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Ebola in the Congo – A Home-Grown Crisis

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The scale of the current crisis in the Democratic Republic of the Congo (DR Congo) does not come close to that of the Ebola epidemic in West Africa. However, nine months after the outbreak, it is the second worst case in the history of the Ebola virus. Although there is a vaccine today, it has not been possible to bring the epidemic under control. The problem is the country's poor security situation. In only a few weeks (end of March to May 2019), the death toll rose from approximately 600 to more than 1,000. Placing faith in the Congo to solve its problems on its own is a dangerous game. International presence in the country strengthens the newly elected president.



“We’re at a pivotal moment in this outbreak, and none of the partners will rest until we put an end to this outbreak,” said World Health Organization (WHO) Director-General Tedros Adhanom at the beginning of March 2019 in DR Congo. The former Ethiopian Minister of Health and of Foreign Affairs looked stony-faced when he left a treatment centre in the city of Butembo in the eastern part of the country that had been the target of a rebel attack that very morning.¹ A trail of destruction. The aid facility destroyed. Only a few days earlier, the station had been attacked already.

“It breaks my heart to think of all the health workers injured and the police officer who died in today’s attack,” said the WHO Director-General in an official statement later that day. “But we have no choice except to continue serving the people here, who are among the most vulnerable in the world.”²

A Danger for the Great Lakes Region

The Ebola crisis has been raging in DR Congo for more than nine months. Over 1,240 people have died until now of the virus. Although this is not the same level of severity as the West Africa epidemic, it is the second worst case since the virus was discovered in the 1970s. More than 11,000 people died in West Africa from 2014 to 2016, mostly in Liberia, Sierra Leone, and Guinea. Ebola became a global threat. The risk

of the virus reaching the Congo’s neighbouring states and the epidemic once again becoming a regional or even global threat continues to be prevalent.

Insufficient medical progress is not the reason why the Congo’s crisis has not been brought under control. In contrast to 2014, a vaccine now exists but the problem is the poor security situation: The Congo’s crisis is home-grown. The state is not in a position to ensure stability. More than 70 armed groups have free rein in the country.³ The current crisis in the Congo, rather than depicting how the Ebola virus can be successfully contained today, reveals severe political negligence on the part of those governing Africa’s second-largest country. This not only presents the Western powers with a warning, but should also be an occasion to continue to vehemently press for political reforms.

Valuable Time Lost

The Ebola crisis in the Congo started nine months ago. On 1 August 2018, the government of DR Congo announced the outbreak of the Ebola epidemic. This was not a new situation for the country as the virus had been discovered in 1976 in what was then Zaire.

In 2018 a person had died following a fever and severe bleeding in the province of North Kivu at the eastern edge of the country. Family

members then developed the same symptoms and died shortly afterwards. National health research tests revealed that, as it had been the case in West Africa in 2014, the lethal Ebola virus was to blame.

It is possible that this new Ebola epidemic broke out much earlier – as early as May 2018. However, a health worker strike due to unpaid salaries may have resulted in the outbreak not having

been reported at that time. Therefore, valuable time may have been lost. The virus spread unimpeded. By 3 August 2018, there were already 30 confirmed deaths in the country.

From North Kivu, the virus spread to the neighbouring province of Ituri. Both provinces are densely populated and border on South Sudan, Uganda, and Rwanda. There is vibrant trade in the region, and numerous internally displaced



No end in sight: For decades, large parts of the population of the Democratic Republic of the Congo have been suffering from violent conflicts between armed groups and the government. [Source: © Baz Ratner, Reuters.](#)

persons also impede a quick containment. In December 2018, the death toll already exceeded the 350 mark.

Premature Optimism of WHO

In 2018 however, WHO and its partners seemed to be in an overall better position to contain the virus. In contrast to 2014, a vaccine now exists. It is produced by the company Merck and despite not having been officially approved, test results were so promising that it has been widely used in the Congo. More than 120,000 people have been vaccinated so far. In March 2019, WHO also reported that 80 per cent of the affected population are willing to allow family members who have died of Ebola to be buried safely. The population's resistance had been a core problem in fighting Ebola during the crisis in West Africa and is also a key issue in the Congo today.

Hence, at the WHO constitutional meeting in Geneva in January 2019, there was an increasing number of optimistic voices saying that the Congo epidemic might end within six months.⁴ Merck, the vaccine manufacturer who had recently announced that it would send another 120,000 vaccine doses to Central Africa at the Davos World Economic Forum, reinforced this conviction.

