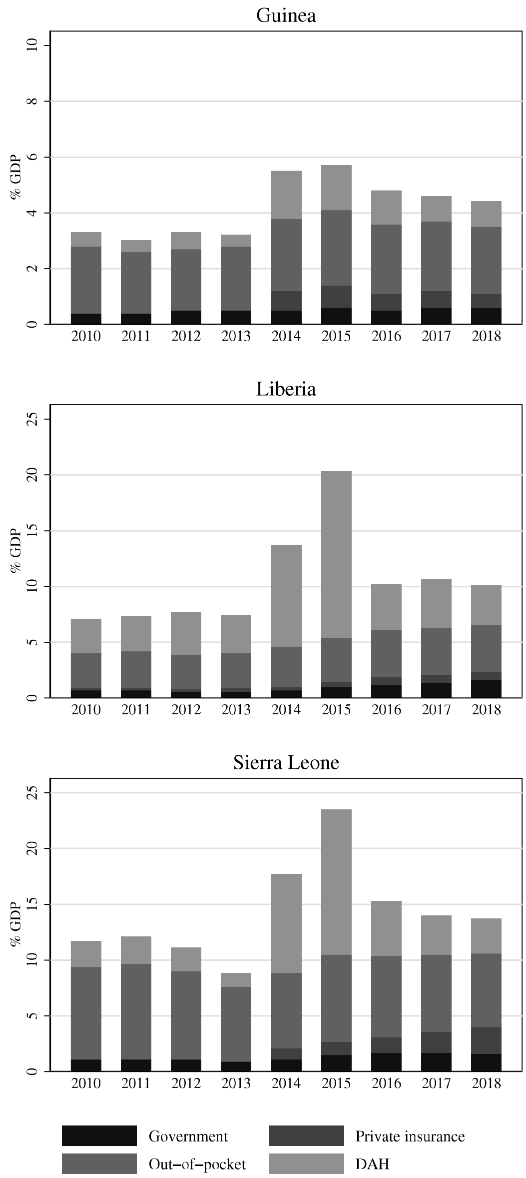

Figure 10: Total health spending by source. IHME (2021).