

# Mitigating the threat of Health epidemics to Peace and Security in Africa

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Tomorrow (May 16), the African Union (AU) Peace and Security Council (PSC) is expected to hold its 850th meeting on mitigating the threat of health epidemics to peace and security in Africa with a particular focus on Ebola. The Africa Centers for Disease Control and Prevention (CDC) is expected to brief the Council. The World Health Organization (WHO) is also expected to make an intervention. Apart from Hope Tmukunde Gasura, Ambassador of Rwanda and Chair of the PSC, who will be delivering the opening statement, representatives of the Democratic Republic of Congo (DRC) and United Nations Office to the AU (UNOAU) are also expected to deliver a statement.

In the briefing the CDC is expected to provide update on its work since its establishment in 2017 and the challenges it faced. This presents an opportunity for reviewing progress made through CDC in putting in place a framework for prevention of and responding to epidemics. It is to be recalled that at its 511th session, the PSC requested the AU Commission to review the AU Humanitarian Policy Framework with a view to developing a comprehensive disaster management protocol and filling all existing gaps in the coordination of the Commission's responses to disasters and emergencies consistent with Article 15 of the Protocol Relating to the Establishment of the Peace and Security Council and other relevant AU instruments'. This raises questions about the relationship between CDC and the AU Humanitarian Framework.

In terms of current issues, the briefing will be mainly

focusing on the most recent Ebola virus outbreak in the North Eastern part of the DRC and the volatile security situation in the region.

On 1 August 2018, the Ministry of Health of the DRC declared a new outbreak of Ebola virus disease in North Kivu Province. As of 7 May, a total of 1600 confirmed and probable Ebola Virus Disease (EVD) cases have been reported, of which 1069 have died. This is the tenth Ebola outbreak in DRC and the second largest outbreak recorded of Ebola after the 2014 epidemic in West Africa which killed more than 10,000 people in Sierra Leone, Guinea and Liberia.

The outbreak has mainly affected North Kivu and Ituri provinces. The role of CDC and how it worked with others such as the WHO in the efforts for containing the Ebola outbreak is one of the issues of interest for PSC members. Perhaps a pressing issue that the areas of the DRC affected by the outbreak have given rise to is the interface between control of the outbreak of an epidemic like Ebola and the security situation.

Unlike the Ebola outbreak in west Africa, the efforts for controlling the outbreak in the DRC faced two major security challenges. The first is the fact that the affected provinces are conflict areas, where armed conflicts and violence are obstructing the provision and access to public health services. In some instances Ebola response activities have been suspended. The security factors have also increased the risks of disease spread both within DRC and to neighboring countries, although the epidemic hasn't crossed borders yet. Second is the direct attack against responders to the crisis. Armed groups have deliberately targeted Ebola Treatment Units (ETU) and health care workers. Since the beginning of the year alone three ETUs in Butembo and Katwa have been burnt down and health facilities and equipments have been destroyed. A WHO epidemiologist has been killed in Katwa and beginning of this month Mai-Mai militia groups have attacked an ETU in Butembo.

Both towns of Butembo and Katwa which are the Ebola hotspots continue to be severely affected by persistent infection.

WHO records show that beyond Katwa and Butembo, EVD transmission is highly intensified in Mandima, Mabalako, Musienene, Beni and Kalunguta hotspots, which collectively account for the vast majority (93%) of the 303 cases reported almost within the last month.

The compounded effects of the deteriorating security situation, fear and mistrust among communities towards aid agencies and workers have also severely hampered the response process. This has also resulted in the very low number of families reporting their symptoms to health officers. In this regard the newly elected president Felix Tshisekedi addressed the challenges that emanated from suspicion and rumors and urged population to cooperate more with following instructions. It also called on armed groups to surrender through disarmament programs.

This will be the first time since the outbreak, for the PSC to hold a session dedicated specifically to the epidemic and the security situation. When the PSC met last time at its 808th session that took place in November 2018, it called for a regional response. The Council urged 'the political, military and health authorities of the DRC, Uganda and Rwanda to enhance their cooperation to contain the epidemic'. It further requested the Chairperson of the AUC in consultation with MONUSCO and WHO, to provide substance to the regional strategy. During this meeting the PSC may recall this previous decision and follow up on progress.

The UNSC 2439 (2019) resolution, although it condemned the killing of health workers and called for cessation of hostilities, the violence has worsened since. Despite the presence of United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO) the security incidents have escalated. This is partially given that MONUSCO

is limited to provide support within its area of operations which are more related to traditional peacekeeping operations. Although the resolution recognizes the leadership of WHO in this context, the deteriorating security situation requires a more robust protection response for of health workers and communities.

Moreover WHO has stated that only 74 million USD has been received from the total required amount of 148 million USD. However, without stability and security, it's unlikely that the international community provides additional resources or experts to the affected areas. The lack of commitment from all belligerent groups to cease attacks poses high risk in the fights against EVD outbreak and in effectively containing it in North Kivu and Ituri provinces. Despite these challenges and risks however the WHO has announced that the Ebola outbreak in DRC is not yet a global public health emergency.

The high rates of population movement taking place from the EVD outbreak affected areas to other parts of the country and across fluid borders to neighboring countries particularly during periods of heightened insecurity further elevates the risks of spread. DRC shares borders with multiple countries in the various regions of the continent including with countries that are experiencing political instability and that do not possess a robust health care system. This puts an already vulnerable large group of population into further exposure to health hazards.

In light of this context, the briefing is expected to provide an overview of the existing security challenges in responding to the epidemic. The multiple security hurdles which continue to inhibit access to EVD affected communities and the provision of treatment will be highlighted. By shedding light on the magnitude of the potential risks if operations continue to be hampered, the briefing may also put forward a set of recommendations on ways to enhance response. Through the PSC, presenters may call on the various actors to elevate security

and protection measures and for further attention by actors at the national, regional and global levels.

The expected outcome of the session at the production of this Insight was not known. However the PSC may issue a communiqué that calls on the immediate cessation of hostilities and for a strengthened protection for health workers and treatment centers. It may call on the international community to provide the necessary resources and support in fighting the epidemic. Also important is for the PSC to receive a report on how the prevention of and effective response to epidemics is integrated into the African Peace and Security Architecture and the mandate of the AU Humanitarian Agency.