WHO Director-General Tedros said in March 2019 that it was the aim to bring the crisis to an end in the following six months, even though he had only just witnessed the difficult security situation during his visit to the devastated centre.⁵ The death toll had decreased, giving him cause to express this optimism. At that point, the number of deaths was around 580.

But only two weeks later, WHO's Africa Regional Director Matshidiso Moeti refrained from this position and acknowledged instead that the crisis could continue for another twelve months.⁶ The death toll had risen to 640 in just a few days. The primary cause were the ongoing attacks by armed groups on health workers and their facilities in the eastern

provinces. It has even deteriorated since then. In only a few weeks, between the end of March and the beginning of May, the death toll rose from 600 to more than 1,000.

Defenceless Citizens and Endangered Health Workers

Katwa, Beni, and Butembo – those are the names of the cities in which there have repeatedly been attacks on Ebola treatment centres. According to the national health ministry, 132 health teams have been attacked since the beginning of the outbreak and four health workers have died.⁷ Time and again, the organisation Doctors Without Borders (Médecins Sans Frontières, MSF) has been forced to suspend its work in various locations. At the same time, local hostility towards health workers has risen, MSF reported.⁸

The inability of the Congolese government to assert its monopoly on the use of force allows countless armed groups in the country to operate at will.

Understanding the cause requires an in-depth look: The armed, often locally embedded groups perceive the foreign health workers as collaborating with the government they so loathe. All too often, the state has become rich at the expense of its people, and policemen and soldiers have repeatedly committed offences against the population. According to the United Nations (UN), national security forces were responsible for more than 50 per cent of human rights violations in DR Congo in 2018.

The attacks on Ebola treatment centres are thus not expressions of doubt about the existence of the fatal virus. They are politically motivated, aimed at either keeping the government out of the region or merely weakening it. To this end, pressure is applied to the population as well. In

the city of Butembo, one of the groups is said to have distributed flyers, threatening to inflict violence upon citizens if they cooperated with health workers.⁹

Why are armed groups able to operate at will in so many parts of the country? The reason is the state's inability to assert its monopoly on the use of force. After ratifying a new constitution following a transitional phase in 2006, all the country's de-militarisation programmes and security sector reforms ultimately failed due to insufficient political willingness on the part of those governing.¹⁰

In the Congo, private interests too often take precedence. There is no policy recognising an obligation towards the well-being of the people. The constellation of political parties is one indicator of this problem. Some 600 parties are currently registered. They lack ideology, internal structure, and democratic consensus-forming processes, and most of them exist solely to provide the chairman with a mandate so that he can support himself and his allies. Before the last election, a three per cent threshold for membership in the National Assembly was briefly discussed, but the deputies ultimately agreed to lower the threshold to one per cent instead.

The New President Is a Weak One

Political reforms in any part of the country, which, despite its abundant natural resources, is among the poorest in the world, will require a strong president. Félix Tshisekedi was elected to that position on 30 December 2018. The election of the oppositional chairman of the UDPS (Union for Democracy and Social Progress)

party, which is also a member of the Socialist International, is highly disputed. There are many indications that the runner-up was actually the winner. It is said that the former President Joseph Kabila is somehow responsible



Helpers become targets: At times, personnel of the UN's peacekeeping mission in the Congo MONUSCO protect Ebola treatment centres and their patients that become targets of attacks by armed groups.

Source: © Goran Tomašević, Reuters.

for the result. Kabila initially wanted to change the constitution so that he could run for a third term. Yet, after realising that pressure from the international community and domestic civil society was too great, he distanced himself

from that idea and allegedly helped the opposition candidate Tshisekedi to power while at the same time assuring a large majority in the National Assembly and the Senate with his own coalition.



