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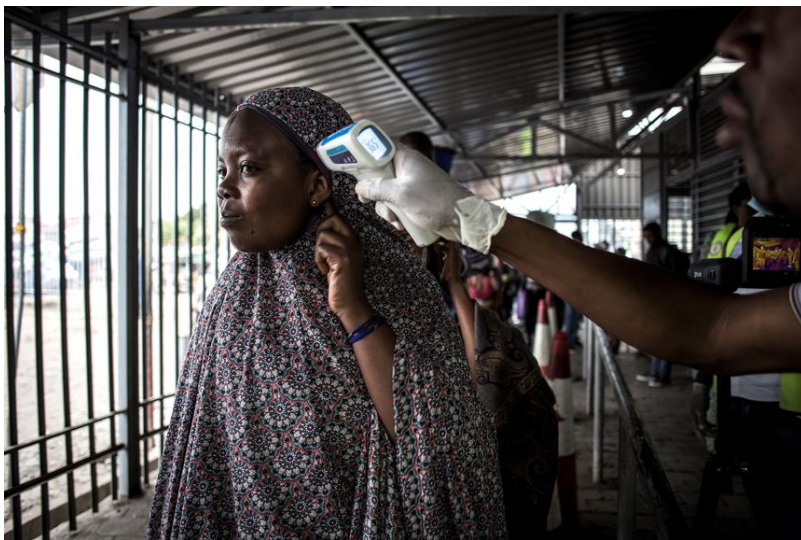
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AFRICA

Ebola Epidemic in Congo Declared a Global Health Emergency

World Health Organization says outbreak has infected more than 2,500 people and killed nearly 1,700 of them



A woman's temperature was measured at an Ebola screening station as she entered the Democratic Republic of the Congo from Rwanda this week. PHOTO: JOHN WESSELS/AGENCE FRANCE-PRESSE/GETTY IMAGES

By Nicholas Bariyo

Updated July 17, 2019 5:00 pm ET

The World Health Organization on Wednesday declared the Ebola outbreak in the Democratic Republic of Congo a global public-health emergency, a rare move that seeks to mobilize more funds to stop the deadly virus nearly a year after it first took hold in a region marked by decades of conflict.

The United Nations public-health agency convened its emergency committee three days after health authorities disclosed a first Ebola case in Goma, a city by Congo's eastern border with Rwanda. The city of about 2 million people hosts the region's busiest international airport and its main mineral trading hub and serves as the regional headquarters of scores of relief agencies.

The outbreak, which was first declared on Aug. 1, has already claimed at least 1,676 lives, while 2,512 people have been infected, according to the Congolese health ministry. That makes it the



A Congolese health worker administered an ebola vaccine on Wednesday to a child at the Himbi Health Centre in Goma, Democratic Republic of Congo. PHOTO: OLIVIA ACLAND/REUTERS

world's second deadliest after the 2014-16 Ebola epidemic that killed some 11,300 people in West Africa.

“The declaration of the public health emergency is a measure that recognizes possible increased national and regional risks,” said the WHO Director-General Tedros Adhanom Ghebreyesus. “Our risk assessment remains that the risk of Ebola spread in the DR Congo and the region remains very high.”

This is the fifth time the WHO has declared the spread of a disease to be a “public health emergency of international concern,” a designation that signals risk that a disease could spread internationally and is meant to corral political and financial support to stop it.

The agency has declared emergencies previously for the H1N1 flu pandemic in 2009, the spread of polio in 2014, Ebola in West Africa in the same year and the birth defects and other neurological conditions associated with the Zika virus in 2016.

Despite medical and treatment advances—most notably the wide use of an experimental Ebola vaccine—local and international health workers have failed to contain the outbreak, the first ever in an active conflict zone. Health officials say they now find 10 to 15 new cases a day, compared with around 25 a week in mid-March.

And although more than 160,000 people have been vaccinated against Ebola, many residents still distrust outsiders and don't believe that the virus is real. Since the start of the year, aid agencies have documented more than 170 attacks on Ebola workers in the mineral-rich Ituri and North Kivu provinces, which are home to dozens of armed militias.

The U.N., which has over 20,000 peacekeeping troops in Congo, created a new Ebola emergency coordinator in May to tackle security threats, but attacks have continued. Since June, more than 300,000 people have fled violence in Ituri, one of the affected provinces, according to the U.N.

“We are watching a crisis turn into a catastrophe,” said Gayle Smith, president of Washington-based charity, the ONE Campaign. “The time to start caring about Ebola isn’t when it reaches the shores of the United States or Europe, it’s now.”

Recent cases in Goma and Uganda also raise serious concerns over local authorities’ ability to catch patients before they can infect others. Ebola is passed on through bodily fluids such as sweat, blood or saliva.

The man diagnosed with Ebola in Goma was a priest who had just returned from a visit to Butembo, one of the epicenters of Congo’s outbreak, and had passed several checkpoints on his way back to the border city. He died on Tuesday.

The agency also said Wednesday that a woman who died of Ebola in Congo had gone to sell fish at a busy market in neighboring Uganda on July 11 while she was showing symptoms of the highly contagious disease. She entered Uganda without passing through formal border points, where health workers screen travelers’ temperature. She died four days later in a Congolese Ebola unit.

Congo’s health ministry said it had identified 97 people that the priest had come into contact with, while officials there and in Uganda were still searching for people who may have been infected by the fishmonger. Catching and vaccinating potential patients is vital for their survival and to stop them from spreading the virus further.

People infected with the virus who receives the vaccine may still develop the disease, the WHO says, but the shot can reduce the severity of their symptoms and raise their chance of survival.

The WHO’s committee of independent experts had declined in three previous meetings to designate the Ebola outbreak an international emergency. At its most recent meeting in June, the panel cited concerns 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.

Health experts welcomed the international emergency declaration, saying it was overdue as the virus spreads.

“This is perhaps the most complicated epidemic the world has ever had to face, yet still the response in the DRC remains overstretched and underfunded” said Josie Golding, Epidemics Lead at Wellcome, a UK-based Health Charity.

Rebecca Katz, a global health legal and policy expert with Georgetown University global health security noted that the outbreak had met all conditions for declaring it an international emergency long ago.

“We are delighted to see that the Emergency Committee and the Director General have finally come to this decision.” Dr. Katz said. “This is a positive development for global governance of disease and the International Health Regulations.”

The committee on Wednesday expressed disappointment about delays in funding that have constrained the response. The WHO has received \$112 million of funds pledged to help the effort, a spokeswoman said, but the outbreak has cost \$233 million and the funding gap is expected to widen as the virus spreads.

The committee also stressed that regional borders and trading routes needed to remain open.

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Appeared in the July 18, 2019, print edition as 'Ebola Outbreak Declared an Emergency.'