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Black Swans: Ebola and COVID-19

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Abstract:

The COVID-19 pandemic that we are currently suffering bears important similitudes to the Ebola epidemic that shook Western Africa in 2013-2016. This article aims to highlight and analyse the common grounds of both crises, highlighting their sudden appearance, the fact that both diseases qualify as “caregiver’s diseases” and the fact that they were faced with an important lack of resources.

Once these structural vulnerabilities have been highlighted, this article proposes some points of systemic reinforcement, concerning both the national healthcare systems’ capacities and the international stage, paying especial attention to the role of the WHO and of the International Health Regulations.

Keywords:

Ebola, coronavirus, pandemics, epidemics, COVID-19.

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Cisnes negros: Ébola y COVID-19

Resumen:

La pandemia de la COVID-19 que actualmente estamos viviendo, presenta importantes similitudes con la epidemia de ébola que azotó África Occidental entre los años 2013 y 2016. Este documento busca señalar y analizar los puntos en común de ambas crisis, destacando su aparición repentina, el hecho de que ambas son «enfermedades del cuidador» y que ambas tuvieron que ser afrontadas con unos medios insuficientes.

Una vez se han señalado estas debilidades estructurales, se propone una serie de medidas de refuerzo sistémico que conciernen tanto a las capacidades sanitarias nacionales de cada país, como a la estructura y las leyes internacionales; destacando especialmente el papel de la OMS y del Reglamento Sanitario Internacional.

Palabras clave:

Ébola, coronavirus, pandemia, epidemia, COVID-19.

Introduction: Harbingers of the COVID-19

For a long time, it was believed that only white swans existed, until black swans were found in Australia. Even though this discovery was shocking at its age, when the question was reframed retrospectively, it seemed logical to believe that swans may be black as well.

The black swan metaphor is usually employed in Economics to designate an event that is believed to be unexpected or highly unlikely, but that has a great impact and that, retrospectively, (that is, once it has occurred) it seems reasonable to think that it could have been predicted from the very beginning¹.

For many people around the world, the irruption of Covid-19 has been, indeed, a terrible surprise or an outright disaster. Countless plans, projects, hopes and lives have been obliterated by the advent of this black swan, that has suddenly emerged out of the blue.

At early June 2020, with a de-escalation process starting in Spain, the global figures of the Coronavirus are staggering more than six million people have been infected, and 370.000 have perished². Aside from this count of human casualties, the damage inflicted on the global economy is so big that some experts already label it as the biggest since the 1930s Great Depression³.

Covid-19 has certainly felled our world, leaving us facing a shaky future. And a question now assaults many minds: Could we have prevented this? Could we have predicted it?

Quarantine has been a fertile time for reflection, and many “prophetic” elements have been found, showing different levels of logical foundations:

In a *TED-Talk* five years ago, the famous multimillionaire founder of *Microsoft*, Bill Gates, disserted about the hefty threat that a communicable disease would constitute in the current, hyper-connected world⁴.

¹ “¿Qué es un cisne negro?”, *El Orden Mundial*. Disponible en: <https://elordenmundial.com/que-es-un-cisne-negro/> Consulted on 01/06/2020.

² “Johns Hopkins COVID-19 Case Tracker”, *Johns Hopkins University of Medicine*. Available at: <https://coronavirus.jhu.edu/map.html> Consulted on 01/06/2020.

³ “Coronavirus: Worst economic crisis since 1930s depression, IMF says”, *BBC News*, April 9, 2020. Available at: <https://www.bbc.com/news/business-52236936> Consulted on 01/06/2020.

⁴ GATES, Bill. “¿La próxima epidemia? No estamos listos”, *TED talks*. Available at: https://www.ted.com/talks/bill_gates_the_next_outbreak_we_re_not_ready?language=es 01/06/2020.

Those who love esoterism argue that a book written in 2008 by the futurologist Sylvia Browne speaks about a disease, akin to a pneumonia, that will haunt the world in 2020⁵. Claims about the Coronavirus being a signal of the biblical Apocalypse are not scarce either⁶.

