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on the Ebola crisis: the long-term lessons and how to strengthen health systems
in developing countries to prevent future crises

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United in diversity

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Since March 2014, Sierra Leone, Liberia and Guinea have been in the grip of the worst ever Ebola crisis. Diseases do not stop at borders, and so the Ebola virus spread very quickly from one country to another. The three countries involved are among those at the bottom of the UNDP's human development index: average life expectancy is 60 or under; schooling rarely extends beyond three years; and around 80% of the countries' citizens live in extreme poverty.

These indicators show that the people of Sierra Leone, Liberia and Guinea are in an extremely vulnerable situation, and it is clear that the three countries cannot get through it on their own. The scale and complexity of the current Ebola epidemic pose a real challenge for Sierra Leone, Liberia and Guinea, whose health and education systems have shortcomings that are structural in nature. The Ebola crisis is therefore systemic at local, regional and national level.

Ebola is also systemic at the level of global governance, and the international community's response was therefore too long in coming.

Things only really got going in September 2014. In making Mr Stylianides – the new humanitarian aid Commissioner – the EU's Ebola coordinator, the European Council sent a clear message to the Member States and to the Commission. Improvising is no longer enough. It is worth pointing out at this juncture that the legal basis for Mr Stylianides' task is now enshrined in the Lisbon Treaty.

The mandate of the Commissioner for humanitarian aid is extremely broad and is a real test for all those involved in European efforts in the areas of research, innovation, crisis management, deploying medical personnel on the ground and setting up an evacuation system, as well as in longer-term efforts in the area of development cooperation.

The European Parliament, as always, has made it clear that its task here is to scrutinise the executive, to take on its role as legislator, and lastly to provide a political impetus. For Parliament's Committee on Development, the EU – the world leader on development – has a special responsibility when it comes to promoting the right to universal healthcare. We can insist that the EU should press ahead with its efforts, so that others can follow its example. The EU's voice must be heard, particularly in this, the year of development, under the slogan 'Our world, our dignity, our future'.

In the fight against Ebola, therefore, the EU must respond to the following challenges and key issues.

What is its position with regard to the WHO, whose job it is to provide information about the development of an epidemic in its initial stages? The WHO, which provides guidelines for scientists, is after all expected to take action with a view to coming up with a vaccine and medicines to treat Ebola.

Is the WHO in a position to provide the transport and logistics capabilities that are vital in order to stop the epidemic? The USA, for example, was able to deploy thousands of troops and a significant amount of equipment in record time in the area affected by Ebola.

The Ebola crisis has also resulted in another problem – something which, in one of its appeals, Médecins Sans Frontières has referred to as 'a crisis within a crisis'. Many people

with conditions other than Ebola are not going to hospital for fear that they will be infected with the virus. The EU is expected to find a solution to this problem, in close cooperation with its African partners.

And furthermore, should we not be helping the countries in Africa to develop their own research capabilities?

Politics, too, has a role to play in research. The proponents of the right to universal healthcare quite rightly remind us that it is not for the market to set the priorities for research. So what initiatives does the EU need to take in this area, both at EU level and within international fora?

As the rapporteur, I firmly believe that in the first few months of the Ebola crisis, the humanitarian NGOs – MSF and the Red Cross in particular – were the most effective and best informed players, and those that were the most capable when it came to playing a front-line role in the fight against the virus, the consequences of which, as we are all aware, have been so terrible. With their indisputable amounts of knowledge and know-how, as well as their abilities to provide information and to work together, the humanitarian organisations showed that, when it is necessary at the start of a crisis, they can be relevant and more effective than the ‘institutional players’. I believe that we need to start discussing the ways in which the best use can be made of the humanitarian organisations’ capabilities in the future. This does not, of course, mean calling their status or fundamental principles into question. Just because it is an extremely delicate question does not mean it should not be asked.

We should now also start thinking about the post-Ebola period. The post-Ebola stage will have been reached once there are no more new cases. Once this happens, the EU’s response will need to be twofold: first, development aid will need to include investment in health, and second, it will be vital for the three countries to receive aid with a view to kick-starting their economies. Before the crisis, annual GDP growth expectations were on average well above 5%. However, with Ebola having largely paralysed economic activity, the three countries are now in recession. The earlier the three economies are able to mobilise enough resources, the better it will be in terms of the countries’ autonomy and their ability to provide funds to meet vital health requirements.

Partnerships between the EU and the area affected by the crisis will only be effective if Liberia, Guinea and Sierra Leone can take ownership of their own development as quickly as possible. The programming of the European Development Fund for the three countries will have to be reviewed to take account of the numerous challenges brought about by the Ebola crisis. It is also important to make it clear at this point that the mid-term review of the multiannual financial framework will no longer be able to ignore the risk posed by the structural under-funding of EU humanitarian action.

To conclude, we hope that all those involved will demonstrate the vision they need to enable them to assume their responsibilities in the period that follows, even though Ebola faded from the news headlines a long while ago.