Statement to parliament: Oral statement to Parliament on the Ebola crisis in DR Congo

Ebola is back, this time in the eastern DRC. It is the largest outbreak in the country's history, the second largest in the world, and the first in a conflict zone. So far 1,209 people have died. And we must do much more to grip this situation.

This is not a simple question of virus control. If it were we could simply repeat what we were able – at huge risk and cost – to do in Sierra Leone and Liberia – and even to some extent what the government of the DRC and the WHO were able to do in Equateur and western DRC in the first six months of last year, that is to get out into village after village, identifying all the cases, tracing all their contacts and the contacts of the contacts – and through preventing further chains of transmission, contain the outbreak.

But, this is not a situation like this, this is North Kivu, this is the centre of a conflict, dominated by dozens of separate armed groups, largely outside government control. Such groups have begun to attack and kill health-workers – meaning that key international experts have had to be withdrawn from the epicentre of the virus. And the decision not to allow this area to participate in the recent election partly on the grounds that it is an Ebola area has fuelled suspicions that Ebola is a fabrication developed by hostile political forces.

As a result, Mr Speaker, communities are reluctant to come forward when they have symptoms, they're reluctant to change burial practices or accept the highly effective trial vaccine.

The Congolese army and government – which have successfully contained nine previous outbreaks over the last 45 years – is struggling to operate in the epicentre of this outbreak. And so too are the UN peace-keepers and the WHO.

And although this area is very dangerous and difficult to access, it is not sparsely populated. The epicentre of the outbreak is Butembo, which has a population of a million people. The surrounding areas contain almost 18 million people.

Now to be clear, the current disease profile poses – according to all our expert analysis here – at the moment only a low to negligible risk to the United Kingdom. So this statement should not be a cause for panic at home. But this outbreak is potentially devastating for the region. It could spread easily to neighbouring provinces and even to neighbouring countries.

Now I want to take a moment to commend all of those – both the Congolese Government and the international community – who are working in these very difficult situations to bring this disease under control. My predecessor, the

Right Honourable member for Portsmouth North paid tribute to Dr Richard Valery Mouzoko Kiboung who was killed in an attack by an armed group on the 19th of April while working for WHO in the Ebola response on the frontline. I would like to, and I imagine the whole House would join with me in expressing deepest condolences to the family, friends and colleagues of Dr Richard and to all those who have lost loved ones as a result of this outbreak.

We now need to grip this situation and ensure that the disease is contained.

As you can imagine, this has been my key priority in the emergency field since I was appointed just over two weeks ago. I spent the weekend in discussions with Sir Mark Lowcock, the UN Humanitarian Coordinator, and with the Director-General of the WHO, Dr.Tedros, who has so far paid eight visits personally to the affected area.

I have also spoken about the response to the Deputy-Secretary-General of the UN, Amina Mohammed, and I am pleased to see that there has been a real step up in terms of the UN staff on the ground, in terms of coordination and in terms of the seniority of those staff, particularly in places like Butembo.

Both the Health Secretary and the Foreign Secretary have been supporting this agenda in recent meetings over the last four days, at the G7 health meeting and the WHO meetings in Geneva. I have also convened a meeting with a number of international experts in the field, including Brigadier Kevin Beaton, who helped to lead to the UK military response in Sierra Leone and Liberia, and the chief medical officer to the UK government,

I have concluded, on the basis of their advice, that we need not only to provide more money immediately to support the frontline response, that’s the health workers, but also to support the vaccination strategy and to put more of our expert staff on the ground, into the response.

This is not just about recruiting doctors – we need people who understand and can work with the DRC government, the military and even the opposition forces – in order to create the space for us to work.

We need people who know the UN system well so that they can drive and shape the UN response. And these people need to be not in London but on the ground because they need to be able to learn and adapt very quickly as the disease spreads.

We are already deploying epidemiologists through our Public Health Rapid Support Teams, in partnership with the Department of Health and Social Care. I am also considering deploying officials with specialities in information management, adaptive management, anthropology and strategic communications.

It is, however, important for us all to understand that this is not a problem that the international community can solve from a distance. This is a political and security crisis as much as a health crisis – and the response must, in the end, be driven by local health-workers and leaders.

But there are some positive signs.

DFID has been a key player in developing a new experimental vaccine for Ebola, which is proving highly effective.

Over 119 thousand doses have been administered in eastern DRC. This is an achievement that has probably saved thousands of lives. Modelling from Yale suggests that the use of the vaccine has reduced the geographic spread of Ebola by nearly 70%. And this isn't just about statistics – this is about Danielle, a 42-day old baby in eastern Congo who survived Ebola last week thanks to the inspiring work of community volunteers, themselves Ebola survivors, and frontline health workers, supported by UK aid.

And of course we cannot do it alone. This needs grip and urgency – but it also needs humility.

Eastern DRC is one of the most difficult operating environments on earth. One of the reasons that I have been talking to in detail about this issue to Mark Green, who is my US opposite number – is not only that we share the US analysis but also that the Americans will inevitably be major players in this response – in terms of finance and in terms of expertise, as indeed they were in the Liberia Ebola outbreak.

We need many more international donors to match our financial contributions and to sustain the international and local health operations in the field. And this is why the UK has just hosted an event specifically on Ebola, to build support for the response in the World Health Assembly in Geneva. This is also why I have agreed that my colleague the Africa Minister, should visit Eastern DRC immediately.

To conclude, this is a very dangerous situation, where the Ebola virus is only one ingredient in a crisis which is fuelled by politics, community suspicion and armed violence.

We need to act fast, and we need to act generously. But above all we need the right people on the ground who are completely on top of the situation, who are able to come up with quick solutions, and guide us in keeping up the support and yes, sometimes the pressure, on the UN system, on NGOs, on opposition politicians, and the government of DRC to get this done.

The stakes are very high. I will keep the house updated on our response. □□