



TEXTS ADOPTED

P8_TA(2015)0374

Ebola crisis: long-term lessons

European Parliament resolution of 27 October 2015 on the Ebola crisis: the long-term lessons and how to strengthen health systems in developing countries to prevent future crises (2014/2204(INI))

The European Parliament,

- having regard to United Nations Security Council Resolution 2177 (2014) of 18 September 2014 on peace and security in Africa,
- having regard to United Nations General Assembly Resolution 69/1 of 19 September 2014 on measures to contain and combat the recent Ebola outbreak in West Africa,
- having regard to the decision by the United Nations Secretary-General, Ban Ki-moon, to set up the organisation's first emergency health mission, the UN Mission for Ebola Emergency Response (UNMEER), following the adoption of General Assembly Resolution 69/1 and Security Council Resolution 2177 (2014) on the Ebola epidemic,
- having regard to the World Health Organisation's International Health Regulations (IHR) of 2005 (WA 32.1),
- having regard to the recommendations from the WHO's consultation on zoonoses of 5 May 2004,
- having regard to the WHO's statement of 8 August 2014 declaring the Ebola epidemic a public health emergency of international concern,
- having regard to the WHO's Ebola response roadmap of 28 August 2014 and the updates thereto,
- having regard to the Director-General of the WHO's report to the Executive Council at its extraordinary session on Ebola held in Geneva on 25 January 2015,
- having regard to the WHO's statement of 9 May 2015 on the end of the epidemic of the Ebola virus in Liberia,
- having regard to the Guidance for Immunization Programmes in the African Region in the Context of Ebola, issued by the WHO,

- having regard to the statement made following the spring 2015 meeting of the World Bank Group and the International Monetary Fund held in Washington DC from 17 to 19 April 2015,
- having regard to the international conference entitled ‘Ebola: from emergency to recovery’ held in Brussels on 3 March 2015,
- having regard to the establishment by the African Union of the African Union Support to Ebola Outbreak in West Africa (ASEOWA) mission on 21 August 2014,
- having regard to Regulation (EU) No 1291/2013 of 11 December 2013 establishing Horizon 2020 – the Framework Programme for Research and Innovation (2014-2020),
- having regard to the Commission communication COM(2010)0128 together with SEC(2010)0380, 0381 and 0382 on the EU Role in Global Health,
- having regard to the European Council conclusions of 24 October 2014,
- having regard to the Council conclusions on the EU Role in Global Health of the 3011th Foreign Affairs Council meeting in Brussels on 10 May 2010,
- having regard to the conclusions of the EU Foreign Affairs Council meetings of 15 August 2014, 20 October 2014, 17 November 2014 and 12 December 2014 and 16 March 2015 on the Ebola crisis in West Africa,
- having regard to the reports to the European Council drawn up in November 2014 and March 2015 by Christos Stylianides, Commissioner and EU Ebola Coordinator,
- having regard to the Comprehensive Response Framework for the Ebola Virus Outbreak in Western Africa drawn up by the European External Action Service and the Commission,
- having regard to the Extractive Industries Transparency Initiative (EITI) and to the 2011 EITI progress report of Sierra Leone, the 2012 EITI progress report of Liberia and the 2012 EITI progress report of Guinea,
- having regard to the French RIPOST ‘Network of Public Health Institutes in West Africa’ programme,
- having regard to the resolution on the Ebola outbreak adopted by the ACP-EU Parliamentary Assembly on 3 December 2014 in Strasbourg, France,
- having regard to its resolution of 18 September 2014 on the EU’s response to the Ebola outbreak¹,
- having regard to Rule 52 of its Rules of Procedure,
- having regard to the report of the Committee on Development and the opinions of the Committee on the Environment, Public Health and Food Safety and the Committee on Women’s Rights and Gender Equality (A8-0281/2015),

¹ Texts adopted, P8_TA(2014)0026.

