

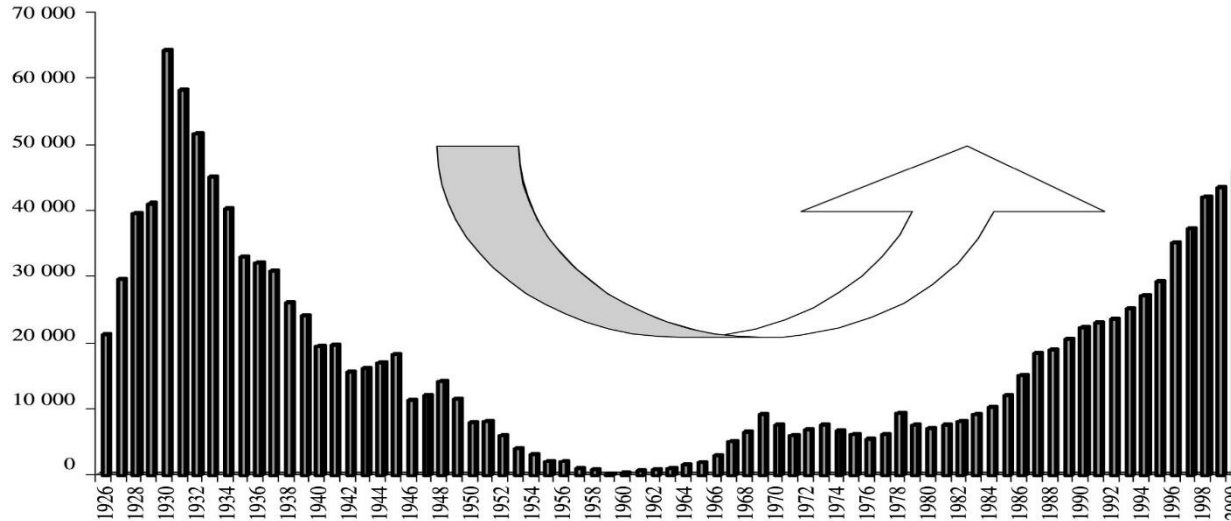
Response to Epidemics.

MARLEEN BOELAERT



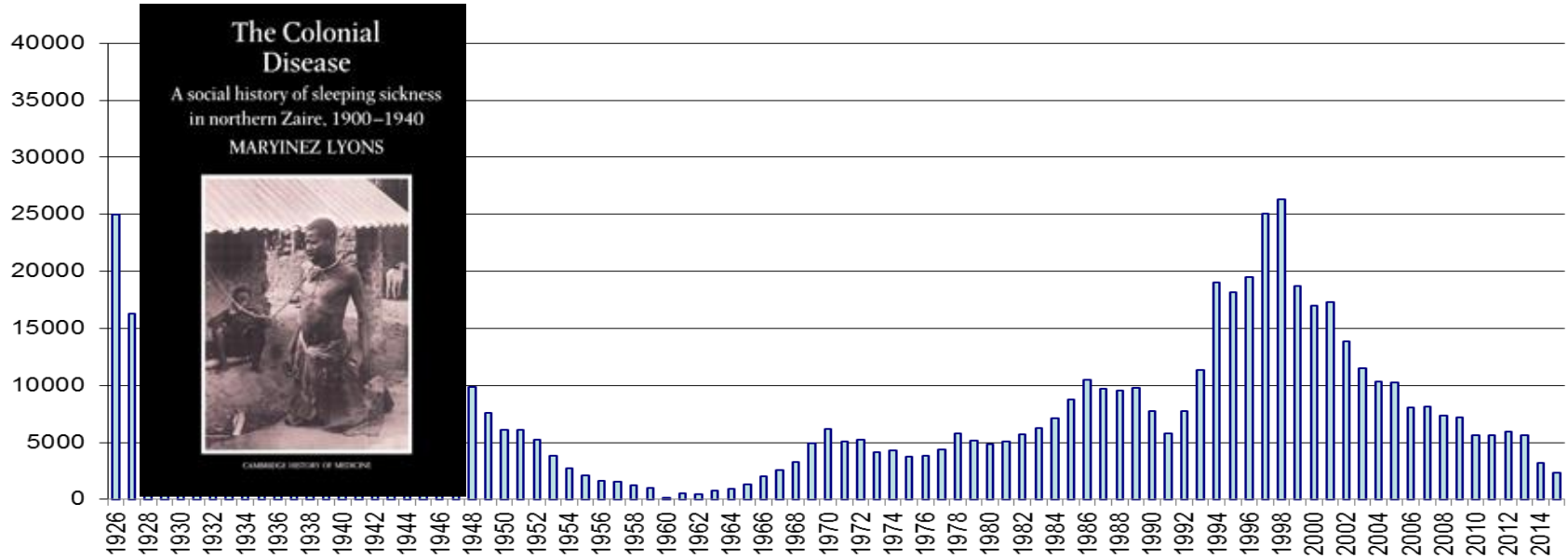
Tse tse fly – Photo International Atomic Energy Agency