Tshisekedi is thus now indebted to Kabila who could run again in 2023. The international community accepted the result after initial hesitation. It values the incident as an opportunity to successively transform the country into a functioning democracy. Tshisekedi's election signalled the end of Kabila's 13-year term of office, during which the latter greatly repressed his people and allegedly established a system by which he and his family secured shares in around 80 domestic and foreign companies.¹¹

In this complex situation, Tshisekedi, who is no friend of Kabila but agreed to the deal for the sake of power, can only move forward. For instance, he is attempting to use the extensive capabilities of the presidency to emancipate himself from Kabila and travelled throughout the country during his first 100 days in office. He appeared to listen to the people and donated life jackets after a shipwreck on Lake Kivu. He promised to ensure security in various cities and returned from a state visit to Washington, D.C. with the consent of the International Monetary Fund (IMF) to soon support DR Congo financially again under given conditions – something it had only recently refused to do under Kabila. Tshisekedi's proximity to citizens is different than Kabila's approach. Tshisekedi also gained favour with both the Congolese and the international community by releasing political prisoners and re-opening the EU Delegation to the Congo that had been closed under Kabila.

Furthermore, Tshisekedi also visited the areas affected by Ebola to assess the situation himself. While the epidemic only seems to be secondary for him, he is interested in a close cooperation with Western allies. America and Europe, which under no circumstances want to see Kabila return to power, support Tshisekedi's power. Thus, Tshisekedi is likely to have little interest in a quick withdrawal of MONUSCO¹² personnel.¹³ They number over 10,000, making MONUSCO the largest UN peacekeeping mission in the world and the most important guarantor of security in the Congo. It is not surprising that MONUSCO opposed Kabila's power and was always a thorn in his side.

A Dual Strategy for Solving the Ebola Crisis

MONUSCO has also provided health workers with patrolling security in the troubled region ever since the start of the Ebola outbreak.¹⁴

A military solution currently seems like the only option to overcome the Ebola crisis.

One Congolese National Assembly deputy who wishes to remain anonymous told the Konrad-Adenauer-Stiftung that the Ebola crisis can only be resolved when the East of the country is entirely pacified and health workers can thereby offer assistance unimpeded. This would require strong military intervention authorised by a UN Security Council resolution under Chapter VII of the United Nations Charter, however.

The Ebola death toll, which quickly rose to 1,000, shows how security in the region plays a crucial role in the successful elimination of Ebola. At the same time, militarising aid risks further increasing the resistance of local armed groups. MONUSCO has provided training to the Congolese police in the fight against Ebola, hence the organisation is seen as a government partner, too.¹⁵ A second key is therefore the ongoing negotiations with local armed groups. According to members of the United Nations in Kinshasa, the intention is to convince the groups to cease attacks on Ebola treatment centres.

On the DR Congo's Side

In Geneva, WHO Director-General Tedros pushes towards quick successes and has sent clearer signals over the past few weeks. A few days ago, at the start of the WHO annual meeting in Geneva, he called for all parties in the Congo to unite in the fight against Ebola: "We're fighting insecurity. We're fighting violence. We're fighting misinformation [...] and we're fighting the



politicisation of an outbreak.”¹⁶ Insufficient security in the Congo was mentioned as a primary reason. At the same time, UN Secretary General Guterres appointed MONUSCO Deputy David Gressly the UN Emergency Ebola Response Coordinator in the Congo.¹⁷

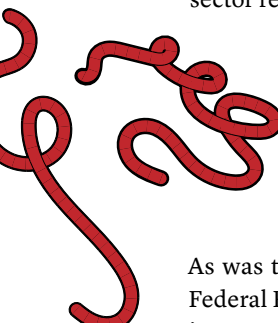
In 2014, Tedros’s predecessor became the target of massive criticism when WHO acted too slowly in the West African Ebola crisis. Any new leadership therefore had a basic duty to improve WHO’s response. In his first address after his election in May 2017, Tedros said that he was “committed to making sure the world is prepared for the next epidemic”.¹⁸ And it was. If there is one lesson from the current crisis, it is that containment can be only as successful as the political situation on the ground allows. The international community should thus harness this opportunity following the end of Kabila’s presidency and step up its support for the DR Congo’s reforms. This includes Germany. In the past few days, a diplomatic delegation of Belgium and France’s Foreign Minister Le Drian travelled successively to Kinshasa and assured President Tshisekedi amongst other things their support concerning the security sector reform.¹⁹

of the ministry’s partner countries (now 85), and DR Congo is among those that might go. Nobody wants a president who was not properly elected. Nevertheless, it is also true that Berlin remained in talks with Joseph Kabila in 2011, even though he had used massive voter fraud to retain power. Politicians should not repeat old mistakes. However, each case must be assessed on its own merits.

This text was first published online end of May. In the meantime, the virus spread to neighbouring Uganda.