- A. whereas the health systems of Liberia, Sierra Leone and Guinea contain massive gaps, and whereas the three countries already before the outbreak were among those at the bottom of the UNDP's human development index, with around 80 % of the countries' citizens living in extreme poverty, and scored highest in the world in premature adult and under-five mortality rates, mainly for treatable conditions;
- B. whereas the Ebola crisis is systemic at local and regional level and also at national and global governance level;
- C. whereas the magnitude of the catastrophe can be attributed to several factors, among which: the political failure of the affected countries to sound the alarm, the ill-adapted response of the international community, the shattering effects of closure of borders and restrictions on people, the ineffectiveness of the surveillance and alert mechanisms, the slow and poorly adapted response once aid was eventually mobilised, the stark absence of leadership from the WHO, the lack of research and development of drugs, diagnostics and vaccines;
- D. Whereas three new confirmed cases of Ebola virus disease were registered in the week to 18 October 2015, all in Guinea; whereas the country had reported zero cases for the previous two weeks; whereas Sierra Leone reported zero cases for a fifth consecutive week; whereas the WHO declared Liberia free of Ebola virus transmission in the human population on 3 September 2015; whereas there have been 28 512 confirmed cases, including 11 313 confirmed deaths;
- E. whereas still too little is known about the prevalence, transmission and mutation potential of the Ebola virus; whereas widespread confusion and prevailing misunderstandings about the causes and consequences of Ebola virus disease have perpetuated the spread of the virus; whereas ethnographic research is useful in order to understand how communities work and how to reach people with different cultural backgrounds;
- F. whereas Ebola virus disease was found in semen and in ocular fluid of convalescent persons; whereas there are single evident cases of sexual transmission, which indicates difficulties to eradicate the virus and to determine a point in time when countries really can be regarded as Ebola free;
- G. whereas in a large number of African countries the health and education systems have deteriorated throughout the Structural Adjustment Programmes imposed by the IMF and World Bank, which required budget cuts in the public sector;
- H. whereas the Ebola outbreak in West Africa has shown that local and national health systems in low-income countries do not have the means or resilience to respond to an infectious disease outbreak such as that of Ebola; whereas strengthening global health systems has therefore become an integral part of global health governance;
- I. having regard to the importance of culture and traditional customs in the management of the Ebola crisis¹;
- J. whereas children, adolescent girls and young women are among the most marginalised and vulnerable during such a crisis, which poses a serious threat to women's

¹ Customs which, for example, prohibit the burning of dead bodies.

engagement in economic activities and has increased gender gaps in education; whereas orphans may face repudiation and stigmatisation;

- K. whereas the Ebola epidemic which affected West Africa is the largest and most complex outbreak in the history of the disease; whereas the WHO was first alerted to the outbreak of Ebola on 23 March 2014, but whereas it was only on 8 August 2014 that the International Health Regulations Emergency Committee declared it a public health emergency of international concern; whereas prior to this outbreak, Ebola had not been considered a major public health challenge;
- L. whereas nearly 500 healthcare workers have died of Ebola in Guinea, Liberia and Sierra Leone, in countries suffering already from a serious shortfall of staff before the outbreak of the Ebola crisis; whereas hospitals and health staff did not have the capacity to deal with other diseases owing to the resources mobilised to fight the Ebola epidemic; whereas there is a need to protect health facilities and health workers to enable the sustainable provisions of medical care;
- M. whereas many recovered patients have had to face stigmatisation from both their relatives and society; whereas this situation particularly affects children who have lost one or two parents, and many of these children have been rejected by their surviving relatives for fear of infection;
- N. whereas there is a need to integrate epidemiology, public health and social science in order to draw appropriate lessons from the Ebola outbreak;
- O. whereas in the first few months of the Ebola crisis, the humanitarian NGOs – Médecins Sans Frontières and the Red Cross in particular – were the most effective, best informed and most experienced players and therefore played a front-line role in initial efforts to combat the virus;
- P. whereas the closing of schools and the tendency for orphaned children to become caregivers in households risk creating a ‘lost generation’ of children deprived of formal education for long periods of time;
- Q. whereas with their know-how and their ability to work together, the humanitarian organisations showed that, when it is necessary at the start of a crisis, they can be more relevant and more effective than the ‘institutional players’;
- R. whereas the Ebola crisis has resulted in another problem which Médecins Sans Frontières has referred to as ‘a crisis within a crisis’, namely that people with conditions other than Ebola are not going to hospital for fear that they will be infected with the virus;
- S. whereas the EU, together with its Member States, is the biggest donor of development aid in the world and has made available more than EUR 1,39 billion to help contain the outbreak of Ebola virus disease in West Africa; whereas this amount enables the EU to negotiate with partner countries and other donors to support a comprehensive national health system development that builds on a coherent, inclusive, needs-based strategy;
- T. whereas the United Nations World Food Programme has proved that it has an effective logistics capability that could be used in future for early warning and response purposes as well;

