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

2014/2204(INI) - 27/10/2015 - Text adopted by Parliament, single reading

The European Parliament adopted by 632 votes to 11, with 38 abstentions, a resolution on the Ebola crisis: the long-term lessons and how to strengthen health systems in developing countries to prevent future crises.

Parliament 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, Parliament 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.

At the same time, Parliament noted that three new confirmed cases of Ebola virus disease were registered in October 2015, all in Guinea (Sierra Leone and Liberia reported zero cases). There have been 28 512 confirmed cases, including 11 313 confirmed deaths. Therefore, there should be **no lowering of the guard** in relation to some new cases of Ebola, the mode of transmission of which remains open to question.

Slow response to the virus: Parliament criticised the slow international response to the crisis during the first few months. It 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. It 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: Parliament 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. Members 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.

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

EU response: Parliament 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.

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

Parliament 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: Parliament urged the Commission to help the three countries affected to develop their own public health systems in order for them to be able to meet basic healthcare needs and to build up the infrastructure required to ensure that all their citizens have access to public healthcare. It called for the following measures:

- 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.

International donors should 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.

Parliament 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. It stressed, at the same time, that education, covering cultural dimensions and beliefs, were also key in the recovery.

Parliament also 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: Parliament 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. It supported the target of scaling-up healthcare spending in all countries to the recognised minimum of USD 86 per person for essential health services.

It 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.

Members 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: Parliament 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. It 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 Commission is called upon to explore **alternative models to those based on patent monopolies** when it comes to the development of drugs or vaccines produced by public-private partnerships, such as the Innovative Medicines Initiative, which can guarantee patient accessibility to treatments, sustainability of healthcare budgets and an efficient response to crises such as the one caused by the Ebola virus or similar threats.

Members stressed the importance of increasing global epidemiological research capacity, developing 'quick tests' and providing access to vaccines. They 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: Parliament reiterated the need to invest in neglected diseases. It 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. It 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.

Family planning: Parliament stressed that now that the outbreak is in decline, while the virus stays in the gonads for months after recovery, sexual counselling and family planning has to be made available as part of the health system and education measures.

Lastly, Parliament stressed that Ebola and other epidemics were transnational threats that called for international cooperation. It 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.