

EBOLA RETURNS TO AFRICA

By Timothy D. Mitchell

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Timothy D. Mitchell is an Adjunct Research Staff Member in the Africa Program at the Institute for Defense Analyses.

Map showing location of initial Ebola outbreak in Bikoro province, as well as languages spoken by residents. (Source: Adapted from Translators without Borders, "Crisis Language Map: Democratic Republic of Congo – Ebola Outbreak," May 8, 2018, https://tinyurl.com/ydbrqmn9.)

TUNISIA'S MUNICIPAL ELECTIONS: APPLYING THE PRINCIPLES OF DEMOCRACY AND DECENTRALIZATION

By Dr. Ashley N. Bybee

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A Tunisian policeman dressed in civilian clothing, right, accompanied by his daughter, casts his vote during municipal elections at a polling station for the police and military in Tunis, on Sunday, April 29, 2018. This is the first time in Tunisian history that the military and police participated in the voting for municipal elections, which were also the first to be held in the country since the 2011 revolution. (Source: AP Photo/Hassene Dridi.)

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IDA's Africa team focuses on issues related to political, economic, and social stability and security on the continent.

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History of Ebola

Named after the river in the DRC where the disease was first discovered in 1976, Ebola is a rare and deadly animal-borne disease

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found in Africa. Scientists are still unsure of Ebola's origins, but believe that it is carried by bats and transferred to primates and likely duikers (small antelopes) in the African forest. This latest Ebola outbreak is the ninth in the DRC since 1976, and the second in the past 10 months. It is also the second outbreak of Ebola on the continent since the March 2014 outbreak in West Africa, which lasted 21 months and took the lives of more than 11,000 people in six different countries. The fatality rate from Ebola is roughly 50 percent. Although many factors contribute to the likelihood of a victim's survival, evidence suggests that early and aggressive treatment is important.

How It Spreads from Person to Person

The Ebola virus is introduced into the human population through direct contact (via an open wound or mucous membranes) with blood or other fluids from animals, most likely fruit bats and primates found sick or dead in the forest. (Ebola is not spread from eating so-called bush meat, but rather from hunting, cleaning, and preparing game.) Depending on the strain of the virus, the incubation period in an infected person can range from 2 to 21 days before symptoms appear.

Ebola symptoms include severe fever, vomiting, and diarrhea. These symptoms are also associated with malaria and other more common tropical diseases, making the initial diagnosis difficult. In theory, it should be relatively easy to stop the spread of Ebola because it can only be spread through direct contact with the body fluids of a symptomatic victim, and once symptomatic, a victim is soon incapacitated and easily identified. Stopping the outbreak is straightforward: the sick need to be separated from the healthy, and those caring for the sick need to be properly equipped. As a result, with the exception of the 2014 outbreak in West Africa, all previous Ebola outbreaks have been contained.

How Ebola Spreads Outside of Remote Villages

What distinguished the <u>2014 outbreak</u> from previous outbreaks was that the disease was not contained in the remote village where it started. Several reasons are often cited to explain its spread, including poor infrastructure (lack of adequate medical facilities), lack of trust in national governments, and traditional West African burial practices that involved the washing and touching of victims. While these factors are valid, with the exception of the burial practices, they also applied to previous Ebola outbreaks in Africa. So what was different in West Africa in 2014? Ironically, the relatively good infrastructure where the outbreak occurred was a contributing factor. The 2014 outbreak took place in an isolated village in western Guinea (in the province of Gueckedou) that was relatively close to the borders of both Sierra Leone and Liberia and was connected to the capitals of those countries by relatively good roads.

In remote African villages, health care is often provided by either ill-prepared health-care workers or family members. Ebola is nicknamed the "caretakers" disease, because nurses, doctors, and family members acting in that role are the most vulnerable to contracting the disease. In the 2014 outbreak, it became common for individuals who suspected they were infected to travel in search of better health care before becoming symptomatic. They did so because they recognized that health-care workers were reluctant to treat Ebola patients, they wished to avoid infecting family members, and they realized that quick and aggressive treatment increased the likelihood of survival. This pattern spread the disease into large urban areas and neighboring countries and, in one instance, to an Ebola victim who traveled to the United States.