- U. whereas the safety of caregivers is essential for the international mobilisation of health workers;
- V. whereas the European Council appointed an EU Ebola Coordinator on 23 October 2014 in the person of the Commissioner for Humanitarian Aid and Crisis Management, Mr Stylianides; whereas since 12 November 2014 he has visited the countries most affected, accompanied by the Commissioner for Health, Mr Andriukaitis;
- W. whereas the United Nations, the WHO and the Commission have established procedures for assessing the management of the epidemic;
- X. whereas in a statement issued in April 2015 the WHO acknowledged that the world and the organisation itself were poorly prepared to deal with a lengthy epidemic;
- Y. whereas it is essential to improve international governance of health crises;
- Z. whereas access to medicines is a key part of the right to health;
- AA. whereas 2 billion people worldwide do not have access to the vaccines or treatments they need to stay alive and healthy;
- AB. whereas access to medicines and to research and development findings in this area must be geared, as a priority, to the needs of sufferers, whether in Europe or in developing countries;
- AC. whereas Innovative Medicines Initiative is the world's biggest public-private partnership in life sciences, with a budget of EUR 3,3 billion for the 2014-2024 period, of which EUR 1,638 billion comes from Horizon 2020;
- AD. whereas the trauma of Ebola has left people distrustful of health facilities, left health workers fearful of resuming services and left communities impoverished and suspicious; whereas the basic relaunching of health services is urgent; and whereas it is equally essential to set up robust and effective health systems, including mutualisation of risks, in all developing countries, which also implies solid training of the local medical staff;
- AE. whereas the Ebola crisis has dragged the countries in the area affected deeper into recession, and whereas in 2015 alone, according to the World Bank, the GDP of the three countries worst affected will be reduced by USD 2 billion as a result;
- AF. whereas those three countries have applied to the IMF and the World Bank for a 'Marshall Plan' package worth EUR 7 500 million, to help them to overcome their economic difficulties;
- AG. whereas some NGOs have called on the World Bank to raise some USD 1,7 billion in order to help those countries to make lasting improvements to their healthcare infrastructure;
- AH. whereas the international community needs to remain vigilant, and whereas the goal is to reach the post-Ebola stage, i.e. the stage at which there have been no new cases of infection for a long period;

