

Report from Christos Stylianides, EU Ebola Coordinator, to the European Council

Introduction

The designation by the European Council on 23 October of an Ebola Coordinator was a clear signal that the European Union means business in the fight against Ebola. If it is true that the international community as a whole was slow to react on an appropriate scale to this unprecedented outbreak – which has now infected some 17,000 people and taken more than 6,000 lives – it is also clear that in recent months the European Union has collectively stepped up to the plate, both in the affected region and inside Europe. As EU Ebola Coordinator, I have seen it as my role to make sure that we have a shared view of the immediate priorities and, crucially, that we address gaps as and when they emerge; that, working as a team, we use effectively all the tools at our disposal, ranging from emergency assistance to research funding to diplomatic outreach; and that our response as a Union – from both the EU institutions and Member States – is linked up with the wider international effort. I have also sought to make sure that the EU's contribution is known both to our citizens and by our international partners.

Getting a very immediate sense of the situation and needs on the ground was my most pressing priority when I took office. I therefore travelled to Sierra Leone, Liberia and Guinea from 12 to 16 November 2014, accompanied by the Commissioner for Health and Food Safety, Vytenis Andriukaitis, visiting treatment centres and health workers on the ground, discussing needs and the response with the authorities, as well as seeing the outstanding work done by relief workers, military personnel and diplomats from a number of EU Member States, and indeed by the EU's own Delegations. What we saw in the region largely confirmed the initial priorities I had shared with Member States' Ministers at the beginning of November. The visit also highlighted the desperate need to mobilize more medical teams; the very clear differentiation in coordination structures between the three most affected countries; and the inadequacy of health systems in the three countries.

The present report is an interim 'snapshot' of the progress made since the October European Council. It presents a very concise assessment of the situation on the ground; takes stock of the EU's collective effort across a broad range of policy areas and instruments – and identifies the areas where critical gaps remain that we need urgently to address.

1. The threat from Ebola in West Africa and in the EU: state of play

Ebola remains an acute threat in the affected countries in West Africa. The overall figures for infections and deaths continue to go up. Behind the overall figures, we are seeing greater differentiation in the situation between the three most affected countries: an extremely dangerous situation in Sierra Leone (with between 60 and 90 new cases every day, particularly in and around Freetown); a much more reassuring picture in Liberia (where the

situation appears to be stable – for now); and a nuanced picture in Guinea – where case numbers are increasing very gradually. Coordination structures, and cooperation with the national authorities, are very strong in both Sierra Leone and Liberia – and in Guinea, France is now taking on a strong coordination and response role in support of the Guinean authorities. The situation in Mali needs to be watched closely: case numbers remain low but have gone up; and it will be crucial to follow up rapidly on each and every case and contact before things get out of control – as they did in the three countries most affected. Overall, we need to adapt our response to follow the virus: while in some places there are now sufficient numbers of large treatment centres, we need to be ready to fight a "guerrilla war" against Ebola: with smaller, mobile teams to respond quickly to smaller, more widely dispersed outbreaks.

It is worth paying tribute in this context to the commitment and seriousness with which the governments and the population at large are facing Ebola in all three of the most affected countries. And we need to salute the true heroism of health workers in the region – many of whom have made the ultimate sacrifice. I believe we need need to do much more to support front-line health workers, boosting their resources and capacity, but also giving greater recognition to individuals who risk their lives every day for the benefit not only of their patients but of humanity as a whole.

Inside the EU itself, the threat to citizens from Ebola remains very low. Member States on the whole have responded effectively to the threat and have considerably strengthened preparedness. Commissioner Andriukaitis has sought to support this through the Health Security Committee with additional actions targeted at minimizing the risk of transmission in healthcare settings, strengthening the care for Ebola patients evacuated to the EU, and the launch of a joint procurement call for Member States to buy personal protective equipment together.

In the longer term, recent good news on the first phase of Ebola vaccine testing may offer light at the end of the tunnel. The Commission is providing massive support for this effort, together with the pharmaceutical industry. But it would be a huge mistake to take anything for granted: timelines are uncertain; and in the meantime the disease continues to rage in West Africa.

