

Ebola in Congo: Global Response Capacity Disappears Amidst Conflict

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Ebola virus disease (EVD) outbreaks in the Democratic Republic of Congo (DRC) have historically tested global health infrastructure, demanding rapid, coordinated interventions to contain spread and save lives.¹ The current situation, however, reveals a dangerous erosion of that capacity, leaving communities vulnerable and response efforts severely hampered.

KEY TAKEAWAYS

- **The Pivot:** Conflict and dwindling international support have crippled the ability to mount an effective, sustained Ebola response in the DRC.
- **The Data:** Case detection and contact tracing rates have plummeted in affected areas, directly correlating with insecurity and withdrawal of aid.
- **The Action:** Clinicians must understand the broader geopolitical context impacting disease control, recognising that medical interventions alone cannot succeed without security and robust logistical support.

Ebola virus disease remains a formidable public health threat, characterised by high case fatality rates and the potential for rapid, devastating spread. The DRC has endured numerous outbreaks, with the 2018-2020 North Kivu epidemic being particularly challenging due to its occurrence in an active conflict zone. That experience demonstrated the critical interplay between public health interventions and security, where violence against health workers and facilities directly undermined containment efforts. The current situation mirrors these challenges, but with a significantly diminished international presence.

Ebola transmission occurs through direct contact with blood, secretions, organs, or other bodily fluids of infected people, and from contaminated surfaces and materials. Early symptoms are non-specific, including fever, fatigue, muscle pain, headache, and sore throat, making initial diagnosis difficult. As the disease progresses, patients develop vomiting, diarrhoea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding. The average case fatality rate is around 50%, though this varies widely depending on the virus species, patient care, and outbreak context. Effective response relies on rapid case identification, isolation, contact tracing, safe burial practices, and community engagement. The availability of effective therapeutics, such as monoclonal antibody treatments, and vaccines has significantly improved outcomes, but these tools are useless if they cannot reach patients or if surveillance systems collapse.

The numbers behind the disappearing response

The operational capacity for Ebola response in eastern DRC has deteriorated significantly, a direct consequence of escalating armed conflict and the withdrawal of key international non-governmental organisations (NGOs) and UN agencies. In areas like North Kivu and Ituri, where active transmission persists, access for health workers is severely restricted. This directly impacts the ability to conduct basic public health measures. For instance, contact tracing, a cornerstone of Ebola control, has seen its effectiveness drop dramatically. Where previously, response teams could trace over 90% of contacts in accessible areas, current estimates suggest this figure is now below 50% in many conflict-affected zones, creating blind spots for transmission chains.

Vaccination efforts, critical for protecting frontline workers and containing spread, also face severe impediments. While the Ervebo vaccine (rVSV-ZEBOV) has proven highly effective, its deployment requires cold chain maintenance, secure transport, and community trust. In regions plagued by violence, these logistical requirements become insurmountable. Health facilities themselves are frequently targeted or become inaccessible, forcing populations to seek care from traditional healers or remain at home, increasing the risk of household transmission. The lack of security also deters local health workers, who face direct threats to their lives, further depleting the already strained human resources available for response.

The diversion of international attention and resources to other global crises, such as the war in Ukraine and the ongoing humanitarian situation in Gaza, has also played a role. Funding for long-term health system strengthening and emergency response in the DRC has dwindled, leaving local authorities to manage complex outbreaks with insufficient support.

This creates a dangerous cycle: outbreaks become harder to control, requiring more resources, but those resources are no longer readily available. The World Health Organization (WHO) and other partners have repeatedly highlighted the funding gaps, but these appeals often go unheeded in a crowded global humanitarian landscape.

The long-term implications extend beyond immediate outbreak control. The repeated disruption of health services, coupled with the erosion of trust in external actors due to perceived abandonment, undermines efforts to build resilient health systems. Communities, already traumatised by conflict and disease, become more resistant to public health interventions, viewing them with suspicion. This makes future outbreaks even harder to manage, regardless of the availability of medical countermeasures. The current situation in the DRC serves as a stark warning: the global capacity to respond to high-threat pathogens is not limitless, and it can be rapidly eroded by geopolitical instability and resource fatigue. The ability to deploy rapid response teams, secure supply chains, and engage effectively with communities is contingent on a stable environment and sustained international commitment. When these foundational elements disappear, even the most advanced medical tools become ineffective.

CLINICAL IMPLICATIONS

The ongoing Ebola outbreak in the DRC underscores a grim reality for clinicians: medical advancements alone cannot overcome the fundamental challenges of conflict and systemic neglect. We have effective vaccines and treatments for Ebola, yet their impact is severely limited when the basic infrastructure for delivery and surveillance collapses.

For European GPs and specialists, this situation should serve as a stark reminder of the interconnectedness of global health. A breakdown in disease control in one region, particularly for a pathogen like Ebola, carries the potential for wider implications. The capacity to respond to future pandemics hinges on maintaining robust,

adaptable systems everywhere, not just within our own borders.

The withdrawal of international support, driven by competing global crises, creates a dangerous precedent. It signals that certain populations are expendable when resources are scarce. This short-sighted approach not only prolongs suffering in affected regions but also leaves the entire world more vulnerable to emerging and re-emerging infectious diseases. We cannot afford to disinvest in global health security, particularly in fragile states.

Clinicians must advocate for sustained, predictable funding for global health initiatives, especially those focused on strengthening health systems in conflict zones. The ability to deploy rapid response teams, ensure vaccine access, and conduct basic public health surveillance is not a luxury; it is a necessity for everyone's safety. Ignoring these realities is a gamble no one can afford.

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