Setting aside fake news, arcane questions, and reasonable predictions, the truth is that the harbingers of the Coronavirus exists...and they have been neglected for a long time.

Those harbingers are other epidemic communicable diseases, such as the SARS⁷, the HIV⁸ and, especially, Ebola.

Probably many readers may remember the commotion that shook Spain in 2014 due to Ebola. It all started when Miguel Pajares⁹, a Spanish priest working in West Africa, got this disease. Father Pajares was repatriated and arrived at the Torrejón de Ardoz air base in August 7, 2014, being taken to the Carlos III Hospital of Madrid immediately afterwards.

Despite the intense care he received, the 75 years old priest died on August 12¹⁰. Unfortunately, one of the auxiliary nurses that took care of him, Teresa Romero, got the Ebola and became the first and only Spanish infected outside Africa¹¹. After a long

⁵ “Una futuróloga predijo el coronavirus en 2008”, *La Vanguardia*, March 12, 2020. Available at: <https://www.lavanguardia.com/television/20200312/474098133020/coronavirus-futurologa-predijo-covid-19-sylvia-brown-end-of-days-libro.html> Consulted on 01/06/2020.

⁶ RIVERA, Selene. “Coronavirus, ¿el principio de un Apocalipsis? Experto responde 6 desafiantes preguntas”, *Los Angeles Times*, April 17, 2020. Available at: <https://www.latimes.com/espanol/california/articulo/2020-04-17/es-el-coronavirus-el-principio-del-fin-del-mundo-ellos-lo-afirman> Consulted on 01/06/2020.

⁷ “Severe Acute Respiratory Syndrome (SARS)” *World Health Organization*. Available at: <https://www.who.int/topics/sars/es/> Consulted on: 05/06/2020.

⁸ “Human Immunodeficiency Viruses (HIV)” *World Health Organization*. Available at: https://www.who.int/topics/hiv_aids/es/ Consulted on: 05/06/2020.

⁹ EFE, “El padre Miguel Pajares, 18 años entregado a las misiones y los enfermos”. *El Mundo*, August 12, 2014. Available at: <https://www.elmundo.es/salud/2014/08/12/53e9e220e2704ea6448b4572.html>, consulted on: 02/06/2020.

¹⁰ LÓPEZ, Ángeles. “Fallece el sacerdote Miguel Pajares afectado por el virus del ébola”. *El Mundo*, August 12, 2014. Available at: <https://www.elmundo.es/salud/2014/08/12/53e9d061ca4741e0518b456c.html>, consulted on: 02/06/2020.

¹¹ EFE, “Teresa Romero, la primera infectada por el ébola en España: “Lo más duro fue que me culparan del contagio”. *La Vanguardia*, October 6, 2019. Available at:

period of isolation and recovery, the auxiliary nurse overcame the illness, and Spain was declared an “Ebola-free country”¹².

The United States were also affected by the African outbreak of Ebola. Two USA missionaries got infected with Ebola and were repatriated¹³, causing an important state of panic in the USA¹⁴.

The origin of both the USA and the Spanish cases is the epidemic outbreak of Ebola that occurred in West Africa from 2013 to 2016, more specifically, in the countries of Liberia, Guinea and Sierra Leone.

This article will analyze the main characteristics of the 2013-2016 Ebola outbreak, highlighting several elements that may be like some aspects of the Covid-19 pandemic that is lacerating the world in 2020.

Common grounds

Obviously, it is impossible to predict how, when and where a new catastrophe such as the Coronavirus may occur. Diseases appear, mutate, and evolve naturally, thus, no surveillance or early warning system may ever be fully effective¹⁵. However, this truth cannot discourage us, nor lock us in a limited perspective.

In order to counter any future pandemics, the only reasonable plan of action must involve overhauling the basic healthcare capabilities worldwide and upgrading the international coordination and legal structures¹⁶.

<https://www.lavanguardia.com/vida/20191006/47841123449/teresa-romero-ebola-espana.html>, consulted on: 02/06/2020.