Number of sleeping sickness cases in world (1926 to 2000)

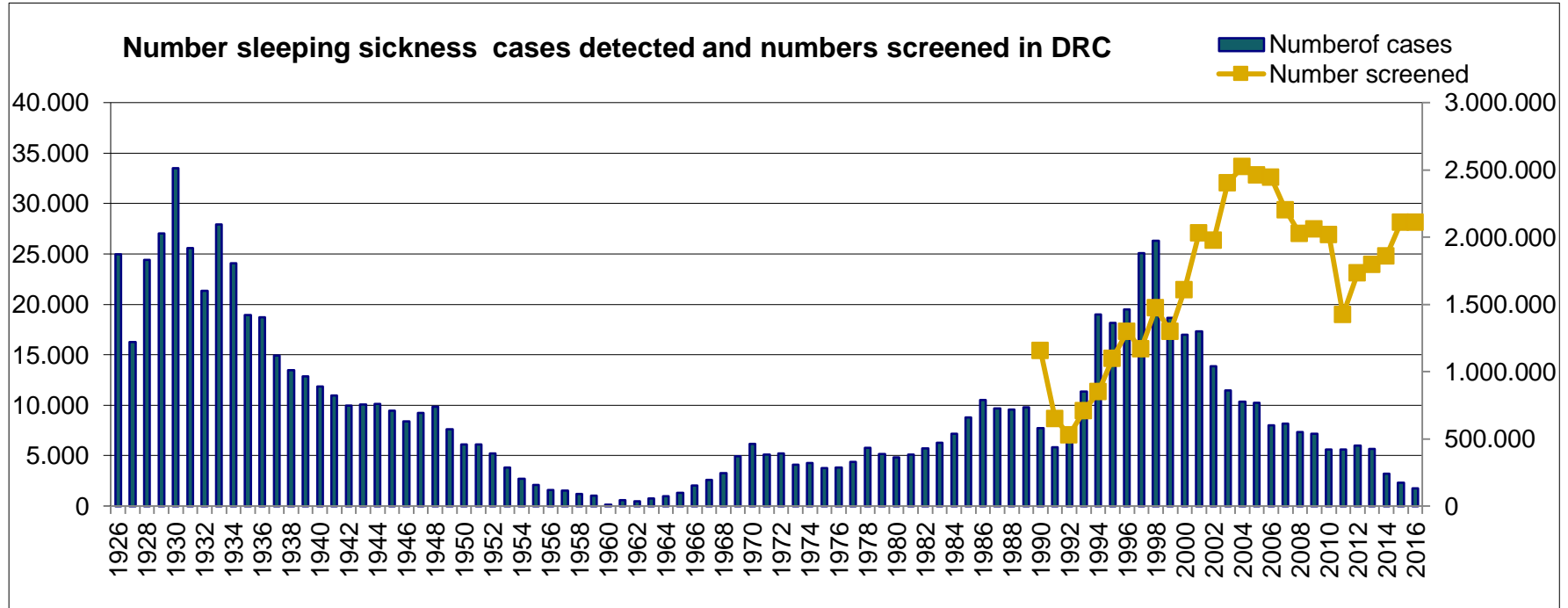


The political history

Nombre de cas de maladie du sommeil détecté en République Démocratique du Congo



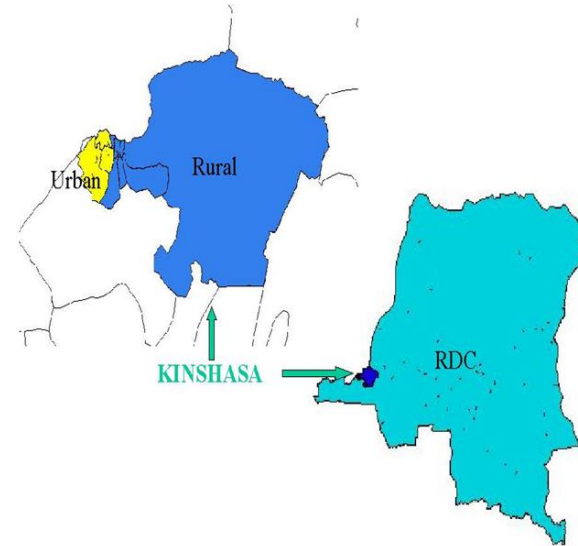
The response



