

Ebola

Motion made, and Question proposed, That this House do now adjourn.—(Mark Lancaster.)

7.15 pm

Stephen Phillips (Sleaford and North Hykeham) (Con): On 18 June, before the House rose for the summer recess—and in part prompted by the better half of team Phillips then working in the Ministry of Finance in Sierra Leone—I asked my right hon. Friend the Secretary of State for International Development about the then little known issue of an outbreak of Ebola haemorrhagic virus in west Africa. It is a topic I had already mentioned to her informally, as she acknowledged in her response. I wanted to know what the Government were doing to deal with what I described, with a prescience in which I take no pleasure, as a very serious issue for the affected countries and, given the risks to us here, for the citizens of the United Kingdom. So it was that, in June this year, the House received assurances from my right hon. Friend that a great deal was being done, specifically in properly funding the World Health Organisation and in the provision of other support to raise awareness, and to ensure the containment, of the Ebola outbreak.

Five months have passed. When I raised the issue, fewer than a hundred cases a week were being reported to the WHO in the principally affected countries of Guinea, Sierra Leone and Liberia. In the last week of October, more than 3,000 new cases were reported. Not only are there more infections but the rate of infection in most regions of the principally affected countries is accelerating.

These are not mere assertions. They are the data and, if things continue as they are, they tell us the horrifying story of what is going to happen. On 14 October, the WHO assistant director-general, Dr Bruce Aylward, warned the international community that, by December, infection rates may well be running at 10,000 cases a week. The outbreak is, in the words of the WHO, “the most severe acute public health emergency seen in modern times.”

The WHO is in part responsible for this. The outbreak has laid bare the incompetence of too many of its senior staff appointed because of political influence in Africa, an issue that we will need to tackle when we have dealt with the outbreak.

Initial WHO estimates that the total number of cases could be contained at around 20,000 have therefore proven to be woefully wrong, as just about every epidemiologist said they would when they were first made. If the international community acts now, as it has begun to do, it will be at best months before the outbreak is under control, but there will have been, I venture to suggest, many more than 20,000 cases. Indeed, many tens of thousands of people may be dead.

Clearly, therefore, despite our best efforts, the action that has been taken by us and by our international partners so far has proven ineffectual. So that we are clear, that threatens not only those living in the three principally affected countries and their neighbours—some of the very poorest people in the world—but us here, too.

Although the UK is now playing its part in ensuring that we try to contain the outbreak, the first thing I want to hear from the Minister tonight is what, precisely,

he and his colleagues in the Foreign Office are doing to ensure that our international partners are playing their part. In so far as I was not clear in June, I want to be clear now: the issue threatens not just west Africa; it threatens us all. This is only the third time the WHO has declared a disease outbreak as a public emergency of international concern, and if that does not give hon. Members pause for thought, I do not know what will.

Jim Shannon (Strangford) (DUP): I thank the hon. and learned Gentleman for bringing this matter to the House and I did ask beforehand whether I could intervene. Last weekend, I had an opportunity to meet some of the Territorial Army soldiers involved in the medical corps who are going to Sierra Leone. Their job is to show people how to avoid catching the Ebola virus. Due to the lack of vaccination, soldiers have been told to use their “common sense and training” to prevent themselves from becoming sick. Unsurprisingly, their families are deeply concerned, as indeed are the soldiers. I share that concern, and I am sure that the hon. and learned Gentleman does, too.

Stephen Phillips: Of course I share that concern. I think that if soldiers, whether they are reservists or regulars, are being sent to Sierra Leone or, indeed, to any of the affected countries, they must be given proper training so that they do not expose themselves in any way to the possibility of infection.

Although a large section of the media has begun to shift the spotlight to other issues in recent days, I fear, as many do, that things will get worse before they get better. However, there is some good news. Following the Prime Minister’s Cobra meeting to discuss Ebola a month ago, the UK is now helping to lead the international response. That could, of course, have come sooner, but come it has. I understand that we are now one of the largest donors, that we have committed £125 million to the effort, and that we have, in Freetown, not only the Royal Fleet Auxiliary Argus with its hospital facilities, but several hundred military personnel. We have a good reputation in the region, and those heroes—which is what the personnel who have gone to Sierra Leone are—along with everyone else who travels to west Africa to help its people in this dreadful time, deserve our thoughts, our prayers and our support.

