Ebola outbreak in Gabon: a lesson in modesty

by Ewald Stals

The Ebola outbreak occurred in a remote, sparsely populated area composed mainly of vast tropical forests, monkeys and hunters, bad roads and no facilities. There are even some tribes of half-naked Pygmies, armed with bows and arrows, and guns dating from before the great wars of the last century. An area far removed from modern civilisation, from the political scene in the capital, from any share in the country's economy, from the oil-rich sea lining the shores of this West African country that provides an exclusive club with all the wealth. As for the rest of the population, well, they get nothing. They lack education. They lack access to health. All they know is poor living standards. These are the kind of details that, in the beginning, seemed clearly to reflect the classic features of a banana republic and confirmed us in our emergency-kit-ideas. No further explanation needed. A president in charge since 1967: old, bold and carved in ivory. Power in the hands of an extended family. State-regulated corruption that keeps the multi-party opposition happy and 'democratic'. Affiliations with multinationals – French multinationals, just to top it all off. The perfect cartoon picture.

The emergency machine rolled, as ever, fast and furious. On 11 December 2001, the WHO laboratory in Geneva confirmed the first cases of an Ebola haemorrhagic fever outbreak in the province of Ogooue-Ivindo, in the northeast of Gabon – that sparsely populated area in that particular kind of democratic republic. The same day, together with the country's civil and military authorities, a national task force was forged to organise the response to the crisis. MSF and other international specialists were requested to participate actively in containing the outbreak. We responded. A three-person team arrived in Libreville

© Isabelle Delbeke, Gabon, 01/2002

on 13 December. After a few initial high-level contacts, MSF agreed to concentrate its intervention on:
- logistics support for the installation and management of (an) isolation ward(s);
- case management with barrier nursing techniques;
- epidemiological surveillance;
- training activities.

Wham! Within a week of arrival, two isolation wards had been created: one in Makouko, the provincial capital, one in Mekambo, the centre of the outbreak. Planes arrived with material, expatriates and consultants, and they were moved into the field. Epidemiologists rushed around the villages to establish reliable lists of contacts. Suspected cases were investigated. Confirmed cases were taken in charge, cared for, and, given the deadliness of the disease, provided with the pain relief that allowed them to die an acceptable death. They were then buried according to strict Ebola protocols.

Scientific investigation accompanied this curative work. Samples were taken and patterns of infection investigated. A connection with a series of dead monkeys and gorillas was examined. Everybody who is anybody in the very specific domain of viral haemorrhagic fever was on the case.

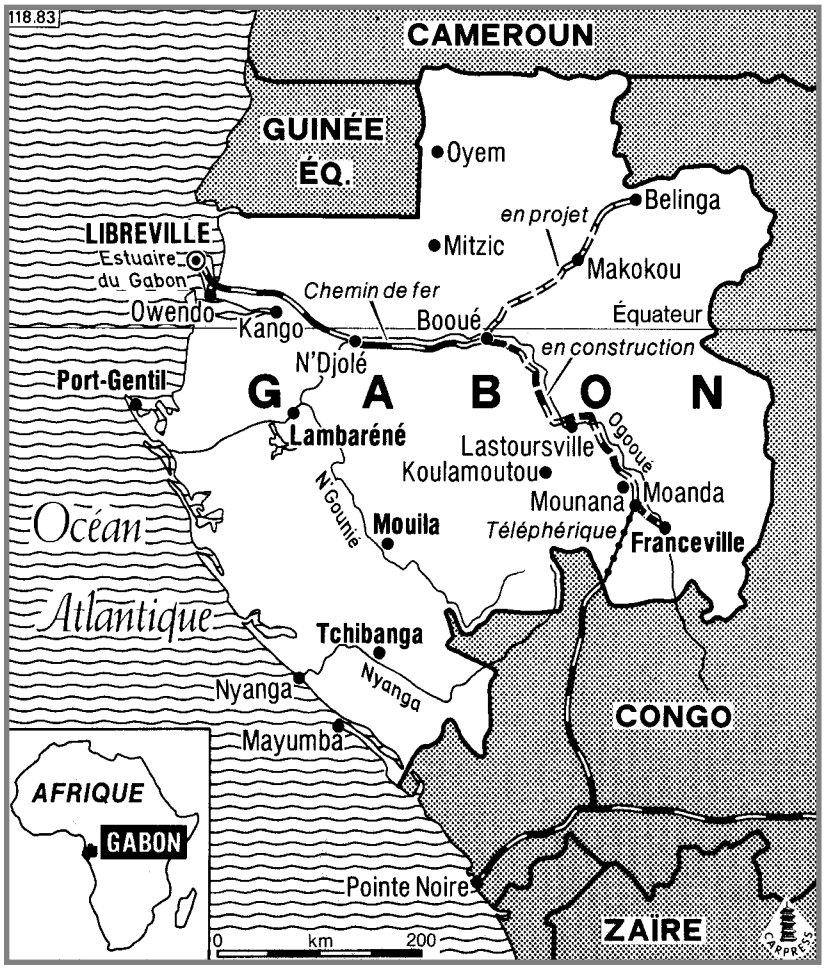
At the end of the first three weeks of intervention, there was a modest sigh of relief from all concerned. In an update of their website, the WHO announced that the outbreak had peaked. The team started thinking of slowly fading out and some key figures in the international response team returned home for the Christmas holidays. Beside resolving a few specific problems and dealing with some things that Westerners regard as 'frustrations', there was not much more value to be added from a continuation of the international presence.

