

## Ebola in the Democratic Republic of the Congo: time to sound a global alert?



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The epidemic of Ebola virus disease in the Democratic Republic of the Congo (DRC) is the second largest in history after the 2014 west African epidemic. A storm of detrimental factors complicates this event: armed conflict, political instability, and mass displacement. WHO, the DRC Government, and non-governmental organisation (NGO) partners have shown remarkable leadership but are badly stretched. The outbreak remains far from controlled, risking a long-term epidemic with regional, perhaps global, impacts.

Faced with an evolving complex humanitarian crisis, and recent elections complete, WHO Director-General Tedros Adhanom Ghebreyesus should reconvene the Emergency Committee (EC) and consider declaring a Public Health Emergency of International Concern (PHEIC). The first EC report on Oct 17, 2018, called for “intensified” action, fearing “significant deterioration”.<sup>1</sup> The EC’s fears have been prescient. Cases of Ebola virus disease have more than tripled, with an expanded geographical footprint into 18 health zones.<sup>2</sup> Governments, including the USA, have withdrawn personnel, fearing for their safety.<sup>3</sup>

Effective mitigation requires case identification. Yet less than 20% of new Ebola cases have been on known contact lists.<sup>4</sup> This situation undercuts vital interventions, such as contact investigations, isolation, and safe burials. WHO might have to shift from ring vaccination to vaccination based on geographical location, but doing so effectively will require far more doses; limited vaccine supplies, therefore, are concerning.<sup>5</sup>

The risk of cross-border spread of Ebola virus disease to Uganda, Rwanda, and South Sudan is high.<sup>2</sup> Tens of thousands of Congolese cross borders daily to trade, to visit family, or for funerals. Roads to Kigali and Kampala are well travelled and could facilitate Ebola transfer to large population centres. Uganda and Rwanda have fairly strong surveillance systems and are preparing for cross-border spread. Uganda vaccinated essential health workers and is reportedly screening all travellers at Entebbe airport.<sup>6</sup> Yet cases could be missed at the border. South Sudan, meanwhile, is among the world’s most fragile states. A widening

epidemic of Ebola virus disease could destabilise the region and disrupt the tenuous peace in South Sudan, where violence continues and famine is predicted.<sup>7</sup> In the past 6 months, 300 000 DRC refugees have crossed into Uganda, adding to a refugee population of about 1 million.<sup>8</sup> The west African epidemic of Ebola virus disease in 2014–16 reduced regional economies by US\$2.8 billion.<sup>9</sup> Similar impact in DRC and neighbouring countries could devastate fragile economies.

The legal criteria for a PHEIC have been met. The International Health Regulations (2005) (IHR) empower the WHO Director-General to declare a PHEIC. A PHEIC is an extraordinary event with public health risk to other countries that requires a coordinated international response.<sup>10</sup> IHR criteria include public health impact, novelty and scale, and movement of persons.<sup>10</sup> The WHO Director-General must also consider health risks, potential international spread, and EC guidance, among other factors.

The report of the EC in October, 2018, expressed concern about armed conflict and new cases without known links, but advised against a PHEIC “at this time”.<sup>1</sup> Unlike past statements, the EC did not say “the conditions for a PHEIC have not been met”. The DRC epidemic meets PHEIC criteria and has for some time. The IHR empower a PHEIC for “potential” cross-border



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transmission, without waiting until international spread has occurred. The Ebola epidemic in DRC is unfolding amid regional conflict, as attacks on medical staff coincide with subsequent spikes in cases.<sup>11</sup>

We call upon the WHO Director-General to reconvene the EC to review the grounds for a PHEIC declaration. He should invite states, the UN, and NGOs to attend and submit evidence.<sup>10</sup> The United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO), UNHCR, the UN Refugee Agency, and civil society could provide critical information. The EC should recommend proactive measures on health, diplomacy, security, and community engagement. Concrete recommendations could specify the level and kind of resources needed and composition of security and diplomatic assets.

A PHEIC is a clarion call to galvanise high-level political, financial, and technical support. A PHEIC would provide a clear signal from the world's global health body that UN leadership is urgent. A PHEIC also empowers the WHO Director-General to make temporary, non-binding recommendations that have normative force.<sup>10</sup>

The IHR do not specify any surge in authority or financing when declaring a PHEIC. In the past, states did not heed WHO warnings that travel and trade restrictions are harmful. During the west African Ebola epidemic, 58 states restricted travel from affected areas, and during the 2009 influenza A H1N1 pandemic, states imposed trade and travel restrictions.<sup>12-14</sup>

Trade or travel barriers in the DRC would have devastating impacts. WHO, with UN support, should take active steps to prevent unlawful and harmful restrictions. In 2009, WHO and the World Trade Organization (WTO) criticised governments that took non-evidence-based actions; going forward, WHO and WTO could publicly name non-compliant countries. Governments should also agree to dispute resolution, including binding IHR arbitration.<sup>10</sup>

If a PHEIC escalated conflict by raising the profile of the international response, it would be deeply concerning. Recent elections in DRC were clouded by concerns about vote-rigging, unsettling lines of power and legitimacy. Armed groups have used violence to generate chaos. A PHEIC could increase incentives to target Ebola responders to gain leverage. As in South Sudan, armed groups could manipulate aid for non-humanitarian purposes.<sup>15</sup> Like any complex multilateral negotiation,

cultural competence and smart diplomacy are required. Outsiders are unlikely to be privy to all on-the-ground realities and risks.

The IHR were designed to respond to a health emergency like the DRC Ebola epidemic. We urge the WHO Director-General to reconvene the EC and re-assess the declaration of a PHEIC. The UN and governments should increase support for WHO and partners. If the IHR fails, or worse, increases political instability, it will require urgent reform.

State non-compliance should not obscure the value of the IHR in establishing norms of rapid identification, notification, and response. The IHR require states to develop health-system capacities, assessed by WHO's Joint External Evaluation. IHR reform should focus on technical and financial assistance for national health capacities. A PHEIC should trigger surge capacity in relation to authority and finances, with effective mechanisms to gain state compliance.

WHO has shown leadership and operational endurance, working tirelessly to combat the DRC Ebola epidemic. But WHO and partners cannot succeed alone. We live at a political moment when international solutions to collective threats are increasingly hard to achieve. But WHO and the UN system will be called upon with ever-greater frequency in the future to manage complex humanitarian crises. We must plan for a future in which political violence and instability become the new abnormal.

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