HISTORY for PEACE

EBOLA VIRUS DISEASE AS A NON-TRADITIONAL THREAT AND ITS IMPLICATIONS

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ORIGINS

Ebola Virus Disease (EVD) caused by Ebola virus, first emerged in 1976 simultaneously in Democratic Republic of Congo and South Sudan. Between 1979 and 1994 no cases or outbreaks were detected, however since that time outbreaks have been recognised with increasing frequency.[1] The largest single outbreak was that of Uganda from October 2000 to January 2001, which gave rise to 425 cases and 226 deaths.[2] In 2013, cases were recorded in West Africa for the first time and by March 2014 it became a major international epidemic transmitted person-to-person in the overcrowded capitals and urban centres of three countries.[3] Over 28,000 cases were recorded between March 2014 and June 2016, primarily affecting Guinea, Liberia and Sierra Leone. The epidemic was declared over in December 2016, by when 28,652 cases were recorded and 11,325 deaths took place (40% of total cases).[4]

Since June 2020, the Democratic Republic of Congo has recorded an outbreak of EVD cases and as of 9 August there had been 79 confirmed and probable cases.

In western accounts,[5] the virus reportedly emerged from 'remote' and 'inaccessible' forests, but in reality the forestlands of the three countries were not remote,[6] but the countries were deeply integrated into world markets from the closing decades of the twentieth century through thick and overlapping networks of trade, investment, mining, logging, and agrobusiness.

WHY IS IT A NON-TRADITIONAL THREAT?

Despite the negative social, political, economic consequences of a pandemic and the large human cost, often resulting in the loss of lives, pandemics were not regarded as a 'threat'. This has meant that health has not been accorded importance in the echelons of national priorities. Yet it must be recognised that pandemics have the capacity to destroy the very fabric of society as we know it, and the repercussions are felt not only at the domestic level but also internationally. Pandemics do not respect international borders and can only be fought with international cooperation. Securitisation is not a neutral act but a political one, therefore 'security' was largely defined in military and political terms which placed states as the central actor. However, the association of pandemics with national security threat grew to prominence in the 1990s.[7] In 1995, the World Health Assembly (WHA) agreed to revise the International Health Regulations (IHR), the only international legal framework governing how WHO and its member States should respond to infectious disease outbreaks, on the grounds that revision was needed to take 'effective account of the threat posed by the international spread of new and re-emerging diseases'. A turning point came on 2000, when the CIA's national intelligence estimate for that year was devoted to the danger of epidemic disease and with that for the first time, not only public health authorities but also intelligence agencies classified infectious diseases as a 'non-traditional threat' to national and global security.

It is a reality that in the post war era, the importance of direct military threat to security has declined sharply and correspondingly non-traditional threats, of which diseases are a major component, have emerged as a significant challenge.

Frank M. Snowden quite ominously described Ebola and SARS as 'dress-rehearsals' for what was coming in the 21st century. Quite rightly so, despite more attention being devoted to public health crises, fundamentally our globalised economic system militates against it. [8]The underlying assumption is that borders keep diseases out, although previous experiences in dealing with pandemics, including Ebola has shown otherwise.

IMPACT

Economic decay: The World Bank estimated gross domestic product losses totalling $2.8 billion[9] for Guinea, Liberia, and Sierra Leone from 2014 into 2016. Steep drops in commodity prices during this period compounded the economic damage. It has been estimated that there was a full percentage point fall in GDP growth from 4.5 per cent to 3.53 per cent in just one of the affected countries with losses emanating from reduced agriculture, cross border trading and as much 80% losses in the hospitality industry. Overall poverty, lack of infrastructure further exacerbated the economic impact of the epidemic. The diversion of development spending, especially for roads, energy, building schools and hospitals, to the Ebola response has adversely affected economic growth.

Social Fragmentation: Many recovered Ebola patients suffer not only physical pain, but also societal stigma on the part of frightened communities. Even healthcare workers and burial teams had to face stigmatisation. Many lose their jobs and are shunned by friends and families and abandoned by partners. The epidemic left orphaned a large number of children who needed state support. Overall progress in human development was arguably reversed due to the impact of the virus on education and overall standards of living.

