

# Ebola Virus Disease Outbreak: Update on UK Response

It is nearly a year since the declaration of the tenth Ebola outbreak in the Democratic Republic of Congo (DRC). This is the second-largest Ebola outbreak and the first in a conflict zone. The risks remain very high. And we need – as an international community – to keep a relentless focus on these issues: addressing failings in public health systems, controlling cross-border transmission, working with communities, and getting the basics right on surveillance, tracing, vaccination and treatment.

Since my oral statement to the House on 20 May, the number of cases has continued to grow and despite successes in some areas, new geographic areas have been affected – including Goma in the DRC and across the border in Uganda. Yesterday the World Health Organisation declared this outbreak a Public Health Emergency of International Concern. This declaration is highly significant and will bring more focus and instruments to bear on the crisis. The UK has been a major donor since the start. This week we have announced up to an additional £50 million of support to combat the outbreak in the DRC. We have also been pushing hard at meetings of the G7 development ministers, WHO and at the UN for more support from other countries.

The affected part of the DRC has suffered from decades of conflict and under-development, is an opposition stronghold, and there is a deep mistrust of national and international institutions. Despite the best efforts of front-line health workers, the response has struggled to gain trust, and responders have been the direct target of multiple attacks. The outbreak has spread to new health zones in the current two provinces, and several areas that were previously under control are now seeing new cases again. As of 14 July, there have been 2,501 cases, of which 2,407 are confirmed and 94 are probable. In total, there have been 1,668 deaths (1,574 confirmed and 94 probable) and 700 people have recovered. This is the most complex public health emergency in recent history.

For the first time in this outbreak, three cases were confirmed in Uganda in June. This represents the sixth outbreak Uganda has had since 2000. Uganda's Ministry of Health, with good support from the DRC and significant assistance on preparedness from the UK, reacted swiftly to this long-anticipated outbreak. While Uganda deserves praise for containing these cases, there is no room for complacency, particularly in addressing resources for health facilities where public health systems are weak.

A record number of health zones have now been affected in the DRC. The city of Goma, on the border with Rwanda, has in the last week confirmed its first case. The confirmed case in Goma is a significant development and may increase the risk of further transmission to other areas of the DRC and neighbouring countries. Goma is a significant regional trading and transport hub and we are therefore closely monitoring the situation. We are also asking the WHO to increase its focus on preparedness in the region, particularly in

South Sudan and Burundi.

I am thankful for the prompt response by staff at the Ebola Treatment Centre, in Goma, which I visited on my recent trip to the DRC. However, it was clear during my time there that some measures, such as temperature checks at the hospital entrance, are not consistently applied and could be improved. I also visited the Ebola Treatment Centre in Katwa that has been rebuilt after being burned down in February. This centre seemed to have a good focus on basic procedures and to be making good use of the latest technology, including transparent cubes which allow doctors and families to interact with patients without wearing full protective gear.

I want to once again commend the bravery of the Congolese and international frontline responders who are working incredibly hard to end this outbreak. But they must have adequate support. To ensure a successful response, the UK is committed to supporting the response financially, but also through sending UK-funded experts to the region, including data analysts, response coordinators and managers.

The WHO and the UN Office for the Coordination of Humanitarian Affairs (OCHA) convened a meeting in Geneva on the 15 July to focus attention and signal a reset of the response. I was privileged to be able to represent the UK at that meeting, which was timely, as a new Strategic Response Plan (SRP4) covering the next six months of the response will shortly be published.

In Geneva, I made clear the UK's ongoing support to the Government of DRC and the region more broadly, with a new commitment of up to £50 million for the response in the DRC. So far, UK aid has provided technical experts to eastern DRC, including senior epidemiologists, data scientists and a clinical trials specialist, and previously funded the development of a vaccine, which has helped to contain the outbreak. More than 160,000 doses have been administered to at-risk people in the DRC and neighbouring countries. The vaccine has proved to be over 97% effective and is a vital part of the response in this fragile and complex environment. However, vaccination alone will not end this outbreak, and stronger community ownership is essential. We need to build trust in the response. To end this outbreak people with symptoms of Ebola need to come forward and seek treatment. Effective isolation and treatment will improve their chance of survival and allow the response to follow up quickly and vaccinate those who they have been in contact with.

I also made clear in Geneva that we expect other countries to play a bigger role in the response as a matter of urgency. They need to step up their efforts and funding. The US and UK are the two the biggest bilateral donors to the response and although other countries have given some financial support, more is needed. Other countries, particularly francophone countries, which have a presence and history in the region, must support the response with funding, technical expertise and political support.

The UK will also continue to play a leading role in regional preparedness – where we are the largest donor. Events in Uganda demonstrate the value of investing in preparedness activities and health systems strengthening; quick

action saves both lives and costs in the long term. Again, other countries should step up their support to avoid a crisis that destabilises the wider region.

The risk of Ebola to the UK population remains very low. Public Health England continues to monitor the situation daily and review the risk assessment on a two-weekly basis. The UK Government continues to work across all departments to ensure all relevant expertise is brought to bear on tackling this important issue.