

Ebola: Why?

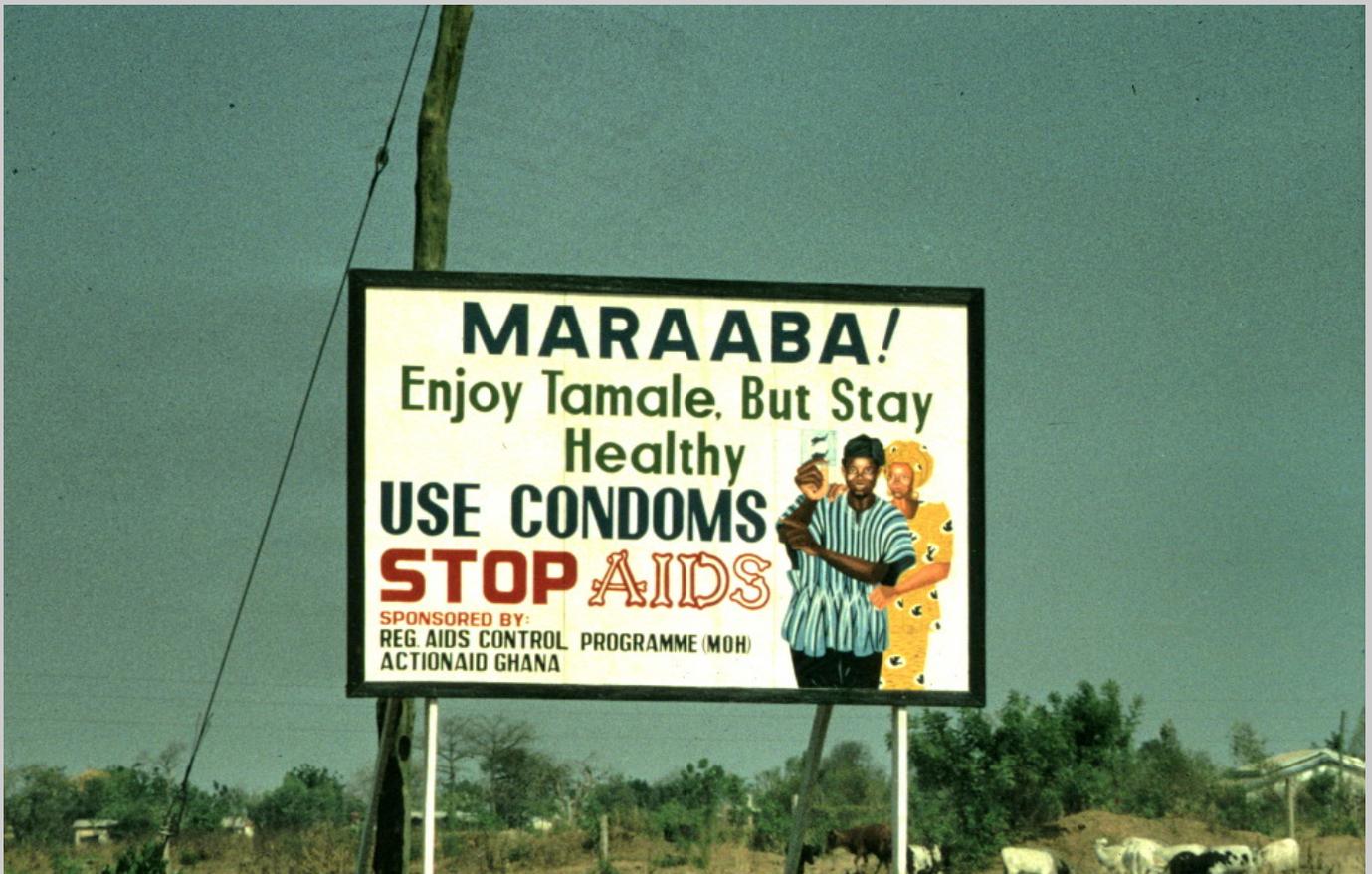
Fighting against Ebola is not enough.