¹² TORRES, Alejandra. “La OMS comunica a Sanidad que España está libre del ébola “. *El País*, December 2, 2014. Available at:

https://elpais.com/politica/2014/12/02/actualidad/1417522554_690731.html, consulted on 02/06/2020.

¹³ SOTERAS, Ana. “Cuando el ébola llegó a España y a Estados Unidos, el mundo despertó”, *EFE*, August 2, 2015. Available at: <https://www.efesalud.com/cuando-el-ebola-llego-a-espana-y-a-estados-unidos-el-mundo-desperto/>, consulted on: 02/06/2020.

¹⁴ MOON, Suerie et al. “Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola”, *The Lancet*, Vol. 386, November 28, 2015; p. 2206. Available at: [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)00946-0.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)00946-0.pdf), consulted on: 04/06/2020.

¹⁵ Ídem, p, 2208-2210.

¹⁶ Ídem, p, 2217.

Such objectives can only be achieved through the study and the analysis of the lessons that previous crises have taught us. No matter when and where would the next pandemic hit us, there is several elements that must be analyzed, and from which we can learn in order to raise our future odds.

Sudden appearance

The scientific community knew about Ebola's existence since the mid-70s¹⁷, however, it was always considered to be a minor concern. Before 2013, around 25 Ebola outbreaks were registered, all of them in Central Africa (Congo, Sudan, Uganda, Gabon, etc.)¹⁸. However, these episodes were short, geographically limited and overall not very significant. Most of them accounted for only 50-60 deaths, or merely a few hundred in the worst cases.

In stark contrast, the great outbreak in West Africa, that probably started in Guinea in late 2013, left a final count of over 11.000 deaths and 27.000 confirmed cases¹⁹, reaching a much greater scope than the rest of the previous cases combined.

It is interesting to highlight the fact that Ebola was never previously found in that part of the world, thus, scientists did not expect such an outbreak in West Africa²⁰. Furthermore, these countries suffered from obvious material, staff, organizational and political deficiencies, and neither of them had a stable and working public health apparatus²¹.

¹⁷ FARMER, Paul. "Diary: Ebola". *London Review of Books*, Vol. 36 N°. 20, October 23, 2014. Available at: <https://www.lrb.co.uk/the-paper/v36/n20/paul-farmer/diary> Consulted on: 04/06/2020.

¹⁸ REWAR, Sudash & MIRDHA, Dashrath. "Transmission of Ebola Virus Disease: An Overview". *Annals of Global Health*, 80, N°6, pp.444–451, p, 444.-446. Available at: <https://annalsofglobalhealth.org/articles/abstract/10.1016/j.aogh.2015.02.005/>, consulted on: 04/06/2020;
SEVILLA, Beatriz. "Casos y fallecimientos registrados por el virus del ébola 1976-2018", *Statista*. Available at: <https://es.statista.com/estadisticas/636550/casos-y-fallecimientos-registrados-por-el-virus-del-ebola/>, consulted on 02/06/2020.

¹⁹ SUERIE, Moon et al. *Op. Cit.*, p, 2205.

²⁰ Ídem, p. 2006.

²¹ Ídem, p. 2209.

The advent of Coronavirus, with its origins still shrouded in doubt, has a few similarities when compared to the Ebola outbreak. Be zoonosis, or any other reason, the origin of the Covid-19, the truth is that this disease found the world with its guard low. And that it spread at an astounding rate, which should not be surprising, considering the huge level of interconnectivity of our current, globalized world²².

“The caregiver’s disease”

Broadly speaking, a “caregiver’s disease” can be defined as any pathology that has a high chance of infecting the caregiver, that is, the person who is taking care of the patient²³. Therefore, the caregiver becomes a potential source of transmission as well. This individual can be a healthcare professional, such as a medic, but it can also be any friend or family member that is taking care of the sick.