- AI. whereas good hygiene practices are indispensable; whereas, however, the three countries lack sufficiently working water and sanitation systems;
- AJ. whereas it is to be feared that in the case of any other outbreak, the scale of the death toll would reoccur;
- AK. whereas Vice-President/High Representative Federica Mogherini, European Commissioner for Humanitarian Aid and EU Ebola Coordinator Christos Stylianides, European Commissioner for International Cooperation and Development Neven Mimica, Members of the European Parliament, governments and parliamentarians of the Member States have repeatedly called for the strengthening of health systems;
- AL. whereas, under the 11th European Development Fund, health system strengthening and the strengthening of water and sanitation services are only among the focal sectors for Guinea, and not for Liberia and Sierra Leone;
- AM. whereas the Commission communication on the EU Role in Global Health (COM(2010)0128) presents a comprehensive and holistic needs-based global health strategy that was endorsed by the Member States;
- AN. whereas not all states fully implemented the IHR; whereas the IHR should be revised after gaining experience during the latest Ebola epidemic;
- AO. whereas little is known about potentially dangerous zoonoses; whereas food and agricultural practices, deforestation and trade in animals and animal products led to the emergence of newly evolving zoonotic diseases such as avian influenza, Ebola and HIV;
- AP. whereas the WHO recommends coordination between public health and veterinary sectors;
- AQ. whereas a delegation from the Committee on Development will visit Sierra Leone in November 2015;
1. Criticises the slow international response to the crisis during the first months; stresses, however, the response and commitment of the EU and its Member States since March 2014 to help contain the propagation of the Ebola virus; notes the scaling-up of the EU and its Member States' commitment in the areas of humanitarian and development aid, logistics and research to respond to the crisis;
 2. Welcomes the development of a new vaccine (in record time), which has proven 100 % effective in Guinea as of 23 March 2015, and calls for urgent guaranteed access to this vaccine, which should be affordable to everyone in Liberia and Sierra Leone;
 3. Considers that there should be no lowering of the guard in relation to some new cases of Ebola, the mode of transmission of which remains open to question;
 4. Calls on all parties concerned, particularly governments of developing countries, European institutions and international organisations, to learn from this crisis, including from the negative impacts on health sectors in developing countries of the conditionalities of IMF and World Bank structural adjustment facilities, and to develop effective means of dealing with international health crises;

5. Notes, in this context, the reform announced by the Director of the WHO on 18 May 2015, particularly as regards the establishment of a new emergency programme and a world reserve of staff who can be deployed quickly on the ground, and the establishment of a new reserve fund of USD 100 million specifically for emergencies; welcomes the commitment to increase the WHO's budget by 10 % within two years, bringing it to USD 4,5 billion;
6. Calls on the international community to promote information and education campaigns in the countries concerned; stresses the crucial importance of prevention and information campaigns in managing the crisis, in particular in order to limit contamination, and to raise awareness of unsafe practices that should be avoided; stresses the importance of alternative means of disseminating information;
7. Strongly emphasises the importance of combating increased tensions between groups as a result of the Ebola outbreak, as the creation of myths could mean that certain ethnic groups are blamed for the Ebola outbreak;
8. Takes the view that, once emergency assistance is no longer required, the EU's long-term response should focus first on development assistance, which will need to include investment in the health sector to promote resilience, particularly as regards the organisation and management of health systems, health monitoring and information, medicine supply systems, domestic governance and state-building, and then focus on the assistance that is essential in order to get the three countries' economies back on their feet;
9. Calls on the authorities to take into account the lessons learnt concerning the stigmatisation phenomenon and to implement them in similar humanitarian crisis which may occur;
10. Recalls the importance of conflict prevention, as conflicts and fragility have a very negative impact on health systems;
11. Calls for the establishment of a permanent European rapid response capability comprising experts, laboratory support staff, epidemiologists and logistics facilities, including mobile laboratories, that can be deployed extremely swiftly; draws attention in particular to the contribution the EU can make to screening at land and maritime borders and to the fact that the Union could seek to emulate and benefit from the level of excellence achieved by the US health authorities in screening at airports;
12. Calls also on the EU to support the establishment of a network of monitoring points in developing countries to make it possible to detect as quickly as possible new cases of infectious disease which have the potential to develop into pandemics, in order to create a sentinel network in those countries;
13. Recognises the need to support the establishment of cooperation between the EU and its Member States and developing countries, in particular those of West Africa, as far as training medical staff is concerned;
14. Stresses the importance of strengthening protection and rapid evacuation systems for international health workers;
15. Deplores the fact that past adjustments and reforms and inequitable development policies have contributed to ineffective health systems; urges the Commission to help

the three countries affected to develop their own public health systems in order for them to be able to meet basic healthcare needs and to build up the infrastructure required to ensure that all their citizens have access to public healthcare; in particular, takes the view that building a resilient health system over the long term requires, inter alia, (i) investing resources in basic public health services, (ii) ensuring safe and quality care by increasing resources to train, supervise and pay health workers adequately and by giving access to safe drugs, (iii) engaging local stakeholders and communities in crisis response and development planning; calls on international donors to increase Official Development Assistance (ODA) to those countries through country systems such as budget support; calls on the Commission to establish, in cooperation with partner countries, the WHO, the World Bank and other donors, coherent needs-based health plans and monitoring procedures;

