European Civil Protection and Humanitarian Aid Operations

EU response to Ebola

What is it?
The Ebola virus 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 a devastating impact on the security, economies, and healthcare systems of the affected regions. The EU appointed an Ebola Coordinator in 2014, at the height of the pandemic in West Africa. Additionally, it has since mobilised political, financial, and scientific resources to help Ebola patients and contributes towards the international effort to contain the disease.

Why is this important?
The world woke up to the potential global threat of Ebola when, between 2014 and 2016, the disease reached previously unaffected countries in West Africa, leaving a huge death toll and paralysing economies. It was only 2 years later the outbreak could be stopped. In the meantime, nearly 30,000 cases were reported and more than 11,000 lives were lost.

In 2018, Ebola returned to the Democratic Republic of Congo (DRC), where the first ever outbreak of Ebola was reported back in 1976. The DRC declared its ninth outbreak in May 2018, in the west of the country, and its tenth outbreak on 1 August, in the northeast this time, barely a week after the previous one had come to an end.

On 17 July 2019, the World Health Organization (WHO) declared the Ebola outbreak in the DRC as a Public Health Emergency of International Concern (PHEIC). No travel or trade restrictions were recommended by WHO as such measures may lead the disease to spread further undetected rather than control it. The public health risk from Ebola is considered to be ‘very high’ at a national and regional level, as the affected areas lie close to the borders of South Sudan, Uganda, Rwanda, and Burundi. Four cases of Ebola have been detected in Uganda. All have died. The European Centre for Disease Prevention and Control (ECDC) considers the risk of the virus reaching the EU to be low.

More than 1 year into the outbreak and over 3,000 reported cases, the disease is still not under control. Conflict and community resistance are hampering Ebola response teams’ efforts in the DRC. The Ebola response teams rely heavily on patients’ and community’s acceptance for the follow-up of treatment, vaccinations and safe burial practices. An approach of inclusiveness, solidarity, and empathy towards affected communities is central to the success of any response plan.
How are we helping?

In response to the most recent Ebola virus outbreak in the Democratic Republic of Congo (DRC), since May 2018, the European Union has provided considerable support for its humanitarian partners on the ground. The EU has provided approximately €47 million in humanitarian funding to the international Ebola response led by the national DRC authorities and the World Health Organization (WHO). EU humanitarian aid has been supporting different aspects of the response, such as access to health care, prevention and control of infections, epidemiological surveillance, contact tracing, community engagement, food and psychosocial support to survivals and families of Ebola patients, and coordination.

The EU has financially supported Ebola research and vaccine development with over €230 million since 2014. The EU is also supporting the health sector in the DRC with €180 million from the European Development Fund (2014-2020). Since February 2019, as requested by the DRC’s Ministry of Health, the EU health programme redirected almost €6 million to fund free healthcare services over a period of six months in the eight Ebola-affected health zones it supports as part of the WHO’s current Ebola response plan.

Throughout the latest outbreaks, the EU’s Humanitarian Air Service (ECHO flight) has transported personnel and equipment to various Ebola hotspots. On 1 August, when the ongoing outbreak was declared in the North Kivu province, the first of more than 130 flights took off to help organisations access the affected areas in this conflict-torn part of the DRC. A helicopter from the United Nations Humanitarian Air service (UNHAS) is also funded by the EU and allows humanitarians to gain access to hard-to-reach areas and to proceed, if necessary, with medical evacuations.

EU humanitarian health experts have been sent to the hotspots of the outbreak, and are also actively working in Kinshasa and Goma. They are involved in the coordination of the response and are in daily contact with health authorities, the WHO and operational partners. Furthermore, an epidemiologist from the European Centre for Disease Prevention and Control (ECDC) has been sent to Ebola-affected areas to provide further technical and specialised support.

The EU Civil Protection Mechanism has been activated twice upon the request of WHO. Through the Mechanism, a series of trainings have been conducted by a Norwegian team on the use of high-tech isolation units that can be used in specific cases for medical evacuation. The EU remains on standby to provide further assistance, such as by mobilising the European Medical Corps.

Beyond the DRC, EU humanitarian funds have also been helping the International Federation of the Red Cross and other international NGOs to reinforce preparedness and prevention measures in neighboring countries. Since 2018, more than €5 million have been provided in EU humanitarian funds towards prevention measures in countries bordering Ebola-affected regions in the DRC, namely Uganda, South Sudan, Rwanda, and Burundi. The EU, through its development programme, is also supporting the national health systems of Burundi and South Sudan.