Considering that the caregiver must be in close contact with the patient, the risk they face when dealing with communicable diseases is high. Furthermore, caregiver’s diseases are especially nefarious and dangerous due to several reasons²⁴:

- Firstly, these diseases turn the caregiver into a potential source of contagion. In the cases of both Ebola and Coronavirus, a healthy patient that comes to a healthcare center takes high chances of being infected if he/she is treated by a medic that turns out to be sick.
- The second effect is that caregiver’s diseases weaken the overall capacity of a certain society to fight against the illness itself. By attacking healthcare workers, who are the first line of defense against diseases and pandemics, the country’s overall capabilities for countering these events are heavily diminished.
- Lastly, this kind of afflictions force medics and healthcare workers to seek a difficult balance between their own safety and their patient’s needs.

²² Ídem, p. 2205.

²³ “Editorial: Ebola: protection of health-care workers”. *The Lancet*, Vol., 384, December 20/27, 2014, p, 2174; FARMER, Paul. “The Caregivers’ Disease”. *London Review of Books*. Vol. 37, N°10, May 21, 2015. Available at: <https://www.lrb.co.uk/the-paper/v37/n10/paul-farmer/the-caregivers-disease> Consulted on: 06/06/2020.

²⁴ FARMER, Paul. “Diary: Ebola”. *Op. Cit.*

As of May 18, 2020, roughly 51,000 Spanish healthcare workers have been infected²⁵, out of a total of 240,000 citizens²⁶. This makes the citizen/healthcare workers ratio of infection of practically four to one²⁷.

During the Ebola crisis, *the Lancet* accounted for approximately 600 infected healthcare workers, out of a sample of 17,000 confirmed cases²⁸, a proportion of around seventy-seven to one²⁹. That is, almost seven times lower than the Spanish ratio. In relative terms, for the case of Spain and the Coronavirus, around 21.25% of all confirmed cases were healthcare workers; against a 3.5% on the Ebola crisis.

Ebola's spread, however, is much slower. This disease can only be communicated between humans through physical, direct contact with the bodily fluids of an infected individual, such as blood and, to a lesser extent, saliva³⁰. This virus can also spread through contact with infested objects, but the communication risk through surfaces is much lower and, which is more important, Ebola cannot be transmitted through air³¹.

Even so, Ebola was able to spread fast. However, when compared to Coronavirus, we can see that the latter has a much faster communication speed.

COVID-19³² is mainly communicated from person to person through the minuscule droplets that are projected from the mouth of an infected individual when speaking, coughing, sneezing or breathing. Furthermore, the virus within these droplets may survive on surfaces for decent periods of time.

²⁵ ARROYO, Jesús & LEO, Javier. "Coronavirus: estadística de profesionales sanitarios contagiados en España". *Redacción médica*. Available at: <https://www.redaccionmedica.com/secciones/interactivos/coronavirus-medicos-contagiados-sanitarios-5123> Consulted on 06/06/2020.

²⁶ "Johns Hopkins COVID-19 Case Tracker", *Op. Cit.*, consulted on 06/06/2020.

²⁷ The 51,000 infected healthcare workers are also part of the population and, thus, they must be subtracted from the total number of confirmed cases. $240,000 - 51,000 = 189,000$. Therefore, $189,000 / 51,000 = 3.7$.

²⁸ "Editorial: Ebola: protection of health-care workers". *Op. Cit.*, p, 2174.

²⁹ Following the previous methodology, $17,000 - 600 = 16,400$. Therefore, $16,400 / 600 = 27.3$.

³⁰ REWAR, Sudash & MIRDHA, Dashrath. *Op. Cit.*, p, 444.

³¹ "What we know about transmission of the Ebola virus among humans". *World Health Organization*. Available at: <https://www.who.int/mediacentre/news/ebola/06-october-2014/en/> Consulted on 04/06/2020.

³² "Questions and answers (COVID-19)". *World Health Organization*. Available at: <https://www.who.int/es/emergencies/diseases/novel-coronavirus-2019/advice-for-public/q-a-coronaviruses> Consulted on 04/06/2020. This data may potentially change as new information about this disease is obtained.