2. The EU's response to date: solid progress – and some gaps

a) In-kind assistance to the region: a massive effort – but more medical teams are vital

From the beginning of this crisis, it has been clear that the response to the Ebola epidemic requires not only funding for the NGOs and UN organizations working on the ground – but also equipment and personnel. A large number of Member States have now provided (and are continuing to provide) equipment in large volumes – much of it facilitated by the EU Civil Protection Mechanism (which can co-fund the transport of equipment and personnel in

disaster relief operations, and can also help bundle aid when needed). The use of a Dutch naval vessel, the Karel Doorman, to deliver 5,000 tons of assistance from nine Member States – including ambulances, trucks, mobile hospitals and protective equipment – in a joint European effort with the support of our Emergency Response Coordination Centre (ERCC) has been particularly impressive. A second voyage by the same ship – again, with assistance from several Member States – is now under way. The United Kingdom and France have provided massive assistance in Sierra Leone and Guinea, respectively, including through the construction and staffing of treatment centres. Many other Member States are stepping up their assistance: to name only a few examples, Germany has deployed an air bridge as well as personnel and equipment; Belgium is deploying a laboratory and has sent vehicles and equipment; Sweden and Denmark are sending teams and logistics support as well as equipment; Greece is mobilizing a medical team; Austria, the Czech Republic, Finland, Hungary, Italy, Luxembourg, the Netherlands, Romania, Slovakia and Spain have sent equipment or other forms of support; and many more Member States are providing funding.

The Commission itself has organized three relief flights (one to each of the three affected countries), has helped deploy three European mobile laboratories, and has had humanitarian medical experts on the ground since April 2014. The Commission is also helping with the monitoring and tracking of the epidemic: through the Joint Research Centre (JRC), the EU is assisting WHO in developing its Hazard Detection and Risk Assessment System (HDRAS), which is being used to monitor the ongoing outbreak in the areas and countries already affected, identify any further spread of the disease as early as possible, and identify response measures.

Crucially, the EU has put in place a medical evacuation (Medevac) system for all international relief workers – a vital precondition for persuading more health workers to travel to the region. This is now fully functional, managed by the ERCC in close cooperation with the Health Security Committee through the EU Health Early Warning and Response System (EWRS) – and it has already been used in a number of cases. I am delighted that additional transport capacity for Medevac is coming on-stream from Member States: Luxembourg has made Medevac planes available to the voluntary pool under the EU Civil Protection Mechanism; Germany has presented its Medevac plane; Denmark, France, the UK and Spain have all developed dedicated military capacity – and the Commission is working with the Member States concerned to see how this capacity could be made available to the EU Medevac system.

In short: Europe has done a lot to get equipment to where it is needed. A small number of Member States have also mobilized medical teams - and this needs to be saluted. The Commission itself is placing more dedicated health experts in the three EU Delegations in the front line. The European Centre for Disease Control and Prevention (ECDC) has also provided experts in the affected countries and is reviewing what further support is now needed. However, critical gaps remain – and particularly in Sierra Leone, they need to be addressed now, and not in three months' time. More medical teams are needed, as are epidemiologists and mobile laboratories, to be deployed particularly in rural areas.

Commissioner Andriukaitis has personally contacted most Member States' Health Ministers bilaterally, as well as addressing the issue at the EPSCO (Health) Council of 1 December, and I have also contacted Ministers myself, urging them to encourage medical staff to go to West Africa. We are hopeful that we will see further commitments. In the ERCC, we have the means to facilitate and support the deployment of teams (as has also been requested by the Council) – and we hosted a workshop in the ERCC on 21 November to explain how this works in practice. In the medium term, I am also hopeful that the very useful discussion launched by a number of Member States on the "White Helmets" initiative will allow us to start using all the mechanisms already in place (such as the "voluntary pool" of the EU Civil Protection Mechanism) to their full potential, so as to be better prepared for future crises. For now, we need teams on the ground – without delay.

b) Funding: a pledge redeemed – but crucial to ensure disbursement

The last European Council set an aspirational target of €1 billion in assistance from Member States and the Commission. Together, we have exceeded this target sooner than anyone could have expected. Total pledges from the EU and Member States together now stand at over €1.1 bn, of which €434 m from the Commission – covering emergency response, long-term support for the affected countries, and support for research to find a vaccine and means of treating Ebola. Ebola response is expensive (a single treatment centre can cost up to €1 m a month to run) – and more funding will be needed. But we can be proud of the collective effort so far (with some Member States mobilizing a truly impressive level of funding).

At the same time, expectations are now high that we will disburse funds rapidly: it would greatly discredit the EU's contribution if money promised is not used to make a difference on the ground. Through the ERCC, we have now put in place a mechanism for tracking disbursements by Member States and the Commission alike – and I would encourage all Member States to support this and provide reliable figures on pledges and disbursements on a regular basis.

c) Preparedness inside Europe: sound structures – but no room for complacency

EU Member States are in general well prepared to cope with Ebola patients. Commissioner Andriukaitis is working with the Health Security Committee to minimize the risk to the EU. This involves advice to travelers to and from affected countries; strengthening surveillance; making available a network of specialised laboratories for rapid diagnosis of Ebola; and sharing risk assessments and scientific advice from the European Centre for Disease Prevention and Control (ECDC) and the WHO.

