European Civil Protection and Humanitarian Aid Operations

EU response to Ebola

What is it?

Ebola virus disease (EVD) is a severe and often fatal illness in humans. The virus is transmitted to people from wild animals and spreads further through human-to-human transmission. Beyond the human suffering and loss of life, the disease has devastating effects on the security, economies, and healthcare systems of affected regions. The European Union appointed an Ebola coordinator in 2014 at the height of the pandemic in West Africa, and has since mobilised all available political, financial, and scientific resources to help Ebola patients and contain the disease.

Why is this important?

When Ebola ravaged previously unaffected countries in West Africa from 2014 to 2016 resulting in a huge death toll and paralysing economies, the world woke up to its potential global threat. Up until then, Ebola had mostly been limited to east and central African countries, with a number of reported cases never exceeding 500 in each outbreak. In 2014, the Ebola virus found a new conducive environment in Guinea, Sierra Leone, and Liberia. It could only be stopped after a health emergency of international concern was belatedly declared. This signalled the start of a huge international effort that helped the countries bring the epidemic slowly but surely under control.

In 2018, Ebola has returned to the Democratic Republic of Congo (DRC) where the first ever outbreak of Ebola virus disease was reported in 1976. DRC declared its 9th outbreak in May 2018 in Equateur province in the west of the country, and its 10th outbreak on 1 August, barely a week after the previous one ended. This latest outbreak is of huge concern since its epicentre is at the heart of a conflict zone in east DRC. According to the World Health Organization (WHO), the response to the outbreak is at a critical juncture, threatened by worsening insecurity and mistrust from affected communities as the number of cases soars. The public health risk is considered to be very high at a national and regional level.
In response to the Ebola epidemics in DRC, the EU has mobilised considerable support since May 2018 for its humanitarian partners on the ground. The European Commission has provided €12.83 million in aid for the WHO, UN agencies, the Red Cross movement and non-governmental organisations (NGOs). This EU aid has been used in support of coordination and logistics, control and prevention of infections, surveillance, and vital activities such as finding potentially infected people (contact tracing) and ensuring safe burials.

Throughout this year’s outbreaks, the Commission’s humanitarian air service (ECHO flight) has transported personnel and equipment to various Ebola hot spots. On 1 August, when the ongoing outbreak was declared in North Kivu province, the first of more than 30 flights took off to help organisations access the affected areas in this conflict-torn part of DRC. A UN helicopter is also being funded to gain access to hard-to-reach areas.

EU humanitarian and health experts are present in Beni, the epicentre of the outbreak and main coordination hub for the response in the field, as well as in Goma and Kinshasa. They are involved in the coordination of the response and liaise daily with health authorities, WHO, and operational partners.

On 17 August, the EU Civil Protection Mechanism was activated upon request of the Congolese authorities and WHO. This mechanism allows for coordinated assistance from participating states and extends solidarity outside Europe’s borders to people affected by disasters and disease outbreaks. A Norwegian support team was dispatched to Goma to conduct training on the use of high-tech isolation units for the medical evacuation of staff. The EU remains on standby to provide further assistance such as mobilising the European Medical Corps.

The EU supports the Red Cross to reinforce preparedness and prevention measures in Rwanda, Uganda, and Burundi, and in DRC itself for its vital work. Congolese staff and volunteers carry out safe burials to limit the spread of the disease. They also trace people who have been in contact with Ebola patients and make sure they are followed up and given support. EU support also strengthens the surveillance of movements into and out of the affected areas and improving water, sanitation and hygiene conditions.

The Commission has provided over €160 million to fund Ebola vaccine development. It has contributed to the vaccine rVSVΔG-ZEBOV-GP used in the ongoing outbreak. Since the start of the ‘ring vaccination’ campaign on 8 August, more than 18,000 people – contacts of known Ebola patients – and first line responders have been immunised in an effort to stop the spread of the virus. A second vaccine (Ad26.ZEBOV/MVA), currently under assessment, has also received EU funding. The development of Ebola treatments and diagnostic tests has received over €14 million. On 3 September, the European and Developing Countries Clinical Trial Partnership (EDCTP) launched a €2.25 million emergency funding initiative for further research into preventing, diagnosing, and treating Ebola.

The financial contribution of the EU – the European Commission and Member States – to contain the 2014-2016 pandemic in West Africa amounted to almost €2 billion. The Commission provided €870 million for emergency measures and long-term support, including €70 million in humanitarian aid to address urgent needs through epidemic surveillance, contact tracing, medical supplies, and the deployment and training of health workers among others. The EU Civil Protection Mechanism facilitated the delivery of assistance from Member States through the Emergency Response Coordination Centre (ERCC). EU Member States provided mobile laboratories, treatment centres, ambulances, and field hospitals.