It is not Ebola ... it's the systems." (Barbiero 2014)

As soon as an Ebola outbreak is defeated by ever better control measures, the next one breaks out, and then all the worse:

- Why Ebola is raging in the Congo. SD 19.04.2019
- The Invisible Enemy. FAZ, 23.08.2019

Health authorities already expect the Ebola epidemic to become a permanent (endemic) problem in Congo (CDC 06.11.2019)



Poster on the epidemic of another monkey virus in Africa: HIV. The difference: Ebola kills fast. HIV damages slowly and remains unnoticed for years. Both have one thing in common: without typical human behaviour these epidemics would not exist. Both are transmitted in ailing health facilities in Africa. Interventions to improve health structures could reduce the risks of transmission in the health system and help to better identify, inform and care for the sick. Picture: Schmiedel, BNI, Tamale 2001
Ebola is a social problem

Ebola is caused by a virus (family Filoviridae). It is transmitted from wild animals to humans. Infected people then spread the virus via body fluids to other people. This often happens in health care facilities. 30-90% of infected people die, depending on the quality of their general care.

Rainforest ecosystems are teeming with microorganisms and viruses. Humans enter this habitat slashing, or burning or hunting, injure themselves with bites, or come into contact with the blood and saliva of the animals on markets.

If such a poacher is bitten by a bat becomes infected with Ebola viruses, he may infect some family members who care for his corpse. Then a few people die in the village, but the epidemic quickly comes to a standstill. Mostly the patient is transported to the nearest ailing infirmary. There „fever“ is nothing special. Often one then erroneously fights a supposed „malaria or bacterial infection“ with injections or pills that do not help Ebola patients, but offer the viruses ample opportunity to be carried on.

The spread of the Ebola virus is therefore favoured by human behaviour: Advance into the jungle, slash-and-burn, small animal hunting, poverty, war, unhygienic misconduct, dangerous health services.

Epidemics

The first still small Ebola epidemic was observed in 1976 in the Congo. Since then there have been sporadic outbreaks.

In 2014, numerous cases were reported from West Africa (Guinea, Liberia, Sierra Leone, Nigeria). About 11,000 people died. In 2018, another outbreak occurred in the Democratic Republic of Congo. By the beginning of July 2018, 53 infected persons had been reported, 29 of whom died.

By

August 16, 2019, more than 2,800 Ebola cases had been reported in the civil war provinces of Kivu and Ituri in the Democratic Republic of Congo by August 16, 2019, most of them laboratory-confirmed. Well over 1,900 of these patients died.



Ebola outbreaks are a „consequence of the neglect of health systems“.
(Kieny 2014). Foto: Schmiedel BNI, Tamale, Ghana, 2001

„Weak, underfunded, understaffed and fragmented health systems are unable to cope with a major outbreak of an infectious disease and may even have contributed to its spread“. Peter Piot 2015 „... The cumulative number of confirmed/probable cases among health workers is 153 (5% of all confirmed/probable cases), including 41 deaths. (ProMED, Congo 20.08.2019)

In 2015, a special issue of Nature asked whether we had learned from the epidemic in West Africa. The answer was no. In 2018 the same questions had to be asked again:

... health facilities with inadequate infection control procedures can amplify outbreaks of Ebola virus disease, and serves as a reminder of the importance of providing sufficient training and equipment for health-care workers to protect themselves. Ahmadou

2018

In

2019, Ebola experts with many years of experience are again writing down demands that have actually been known for years, including the need to secure the general health services in the long run

(and

not only when an outbreak has just been revived). And that one should take care of the general needs of the population within the framework of a peaceful regional development. (Piot 2019, Kittelsen 2019)

Ebola

epidemics are announced disasters

The

preconditions for epidemics are poverty, wars, social instability, lack of education and miserable living and nutrition conditions. The occurrence of epidemics is therefore due to the neglect of causes that inevitably lead to epidemics in the long term.