No doubt the Minister will tell me whether I am correct, but I assume that France, which I understand is taking the lead in Guinea, and the United States, which I understand is fulfilling a similar role in Liberia, are playing similar roles in the countries where they are leading the efforts. But is that enough? For our part, here in the United Kingdom, it may be, but when we hear of the efforts being made by other countries, it would seem not. The position may well have changed, and I should be glad to hear from the Minister that it has, but to learn that Canada, for instance, has pledged the equivalent of only £18.6 million is profoundly depressing, although it is doubtless a matter for Canadians. We learned this morning that Australia, which had originally given the equivalent of £6.2 million, is now doing rather better, having agreed to commit funds for the construction of a 100-bed treatment centre that the UK is building, but does that mean extra funds, or funds that the UK would have been providing in any event? Perhaps the Minister will tell us.

[Stephen Phillips]

In September, the Secretary-General of the United Nations indicated that \$600 million would be required just to fund the WHO road map to bring the outbreak to an end. No doubt the Minister will wish to update the House on where current international commitments have taken us. However, he will be aware not only that many consider that sum to be an underestimate, but that it is feared that very little of what has been committed appears to have paid for very much in the affected region. It is not just a question of money, or of promises which, all too often, appear to be poorly translated in practice; it is a question of how money is spent.

Pauline Latham (Mid Derbyshire) (Con): What concerns me about this issue now is that many thousands of people are going to die. We already see hundreds of children being left as orphans. Does my hon. and learned Friend think that some of the money that we are spending in Sierra Leone, and in other countries, should be spent on helping those orphans—who have survived the disease—to come to terms with their position, and to seek a better life for the future?

Stephen Phillips: Of course I agree with my hon. Friend. I shall be dealing with the question of diversion of resources shortly, but I can tell her now that one of one of the great concerns is that funds are now being directed towards Ebola that were formerly used to deal with other health problems in the affected countries.

Significant sums are undoubtedly being channelled through non-governmental organisations, as they have to be, for the simple reason that there is no infrastructure in the region that is sufficient to cope with the outbreak, or with the funds that are being channelled to deal with it. However, we need to know that our money is being well spent, and it is not always clear that that is the case. For example, the International Rescue Committee, an NGO that is laudably trying to help the fight in Sierra Leone, is apparently charging the King's Sierra Leone Partnership, another NGO, \$5,000 a month for the use of each of its vehicles. Why? How can that sum be justified? How can the administrative costs associated with the unnecessary transfer of those funds be justified? Where are the funds coming from in the first place? I do not expect the Minister to be able to answer any of those questions tonight, but they demonstrate that we need to get a grip on the ground, and to ensure that in Sierra Leone, where we are taking the lead, moneys are being properly directed.

Another example is the medical and laboratory facilities that we have constructed in Kerry Town, which opened this morning. I understand that all the out-of-country medical staff are staying at an hotel called The Place. It is one of the most expensive hotels in Sierra Leone, perhaps the most expensive. Save the Children told me today that it has have negotiated a special rate, that rooms are being shared, and that it is necessary for its staff to stay there for reasons of hygiene; but is that really the best use of funds, and what alternatives were considered? I do not know, and if the Minister is handing taxpayer money to Save the Children, he will no doubt want to find out.

Let me turn to the UN Mission for Ebola Emergency Response. It has, I am told, 65 staff in Freetown. What

are they doing? I know not and, it seems, neither does anyone else in the country. Here is what someone on the ground said to me in an e-mail:

"Their role is unclear, so far they are just eating money and trying to raise more. Not helping fight Ebola."

What is needed are health workers, an issue to which I shall shortly come, not administrators spending money on salaries, allowances, accommodation and drivers.

The health systems of all the principally affected countries have been overwhelmed. It is frankly amazing that so many health professionals from here and other countries are prepared to risk their lives to help. They are the real heroes, but there are problems in this area as well.

The first is the disincentive to volunteering that is caused by much of the media coverage surrounding the outbreak. For tabloids to question whether Ebola might become airborne when all the virologists tell us that is highly unlikely is hardly helpful. This is not a film with Dustin Hoffman; it is a real-life situation where responsible reporting is required, including reporting how difficult it is to become infected by the Ebola virus in the absence of contact with an individual displaying symptoms.

Politicians are scarcely blameless. What sort of message, for example, do the Governors of New York and New Jersey think they send out to those who might volunteer by imposing unjustified quarantine requirements on asymptomatic patients which have no basis in scientific fact? What sort of message do the Governments of Canada and Australia think they are sending when they impose travel restrictions on those coming from west Africa which again have absolutely no basis in scientific fact? Cheap scaremongering politics at the expense of lives is not only counter-productive; it is just plain wrong.