However, the Gabonese authorities and the army seemed a little reluctant to hand over all control and preferred to take decisions on their own. But this was explained as a classic feature of Gabonese society, confirmed by reports from a MSF intervention in 1996. They like being the boss and having their orders executed. Their understanding and appreciation of the situation was somehow influenced by sensitivities born out of their country's experience of colonialism, even although all of them together would have been unable to match the expertise and impressive know-how of one of the international team. Various rumours were also circulating in connection with the spread of the disease, but this was explained away as a coping mechanism for families that had lost several members and as a result of the stress Ebola had created within these small village societies. There were some political complications too as provincial elections had to be postponed because of the outbreak. This created tension between the regime's supporters and opponents in the region. And the capital seemed very far away. Too far away?

The final hurdle to be overcome was the fact that the outbreak did not respect international borders. It spread into neighbouring Congo, into a remote and sparsely populated area consisting mainly of the same vast tropical forests, monkeys and hunters, etc. However, it seemed logical to consider the region and the outbreak as one. The specialists were all concentrated in the area and the WHO Brazzaville representative was not present in the country. Communications were difficult and there seemed no point in complicating things when the involvement of another government could only add more confusion. 'Meetingitis' had already taken his toll! When investigations in the area confirmed that the outbreak was of minor proportions, it soon became unnecessary to establish the proper links with the authorities in Brazzaville. The experts were able to get on with their job: *carte blanche* for the whites!

On the very last day of the year, a new team of 11 specialists from the Gabonese capital arrived in Mekambo and suddenly all the underlying tensions surfaced. A few uncoordinated actions from their side disrupted the hard-won trust within the crisis team between Gabonese and international members. Discussions with local politicians clarified the deep and bitter feuds between the capital and the 'backward' regions. Every word and action suddenly served to fuel the fire.

Wham! Within 48 hours all the ground that had been gained was lost and nobody dared continue to flirt with



© Carto sprl

© Isabelle Delbeke, Gabon, 01/2002

the notion that the outbreak had ever been managed properly. Worse, it was said out loud that the outbreak was no longer under control. The two axes of propagation suddenly doubled to four. Patients left the wards or refused to be isolated. Cultural misunderstandings between the local population and the international team became open hostility. Rumours became facts: these white people in their strange space suits are the cause of all the trouble. They exhume bodies and transport them to their laboratories. They infected monkeys, released them into the bush and now observe the effects of us bleeding to death. They dance on the graves and perform strange rites. Fork-tongued politicians used the opportunity to stir up emotions even further. The international team very soon had no clue about what was going on. Instead of containing the disease, it had to relocate to Makouko and allow Ebola to continue its spread along the roads in and out of Mekambo.

"Eventually the epidemic will die out..."

Up to the date on which this report was submitted, the teams had not been able to return. The situation looks grim. After a meagre effort by the governor, which only resulted in confirmation that he is not respected, the authorities in the capital seem to act according to some well-balanced *realpolitik* based on their own priority: to protect the capital. They reason that as long as this outbreak poses no international threat, the international community will not threaten them. Checkpoints have been set up on the roads, to check the names of people wishing to pass against lists of contacts in an attitude of, "Let them remain in their bush, with their burials, their ignorance, disbelief and stubbornness. Let victims take their families into the grave with them. Eventually the epidemic will die out. It is after all a remote, sparsely populated area, consisting mainly out of vast tropical forests, monkeys and hunters, etc."

There is a danger of the international team taking a similar authoritarian stance, only using a slightly different language: "Even if they don't want our help, we'll give it anyway!"

In a first act of repentance, MSF had already decided to establish proper contacts with the Congolese government. The Dutch and the French sections are organising their own intervention. WHO has not appreciated this action, but as it is now unable to coordinate from Mekambo, has had to accept it. MSF, on its side, did not appreciate the general coordination that was enforced on the international team, making it very hard for members to formulate their own opinion about the global context, let alone to have a proper policy. Therefore it remains unclear whether MSF will be able to perform its second act of repentance: to go back to Mekambo as a single organisation, trying a more anthropological, less political and more environmently adapted approach to the problems encountered.

One of the causes of our current impasse is clearly the way in which the subtleties of non-Western societies have been neglected. Another is how we approached the problems. We have shown inertia, a reluctance to adapt to existing conditions or even take them into account. We supposed too much, assumed the rest, ignored what did not fit the profile.

This outbreak is the fourth one in the same region in less then ten years. It is a structural rather than an emergency approach that is needed. How can we interact with the local population? How can we combine the merits of modern medicine with traditional beliefs and habits and thus come to an effective way of dealing with this disease? (The same questions also apply in a broader spectrum.) On another level, we must ask how we can avoid becoming involved in national political games and with international efforts so as to mainstream all humanitarian aid into an easy-to-use package.

In this particular case, we became part of the cartoon picture. The strange tragedy of Ebola, demanding a strict emergency approach, has confronted us with its equally tragic impact on the communities affected. It is indeed a very lethal disease, mercilessly contaminating everyone it reaches, provoking extreme reactions and confronting us with everything related to a medical intervention.
The easiest solution is to avoid dealing with the issues, hoping that this hideous disease will never mutate, that despite the increased mobility of this population, it will never succeed in escaping from this remote, sparsely populated area, consisting mainly out of vast tropical forests, monkeys and hunters, etc.

Ewald Stals ■

15 January 2002.