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Community Resistance to Ebola Response Teams in North-Kivu, DR Congo

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Abstract

Resistance has become catastrophic for the tenth Ebola Virus Disease outbreak in DR Congo. This is preventing management, contact tracing and quarantine, allowing the spread of the virus. This paper seeks to understand why the Ebola response teams are encountering resistance and occasionally physical violence. The paper sketches the local beliefs of the population regarding the Ebola Virus Disease, how the resistance emerges from social, cultural and political divergent opinions. The community resistance has been enhanced by popular revolution due to war-tension in the region. Multifactorial causes of resistance to the Ebola Virus Disease response teams have proven the need for health anthropologists to be associated for encouraging the population to cooperate.

Keywords: Ebola; DR Congo; Resistance; War; Health anthropologists

Introduction

Ebola virus is a deadly and highly contagious virus, of the family *Filoviridae*, genus Ebola virus. The virus is spread in the human population through body fluids, with wild animals, specifically the fruit bats, serving as intermediate hosts [1,2].

Ebola virus was first identified in the Democratic Republic of the Congo (DRC) in 1976. On August 1, 2018, the DRC Ministry of Health (MoH) declared the tenth outbreak in the province of North Kivu. The contamination has spread in the neighbour province of Ituri. North Kivu, the most affected province, is located about 2500 km from Equateur province, where the just end outbreak was located. The result of genetic analysis of the Zaire Ebola virus strain revealed that there is no link between the current outbreak and the earlier outbreak in Equateur province [3].

The DRC MoH in collaboration with the World Health Organization (WHO) and partners are responding to this event, and working to establish the full extent of this outbreak. As of October 21, 2018, 238 cases have been notified among whom 203 have been confirmed. The case fatality rate is 65.1% (155/238, 120 among confirmed cases (120/238) and 35 probable cases (35/238)) [3].

The key to successfully controlling outbreaks remains the engagement of the community. The good outbreak control relies on applying a package of interventions: (a) case management, (b) infection prevention and control practices, (c) surveillance and contact tracing, (d) a good laboratory service, (e) safe and dignified burials and (f) social or community mobilization [2].

The Ebola response teams are applying this package of interventions listed above. Nevertheless, the Ebola response teams are encountered a community resistance in the province of North-Kivu. Therefore, this paper seeks to understand why the Ebola response teams are encountering resistance and occasionally physical violence by analyzing the social and cultural beliefs of the concerned population. The political aspect will also be highlighted and its impact on the Ebola response activities. The findings found in this paper are from the author's observations.

Social and Cultural Resistance to Ebola Response Teams

Few months before the formal Ebola Virus Disease (EVD) outbreak declaration, deaths were observed in Mangina-the primary epicentre of the Ebola Virus Disease. These deaths were observed in a family where a so-called sorceress dead cat was eaten by members of that family and was incriminated as responsible for the deaths. Other members of the family and/or friends who were in contact with the dead person, presented the same symptoms a few weeks later and died after then. The belief of the population was on witchcraft with a cast of a bad-spell on the family through this cat.

After the formal declaration of EVD outbreak, within a week, the MoH in collaboration with Médecins Sans Frontières and other partners had helped to implant an Ebola Treatment Centre (ETC) to where those showing symptoms were transported, and it instigated case investigation and contact tracing. The EVD response teams established restrictions on funerary rites and burial and on hunting as well as hygienic measures by regularly washing hands with chlorinated water. The water tanks were placed in public areas and road police barriers when moving in neighbour towns to the epicentre of EVD.

Resistance was almost immediate. This was due to the misconception of the population about the origin of EVD. With the multidimensional approaches, this resistance was vanquished. Meanwhile, the virus spread in neighbour cities; Beni and Butembo, where there are high degrees of resistance. Beni has now been declared as a new epicentre of EVD, where reported cases have been higher than those reported in the primary epicentre.