Political destabilisation: The DRC has experienced armed insecurity for decades and millions of lives have been lost in the process. The presence of the central government is weak. Insecurity and expansion of the epidemic seem to be mutually reinforcing and fuelling each other. Due to the violence that has been directed at both the civilian population and the healthcare system in recent months, there have been massive displacements. This in turn had hampered service provision and seeking of professional health assistance. Eight months into the epidemic, rebels in DRC reportedly murdered some health professionals, as well as demolishing a treatment and containment centre. Moreover due to the absence of a vaccine or effective treatment, it reinforced faith in traditional medicine[10] at best, and at its worst it confirmed irrational thoughts that Ebola was not real. A survey published in the Lancet revealed that about 26% of respondents[11] did not believe the Ebola outbreak was real.

2. State legitimacy: Epidemic outbreaks can cripple governments' capacity to provide social services, including health care and education, as well as force businesses to close and farms to halt production.

Despite the devastating impact of the epidemic on the society and economy of West Africa in the short run, the responses by the African states prove to increase state legitimacy[12] within

a short period of time. This was because of the timely provision of common interest public good and subsequent changes in people's perception induced by the government's response to the epidemic. Engaging with the sociocultural dimensions of epidemics is critical to mounting an effective response. In the DRC,[13] proactive community engagement was central to the response. Community feedback and information about the social science context was actively gathered and integrated since the beginning of the outbreak. Operational briefs were regularly produced to inform the response on the different local social and cultural contexts of outbreak-affected areas.

The steps taken by the Liberian government[14] served as a model for the rest of the region:

- To begin, the government imposed a 9 p.m. to 6 a.m. restriction, which curbed evening movements. The administration cleared the offices of the country's largest employer, the government, by allowing only essential staff to return to work.
- The leaders communicated with their citizens effectively: Liberia, like most of the affected countries is a deeply religious country. The government engaged with the Inter-Religious Council of Liberia and its diverse interfaith clerical figures to make the case for caution to stop the spread of this highly infectious disease.
- The core focus was on educating the public in general, and the young population was particularly targeted. Then-President Ellen Johnson Sirleaf's administration engaged pop stars to compose jingles and songs. 'Ebola Is Real' and other songs became some of the most-played songs on the radio.
- Mobilized domestic and external resources for the economic fight, while crafting and communicating ambitious plans for the recovery. The administration began developing a post-Ebola recovery plan mid crisis. As a result of that forward planning, they successfully raised funding for economic recovery not only in Liberia, but also in the other affected countries such as Guinea and Sierra Leone.
- Geopolitical tensions aside, the countries in the region worked together to rebuild their economies and by exchanging relevant information to combat the virus. The epidemic serves as an opportunity to use inter-regional social development as a tool for integration as it has brought solidarity among some African countries

Nigeria is also a good example of how local leadership, quick response mechanisms and collaboration of national and international organisations have helped to slowly contain the Ebola virus.[15] It also showed how on n the ground local initiative and leadership are important to ensure the efficient use of the international aid.

West African countries are now applying insights gained from addressing the 2014-2016 Ebola outbreak to tackle COVID-19 with notable success. Sierra Leone, which was one of the countries hardest hit by Ebola, with more than 14,000 cases and nearly 4000 deaths, developed a COVID-19 preparedness plan three weeks before its first case was confirmed. This enabled the Ministry of Health to quickly identify, test and quarantine most of the primary contacts of the index case, thereby limiting spread of the disease. The national committees in the country set up for the Ebola response are now meeting regularly to plan for COVID-19; the 117 Ebola hotline has been reactivated; local health workers have set up WhatsApp groups to spot and share case information, and communities are arguably more used to public health measures and quarantines.

Ebola also reminds us, sharply, that epidemics and their responses are social and political phenomena that involve much more than 'disease'. They evoke broader, and historically-embedded, aims and anxieties whether linked to political-economic relations, foreign intervention, conflict or social control.

HOW DID THE INTERNATIONAL COMMUNITY RESPOND?