16. Stresses that the responses should address the underlying gaps in women's representation, access to health and services and the disruption to livelihoods; stresses in particular the need to offer high-quality basic services and healthcare, especially where maternity care and obstetric and gynaecological services are concerned;
17. Welcomes the Commission communication on the EU Role in Global Health (COM(2010)0128) and its holistic vision on comprehensive health systems, its horizontal approach and its endeavour for universal health coverage; encourages the Commission to review this communication in the light of new insights gained during the Ebola crisis, while keeping the comprehensive and horizontal approach, and to present and implement a Programme for Action in a timely manner;
18. Stresses, in general, the need for developing countries to give budgetary priority to setting up robust and resilient public social security and public health systems, building sufficient numbers of well-equipped, sustainable healthcare infrastructure (in particular laboratories, water and sanitation facilities) and offering high-quality basic services and healthcare; emphasises the need for a sufficient ratio of health workers to population, and calls on the governments of the affected countries to ensure that health workers are paid and that money for health reaches the people; acknowledges, nevertheless, that crises such as the current one cannot be solved by health systems alone, and that a comprehensive approach involving different sectors such as education and training, sanitation, food safety and drinking water, is needed to address the critical gaps in all essential services; stresses, at the same time, that education, covering cultural dimensions and beliefs, are also key in the recovery;
19. Points out that investment in the health sector is an important driver of economic development and contributes to poverty reduction in developing countries; welcomes the inclusion of Goal 3 'Ensure healthy lives and promote well-being for all at all ages' in the proposal for future Sustainable Development Goals (SDGs);
20. Stresses that the long-term costed plans needed to build resilient and comprehensive health systems must further include an adequate number of trained health workers, access to sufficient medical supplies and robust health information systems;
21. Calls for research infrastructure to be bolstered by the establishment of a regional public infectious disease research centre in West Africa, and for inter-university cooperation to be established with the participation of the EU and its Member States;

22. Stresses the need to tackle social inequality in order to build a resilient, sustainable public health system; supports, to this end, the introduction of publicly funded universal health coverage free at the point of use, and urges the Commission, together with partner countries and other donors, to submit as soon as possible a programme for establishing universal health cover, which will guarantee the mutualisation of health risks;
23. Calls on all countries to commit to Universal Health Coverage (UHC) and to develop a plan identifying domestic resources and potential international funding to meet this goal; supports the target of scaling-up healthcare spending in all countries to the recognised minimum of USD 86 per person for essential health services;
24. Welcomes the high-level international conference on Ebola held on 3 March 2015 under the auspices of the EU and key partners with the aim of eradicating Ebola but also of assessing the impacts on the affected countries in order to make sure that development aid builds on humanitarian efforts;
25. Supports the idea of a ‘Marshall Plan’ to help kick-start those countries’ economies; suggests offering technical assistance to the administration to enhance their capacity and to ensure that money reaches the people and is not lost to corruption or other purposes;
26. Welcomes international efforts to alleviate the international debt burden of the countries affected by the Ebola virus;
27. Believes that partnerships between the EU and the area affected by the crisis will be effective only if Liberia, Guinea and Sierra Leone are able to take ownership of their own development as quickly as possible;
28. Believes that the programming of the 11th European Development Fund should be reviewed to ensure that investments in health and good governance become priority areas for all countries with fragile public infrastructure; is concerned that health and water and sanitation are not among the focal sectors in the National Indicative Programmes of Liberia and Sierra Leone; calls on the Commission to establish mechanisms to monitor aid more closely;
29. Believes that the risk posed by the structural under-funding of EU humanitarian action cannot be ignored during the mid-term review of the multiannual financial framework;
30. Congratulates the humanitarian aid workers and medical staff on the ground who have risked their lives in the efforts to contain this major health crisis;
31. Congratulates the United Nations Mission for Ebola Emergency Response (UNMEER), partner organisations and non-governmental humanitarian organisations, such as Médecins Sans Frontières, the International Federation of Red Cross and Red Crescent Societies, Emergency and others, for their work done on the ground, and warmly welcomes their extensive input and help in controlling this outbreak; regrets the cases of inappropriate treatment of medical staff and other staff involved in the fight against the Ebola outbreak following their return from Africa;
32. Believes that access to medicines should, as a matter of principle, no longer be dependent on patients’ purchasing power but should instead be geared to patients’ needs, and that market forces should not be the sole determinant of which medicines to produce;