Urbanisation of sleeping sickness in Kinshasa, DRC?



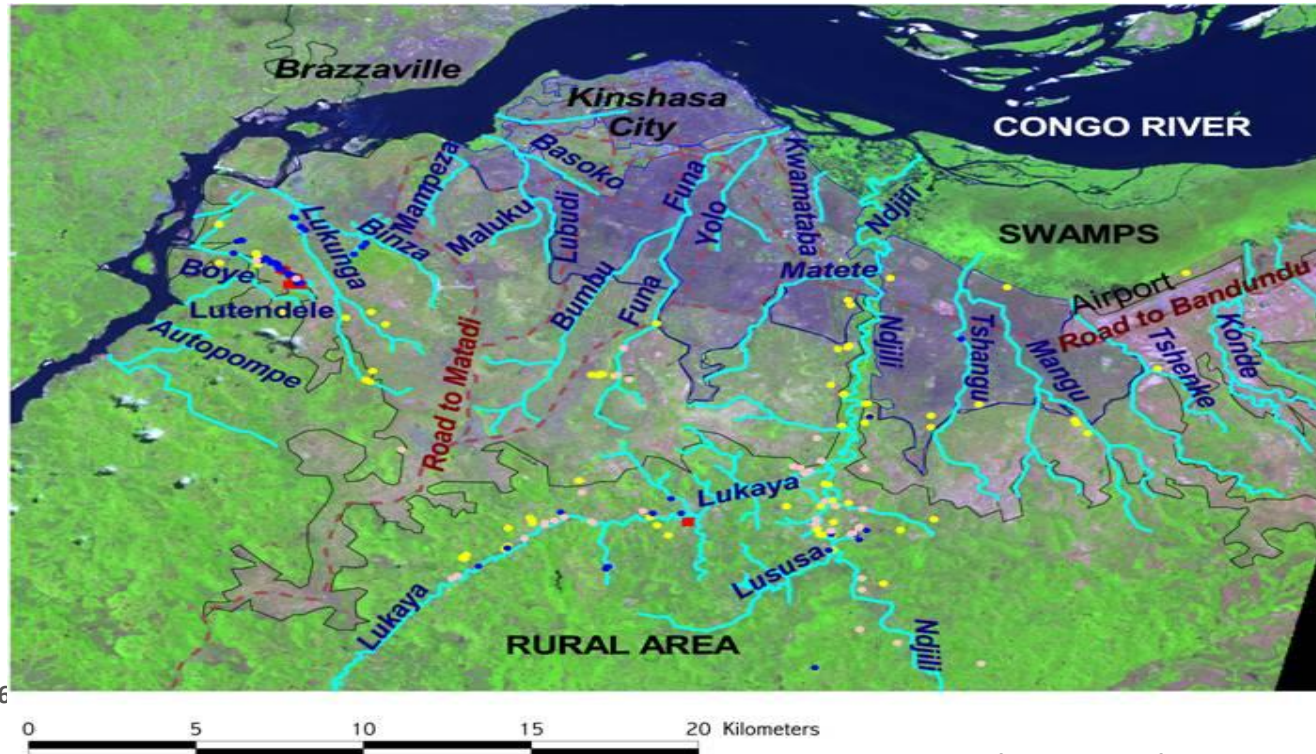
■ 956 cases in urban residents between 1996 and 2000



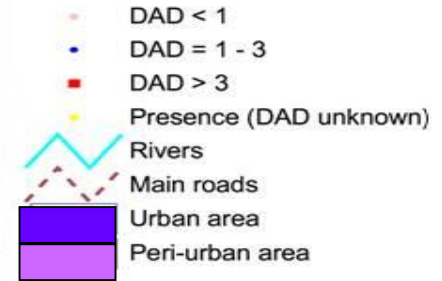
Ebeja et al 2003; Robays et al 2004



Or...ruralisation of Kinshasa?