Securitizing to the International Community:

Both the Liberian and Sierra Leonean governments attempted to securitize Ebola to the international community audience. The governments decided to frame Ebola as a global threat beyond their own borders. Appealing to the international community, on 25 March 2014 the Economic Community of West African States (of which Sierra Leone and Liberia are members) declared Ebola represented a 'serious threat to regional security'. Although this appeal garnered little international reaction, the governments continued to frame the threat internationally. In September, Liberia's defence minister warned the outbreak was 'devouring everything in its path', implying the disease's capacity to spread internationally. The same month, the governments informed the United Nations Security Council (UNSC) the day before a resolution on the outbreak that the world is a 'global village', again strongly intimating the outbreak would detrimentally impact the international community. In October, Sierra Leone's President Ernest Bai Koroma told the World Bank Ebola 'compromised the security of people everywhere' thus requiring a more urgent response.

Response:

The international community only significantly responded when individuals from the US and Spain became exposed to the disease. Two Americans catching Ebola in late July 2014, and the first diagnosis on US soil in October, were particularly key events that spurred the international community into action.

WHO only declared Ebola as a public health emergency on August 8, 2014 stating that there could be possibility of further international spread of the virus. There was a confirmation of the first Ebola case in Texas on 30th September 2014. WHO's Director-General briefed the United Nations around this time about the outbreak. [16]It was only after this public announcement that financial aid and response to the Ebola outbreak from the international community intensified. WHO is blamed for being slow in their efforts to mobilise other states to provide financial aid and physical assistance in terms of medical staff and other essential medical equipment to contain the spread of the disease in West Africa, and for not sharing vital information of the worsening situation in region in the early periods of the outbreak.

UN Mission for Ebola Emergency Response (UNMEER) was established in late 2014 with the mission of scaling up the response on the ground. Since its establishment countries such as

Chile and Colombia have donated $US 100,000, Estonia $US 40,000, India $US 10 million and Ghana hosted the UNMEER effort in Accra and has become a regional logistics hub for the Ebola response.[17] Former UN General Secretary Kofi Annan accurately summarised this when he said 'the international community really woke up when the disease got to America and Europe.'

Internationally therefore, a uniform response to the epidemic was missing and this is largely due to the distinct system of disease control that developed nations adopted. The answer lies in how these countries domestically responded to Ebola, while the British state adopted a voluntaristic and holistic approach; it encouraged the public to voluntarily follow its public health policies and considered the social and economic impact of outbreaks. American public health officials developed a narrower medical-legal approach to outbreaks that relied almost exclusively on a finding a biomedical solution and utilizing coercive legal authority to regulate citizens' behaviour. In particular, the two countries have adopted divergent border control and quarantine policies; Britain had not tried to compulsorily isolate the sick or restrict their entry into the country, while the United States set up and used the legal framework to do just that.

Problem with Securitisation:

'In the name of global health security, developed countries made commitments to create better access to vaccines and rapid diagnostic tests targeting pathogens that could eventually be used as biological weapons, such as smallpox or flu. However, one cannot overlook the fact that the primary objective for such commitments was actually to protect their own citizens. They were focused on protecting their countries from the 'threat of international biological, chemical and radio-nuclear terrorism' rather than on ensuring that populations in low-income countries would benefit from a better response to epidemics.'

Investment in research and development (R&D) of new vaccines or rapid diagnostic tests for neglected diseases is still absent. Diseases low on the security agenda are not prioritised, while current R&D policies are not conducive to bringing to the market vaccines or treatments for diseases such as Ebola, which—prior to 2014—only affected a few hundred people in remote areas of Africa.

The problem with securitisation, as seen in the case of Ebola, is that it shifts the narrative away from human forms of security to and instead relies upon practices which rely upon 'othering' people in accordance with the geopolitical imagery of 'us' and 'them'.[18] The securitisation of Ebola played out through an affective politics of fear which was a hindrance to effective global response to the epidemic.

Cultural explanations are prominent in the outbreak narrative speaking to Ebola in Liberia, specifically the human consumption of bush meat and local/traditional burial practices that involve the touching and kissing of the deceased. Reducing the responsibility of the origin of the epidemic, further marginalizes the already vulnerable populations, instead of engaging with the local populations.

