Ebola: World Health Emergency

by Dr. Debra Hanania-Freeman

July 26—The second worst Ebola outbreak in history, which has been raging in the Democratic Republic of the Congo (DRC) since last August, was finally (on July 17, 2019) declared "a public health emergency of international concern" by the World Health Organization (WHO).

The recent outbreak was first reported on August 1, 2018 when the DRC health ministry confirmed four cases of Ebola in the town of Mangina, in northeastern Congo's North Kivu province, 100 kilometers west of the Uganda border. Since then, according to the WHO, more than 2,700 people have been infected, and two-thirds of them have died. But, according to aid groups in the region, those numbers represent a significant undercount since health workers are repeatedly turned away from homes in which someone has died, leaving them unable to test for further Ebola infection.

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Health workers attend an Ebola patient in the Democratic Republic of the Congo.

The rate of infection continues to escalate, jumping from 1,000 to 2,000 cases in a bit more than two months. It took 224 days for the number of cases to reach 1,000, but just 71 more days to reach 2,000. By early October, the daily rate of new cases had more than doubled. According to the latest information, between 12 and 15 new confirmed cases are being reported every day.

At a Capitol Hill briefing last November 5, hosted by the Johns Hopkins Center for Health Security, Robert Redfield, the Centers for Disease Control and Prevention (CDC) Director, warned that the outbreak had already become so serious that the failure to contain its spread could lead to it becoming entrenched. Were that to occur, he said, it would be the first time since the virus was initially identified in 1976 that an outbreak would lead to the persistent presence of the disease. All previous outbreaks, including the 2014-2016 West Africa outbreak that caused over 11,000 deaths, took place in relatively remote areas.

Tom Inglesby, Director of Johns Hopkins Center for Health Security, speaking at the Capitol Hill briefing, urged more aggressive international action to contain the current outbreak. If Ebola is allowed to become endemic in substantial areas of North Kivu province, "this will mean that we've lost the ability to trace contacts, stop transmission chains, and contain the outbreak."

In that scenario, he said, there would be a sustained and unpredictable spread of the virus, with major implications for travel and trade, emphasizing the fact that there are 6 million people in North Kivu. By compari-

son, the entire population of Liberia, one of the hardest hit countries during the epidemic of 2014-2016, is about 4.8 million.

Armed Militias Hobble Relief Efforts

North Kivu is also an active war zone. Dozens of armed militias operate in the area, attacking government outposts and civilians, severely hampering the work of the response teams and putting their personal security at risk. Efforts to combat the epidemic have been hobbled by frequent attacks on treatment centers and health workers.

Escalating violence has resulted in various relief organizations, including Physicians Without Borders, withdrawing personnel. The continuing increase in the rate of infection is, at least in part, attributed to the disruption in health workers' efforts as well as the fact that there is community resistance and deep distrust of the government.

Violent confrontations continue to occur when Ebola responders try to remove the highly contagious bodies of the dead, taking the highly infectious corpses away from grieving family members in order to take charge of the burials to ensure public health. The public health threat is significant. The corpse of an Ebola victim is most contagious at the time of death. Families that clean the bodies of their deceased relatives as part of customary burial rites are all spreading the contagion and almost certainly condemning themselves to death. Accusations that the responders are stealing the organs of the victims are widespread and the problem is compounded by some local politicians who have publicly suggested that the national government—or some other hidden hand—had imported the disease.

These are among the factors that have indeed complicated the situation. However, it doesn't excuse the WHO for taking so long to respond. In fact, the WHO has repeatedly declined requests by medical and public health experts to declare an emergency. On June 11, Uganda announced that it had confirmed the first two

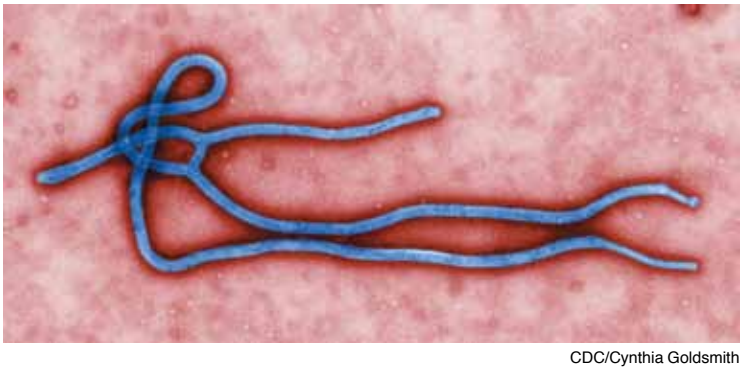
The Deadly Ebola Virus

Ebola Virus Disease (EVD) causes a deadly hemorrhagic fever, in people, and can affect primates—monkeys, gorillas, and chimpanzees. The infection has severe symptoms, with a fatality rate of around 50%, which can vary, case by case, depending on treatment and circumstances, from 25% to 90%.

