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 can have a devastating impact on the security, economies, and healthcare systems of the affected regions. The EU has mobilised political, financial, technical and scientific resources to help Ebola patients and contributes towards the international effort to contain the disease.

Why is this important?

Between 2014 and 2016, Ebola reached previously unaffected countries in West Africa. It was only 2 years later that the outbreak could be stopped. 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 ended.

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). 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 Burundi, Rwanda, South Sudan and Uganda. In 2019, there were 4 confirmed cases of Ebola in Uganda, all of which were fatal, but further spread of the disease was avoided. The European Centre for Disease Prevention and Control (ECDC) considers the risk of the virus reaching the EU to be low.

More than a year and a half into the outbreak and more than 3,400 reported cases, the disease is still not contained. The outbreak continues, currently, at a very slow pace, resurfacing, in some cases, in areas that were already considered Ebola-free. The Ebola-affected provinces in the DRC have been wrestling with armed conflict for the past 2 decades and the epidemic comes on top of an already fragile humanitarian situation. Numerous attacks have been reported on medical facilities and health workers who are trying to save lives which led to the temporary suspension of some of the Ebola-response activities. While the security and safety of all Ebola responders should be a priority, having armed forces accompanying the responders is to be avoided and full respect of the humanitarian principles must be ensured.
How are we helping?

The European Union is one of the main donors to the current international Ebola response led by the national DRC authorities and the United Nations (UN), including the World Health Organization (WHO).

The EU has contributed on different fronts to the response to help save lives and prevent the disease from spreading. Amongst others, EU funding goes towards infection control and prevention measures, helping Ebola survivors and their families, addressing the basic needs of communities in Ebola-affected areas, and promoting community acceptance of the response. In addition, the EU supports the national health system in the DRC, including to provide free health care in some Ebola-affected areas. Since 2014, the EU also allocated considerable support to Ebola research, including diagnosis tests and treatments, and vaccines development. The EU also funds research on social sciences to better understand practices and behaviors of local communities and to adequately address community resistance to the Ebola response.

Throughout the latest outbreaks, the EU’s Humanitarian Air Service (ECHO flight) has helped in transporting humanitarian workers and equipment to various Ebola hotspots. Since 1 August 2018, when the ongoing outbreak was declared in the North Kivu province, more than 170 flights have been carried out to help aid workers access the affected areas in this conflict-torn part of the DRC and transport vital equipment and goods. The EU is also funding a helicopter from the United Nations Humanitarian Air service (UNHAS) that allows humanitarians to gain access to hard-to-reach areas and to carry out, if necessary, 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 humanitarian organisations on the ground. Furthermore, epidemiologists from the European Centre for Disease Prevention and Control (ECDC) are being sent to Ebola-affected areas to provide further technical and specialised support.

The EU Civil Protection Mechanism has been activated twice as to help the Ebola response, upon request of the 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.

Beyond the DRC, EU humanitarian funds have also been helping international aid organisations to strengthen Ebola preparedness and prevention measures in at-risk neighbouring countries, namely Burundi, Rwanda, South Sudan and Uganda. Through its development programme, the EU is also supporting the national health systems of Burundi and South Sudan.

The Ebola response teams rely heavily on patients’ and communities’ acceptance and readiness to comply with follow-up treatment, vaccinations and safe burial practices. An approach of inclusiveness, solidarity, and empathy towards the affected communities is central to the success of any response plan. For it to take hold among communities, the response plan must be built around patients and their families, acknowledging the concerns of local communities and addressing their most urgent humanitarian and protection needs.