Présence de tsé tsé (96-04)



De Deken *et al.* 2005

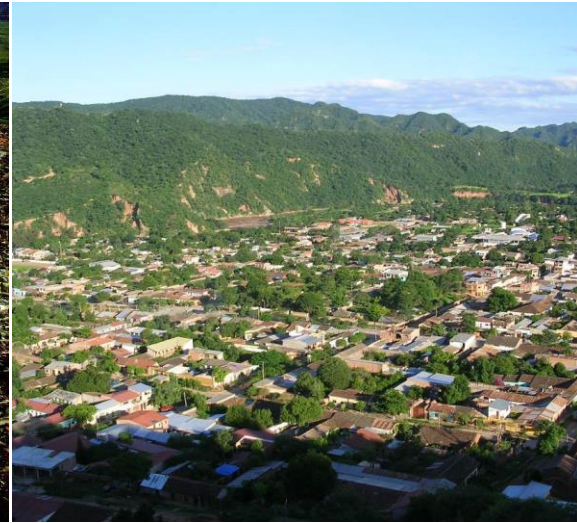
Urban yellow fever in Latin-America



- Yellow fever virus maintained in “forest cycle” in monkeys
- Can spill-over to human habitat
- Devastating urban epidemics early 20th century Latin-America
- Effective vaccine
- Brazil, Dec 16-Mar17: 1500 ‘cases’, 241 deaths. Death rate 34 % in confirmed cases. Rural! Risk for urbanisation?



1998 Urban yellow fever in Santa Cruz, Bolivia



1998. Six cases in urban residents. Five deaths. Local transmission. Van der Stuyft P et al Lancet 1999
Response: mass immunisation by local authorities



Forced migration.



Cholera epidemic Goma, RDC 1994

- 1 mio refugees
- 50,000 deaths in 4 wks
- No drinking water

Massive international response

The Goma Epidemiology Group .
Lancet 1995



Ebola in Guinea: role of health systems

HPG
Humanitarian
Policy Group

Ebola response: out of sync with the outbreak

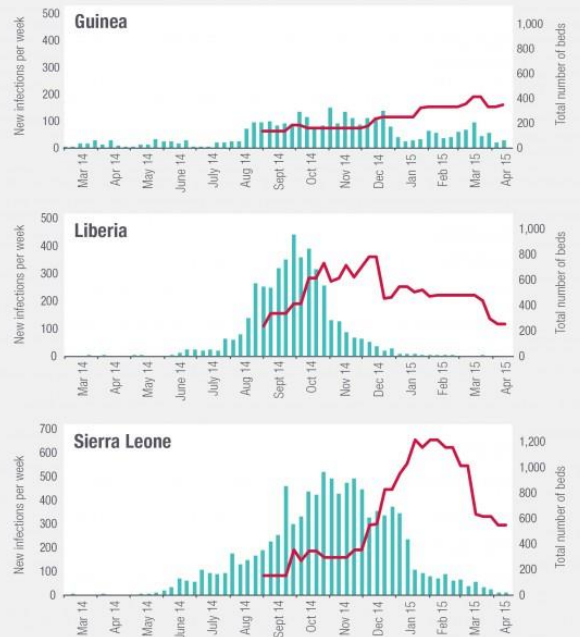
The Ebola outbreak had already begun to escalate in the summer of 2014, but the number of beds in treatment centres only picked up in the autumn of 2014.

