



## ***One Page*** (monthly bulletin of the Carmelite NGO)

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### **The impact of the socio-political situation on the rapid growth of Ebola virus in the countries of Central and West Africa.**

The Ebola virus is not a recent discovery. Its name comes from the Ebola River in the Democratic Republic of Congo (DRC), on the banks of which was discovered in 1976. The first manifestation of this epidemic affected more than 300 victims. Since then, we have witnessed several outbreaks of the disease in various African countries, including the two largest, in 2007, Uganda and the DRC.

In 2014, the population of Boende in Tshuapa (Ecuador) in the DRC was satisfied with the announcement of the end of the Ebola epidemic raging in Djera health area, past few months. The end of the disease was declared November 15, 2014 by the Minister of Health, Felix Kabange Numbi. The measure of quarantine areas that were affected by this epidemic was lifted and people flowing normally again.

With this new late Ebola, less than a year after the quarantine was lifted for Congolese communities and Lokolia Watsikengo, epicenters of the epidemic in the DRC. The population currently circulating as in the past, reported concordant sources. Thus, Boende, people have returned to their past habits; greeting by shaking hands. Also, be aware that the inhabitants of Djera sector, have free movement, go to Boende market for their products and supplies of manufactured necessities. Some with agricultural products, others with the killed game “properly according to advice from health and hygiene.” But health authorities advise all the same, through radio programs and television.

In announcing the end of Ebola virus in DRC, Health Minister Felix Kabange had claimed that 66 cases have been recorded since August 2014, killing 49 people. Seventeen people have been cured, said Dr. Munzembela Provincial Medical Inspector of Ecuador, the province raged especially by Ebola. He added that a total of more than 1,030 people have had contact with patients who were followed during this period. In the monitoring framework, the Diocesan Office of Medical Works (BDOM) continues to invite people in Mbandaka (Equator) to remain vigilant and to continue to observe strictly the preventive health measures against the Ebola epidemic. Moreover, while the virus was rampant in the northwest of the DRC (Equator Province), the epidemic broke out in West Africa. An Ebola but apparently different origins from that of the DRC. It spread with great speed in this part of Africa until we can wonder whether there is not a link to be established between such an epidemic and social situation policy of a country, especially if it is a developing country. Why is the Ebola virus, this time spread so rapidly in west Africa, while in the past outbreaks of the disease had been relatively limited? There are many reasons, according to observers, who have little to do with the virus itself but much to the situation in each country. It is generally accepted that epidemics develop more easily and faster in poor countries with high population density. According to the Human Development Index (HDI), Liberia occupies the 174<sup>th</sup> rank, the 177<sup>th</sup> Sierra Leone, Guinea the 178<sup>th</sup> and Nigeria, where the situation is more or less under control, the 153<sup>rd</sup>. In this sense, some human development indicators are confronting in relation to the progress or otherwise of Ebola virus. While it is clear that the Ebola progresses faster in the social and political situation marked by: 1) a lack of truly reliable medical facilities; 2) a low level of education facilitating least a real fight against epidemics; 3) a large-scale corruption and 4) a state of the immune system, that is to say, each of the resistance power. If we know that the average life expectancy in a country, between 48-49 years and the infant mortality rate is 159 per 1000, it is clear that the virus is particularly deadly in this weakened population and malnourished.



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