Both diseases are hardly comparable, with the coronavirus having a much higher communication speed. Nevertheless, they both can be rightfully considered as “caregiver’s diseases”. In order to face such pathologies, it is of paramount importance to have stockpiles of protective equipment for healthcare workers³³. This statement connects with the following considerations.

Lack of resources

West African countries affected by Ebola were highly vulnerable: they had recently suffered from years of war (Liberia and Sierra Leone) and a dictatorship (Guinea). Because of this, they lacked the healthcare resources³⁴ they needed to properly tackle such an emergency. Obviously, it is unfair to compare the Spanish healthcare system with the systems of any of these countries, yet, some interesting similitudes appear.

Connecting this question with the previous consideration must be noted that a great number of healthcare workers in both cases were infected because of the lack of protective equipment³⁵. Both in West Africa and Spain³⁶, despite the notorious differences between the healthcare systems of these countries, the lack of Personal Protective Equipment (PPE).

Similarly, one of the greatest issues during the Ebola crisis was the lack of rapid and trustworthy diagnostics tests that could determine whether a person was infected or not³⁷. When dealing with communicable diseases, time is a key factor and, thus, the availability of fast and working diagnostics tests brings a twofold benefit:

³³ “Editorial: Ebola: protection of health-care workers”. *Op. Cit.*; FARMER, Paul. “The Caregivers’ Disease”. *Op. Cit.*

³⁴ In medical jargon, this is referred as a lack of staff, stuff, space and systems. Vid: FARMER, Paul. “Diary: Ebola”. *Op. Cit.*

³⁵ FARMER, Paul & MUKHERJEE, Joia. “Ebola’s front lines: Countries need tools to treat patients in their homes and communities”. *The Boston Globe*, September 2014. Available at: <https://www.bostonglobe.com/opinion/2014/09/23/responding-ebola-countries-need-staff-stuff-space-and-systems/ugSFkKow9S7Ser0p8PGeOK/story.html> Consulted on 06/06/2020.

³⁶ JONES, Sam. “Spain: doctors struggle to cope as 514 die from coronavirus in a day”. *The Guardian*, March 24, 2020. Available at: <https://www.theguardian.com/world/2020/mar/24/spain-doctors-lack-protection-coronavirus-covid-19> Consulted on 06/06/2020.

³⁷ BHADELIA, Nahid. “Rapid diagnostics for Ebola in emergency settings”. *The Lancet* 386, 833–835. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)61119-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)61119-9/fulltext) Consulted on 06/06/2020.

- Firstly, a fast diagnostics test means security for the individual. By reducing the amount of time that a possibly sick patient must remain isolated or waiting within the healthcare center, alongside other potentially ill individuals, the risk of this suspected patient to be infected is equally reduced.
- Secondly, quickly identifying an infected individual makes cutting the communication chains much easier and faster. The timely identification of an infected individual makes easier to identify and isolate those who have been in contact with him/her, increasing the community's security as a whole.

However, the huge difference in the number of confirmed cases, immensely superior for the Coronavirus, may justify the lack of resources in the case of Spain. Nonetheless, even taking this consideration into account, these facts still constitute a clear indicator of the existence of an overall systemic weakness.

It is especially interesting to consider the fact that both West African countries affected by Ebola and Spain had suffered from similar problems on that regard, especially when comparing the healthcare expenditures of these countries:

Year/Country	Spain	Guinea	Sierra Leone	Liberia
2012	2,558	22	59	55
2013	2,628	25	82	58
2014	2,671	35	139	64
2015	2,351	42	119	72
2016	2,390	37	86	69
2017	2,506	33	66	56

*USD: Current United States Dollars.

Table 1. Healthcare expenditure per capita (USD*). Source: World Bank Open Data.

Available at: <https://data.worldbank.org/> Consulted on: 06/06/2020.

These brief considerations, therefore, highlight the fact that the Covid-19 is here to demonstrate what could have been prefigured by Ebola years ago: that there is a systemic weakness at a global level for facing this kind of catastrophes³⁸. This is not an

³⁸ CASTILLO-CHÁVEZ, Carlos. "Beyond Ebola: lessons to mitigate future pandemics". *The Lancet*, Vol. 3

isolated problem of poor countries with weak healthcare systems, for even developed and economically solid countries are rendered vulnerable.