#EbolaResponse
odi.org/ebola-response



Source: Global Ebola Response Information Centre. Making a difference: progress report 2015, May 2015

New cases of Ebola vs beds in treatment centres



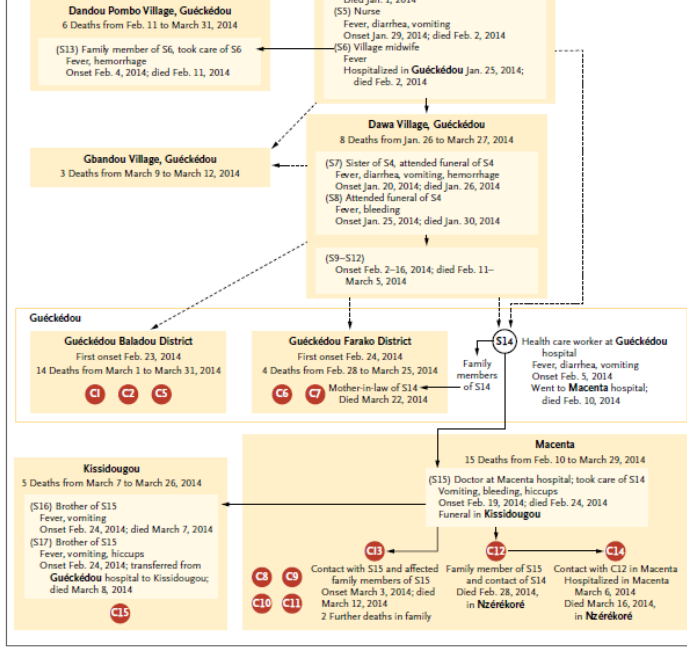
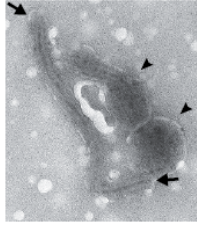
- A lot of emphasis on weak health systems -
- as amplifier of Ebola epidemic in Guinea,
 - on their inadequacy to respond,
 - on destructive impact of Ebola on general health status and access to care

Ebola in Guinea: role of globalized agro-economics



- Wallace hypothesis: agroeconomic policy of industrial palmtree plantation creates new eco-niche. Growing interface humans-bats
- Monoculture enhances risk for spill-over virus from animal reservoir to humans

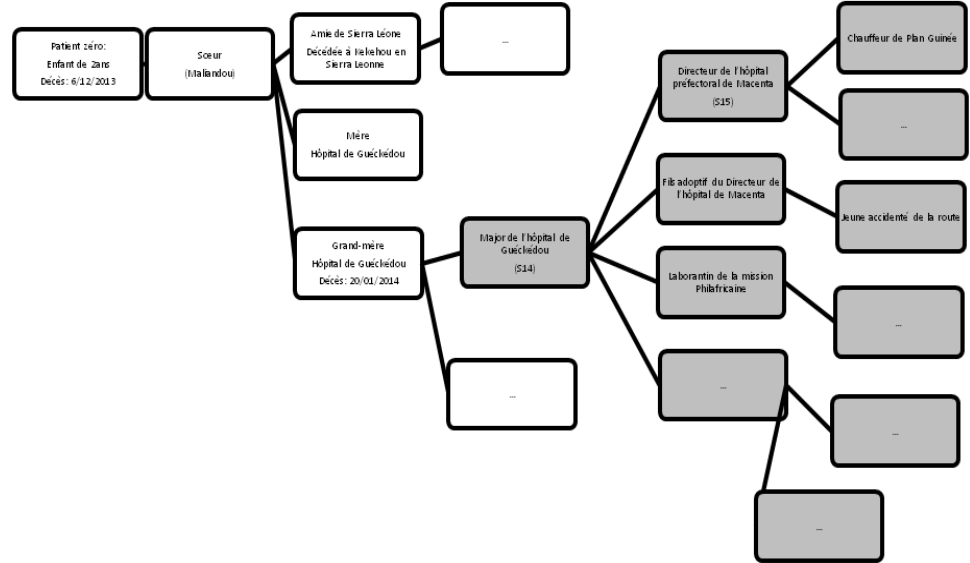




Response to Ebola in Guinea

GOARN including social anthropologists

“ Une affaire de Kisséens ” Thys et al 2017 forthcoming



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 Baize et al. (2014)

Discussion

On response to epidemics

- Health system can set up effective outbreak responses
- Social determinants of impact at micro, meso and macro-level
- Disease dynamics connected with political history and global economy. Emergency health crises and required immediate response should not blind us from the bigger picture and structural root causes
- The unthinkable has happened and will happen again
- Politics matter, as does global solidarity



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