Politicians in this country are not immune in this regard. The Minister will know that after British Airways took the unilateral decision to pull its west African routes—another decision which had no basis in medical or scientific fact—the only airline still flying directly to the principally affected countries was Gambia Bird, yet I understand that in early October the Government either ordered or told Gambia Bird to stop its flights. The World Health Organisation has been clear that international air travel is a very low-risk vector for infection, so why did the Government give that direction? Perhaps the Minister can tell us, because a difficult journey involving a long layover in Casablanca or elsewhere en route to the region is scarcely a compelling incentive to dedicated medical staff to volunteer to assist.

Jeremy Lefroy (Stafford) (Con): I am very glad my hon. and learned Friend has mentioned the question of Gambia Bird, which I have raised in this House before, and I press the Minister to say in his reply when we are going to start to see flights resume from the UK to Sierra Leone. It is surely much better to have people coming into the same place, rather than coming around from various transit points back to this country or out to Sierra Leone?

Stephen Phillips: My hon. Friend is absolutely right. The point I was making, too, is that it offers a massive disincentive to those who want to go and help in the region.

Mark Durkan (Foyle) (SDLP): I commend the hon. and learned Gentleman for having secured this debate. The most fragile states are those that have proved to be most at risk, which shows the Ebola crisis is about more than Ebola. Resources for other major health-care issues are now depleted because of the concentration on Ebola. What is his information on the battle against malaria and issues such as maternal health care, which are obviously being neglected in this crisis?

Stephen Phillips: I do not have any better information than that which the hon. Gentleman and I probably both read in *The Guardian* earlier this week. In terms of contraception, for example, we know that pharmaceutical contraception is hugely down at least in Sierra Leone and there is a great worry that there will be very large numbers of teenage pregnancies as a result, overwhelming the health care system in the months and years to come.

Many health-care professionals from this country are travelling to the region despite the difficulties, but where are they? It is said that 659 NHS staff and 130 Public Health England staff have offered to go to the region to help, but no one seems to know where they are, if, indeed, they have arrived in any significant numbers at all. The picture that emerges is therefore of a slightly chaotic and piecemeal response which has likely done nowhere near as much as it could have done to meet the challenges of the situation. It may be that the arrival of RFA Argus and significant numbers of military personnel will change that, but if not clearly somebody needs to get a grip.

The final point the Minister needs to think about is this: the focus which is being given to Ebola is essential, but the effect is that donor and Government funds in all the affected countries are being diverted from other health projects, as the hon. Member for Foyle (Mark Durkan) said. Malaria, dengue and lassa are rife across west Africa, and we should not lose sight of that. Overstretched health systems having to cope with Ebola necessarily cannot provide even basic health care in relation to other essential needs at the same time. As the press has reported, the diversion of Government money from economies already shrinking at an exponential rate because of the scaremongering associated with the outbreak will only make basic health care even more difficult.

We have reached a pivotal point. If the international community had acted sooner, we would not be where we are, and at least one epidemiologist, whom I sincerely hope is wrong, has voiced the view that we now are too late anyway. The United Kingdom has stepped up to the mark and we are playing our part, on which the Government must be congratulated. Perhaps the real message the Minister needs to take away with him tonight to share with his international development partners is that more needs to be done by them, and to be done urgently and sensibly, to address the worst outbreak of a viral haemorrhagic fever the world has ever seen.

If we do not act, potentially, hundreds of thousands of people will die. That would be a tragedy for one of the poorest parts of the world, but it would also threaten our security here. These are young and vibrant countries: they deserve and must receive the help of the whole world in dealing with a situation for which they were ill prepared.

7.30 pm

The Minister of State, Department for International Development (Mr Desmond Swayne): I thank my hon. and learned Friend the Member for Sleaford and North Hykeham (Stephen Phillips) for bringing this issue to the attention of the House this evening. He is right in his analysis that this is a very severe problem. I estimate that by the end of October, we will already have had some 14,000 cases and approximately 5,000 deaths. The current rate of infection 1.7: in other words, for every one patient presenting with the disease, 1.7 people are going to catch it. That will lead to a doubling of cases within four weeks. So we have had some very alarming suggestions. I believe that the United States Centres for Disease Control and Prevention predicted just short of 1.5 million cases in January.

This is absolutely unprecedented in the history of the disease of Ebola. In the past, Ebola has burnt itself out within a few weeks in isolated settlements. It is therefore essential that we isolate it, and for that we need large numbers of foreign medical teams in order to secure that isolation and treatment of the disease. That is why we are stepping up our efforts, and taking a leadership role in encouraging other countries to do the same, and we will not stop: we will carry on until we have beaten this disease.

On the United Kingdom's response, we are working in partnership with the Government of Sierra Leone. It is a long partnership, one established when that country came out of conflict. We have sought to encourage it from that conflict, and with economic development; but now, we are in partnership with the Government of Sierra Leone in order to beat this disease.

