

AFRICA

WHO Declines to Declare Ebola a Global Emergency in Congo

Outbreak is the world's second-deadliest, as toll reaches 1,411



People coming from Congo have their temperature measured to screen for symptoms of Ebola at the Mpondwe border crossing in western Uganda on Friday. PHOTO: RONALD KABUUBI/ASSOCIATED PRESS

By Betsy McKay and Nicholas Bariyo

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The World Health Organization declined on Friday to declare that an Ebola outbreak in the Democratic Republic of Congo constitutes a global public-health emergency, surprising global health leaders and organizations that have been struggling to stop a deadly hemorrhagic fever that has been spreading for more than 10 months in a region plagued by rebel violence.

An emergency committee of independent experts said the world's second-deadliest outbreak of Ebola, which was detected in August 2018, doesn't meet all the criteria for an international public-health emergency. The committee also said that declaring an international emergency could have negative consequences, such as restricting travel and trade, that could harm Congo's economy and the response effort.

“This is not a global emergency,” said Preben Aavitsland, acting chair of the WHO emergency committee, at a press conference. He said it is a “severe emergency,” however, for the Democratic Republic of Congo and its neighboring countries.

“It was the view of the committee that there is really nothing to gain by declaring a public-health emergency of international concern, but there is potentially a lot to lose,” he said. The committee also declined in two previous meetings to designate the Ebola outbreak an international emergency.

Speaking by phone in a press conference from Congo, where he is viewing and holding discussions about Ebola response efforts, WHO Director-General Tedros Adhanom Ghebreyesus said he accepted the committee’s decision, while noting that the outbreak is an emergency for those affected by it.

He urged international funders to help WHO fill an immediate gap of \$54 million needed to fund response efforts through July. WHO also said it would need more funding for the months to come. “We need the international community to step up its financial commitment to end the outbreak,” he said.

Dr. Tedros, as he is known, called the emergency committee meeting a day after health authorities disclosed that the outbreak had crossed for the first time from eastern Congo into neighboring Uganda, where a 5-year-old boy tested positive for the deadly virus. The boy had come to Uganda from Congo with his family and died of Ebola on June 12. His 50-year-old grandmother succumbed to the deadly viral disease a day later.

The outbreak in Congo is the world’s second-deadliest, after an epidemic in West Africa that erupted in 2014 and required significant international aid to contain. At least 2,108 people have been sickened with the deadly hemorrhagic fever since the current outbreak was declared in August 2018, according to Congo’s health ministry. Of them, 1,411 have died.

Several health experts expressed dismay at the committee’s decision, saying they believe an international emergency declaration is warranted. Such a declaration gives WHO some added powers, helps it mobilize resources and more effectively coordinate a response, they said. The outbreak has attracted too little international attention or aid, they said.

“A step up in the response with full international support is critical if we’re to bring the epidemic to an end and ensure protection for the communities at risk,” said Jeremy Farrar, director of Wellcome Trust, a charity in the U.K. “This epidemic is in a frightening phase and shows no sign of stopping anytime soon.”

“You’ve got to sound the alarm when you’ve got this level of epidemic,” said Lawrence Gostin, faculty director of the O’Neill Institute for National and Global Health Law at Georgetown University, who has served on WHO emergency committees. Rebel violence has worsened, health authorities aren’t able to track how and where Ebola is spreading, and “community distrust runs so deep that people are hiding their infected family members,” he said.

Not declaring an emergency at this point is “a recipe for just letting this epidemic either spin out of control entirely or be at a low continuous boil of suffering and death that literally has no ending point,” he said.

“It’s looking like the point where we were in West Africa,” said Gabrielle Fitzgerald, chief executive officer of Panorama Global, an organization which this week launched an Ebola Fund to raise funds to fight the outbreak.

The WHO has declared the spread of a disease to be a “public health emergency of international concern” four times. The designation, which it began using about a decade ago, signals risk that a disease could spread internationally. It declared international emergencies for the H1N1 flu pandemic in 2009, the spread of polio in 2014, Ebola in West Africa the same year, and the birth defects and other neurological conditions associated with the Zika virus in 2016.

Local and international health authorities have struggled and failed since August 2018 to contain Ebola in Congo’s populous and volatile Ituri and North Kivu provinces. The outbreak is the world’s first in an active conflict zone, and their efforts to stop it have been hindered by violent attacks on Ebola treatment facilities and health-care workers, as well as community mistrust.

Congo’s health ministry says that cases have increased from around 25 a week in mid-March to over 100 in recent weeks. Since January, there have been 42 attacks on health facilities, with 85 workers either injured or killed, according to the WHO.

The virus has been spreading close to the borders of neighboring countries, which include Rwanda and South Sudan in addition to Uganda.

Ugandan authorities have repatriated the five other family members of the 5-year-old boy who died to Congo so that they can receive specialized treatment, Uganda's health minister, Jane Aceng, said Friday. The family members include the boy's 23-year-old father, who had displayed Ebola symptoms but tested negative, along with the mother and their 6-month-old baby. A 3-year-old boy who is a member of the family also tested positive for Ebola.

Three other suspected cases, not related to the deceased boy, remain at an isolation ward, in the border town of Bwera, waiting for test results from their blood samples.

"As of now there is no confirmed case of Ebola in Uganda," Dr. Aceng said.

Congo's health ministry said Friday that five other members of the boy's family still in Congo had tested positive for the hemorrhagic fever, in the Mabalako Health Zone located in the rebel-infested North Kivu province.

Uganda's health ministry said it would remain in response mode and is following up some 27 contacts of the original boy. Authorities have also banned public gatherings and open markets in districts along Uganda's western border, a key mineral transit route for highly sought after metals from eastern Congo's gold- and tin-mining heartlands.

Ugandan health workers, backed by police and the military, have been stationed at all unofficial entry points, along the roughly 300-mile border, between Uganda and Congo's Ituri and North Kivu provinces, said health ministry spokesman, Emma Ainebyona.

Congo's health ministry donated some 400 doses of an experimental Ebola vaccine to help Uganda with a vaccination campaign that was due to start on June 14. The WHO has also flown in 4,000 doses to scale up vaccination.

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