Will Ebola Spread Outside of the DRC Now?

The question now is whether this new outbreak has the potential to spread outside the DRC. Criticized in 2014 for its slow initial response to the Ebola outbreak in West Africa, World Health Organization (WHO) officials have been quick to respond. The WHO has already released \$2.6 million from its reserve fund to deploy experts to the DRC and to provide supplies and equipment to assist in the response. Earlier this week WHO's <u>Director General</u> visited the DRC, where he met with President Kabila and the Minister of Health before flying to Bikoro to see firsthand the response on the ground. On May 15 it was announced that the DRC had approved the use of an <u>experimental Ebola vaccine</u>, which could be used as early as the following week.

WHO officials have described the affected area as "<u>one of the most difficult terrains on earth</u>," a factor that would limit the likelihood that Ebola would move outside the local area; the previous eight Ebola outbreaks in the DRC occurred in similar terrain, and in each instance the disease did not spread outside the country.

This time, WHO officials seem to be hedging their bets. The WHO recently put <u>10 countries</u> on "high alert," including Congo-Brazzaville and the Central African Republic. Both countries share an easily navigable river border with the Bikoro province of northwestern DRC. Neighboring countries, including <u>Uganda</u> and Kenya, have responded by establishing border checkpoints in an attempt to prevent symptomatic persons from transiting into their territory.

With the news that Ebola has been confirmed in Mbandaka, the current outbreak has moved into a new and more difficult phase. Ebola has again made its way into a large urban area, which makes containment more difficult, but not impossible. In 2014 when Ebola traveled from Liberia to Lagos, Nigeria, resulting in 19 confirmed Ebola cases, swift implementation of <u>public health measures</u> were sufficient to prevent a major outbreak.

A Glimpse into the Future

Despite the news that Ebola has again spread into a large urban area, due to the remoteness of the outbreak and the quick response by both WHO and the DRC's Ministry of Health, this most recent outbreak of Ebola seems likely to be contained. While the disease may continue to spread within DRC and possibly to a neighboring country, it still seems likely to resemble the previous isolated outbreaks of Ebola more than the regional outbreak that occurred in West Africa in 2014. It would be a mistake, however, to consider the 2014 outbreak an outlier. As African populations continue to increase and road infrastructures continue to improve, large outbreaks such as the 2014 could occur more frequently. To limit the severity of future outbreaks, international organizations and African countries should continue to improve disease prevention and identification, emergency preparedness, and pandemic response procedures.

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A Recent History of Productive Alliances

Under Ben Ali's regime, religious parties were banned from participating in Tunisian politics. Following the 2011 revolution, religious parties quickly emerged, the most popular one being the Ennahda party. Ennahda won a plurality of the votes in the 2011 Constituent Assembly elections, Tunisia's first free elections since independence in 1956. Ennahda quickly formed an alliance known as the Troika with two secular parties, Ettakatol and the Congress for the Republic (CPR). This coalition ruled until the assassinations of two secular politicians, allegedly by supporters of Ennahda, resulting in a political crisis in 2013. Ennahda withdrew peacefully from the coalition but first negotiated a new constitution that allowed for religion to assume a greater role than before while excluding references to Sharia law. It was passed on February 10, 2014. Later that year, the secularist party Nidaa Tounes won a plurality in Tunisia's first free parliamentary elections, with <u>38 percent</u> of the vote, followed closely by Ennahda.

Tunisia's recent municipal elections finally occurred after having been postponed four times. The delay caused significant <u>concern</u> among the population over the government's commitment to consolidating its democracy. The lag in municipal representation also undermined the government's ability to deliver the most basic public services, which had been disrupted as a result of the revolution and the subsequent political uncertainty. These municipal elections represent several "firsts" that qualify them as an important milestone for Tunisia's fledgling democracy and its stated desire to decentralize power, decision-making, and allocation of resources across the country.