A lot of work has moreover been done to strengthen preparedness for the event that Ebola patients have to be looked after in Europe. Together with the ECDC and the Health Security Committee, Commissioner Andriukaitis has launched a call for Member States to jointly

procure Personal Protective Equipment; fostered a series of discussions on how to minimise Ebola transmission in healthcare settings; and created an EU network of clinicians involved in treating Ebola patients. Within the Health Security Committee, the network of Member States willing to receive Ebola patients in their hospitals has been a crucial ingredient in enabling the EU to put in place a comprehensive system for medical evacuations.

In addition to working on preparedness inside Europe, helping to strengthen exit screening in the affected countries has been a priority for the EU. Together with the WHO, the ECDC and Member States, the Commission sent a mission to the affected countries in November to assess compliance at airports with existing exit screening guidelines. The mission found that all three airports are implementing the guidelines. The likelihood of a passenger boarding a plane unscreened is therefore very low, and the measures in place are likely to detect travellers with symptoms consistent with Ebola and prevent them from boarding. But these measures are very resource-intensive: it will be important for Member States to look at possibilities for providing further support to the three countries, to ensure the sustainability of exit screening in the long term.

d) Diplomatic outreach – and the need for better regional cooperation

From the outset, the EEAS and our excellent Delegations in the region (whose outstanding work in very difficult circumstances I was able to see when on the ground) have engaged in extensive outreach and dialogue both with the governments of the affected countries and with other African partners. They have also liaised closely with regional organizations such as the African Union (whose work in Ebola response the EU is supporting financially) or ECOWAS. The EEAS has also done very useful work on the wider political and security implications of the crisis – and this has been a useful element to factor into the work all of us are doing on the response.

During my visit to the region with Commissioner Andriukaitis, I was struck by the fact that there is hardly any regional cooperation in tackling the crisis. Even though the spread of the epidemic is directly linked to intense migration patterns across the borders between the three countries, there appears to be very little effective operational cooperation between the three countries, or indeed high-level dialogue: each country is addressing the crisis, with different sets of partners, strictly within its own borders.

The Instrument contributing to Stability and Peace (IcSP) is now doing excellent work in promoting practical cross-border cooperation in the region, which has been re-oriented to focus specifically on Ebola response and prevention. I am very pleased that the EEAS and the Delegations are also now looking at the options for further promoting cooperation between the three countries – on Ebola response, and beyond. I am firmly of the belief that this is an issue that should feature prominently at a future high-level Conference on Ebola (which I will address below).

e) Development cooperation and preparedness: key to avoiding a repetition of the crisis

As I saw during my visit to the region, in spite of the challenging operating environment, EU development assistance continues in the three most affected countries. This is crucial: in order to avert a repeat of the ongoing catastrophe, we need to invest – fast – in building or strengthening health systems that were weak to begin with and have in many cases collapsed. We also need to provide support for related sectors like water and sanitation, social services, and food security – all of which are impacted by a crisis like Ebola, but all of which also directly affect the resilience of the population. And based on my contacts in the region, I am convinced that there is real commitment from the affected countries to make this work.

On top of the extensive budget support and direct assistance to health care services already provided under the European Development Fund, I am delighted that Commissioner Mimica, visiting Guinea on 5-7 December, was able to announce a new "Ebola pledge" of development support, for €61 million, to cover not only health care in Guinea but also budget support for Liberia and Guinea and preparedness – for example in Burkina Faso, Guinea Bissau, and Cote d'Ivoire. This preparedness is crucial – we should not discount the risk of the virus crossing yet more borders in a very fragile region. The work of our Delegations in liaising with national authorities, spotting gaps and helping to plug them, has been an important additional strand of our effort.

The next challenge will be to engage a strategic reflection with the countries of the region, and with our international partners, on how to make sure any future epidemic of this kind can be contained before it reaches the devastating proportions we are seeing. Doing even more to address the underlying fragility in the affected countries, as well as build resilient health care systems, and doing it better. Investing in sectors like water and sanitation, which have a direct impact on health. Supporting the wider recovery after the Ebola crisis is vital; to keep the economy in balance, to help get people back to work and children back to school. On the health side, rebuilding robust health systems that provide reliable primary healthcare services, working with other donors, is central to this. So too will be training health care workers and doctors to replace those who have sacrificed their lives in the fight against Ebola. This is a reflection on which Commissioner Mimica, together with the Delegations and the EEAS, will lead – and again, this issue should be centre-stage at a future high-level Conference on Ebola. It applies not only to the EU's development policy – but should be addressed in a much broader reflection among all key donors.

f) Development of vaccines, treatments and diagnostics: light at the end of the tunnel?