33. Calls for the EU and its Member States to honour the EU's 'Policy Coherence for Development' principle, set out in Article 208 TFEU through the promotion of fair and equitable international trade, medical research and innovation policies that foster and facilitate universal access to medicines;
34. Calls on the Commission to explore alternative models to those based on patent monopolies when it comes to the development of drugs or vaccines produced by public-private partnerships, such as the Innovative Medicines Initiative, which can guarantee patient accessibility to treatments, sustainability of healthcare budgets and an efficient response to crises such as the one caused by the Ebola virus or similar threats;
35. Stresses the importance of increasing global epidemiological research capacity, developing 'quick tests' and providing access to vaccines; welcomes, in this regard, the fact that many EU research funds have been mobilised to fight against the Ebola virus, including through the Innovative Medicines Initiative, the Horizon 2020 programme and the European & Developing Countries Clinical Trial Partnership (EDCTP) programme; underlines that, although vaccines are welcome, they are most probably not suitable to eradicate Ebola, as the virus is mutating; stresses, therefore, that funding priority has to be given to general health system strengthening, hygiene, containment, reliable quick testing in tropical settings and medication targeting the virus and the symptoms it causes;
36. Urges all parties concerned to promote health training among the public by focusing on the issue of traditional customs that are incompatible with the fight against the spread of the disease among the population;
37. Stresses that the EU should promote effective and fair financing of research that benefits the health of all and ensures that innovations and interventions lead to affordable and accessible solutions; reiterates, in particular, that models that dissociate the costs of research and development and the prices of medicines should be explored, including the opportunities for technology transfer to developing countries;
38. Reiterates the need to invest in neglected diseases; calls, in this context, on the Commission to continue the discussions on this issue and to make arrangements for wide-ranging cooperation between the public and private sectors, provided that safeguards are introduced to prevent public-private partnerships from harming vulnerable people in an unregulated market, aiming at reinforcing national health systems and facilitating the transfer of results to the population concerned; welcomes in this regard the fact that, to address the urgent need for research into new treatments, the EU has made available EUR 138 million for projects developing clinical trials for new vaccines, rapid diagnostic tests and treatments under Horizon 2020 and the Innovative Medicines Initiative; commends the European pharmaceutical industry, which has also committed important resources to supporting the research efforts;
39. Underlines that Ebola and other epidemics are transnational threats that call for international cooperation; calls on the WHO to revise the IHR with a view to incorporating interdependent responsibility and financial support, including for addressing root causes;
40. Welcomes, in the light of sketchy IHR implementation and a lack of epidemiological surveillance, the French RIPOST 'Network of Public Health Institutes in West Africa' programme;

41. Stresses that now that the outbreak is in decline, while the virus stays in the gonads for months after recovery, sexual counselling and family planning has to be made available as part of the health system and education measures;
42. Stresses that a food crisis seems increasingly likely to follow in the wake of the epidemic, which has devastated small-scale farmers; calls on the Member States, the Commission and the international community to invest in their long-term development in order to ensure that farming households and West Africa's future food security do not remain at risk;
43. Calls on its relevant committee to monitor the crisis management measures being taken, in close cooperation with the EU Ebola Coordinator, and after Parliament's mission to Sierra Leone, before submitting a final assessment based on well-defined criteria;
44. Instructs its President to forward this resolution to the Council, the Commission, the Vice-President of the Commission/High Representative of the Union for Foreign Affairs and Security Policy, the governments and parliaments of the Member States, the governments and parliaments of the African Union countries, the Secretary-General of the United Nations and the World Health Organisation.