Need for reinforcements

Regarding the previous considerations, one must ask: what is needed, then, in order to tackle future pandemics? The global systemic weakness must be reinforced in two closely related dimensions.

National healthcare core capacities

The most evident proposal for tackling future pandemics is simple: to increase the global healthcare expenditure. The more resources that are poured into any healthcare system, the easier it would be for that system to detect and tackle outbreaks of potentially communicable diseases³⁹.

The concept of “resources” here must not be constrained to include only material elements and staff (medics, drugs, buildings, etc.), but it must also encompass organizational resources (communication channels, data-sharing, research, etc.)⁴⁰.

Having greater national capacities is beneficial because of two main reasons:

- Firstly, on a preventive basis, a solid healthcare system raises the availability and the quality of primary medical assistance. When combined with the creation of a working and steady early-warning system⁴¹, it would allow for the timely and effective identification of potential emergencies before the situation spirals out of control.
- Secondly, on a reactive basis. In case prevention fails, a proper healthcare system must possess enough emergency capabilities for tackling an outbreak once it is out of control⁴². On this level having a solid stockpile of PPEs, drugs and fast

(7), July 2015, 354-355. Available at:

<https://www.sciencedirect.com/science/article/pii/S2214109X15000686> Consulted on 09/06/2020.

³⁹ SUEP, Moon et al. *Op. Cit.*, pp. 2205-2206, 2209.

⁴⁰ *Ídem*, 2212-2213.

⁴¹ FARMER, Paul. “Diary: Ebola”. *Op. Cit.*

⁴² PANJAVI, Raj. “Ebola’s Legacy Can Be a Thriving Community Health System”. *Open Society*

diagnostics tests is critical, as well as the existence of a solid healthcare infrastructure.

While it may sound easy, this premise turns out to be extremely difficult when in practice. World resources are limited, scarce and are usually subjected to ever-shifting political priorities. Therefore, it is not wise to expect each country around the world to have a state-of-the-art and perfectly stockpiled healthcare system⁴³.

However, it is reasonable to state that every country can and should have, at the very least, a minimum set of capabilities that make it able to detect and contain outbreaks of communicable diseases.

The countries that cannot afford such systems by themselves would need international assistance and financing in order to do so, and this point takes us to the next consideration:

International cooperation

Assuming a strictly realistic standpoint, it seems wise to think that international cooperation in healthcare issues is a very rational choice, especially in the modern, highly interconnected world. An outbreak anywhere around the globe could potentially reach any country in matter of mere hours or days.

Therefore, even from a realistic perspective, it is easy to justify the need for investing in the development of other countries' solid healthcare systems because. This investment, in the long-term, ends up benefitting the security of the investor⁴⁴. Short and medium-term political benefits may also be obtained, for instance, by offering an image of solidarity and commitment.

However, when facing a communicable disease that has already emerged, the natural reaction of a country may be closing its borders in order to protect itself from the spread. Even though this decision may be legitimately defended and supported by many, there

Foundations. October 2014. Available at: <https://www.opensocietyfoundations.org/voices/ebola-s-legacy-can-be-thriving-community-health-system> Consulted on 06/06/2020.

⁴³ SUIERIE, Moon et al. *Op. Cit.*, 2207-2208.

⁴⁴ Ídem, p. 2207-2208.

is a general scientific consensus on the fact that it is not effective⁴⁵ because of several reasons:

- Firstly, because the current level of globalization and interconnection makes the total isolation of any country virtually impossible.
- Secondly, because imposing restrictive measures on a country that is suffering from an outbreak has hefty negative effects over the country itself, severely compromising its capacity to face such a problem:
 - It can discourage the arrival of volunteers and cooperants. This is especially significant if heavy measures of security or quarantine are imposed upon the volunteers⁴⁶.
 - These measures can also compromise the flow of resources and support that the country may receive, for instance, through a limitation on flights.
- Finally, and moving to social questions, this attitude may contribute to the stigmatization⁴⁷ of the affected country, its citizens or those that have been there recently, as it was the case with the Chinese collective in Spain⁴⁸.

