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 Colonial Disease
A social history of sleeping sickness in northern Zaire, 1900–1940
MARYINEZ LYONS
The response

Number of cases: Bar graph showing the number of sleeping sickness cases detected in the Democratic Republic of Congo (DRC) from 1926 to 2016.

Number screened: Line graph showing the number of people screened for sleeping sickness in the DRC from 1926 to 2016.
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?
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


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

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
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