In the words of Joanne Liu, MSF International President,

> 'Emergency response reform is about treating people, not just global health security or strengthening health systems. Member states with the means to respond to deadly disease outbreaks in other countries cannot act only in their national self-interests,

closing their borders and hoping it will burn out. They must quickly deploy resources to combat the disease at its source, to save lives and prevent further spread. Communities infected with a highly contagious virus are not biohazards. They are patients with families.'[19]

LESSONS LEARNT:[20]

Countries must strengthen their core capacities to prevent, detect and respond to outbreaks, with commensurate domestic and, where needed, international investments. A strong and supported health workforce is central to a robust health system. At the onset of the Ebola outbreak in West Africa, many frontline staff lacked appropriate training in emergency preparedness and response. Several health workers operated in unsafe environments with inappropriate equipment and without adequate pay, which affected their readiness, safety, motivation and the quality of care they could provide.

Outbreaks are not only a major cause of societal disruption in the nation in which they occur, but they can also spread across borders and can surpass national capacities; coordinated global action across sectors is therefore critical. After the collective failure to respond early and effectively in West Africa, consensus emerged that both WHO and the broader humanitarian system required strengthening. WHO was heavily criticized for its performance, and substantial reforms were recommended to address longstanding operational and institutional shortcomings.

Since the first known outbreak of Ebola in 1976, the basic control strategy, and its refinement over subsequent outbreaks, has focused on rapid case identification for isolation, treatment and care, contact tracing, community engagement and mobilization, safe and dignified burials, effective infection control; and laboratory testing.

Early investment is critical to incentivize research and development (R&D) on pathogens that are likely to cause epidemics.

Communities must be engaged and empowered as primary partners in preparedness and response activities. Innovative medical technologies alone are not enough to prevent and contain epidemics without serious efforts to gain the trust of communities and to understand their perceptions of control measures in order to better meet their needs

During the 2014–2015 crisis, a cause for optimism was that social science and biomedical research efforts were mobilised during the epidemic. This research has translated into application on the ground with the deployment of health technologies in DRC to help manage.

Ebola hoisted global health security onto the world's agenda.

Dynamic civil society is necessary for an effective government response to pandemics. Community organizations were frequently better able to reach exposed populations quickly and in ways that factored in the specific sensitivities of each community and its inhabitants. In Liberia, for example, civil society and government were able to work together to coordinate messaging and ensure critical information reached diverse segments of Liberian society.

FURTHER READING:

Abdullah, Ibrahim and Ismail Rashid, eds. 2017. *Understanding West Africa's Ebola Epidemic: Towards a Political Economy*. London: Zed Books.

Abeysinghe, Sudeepa. 2016. *Ebola at the Borders: Newspaper Representations and the Politics of Border Control.* Third World Quarterly.

Evans, Nicholas, Tara C. Smith, and Maimuna S. Majumder. 2016. *Ebola's Message.* Cambridge: MIT Press.

Farmer, Paul. 2019. 'Ebola, the Spanish Flu and the Memory of Disease'. *Critical Inquiry*, Volume 46, Number 1, Autumn..

Mitman, Gregg. 2014. 'Ebola in a Stew of Fear'. New England Journal of Medicine.

Lipton, Jonah. 2017. "'Black' and 'White' Death: Burials in a Time of Ebola in Freetown, Sierra Leone". *Journal of the Royal Anthropological Institute* 23.

Peterson, Kristin and Morenike Folayan. 2017. *How Nigeria Defeated Ebola. Africa Is a Country.*
https://africasacountry.com/2017/12/how-nigeria-defeated-ebola/#:~:text=Bypassing%20a%20highly%20underfunded%20health,the%20history%20of%20Ebola%20outbreaks.

Richards, Paul. 2016. *Ebola: How a People's Science Helped End an Epidemic*. London: Zed Books.

Sochas, Laura, Andrew Amos Channon and Sara Nam. 2017. 'Counting Indirect Crisis-related Deaths in the Context of a Low-resilience Health System: The Case of Maternal and Neonatal Health during the Ebola Epidemic in Sierra Leone'. Health Policy and Planning.

Notes

[1] "Ebola: Overview, History, Origins and Transmission." GOV. UK, August 11, 2020. https://www.gov.uk/government/publications/ebola-origins-reservoirs-transmission-and-guidelines/ebola-overview-history-origins-and-transmission.

[2] Snowden, Frank M. *Epidemics and Society: From the Black Death to the Present.* Yale University Press, 2019.

[3] "2014-2016 Ebola Outbreak in West Africa." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, March 8, 2019. https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html.