Denouncing a family member suspected of being infected with the Ebola virus is still a big challenge. A survey done early at the beginning of the outbreak on Ebola-related KAP has shown that 17% (among 580 participants) of cases were unwilling to send a family member suspected of being infected with Ebola virus to an Ebola Treatment Centre (ETC). The intention for hiding a family member from

authorities was also 17% among the participants [4]. Meanwhile, in spite of the vaccine side effects, the same study reported its acceptance in 82% of cases as a preventive measure [4]. The cultural burials still remain a challenge. Beliefs and practices related to death, burial, funeral rites and mourning can directly impact the transmission of Ebola. Congolese burial practices usually involve close and intimate bodily contact, and the body must be cleaned and decorated in preparation for burial. Although the safe and dignified burials protocols are applied, rumors that the bodies had been mutilated still circulating in the community. For that, the population can snatch the copse for verifying any trace of mutilation.

People who are refusing the vaccine and/or escape the follow-up at the Ebola Treatment Centre spread the diseases in neighbour regions of the epicentres and in the neighbour province. Rumours on the possible healing of EVD by traditional medicine facilitated the escapement of patients followed-up at the ETC to traditional healers. This spreads the virus.

Political Impact on the Resistance

This EVD outbreak has been declared in a zone where war and insecurity have been for a while. The sub-region has been experiencing intense insecurity and worsening humanitarian crisis, with over one million internally displaced people and a continuous efflux of refugees to the neighbouring countries, including Uganda, Burundi and Tanzania. Massacres of the population had been observed in Beni there are about 4 years. This geopolitical context of conflict and war has an influence on the success of the response measures as it led to a fractured society, a weakened health system, and widespread poverty and hunger [5]. In spite of the tools and experience which the response teams have to respond and control Ebola virus, attacks on health workers and health facilities which alert the response teams for a suspected case, as well as equipment used in the response-and local mistrust are seriously hampering efforts.

The DRC government through its MoH, national and international non-governmental organizations had been deployed in the zone to fight Ebola, such efforts should also be done to fight to stop the massacres-has declared the population [6]. The Ebola virus kills, but much effort should be done to end the war as it kills much more [4]. As a matter of fact, there are several popular revolutions making barriers and resistance to the response teams as the community does not cooperate. This is enhanced by misinformation of the community about the EVD and how the response teams coordinate their activities.

Integration of Health Anthropologists in the Response Teams

When the outbreak was declared, the MoH in collaboration with Médecins Sans Frontières and other partners started the response against the EVD. The local population who believed in the presence of the disease misconceived the presence of humanitarians and the government as a key path for spreading the virus through their actions. Mistrust planned, and turned to defiance and led to many incidents between local people and the NGOs. According to the population, a departure in the response was bad, and then how can you expect the future to be? “Believing in foreigners people (referring to agents coming from the capital, Kinshasa) is more difficult than to a known one from your region, with whom you are sharing same difficulties”, declared one relative who lost his cousin died with EVD. Therefore, the community is not so cooperative especially in Beni-a town which has experienced atrocity of war with several massacres since the year 2014.

Therefore, integration of health anthropologists in the response teams may play a major role in facilitating the cooperation of the community. The health anthropologists can understand the culture and other contexts influencing the behaviour of a community. Their expertise may help the teams to adapt their practice to this particular community. Health anthropologists will play major roles as educators, mediators and facilitators with the population, to enable the response plans to be smoothly implemented.

Conclusion

In summary, as Ebola and its response are spreading, so is doing the resistance. Good communication with the affected community is essential to understand the community logics driving to resistance, and the key to successfully controlling outbreaks remains the engagement of the community. The health anthropologists can play a bridge in between the community and the riposte teams. The character of resistance in North-Kivu is much rooted by political bad experience associated with social and cultural issues. Public conferences and debates with the community should be intensified for making clear all question related to Ebola and the response activities. Ebola is there; let’s join efforts in the fight and control of this murderous disease.

Ethics Approval and Consent to Participate

Not applicable.

Competing Interests

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