Decentralization

Under the Ben Ali regime, decision-making was highly centralized in the capital Tunis. This manifested itself in political and economic disparities, with Tunisia's central government receiving the <u>vast majority of the national budget</u> while the municipalities received significantly less. The budget also had an unequal economic impact on the population, since the coastal areas near the capital received more resources at the expense of the interior region. <u>Article 14</u> of Tunisia's 2014 constitution sought to correct this imbalance by mandating a decentralization program to transfer authority to local governments, including budgets to meet the needs of their citizens. In 2017 a <u>law on local elections</u>, which included "assurances for the participation of women, youth, and disabled individuals in the electoral lists," was adopted, but it was not until a few days before the municipal elections that Parliament adopted a <u>Local Government Code</u> that provided a legal framework for decentralization. The code also

defines <u>responsibilities</u> for Tunisia's municipalities, including the creation and management of public transportation, schools, and hospitals, with the long-term goal of financial independence. The municipal elections were therefore an encouraging sign that the principles enshrined in legislation are being applied in the Tunisian electoral system.

Inclusivity

Another defining feature of Tunisia's 2014 constitution is its level of inclusivity. According to some <u>analysts</u>, it represents a breakthrough for women's rights, since it promotes representational parity for men and women in all elected assemblies by requiring an equal number of candidates of both genders be placed on party lists. Furthermore, it guarantees the representation of <u>youth</u> in local authority councils, an important consideration for a country whose <u>high unemployment</u> coupled with its <u>youth bulge</u> represents a significant threat to its stability. The latest municipal elections demonstrated that the election authorities are willing to enforce these new rules, evidenced by their <u>rejecting</u> several candidate lists for failing to respect the gender-parity principle.

In <u>2017</u>, Tunisia's parliament approved an amendment to the electoral law of 2014 to allow military personnel and security forces the right to vote in municipal and regional (but not national) elections. Members of the Tunisian armed forces had not been permitted to vote since 1956; the same had been true for the police and state security since the 1980s. Although military turnout was only <u>12 percent</u>, and there was some opposition to the participation of the army in elections out of fear of jeopardizing the neutrality of the armed forces, this represents a shift in the government's concept of its democracy.

Economic Woes

Pressure from Tunisia's foreign lenders to pursue unpopular austerity measures have contributed to a dire economic situation that has resulted in protests and violent riots. In January 2018 a <u>new budget</u> was implemented that applied the economic policies endorsed by the International Monetary Fund (IMF) and Western sponsors. It raised taxes on gasoline, phone cards, internet usage, hotel rooms, and produce in an attempt to lower the budget deficit. Tunisia adopted free-trade policies that disadvantaged Tunisian producers and allowed the value of Tunisia's currency to fall, further exacerbating grievances related to the high cost of living, despite assurances that the policy would jump-start Tunisian industry. Protests ensued and scores were <u>arrested</u>. Given that Tunisia owed its lenders (the European Union and IMF) \$31 billion, political leaders claimed they had no choice but to implement the policies being recommended by those institutions.

Conclusion

The latest municipal elections represent a practical application of the constitution's central tenets of democratic rule and decentralized power, but Tunisia's democracy is still young and fragile. Many of the same <u>structural deficiencies</u> that led to the Jasmine Revolution in the first place are present in Tunisia today—in particular, inflation, corruption, and high unemployment.

It is therefore appropriate to be cautiously optimistic when considering Tunisia's democratic journey thus far. From 2011 to 2014, there were two peaceful transfers of power, adoption of a new constitution, installation of the country's first democratically elected president, and significant strides toward decentralization of political authority throughout the country. There is also a long history of <u>strategic decision-making</u> by Tunisia's previous leaders that has positioned the country for success, unlike many of its Arab neighbors. Most notably, civil society has been allowed to flourish in an environment that embraces a moderate level of religious influence in society and politics while limiting its role in the education system. The emancipation of women has given a voice to a portion of the population with progressive ideas and pursuits. These conditions and its recent history of relatively peaceful elections suggest Tunisia is on its way to consolidating its democratic gains. Tunisia's democracy seems relatively strong, but persistent economic hardship will test the ability of political parties to meet the high expectations of the population following the 2011 revolution.

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