

NEWS IN FOCUS

ETHICS Africa's science academy tackles unfair research practices **p.284**

TECHNOLOGY Modified PET scanner images whole human body in seconds **p.285**

AGRICULTURE A hungry caterpillar is devastating crops in China **p.286**

GENE EDITING When will the world be ready for CRISPR babies? **p.293**



JOHN WESSELS/AFP/GETTY



Efforts to contain the current Ebola outbreak have been hampered by violence.

PUBLIC HEALTH

WHO resists declaring Ebola emergency

Outbreak worsens in the Democratic Republic of the Congo as virus spreads into Uganda.

BY AMY MAXMEN IN KINSHASA
AND SARA REARDON IN WASHINGTON DC

The Ebola outbreak that has ravaged the northeastern Democratic Republic of the Congo (DRC) — now the second largest such event on record — spread into neighbouring Uganda last week. But for the World Health Organization (WHO), the crisis still does not warrant the highest

level of alarm, said director Tedros Adhanom Ghebreyesus on 14 June.

“Although the spread of Ebola to Uganda is tragic, it is not a surprise,” Ghebreyesus said. “Since the beginning of the outbreak, we have said that the risk of spread across the border is high, and it remains high.”

More than 2,100 people have been infected with

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the virus since the outbreak began in August 2018, and roughly 1,400 had died as of 12 June, according to the WHO. These figures include the first people to die from Ebola in Uganda during this outbreak: a five-year-old boy and his grandmother, who passed away last week.

The WHO's announcement marks the third time since the outbreak began that the agency has decided against declaring a public-health emergency of international ▶

▶ concern (PHEIC). The handful of Ebola cases confirmed in Uganda have involved people who travelled from the DRC, and there is no evidence that the virus is being transmitted within Uganda. One criterion that the WHO uses to determine whether an outbreak is a global emergency is whether a disease is spreading in more than one country.

The WHO's Emergency Committee of independent medical experts decided against declaring an emergency in part because doing so could trigger the DRC's neighbours to close their borders. That could halt trade and damage the country's economy, while preventing thousands of people from escaping violence in the northeastern DRC, which is home to dozens of armed groups. At least 50 people

were killed during recent violence in Ituri, one of two provinces in which Ebola is spreading, the DRC government said on 13 June.

"Of course it is an emergency of international concern, translated literally," says Chikwe Ihekweazu, director-general of the Nigeria Centre for Disease Control in Abuja, who advised the deliberations. "But making this additional declaration — to be honest, I don't see the extra benefit it would bring."

Other experts argue that an emergency declaration would help to bring the current Ebola outbreak under control. "I'm baffled," says Lawrence Gostin, a health-law and policy specialist at Georgetown University in Washington DC. "The WHO was roundly criticized for delaying for six months its

declaration of an emergency in West Africa, and now it's repeating history."

He had hoped that an emergency declaration for the DRC outbreak would prompt an outpouring of financial help and other assistance from governments and aid organizations — similar to that seen during the 2014–16 Ebola outbreak in West Africa. The WHO has said that it needs another US\$54 million to support its Ebola response until the end of July.

But Ghebreyesus says that the declaration of a public-health emergency should not be viewed as a fundraising exercise. "You don't wait to patch the roof until after the storm comes," he told *Nature*. "Using a PHEIC to mobilize resources is dangerous because, by then, it's too late." ■

ETHICS

African academy leads push for ethical data use

The goal is to create the continent's first cross-disciplinary guidelines for sharing data.

BY LINDA NORDLING

The African Academy of Sciences (AAS) has started work on the continent's first cross-disciplinary guidelines on how to collect, store and share research data and specimens in ways that protect study participants from exploitation and benefit African citizens.

Members of the AAS Data and Biospecimen Governance Committee, who met for the first time on 10 and 11 June in Nairobi, Kenya, hope

to address these issues, which pose persistent challenges for African nations and researchers. The committee's guidance won't have legal authority — rather, the goal is to provide a resource for governments creating their own policies and to guide researchers, according to committee members.

The AAS holds significant political clout on the continent, says John Mugabe, a science-policy specialist at the University of Pretoria in South Africa. He says that some of the AAS

fellows are senior government officials in their countries or members of the countries' legislative assemblies, and that the academy holds observer status in the African Union.

The AAS committee includes about a dozen African bioethicists, data specialists and legal experts. And it plans to gather input from other disciplines and groups, including patient organizations and community advocates. "The composition of this is basically African, to hear the African voice," says Jenniffer Mabuka-Maroa, an AAS research programme manager based in Nairobi and the convener of the committee meeting.

ETHICS CODES

Other groups and communities in Africa have produced data-sharing guidance or ethics codes. But the AAS committee's work is the first attempt at multidisciplinary guidelines for all of Africa.

At the meeting last week, the group reviewed common challenges for collecting and handling research data in Africa, including sensitive and potentially lucrative information gathered for medical research and bioprospecting — scanning natural resources such as plants and animals for compounds that can be turned into drugs or other commercial products.

Data sharing, particularly in genomics and biodiversity, is a hot topic across Africa. In South Africa, an information-protection bill due to come into effect next year could



African science academy is pushing for better data-sharing guidance for fields including health research.

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