So what is our response? My hon. and learned Friend said that we have committed £125 million; actually, it is £230 million so far, including the previously announced aid matching of the first £5 million of the appeal launched by the Disasters Emergency Committee. We are deploying some 800 military personnel, together with the Royal Fleet Auxiliary Argus and its three Merlin helicopters.

Our strategy can be summed up as: beds, burials and communities. The hospital in Kerry Town opened for business today. Our ambition is that it will treat some 8,800 patients within six months. We are making available 700 beds. We anticipate that within a few weeks, the Kerry Town facility will provide 80 beds for people in the country, with 20 beds reserved for health care workers. It is essential, if we are to continue the flow of health care workers, that they be guaranteed British standards of care.

Some 83 burial teams have been established, with our support, and they are making a profound difference in Freetown. Only a few weeks ago, just 30% of victims were being buried within 24 hours, but we have now reached 100% and that experience is going to be rolled out throughout Sierra Leone. A constituent wrote to me to say that he believed that Ebola was being spread by zombies. I had to disabuse him of his belief in zombies, but the irony is that people are most infective when they are dead. One problem is that certain burial traditions involve intimate skin-to-skin contact and the washing of bodies that are highly infectious. We are therefore having to drive social change so that people can understand how they can honour their dead without being infected by them.

[*Mr Desmond Swayne*]

We are driving that social change, which leads me to the subject of communities. It is essential to have community care centres where people with symptoms can present and be isolated until we can establish exactly what they have got. For every, say, eight people who present with symptoms, perhaps only one will need to go to an Ebola treatment centre, having been established as having the disease. The others will recover from a bout of malaria, or whatever it was, and go home. We are currently staffing five community centres, and learning the lessons. Within a few weeks we will have 10 of them up and running and, thereafter, it is our ambition to establish 200.

Jim Shannon: I made the point earlier that the Territorial Army soldiers and members of the medical corps who are going out to Sierra Leone from the United Kingdom of Great Britain and Northern Ireland to help to deal with the Ebola outbreak were concerned because they had not been given full training to ensure that they, too, did not catch the disease. Can the Minister reassure us that our TA soldiers are going to be safe?

Mr Swayne: We have 250 personnel who are going out on the Argus specifically to provide the training, so I am confident that the question of training has been addressed. They are going to deliver that training themselves, so I certainly believe that this has been done. If I have got that wrong, I will write to the hon. Gentleman and correct it. This operation is driving social change; it is also a huge logistical operation. It is motivating social change and bringing about the necessary logistical changes to drive the isolation of the disease.

Pauline Latham: One problem in those communities is that they do not have clean water. We often have water and sanitation programmes in those countries. Can the Minister assure me that he is continuing those programmes to help to keep people clean, because that is one of the key things they need to do?

Mr Swayne: My hon. Friend is right; water and sanitation are important, and that will indeed be part of our emphasis.

We are seeking to mobilise social change, but it is also vital—as my hon. and learned Friend the Member for

Sleaford and North Hykeham rightly pointed out—that we motivate the rest of the world. The United States is taking responsibility for Liberia, and France is taking responsibility for Guinea and the surrounding francophone zone. We are working closely with the United Nations to help it to address the situation, and we have contributed some £20 million to its trust fund. We are also working with the African Union, not only to secure funds but to ensure a supply of health workers. We are working with other international institutions as well.

On 2 October, my right hon. Friend the Secretary of State chaired a conference in London that secured a further £100 million of funding. The Prime Minister then went to the European Council and came back having motivated those there to double the EU contribution to some €1 billion. The High Representative has been dispatched to draw up a programme, return and report at the next Council meeting.

Last week, we signed a memorandum of understanding with New Zealand. It will be supplying some 200 technical and health staff to a base camp in Sierra Leone, and my hon. and learned Friend rightly pointed out that yesterday we heard from the Australians that they will supply 100. My understanding is that it is 100 personnel, but I will write to him to correct that if I have it wrong. It is essential that we proceed to isolate and treat the disease. We are clearly going in the right direction now, but there is much work to be done and a long road to go. It is vital that we continue to secure volunteers and international teams of medical staff to drive this disease down and provide us with the capability to isolate it, because isolation is the key.

My hon. and learned Friend raised a number of concerns about non-governmental organisations on the ground. I seriously do not believe that representatives of, and workers from Save the Children, are living it up in the place at Kerry Town. I understand that they are sharing rooms and that they have negotiated a special price of some £60 a night in order to secure that place proximate to the hospital in which they are working. I am confident that we are taking the right measures to secure the proper expenditure of British taxpayers' money in order to wipe out this dreadful disease.

Question put and agreed to.

7.42 pm

House adjourned.