Panic, however, can easily cloud reasoning, and political decisions may be taken against scientific evidence.

Consequently, considering that isolationism and border shutdowns are not effective measures, international cooperation emerges as the best way of solving a problem that concerns and threatens every country, but that no country can tackle on its own⁴⁹.

⁴⁵ Ídem, p. 2205-2206. 2209-2010.

⁴⁶ "Rationality and coordination for Ebola outbreak in west Africa". *The Lancet*, Infectious Diseases, Vol. 1, December 14, 2014, p. 1163. Available at: <https://linkinghub.elsevier.com/retrieve/pii/S1473309914710205> Consulted on 06/06/2020.

⁴⁷ PANJABI, Raj. *Op. Cit.*

⁴⁸ For instance: EFE, "Familias de menores chinos denuncian discriminaciones por el coronavirus". *El Periódico*, February 17, 2020. Available at: <https://www.elperiodico.com/es/sociedad/20200217/familias-menores-chinos-denuncian-discriminacion-coronavirus-7852711> Consulted on 06/06/2020.

⁴⁹ GOSTIN, Lawrence et al. "Law's power to safeguard global health: a Lancet–O'Neill Institute, Georgetown University Commission on Global Health and the Law", *The Lancet*, 385, 2015. P, 1603-1604. Available at: <https://scholarship.law.georgetown.edu/facpub/1479/> Consulted on 06/06/2020; "Rationality and coordination for Ebola outbreak in west Africa". *Op. Cit.*

Therefore, in order to contain Ebola, Coronavirus, or any other communicable diseases that the future may bring, it is of uttermost importance to align and coordinate international efforts.

International laws and institutions

Following the previous statement, it must be noted that any international efforts that countries undertake should be channeled through specific laws and structures. The World Health Organization (WHO) is, undoubtedly, the first institution to bear in mind when addressing these topics.

Less widely known are the International Health Regulations (IHR). They are a legally binding, international instrument that was adopted in 1969, whose goal is to prevent national health emergencies from transcending and becoming international crises⁵⁰. Back at that age, however, IHR only applied to an enclosed number of diseases, more precisely: smallpox, cholera, yellow fever and plague.

The sustained and fast globalization process that characterized the beginning of the millennium, alongside the advent of new epidemics and diseases, soon rendered these regulations obsolete and inoperative. IHR were, thus, reviewed in 2005⁵¹, entering into force in 2007.

These new regulations are way more flexible, as they are no longer constricted to an enclosed number of diseases, on the contrary, they refer to “any illness or medical condition, irrespective of its origin or source, that presents or could present significant harm to humans”⁵². IHR also coax the signing countries to actively develop their “core capacities” by building solid healthcare systems that can detect and tackle these emergencies⁵³.

⁵⁰ “Ebola: what lessons for the International Health Regulations”. *The Lancet*. Vol 384, October 11, 2014. Available at: <https://linkinghub.elsevier.com/retrieve/pii/S0140673614616974> Consulted on 09/06/2020.

⁵¹ Ídem.

⁵² “International Health Regulations”. *World Health Organization*. Preface. Available at: https://apps.who.int/iris/bitstream/handle/10665/43983/9789243580418_spa.pdf;jsessionid=B810BE662BFF4D60899D8542D2B24003?sequence=1 Consulted on 09/06/2020.

⁵³ “International Health Regulations”. *Op. Cit.* Article 13.

However, IHR have the same problems that many international laws suffer from: the lack of any effective enforcement mechanisms and the absence of any coercive capabilities, plus the added problem of financing for many countries that cannot afford the creation of better healthcare systems by themselves⁵⁴. Furthermore, under IHL, each country is the ultimate responsible for the self-assessment of their capabilities and, thus, they will always try to offer positive data.