From the beginning of this outbreak, it has been clear that the best hope for putting a definitive end to the epidemic lies in the development of an effective vaccine and other medical countermeasures. The EU – and Commissioner Moedas and his services in particular – have invested massively in research and innovative development, mainly of vaccines, but also of treatments and diagnostics for Ebola. In addition to the initial €24.5 m fast-tracked

from Horizon 2020, the €280 m announced under the Innovative Medicines Initiative (with half of the funding coming from the industry) has the potential to make a huge impact. The EU is now a major funder of the accelerated development and testing in clinical trials of the most promising vaccine candidates.

g) A word on coordination

A coordinator's primary task is to coordinate. I have been fortunate in that sound operational coordination structures across the EU institutions already existed when I took up office: a Task Force comprising Commission and EEAS as well as Member States representatives, enlarged as needed to include key international partners, meets every day in the ERCC. And the Comprehensive Response Framework (CRF) has been a helpful tool in tracking work across institutions and sectors.

I have sought to build on this at a strategic level through an active dialogue with the other EU actors working on different facets of the issue: President Juncker has put the issue on the agenda of a number of Commission meetings; I have repeatedly updated colleagues (and received feedback) through the Commissioner's Group on External Action, chaired by High Representative/Vice-President Mogherini; I have discussed the issue in depth with individual Commission colleagues; and my team has established a regular exchange of information with other cabinets and services on progress towards our shared goals. Reporting to Member States has been a constant imperative for me: I wrote to Foreign, Development, Health and Interior Ministers from all Member States on taking office in early November, and again following my mission to West Africa with Commissioner Andriukaitis. I briefed the Foreign Affairs Council on 17 November as well as the Foreign Affairs Council (Development) on 12 December. I have also had direct contacts with Ministers and senior officials leading on Ebola from many Member States.

In addition, I have discussed the situation regularly with key international partners such as the US, the United Nations and NGOs directly involved in the operational response - notably Medecins sans Frontieres (MSF). On 12 December, I convened a meeting of senior officials to take stock of the situation on the ground and the immediate priorities for the response – bringing together EU Member States and the key actors inside the EU institutions, partners with a significant stake in the response (such as the US), international organizations including the WHO and UNMEER, as well as MSF – an organization that has consistently played a leading role in front-line response and was instrumental in mobilizing the international community early on in the crisis.

In this context, it is clear that there are lessons to be learned by the wider international community on coordination, since the usual international emergency response structures did not kick in as they would normally do. We will not be able to rely in each and every future health emergency on the effective "lead nation" support that we have seen on Ebola. In the medium term, we therefore need to work together to make sure that for any future crisis of this kind, the international response system (including on the UN side) is properly set up.

3. The next steps: fight the ongoing epidemic, and address the long-term work in the run-up to a major international conference

Our next steps need to be twofold: first, deal with the emergency on the ground. Today, needs are greatest in Sierra Leone, particularly where medical teams are concerned; but this may shift – so we need not only to put in sufficient resources, but to make sure the resources are sufficiently mobile. The situation in Guinea also needs more attention, especially to help the government communicate and coordinate in the *zone forestière*. Second, we need to start working now to prepare the reconstruction effort that is essential once the immediate crisis has abated. This has two essential elements: to prevent a recurrence by helping (re-)build health and administrative services, as well as key sectors like water and sanitation – and to help the region recover economically and socially from the broader impact of Ebola.

As agreed by the Foreign Affairs Council, a major international conference could help define a strategy and mobilize resources for this. The EU could usefully co-organize the Conference – and it would bring together the countries of the region, EU Member States, other donor countries, the UN, the international financial institutions, African regional organizations, and civil society. It could also look at the linkages between the situation in the region and our more 'internal' work on preparedness. I am working closely with High-Representative/Vice-President Mogherini and Commissioner Mimica on a concept for such a Conference, to be held in early 2015 – and we will associate Member States and other key partners closely in this reflection.

I look forward to the day when we can collectively declare victory in the battle against Ebola. We are not there yet. But we have made huge strides in getting closer to that goal.

10 December 2014