—translated from German—

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As was the case between 2014 and 2016, the Federal Republic of Germany is one of the most important donors of emergency funds for combatting Ebola. At the WHO Health Assembly, Federal Minister of Health Jens Spahn (CDU) announced further immediate payments of ten million US dollars.²⁰ The German federal government has not adopted a position on Tshisekedi’s election to date. The German Federal Ministry for Economic Cooperation and Development (BMZ) suspended negotiations with DR Congo in 2017 when Kabila violated the constitution by extending his term of office. The BMZ is currently discussing reducing the number

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- 2 WHO 2019: WHO Director-General reiterates commitment to Ebola response despite another attack, 9 Mar 2019, in: <https://bit.ly/2u4shel> [14 May 2019].
- 3 Cf. Stearns, Jason K. /Vogel, Christoph 2015: The Landscape of Armed Groups in East Congo, Congo Research Group, Dec 2015, in: <https://bit.ly/2YngaGe> [14 May 2019].
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- 5 Cf. Schlein, Lisa 2019: WHO Aims to End DRC Ebola Outbreak in 6 Months, Voice of America, 14 Mar 2019, in: <https://bit.ly/2VrUfvX> [14 May 2019].
- 6 Cf. Finnan, Daniel 2019: DR Congo: Ebola could be prolonged for 12 months over insecurity, Radio France Internationale, 29 Mar 2019, in: <http://rfi.my/3rY4.T> [12 May 2019].
- 7 Cf. France 24 2019: Attacks on DR Congo Ebola teams kill four since outbreak: govt, 24 May 2019, in: <http://f24.my/4ypD.T> [26 May 2019].
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- 9 Cf. Isango, Eddy 2019: Ebola Outbreak Could Spiral Beyond DRC, WHO Warns, Voice of America, 10 May 2019, in: <https://voanews.com/a/4913176.html> [14 May 2019].
- 10 Cf. EURAC 2016: EU support to security sector reform in the DRC. Towards an improved governance of Congolese security forces?, Feb 2016, in: <https://bit.ly/2VroH9p> [12 May 2019].
- 11 Cf. Congo Research Group 2017: All The President's Wealth. The Kabila Family Business, 19 Jul 2017, in: <https://bit.ly/2Vo7jST> [14 May 2019].
- 12 Short for: *Mission de l'Organisation des Nations Unies pour la stabilisation en République démocratique du Congo* (The United Nations Organization Stabilization Mission in the Democratic Republic of the Congo).
- 13 Cf. Hansrod, Zeenat 2019: UN mission in DR Congo, MONUSCO, to downsize, Radio France Internationale, 25 Apr 2019, in: <http://rfi.my/3xUY.T> [14 May 2019].
- 14 Cf. ONU Info 2018: Lutte contre Ebola en RDC: la MONUSCO apporte un appui logistique et sécuritaire, 16 Oct 2018, in: <https://bit.ly/2VHuj4s> [14 May 2019].
- 15 Cf. Radio Okapi 2019: Nord-Kivu: la police de la MONUSCO forme 400 policiers congolais à Butembo, 12 Feb 2019, in: <https://bit.ly/2HoStGQ> [14 May 2019].
- 16 Cf. France 24 2019: DRC must unite in Ebola fight amid 'high' risk of spread: WHO chief, 20 May 2019, in: <http://f24.my/4x8a.T> [26 May 2019].
- 17 Cf. WHO 2019: United Nations strengthens Ebola response in Democratic Republic of the Congo, 23 May 2019, in: <https://bit.ly/2WmUuge> [26 May 2019].
- 18 Cf. WHO 2017: Director-General Dr Tedros takes the helm of WHO: address to WHO staff, 3 Jun 2017, in: <https://bit.ly/2HrErF> [14 May 2019].
- 19 Cf. Jeune Afrique 2019: RDC: Félix Tshisekedi annonce la reprise de la coopération militaire avec la Belgique, 15 May 2019, in: <https://bit.ly/2EDouue> [26 May 2019]; Radio France Internationale 2019: En RDC, Jean-Yves Le Drian salue une véritable "alternance", 21 May 2019, in: <http://rfi.my/43K9.T> [26 May 2019].
- 20 Cf. Federal Ministry of Health 2019: Deutschland erhöht Ebola-Soforthilfen um 10 Mio. Dollar, 21 May 2019, in: <https://bit.ly/2K71hEf> [26 May 2019].