The role of WHO emerges as pivotal at this stage. Being a neutral and independent supranational organism, it is the only figure that can coordinate such task⁵⁵. However, in order to do so, the Organization must have enough human, organizational and material resources.

Regarding this question and, considering that the WHO is namely supported by the voluntary contributions of countries and institutions⁵⁶, its role as a neutral intermediary may be compromised if it is suspected that WHO's donors may be, somehow, controlling its agenda.

Pos.	Donor	Type of actor	Donation	
			% total 2019	Total 2018-2019 (USD)
1	United States of America	Country	15%	656,092K
2	Bill & Melinda Gates Found.	Foundation	12.12%	530,965K
3	GAVI Alliance	International Org.	8.18%	370,692K
4	United Kingdom	Country	7.81%	334,833K
5	Germany	Country	5.33%	231,011K

Table 2: WHO donors

Source: "Contributors: overview". World Health Organization. Available at: <http://open.who.int/2018-19/contributors/overview/vcs> consulted on: 09/06/2020 & "Contributors". World Health Organization. Available at: <http://open.who.int/2018-19/contributors/contributor> Consulted on: 09/06/2020.

⁵⁴ "Ebola: what lessons for the International Health Regulations". *Op. Cit.*

⁵⁵ Ídem; SUERIE, Moon et al. *Op. Cit.*, p. 2211-2212.

⁵⁶ "Budget & Finance Summary". *World Health Organization*. Available at: <http://open.who.int/2018-19/budget-and-financing/summary> Consulted on: 09/06/2020.

Setting aside this possible lack of trust in the WHO, it must be noted that any country has little incentives and many drawbacks for declaring any potentially pandemic events⁵⁷. The media pressure and the panic that such declaration is likely to cause may have catastrophic economic, political and social consequences

Only a significant overhaul of the international governance and coordination mechanisms, especially the WHO, would allow us to fulfil the precepts and goals that the International Health Regulations seek. Reaching this point, however, would require from a huge political and economic investment, one that not every country or leader is likely to undertake⁵⁸, but that would be pivotal for the sake of Mankind.

The cost of these investments would be undoubtedly high, however, the cost of not being ready would be much greater at the end of the day. Both Ebola and Coronavirus have reminded us this painful lesson: that the risk of a pandemic outbreak anywhere in the world is a threat for each country... And that we are not ready to face it⁵⁹.

Conclusions

The Covid-19 pandemic that is whipping the world today share sound similarities with the 2013-2016 West Africa Ebola epidemic. Even though these illnesses and their circumstances are radically different, it is possible to draw some analogies that would allow us to extract some key lessons on the wide picture, identifying several structural weaknesses.

Firstly, it must be noted that both diseases suddenly appeared and quickly spread. Both are, likewise, “caregiver’s diseases” that entail a great threat for the healthcare professionals of any country, especially if they lack the proper protective gear.

Despite the enormous economic differences between the affected countries, the lack of resources, especially of Personal Protective Equipment and rapid diagnostics tests were a problem from both Spain and West African countries alike.

⁵⁷ SUERIE, Moon et al. *Op. Cit.*, p. 2215-2217.

⁵⁸ *Ídem*, p. 2219.

⁵⁹ CASTILLO-CHÁVEZ, Carlos. *Op. Cit.*

In order to improve our capacities for countering future pandemics, greater investments must be made for upgrading the basic healthcare capabilities of all countries, deepening in international cooperation and reinforcing the international norms (International Health Regulations) and institutions (WHO)

In our current, globalized world, pandemics are a global menace that threatens each country, but that no country alone may predict nor tackle.

Back in 2014, Ebola gave us a hint on the true danger than a communicable disease may pose to the world, and on the weak preparation and the systemic weakness we suffer from. Now, in the post-Coronavirus scenario, we must ask ourselves whether we could have predicted such a disease and, what is most important, whether we can learn some lessons from it so we can be ready for the next time.

Maybe we will learn our lessons, maybe we will keep on believing that all swans are white.

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