If

an epidemic threatens once again, the most common approach is to try to kill an enemy as simply as possible, possibly with „heroic“ volunteer missions, using problem-fighting actionism. Nobody then likes to think of system connections, including a world economic order that is disadvantageous for many countries.

What

should actually happen?

In

order to prevent the outbreak of epidemics in Africa (and elsewhere) from flare-ing-up in the long term, the complex system of relationships and interrelationships that favour the spread of Ebola, yellow fever, Lassa, malaria, HIV and many others should be better understood and influenced. (Barbiero 2014, Azuine 2014).

It

is not enough to revive basic health care, which has collapsed in many regions (UNDP 2015, Difäm 2016). And vaccines

will not solve the problem either unless general living conditions improve at the same time. (Davis 2013)

In

particular, the focus should be on ensuring hygienic, healthy, stable and peaceful living conditions. This includes, for example, securing sufficient food and eliminating the causes of war and terror. In the context of long-term development of community-based structures in rural and urban areas, investment would also have to be made in integrated, high-quality basic health systems. And this at the expense of the current, isolated eradication programmes for individual infectious diseases (Kieny 2014). In addition, highly dangerous and largely uncontrolled medical facilities would have to be completely rehabilitated or closed down.

For

good reason, the then President of Liberia, Ellen Johnson Sirleaf, therefore called for a Marshall Plan for West Africa in 2015 that would influence the overall situation of the countries affected.

Ebola

(similar to cholera) regarded this clever but little considered proposal only as an indicator of desolate conditions. Consequently, it could not only be a question of solving one (of many) individual problems. Instead, regions as a whole and in all areas must develop equally, sustainably and healthily. After all, impoverishment, filth and contamination in developing countries not only have local but also global consequences, such as migration.

The

world community should therefore think and act long-term and not rely solely on technical measures such as the effectiveness of vaccination campaigns that have yet to be tested.

Instead

of tinkering with individual problems, one should concentrate on developing entire regions (e.g. Ituri in the Congo) in a favourable and peaceful way in all areas at the same time. This would also reduce the risks of epidemics. (Dolin 1997)

Ebola

is just one of many global disease signs

Industrial

nations such as Germany would actually have to invest a large part of their wealth, which they have acquired at the expense of others, in „sustainable development goals“ out of self-interest.

They

must act consistently and in the long term and ensure security, especially in regions

in

which proxy wars are waged over mineral resources. As long as this does not happen, well-meant, short-term epidemic control measures, which are limited to what is medically feasible, will remain a waste of time.

However,

effective action in the face of a disease symptom such as Ebola would be very expensive and would therefore contradict the cross-party growth objectives of our societies. That is why it will not happen until an Ebola epidemic also threatens industrialised countries.

It

is therefore not surprising that more and more people in Africa are heading north to escape their misery.

More

about Ebola

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- German Foreign Office „Ebola: Kongo & Uganda“, 19.06.2019
- Gesundes-Reisen 21.08.2019
- WHO Ebola Dashboard DRC, Aufgerufen am 23.08.2019

More

about infections

- Cholera, Zika, Hepatitis C, AIDS

Literatur

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Links

- [BMJ zu Ebola: Freier Zugang](#)
- [Bernhard-Nocht-Institut für Tropenmedizin Hamburg](#)
- [Ebola-Lessons: Foreign affairs 2015](#)
- [Ebola-Lessons: Oxfam 2015](#)
- [FAQ zu Ebola \(www.gesundes-reisen.de\)](#)
- [Journalistischer Artikel: Ebola Deepl](#)
- [Mansons Tropical Disease Zugang: Viral Haemorrhagic Fevers \(Lucille Blumberg et al.\) in Manson's Tropical Diseases \(Farrar J et al.\) . 23rd edn. Elsevier; 2014; with permission from Elsevier \(via GIZ\).](#)
- [Sirleaf EJ: Marshallplan für Westafrika, März 2015: Aljazeera, BBC, Spiegel](#)
- [WHO: Ebola – Ebola Situation reports / WHO Ebola Response Team](#)