[4] Ibid.

[5] Renwick, Danielle, and Claire Felter. "What Is the Ebola Virus?" Council on Foreign Relations. Council on Foreign Relations, July 1, 2020. https://www.cfr.org/backgrounder/what-ebola-virus.

[6] Olivero, Jesús, John E. Fa, Raimundo Real, Ana L. Márquez, Miguel A. Farfán, J. Mario Vargas, David Gaveau, et al. "Recent Loss of Closed Forests Is Associated with Ebola Virus Disease Outbreaks." *Scientific Reports* 7, no. 1 (2017). https://doi.org/10.1038/s41598-017-14727-9.

[8] Benatar, Solomon R., Stephen Gill, and Isabella Bakker. "Global Health and the Global Economic Crisis." *Ameri-*

[7] Davies, Sara E. "National Security and Pandemics." United Nations. United Nations. Accessed September 17, 2020. https://www.un.org/en/chronicle/article/national-security-and-pandemics.

can Journal of Public Health 101, no. 4 (2011): 646–53. https://doi.org/10.2105/ajph.2009.188458.

[9] "2014- 2015 WEST AFRICA EBOLA CRISIS: IMPACT UPDATE." World Bank, May 10, 2020. http://pubdocs.worldbank.org/en/297531463677588074/Ebola-Economic-Impact-and-Lessons-Paper-short-version.pdf.

[10] Buli, Benti Geleta, Landry Ndriko Mayigane, Julius Facki Oketta, Aguide Soumouk, Tamba Emile Sandouno, Bole Camara, Mory Saidou Toure, and Aissata Conde. "Misconceptions about Ebola Seriously Affect the Prevention Efforts: KAP Related to Ebola Prevention and Treatment in Kouroussa Prefecture, Guinea." The Pan African medical journal. The African Field Epidemiology Network, October 10, 2015. https://www.ncbi.nlm.nih.gov/pubmed/26740839.

[11] Vinck, Patrick, Phuong N Pham, Kenedy K Bindu, Juliet Bedford, and Eric J Nilles. "Institutional Trust and Misinformation in the Response to the 2018–19 Ebola Outbreak in North Kivu, DR Congo: a Population-Based Survey." *The Lancet Infectious Diseases* 19, no. 5 (2019): 529–36. https://doi.org/10.1016/s1473-3099(19)30063-5.

[12] Flückiger, Matthias, Markus Ludwig, and Ali Sina Önder. "Ebola and State Legitimacy." *The Economic Journal* 129, no. 621 (2019): 2064–89. https://doi.org/10.1111/ecoj.12638.

[13] "Ebola Then and Now: Eight Lessons from West Africa That Were Applied in the Democratic Republic of the Congo." World Health Organization. World Health Organization, April 10, 2020. https://www.who.int/news-room/feature-stories/detail/ebola-then-and-now.

[14] "Liberia Succeeds in Fighting Ebola with Local, Sector Response." World Health Organization. World Health Organization, August 5, 2015. https://www.who.int/features/2015/ebola-sector-approach/en/.

[15] Saxena, Kuhoo. "International Response to Ebola Crisis." International Response to Ebola Crisis | Manohar Parrikar Institute for Defence Studies and Analyses, 2014. https://idsa.in/africatrends/international-response-to-ebola-crisis_ksaxena_0914.

[16] Ibid.

[17] For details see, "UN Mission for Ebola Emergency Response (UNMEER) | Global Ebola Response." United Nations. United Nations. Accessed September 17, 2020. https://ebolaresponse.un.org/un-mission-ebola-emergency-response-unmeer.

[18] Honigsbaum, Mark. "Between Securitisation and Neglect: Managing Ebola at the Borders of Global Health." Medical history. Cambridge University Press, April 2017. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5426310/.

[19] On Ebola and WHO Reform: MSF." Médecins Sans Frontières (MSF) International. Medecins Sans Frontiers, May 20, 2015. https://www.msf.org/ebola-and-who-reform.

[20] "Learning from the Past: UN Draws Lessons from Ebola, Other Crises to Fight COVID-19." United Nations. United Nations. Accessed September 17, 2020. https://www.un.org/en/coronavirus/learning-past-un-draws-lessons-ebola-other-crises-fight-covid-19.

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