EVD is very transmissible. It spreads from person to person through direct contact with bodily fluids, or objects contaminated with the fluids, including those of someone who has died. The virus can enter the body's system through broken skin or mucous membranes in the nose, mouth, or eyes. It is also transmitted through sexual contact. The virus can infect humans through contact with the secretions, blood, or tissue of infected fruit bats or primates.

The incubation period—that is, the length of time from infection by the virus, to the onset of symptoms—is from 2 to 21 days. EVD cannot be spread by a person infected with the virus, until he or she develops symptoms, but the onset of symptoms can be quite sudden. Symptoms include fever, fatigue, muscle pain, headache, or sore throat. This progresses to vomiting, diarrhea, rash, impaired kidney and liver function, and, possibly, internal and external bleeding.

Of the viruses within the genus *Ebolavirus*, most of them are known to cause disease in people. The Ebola virus (species *Zaire ebolavirus*) was first identified in 1976, near the Ebola River in Zaire, now the Democratic Republic of Congo (DRC). There have been outbreaks since then in several African countries in the region, extending to West Africa. The virus causing the current outbreak in the DRC and the major 2014-2016 West African outbreak, belongs to the *Zaire ebolavirus* species.



CDC/Cynthia Goldsmith

Ebola deaths in this outbreak. On June 14, the third emergency meeting since the outbreak began, was held. WHO insisted that the outbreak still was not a global emergency. Finally, on July 14, when the DRC's Ministry of Public Health confirmed the first Ebola case in Goma, a port city on Lake Kivu of more than 2 million people on the Rwandan border, the WHO's hand was forced. On July 17, at the fourth meeting of international experts, the WHO finally declared an international emergency. The declaration was long overdue.

Pandemic Bonds

In welcoming the move by the WHO, the International Federation of Red Cross and Red Crescent Societies issued a statement saying that, "While it does not change the reality on the ground for victims or partners engaged in the response, we hope it will bring the international attention that this crisis deserves." It was explained that they were specifically referring to the fact that since 2017, the World Bank has been issuing "pandemic bonds," which use private investment to help developing nations tackle outbreaks of infectious diseases.

The particular bond that covers Ebola, among other diseases, pays investors a coupon of 11.1 percent over the Libor (London Inter-Bank Offered Rate), funded by donor nations Japan and Germany. Since last August, over 1,700 people have died in eastern Congo, a region with rich mineral deposits but part of one of the poorest countries in the world, according to the UN. But that doesn't mean they get the aid money.

In fact, despite the deaths in Congo, the *Financial Times* reports that the pandemic bonds will only benefit affected nations once the virus jumps international borders and a "positive rate of growth of the outbreak is confirmed, according to a person familiar with the bonds." Then and only then would the Washington-headquartered World Bank disburse $90 million to help both governments and international aid responders tackle the crisis. Additionally, since their introduction, pandemic bonds have yet to pay out to affected nations.

The *Financial Times*, on June 13, 2019, further reported that their source told the newspaper, "The criteria for the Pandemic Emergency Financing insurance window to activate is, among others, that the outbreak is affecting at least two countries, with each country having surpassed a specific threshold of severity." Specifically, the bonds would not pay out until at least 20 people are confirmed to have died in Uganda.

In February, the World Bank disbursed $80 million to the DRC in grants through its International Development Association contingency mechanisms to help finance responses for the Ebola outbreak. But the bank's readiness to allow the death toll to rise, before paying out fully on the insurance element of the facility, to the degree that it is understood, is fueling growing criticism over the deal's structure.

If the bonds mature without paying out, investors get their money back, plus the chunky coupons.

Bodo Ellmers, senior policy and advocacy officer at the European Network on Debt and Development, told the *Financial Times* in February that "the financialization of risks is a new avenue for the privatization of profits and the socialization of losses."

Such bonds are an example of a wider growing trend where private finance replaces traditional funding methods such as disaster relief aid. In fact, catastrophe bonds attracted record levels of investment last year.

Russia Offers a Revolutionary Vaccine

Despite all of this, some progress has been made since the West Africa epidemic of 2014-2016, in that vaccines do now exist. But, accelerating vaccine production is an urgent necessity. The one licensed Ebola vaccine, produced by Merck & Co., which has been used, is proven to be 97.6% effective. But it is in such short supply that it is currently being administered in half-doses, with no conclusive data on its effectiveness. The WHO has proposed to the DRC that another vaccine, produced by Johnson & Johnson, be introduced for use.

Last week, TASS reported that Russia's Novosibirsk-based Virology and Biotechnology State Research Center (VECTOR) has offered to supply the DRC with an Ebola vaccine, which is approved for use in Russia. Apparently, according to the TASS report, the Russian peptide vaccine operates on a different principle than the other vaccines, and is "highly safe, effective, lacking any side effects, and is easily storable and transportable."

While these developments are encouraging, stopping this latest outbreak and others like it requires more than vaccines and short-term measures. As *EIR* outlined repeatedly during the 2014 Ebola emergency, eradicating the threat of this most deadly of viruses, and others that may emerge in Africa, requires nothing less than an international crash-program mobilization to provide adequate economic conditions (sanitation, water, power, housing) along with the development and implementation of a first-class public health system.