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

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The Committee on Development adopted the own-initiative report by Charles GOERENS (ADLE, LU) on the Ebola crisis: the long-term lessons and how to strengthen health systems in developing countries to prevent future crises.

Members recalled the magnitude of the Ebola catastrophe can be attributed to several factors, among which:

- the political failure of the affected countries to sound the alarm;
- the ill-adapted response of the international community;
- the shattering effects of closure of borders and restrictions on people;
- the ineffectiveness of the surveillance and alert mechanisms;
- the slow and poorly adapted response once aid was eventually mobilised;
- the stark absence of leadership from the WHO;
- the lack of research and development of drugs, diagnostics and vaccines.

With regard to the illness itself, Members indicated that **still too little was known** about the prevalence, transmission and mutation potential of the Ebola virus. Furthermore, widespread confusion and prevailing misunderstandings about the causes and consequences of the illness had perpetuated the spread of the virus.

Slow response to the virus: Members criticised the slow international response to the crisis during the first few months. They stressed, however, the response and commitment of the EU and its Member States since March 2014 to help contain the propagation of the Ebola virus. They welcomed the **development of a new vaccine** (in record time), which has proven 100 % effective in Guinea as of 23 March 2015, and called for urgent guaranteed access to this vaccine, which should be affordable to everyone in Liberia and Sierra Leone.

Learning lessons from the crisis: Members called on all parties concerned, particularly governments of developing countries, European institutions and international organisations, to learn from this crisis, including from the negative impacts on health sectors in developing countries of the conditionalities of IMF and World Bank structural adjustment facilities.

They welcomed the establishment of a new emergency programme and a world reserve of staff who could be deployed quickly on the ground, and the establishment of a new reserve fund of USD 100 million specifically for emergencies, and also welcomed the commitment to increase the WHO’s budget by 10 % within two years, bringing it to USD 4.5 billion.

The committee called on the international community to promote **information and education campaigns in the countries concerned.**

EU response: Members took the view that the EU's long-term response should focus **first on development assistance,** which would need to include investment in the health sector to promote resilience, particularly as regards the organisation and management of health systems, health monitoring and information, medicine supply systems, domestic governance and state-building.

They recalled the importance of **conflict prevention** as conflicts and fragility had a very negative impact on health systems;

The committee recommended a series of measures:

- the establishment of a permanent European rapid response capability comprising experts, laboratory support staff, epidemiologists and logistics facilities, including mobile laboratories, that can be deployed extremely swiftly;
- screening at land and maritime borders;
- the establishment of a network of monitoring points in developing countries to make it possible to detect as quickly as possible new cases of infectious disease which have the potential to develop into pandemics
- the establishment of cooperation between the EU and its Member States and developing countries, in particular those of West Africa, as far as training medical staff was concerned.

Developing health services in West Africa: Members called for the development of infrastructure required to ensure that all the citizens of the countries affected have access to public healthcare, based on the following:

- investing resources in basic public health services;
- ensuring safe and quality care by increasing resources to train, supervise and pay health workers adequately and by giving access to safe drugs;
- engaging local stakeholders and communities in crisis response and development planning.

The report also called on international donors to increase Official Development Assistance (ODA) to these countries.

It stressed, in general, the need for developing countries to give budgetary priority to setting up **robust and resilient public social security and public health systems**, building sufficient numbers of well-equipped, sustainable healthcare infrastructure (in particular laboratories, water and sanitation facilities) and offering high-quality basic services and healthcare.

Members acknowledged, nevertheless, that crises such as the current one could not be solved by health systems alone, and that a **comprehensive approach involving different sectors** such as education and training, sanitation, food safety and drinking water, was needed to address the critical gaps in all essential services. They stressed, at the same time, that education, covering cultural dimensions and beliefs, were also key in the recovery.

They called for research infrastructure to be bolstered by the establishment of a regional public infectious disease research centre in West Africa, and for inter-university cooperation to be established with the participation of the EU and its Member States.

Universal health coverage: Members supported the introduction of publicly funded universal health coverage free at the point of use, and urged the Commission to submit as soon as possible a programme for establishing universal health cover, which will guarantee the mutualisation of health risks. They supported the target of scaling-up healthcare spending in all countries to the recognised minimum of USD 86 per person for essential health services.

They also supported the idea of a ‘Marshall Plan’ to help kick-start those countries’ economies, and technical assistance to their administrations to enhance their capacity and to ensure that money reaches the people and was not lost to corruption or other purposes.

The committee believed that the programming of the 11th European Development Fund should be reviewed to ensure that investments in health and good governance become priority areas for all countries with fragile public infrastructure.

Access to medicines: Members believed that access to medicines should, as a matter of principle, no longer be dependent on patients’ purchasing power but should instead be geared to patients’ needs, and that market forces should not be the sole determinant of which medicines to produce. They called for the EU and its Member States to honour the EU’s ‘Policy Coherence for Development’ principle, set out in Article 208 TFEU though the **promotion of fair and equitable international trade**, medical research and innovation policies that foster and facilitate universal access to medicines. The committee called on the Commission to explore alternative models to those based on patent monopolies when it came to the development of drugs or vaccines produced by public-private partnerships, such as the Innovative Medicines Initiative.

It stressed the importance of increasing global epidemiological research capacity, developing ‘quick tests’ and providing access to vaccines. Members underlined that, although vaccines were welcome, they were most probably not suitable to eradicate Ebola, as the virus was mutating, so funding priority had to be given to general health system strengthening, hygiene, containment, reliable quick testing in tropical settings and medication targeting the virus and the symptoms it caused.

Investing in neglected diseases: Members reiterated the need to invest in neglected diseases. They called, in this context, on the Commission to continue the discussions on this issue and to **make arrangements for wide-ranging cooperation between the public and private sectors,** provided that safeguards were introduced to prevent public-private partnerships from harming vulnerable people in an unregulated market. They welcomed in this regard the fact that, to address the urgent need for research into new treatments, the EU had made available EUR 138 million for projects developing clinical trials for new vaccines, rapid diagnostic tests and treatments under Horizon 2020 and the Innovative Medicines Initiative.

Lastly, Members stressed that Ebola and other epidemics were transnational threats that called for international cooperation. They called on the WHO to revise the World Health Organisation’s International Health Regulations (IHR) of 2005 with a view to incorporating **interdependent responsibility and financial support,** including for addressing root causes.