UK government is criticised for “political decisions” in response to Ebola epidemic

Anne Gulland

London

The UK government’s decision to stop direct flights to west Africa because of the Ebola virus epidemic was not based on science, MPs have said, arguing that flights should be restored immediately.

A report by the Public Accounts Committee into the Department for International Development’s handling of the Ebola outbreak said that “political decisions” had hampered the response to the epidemic. The report stated, “The revocation of licences to carriers to fly direct to the region was a political decision with no basis in science and was inconsistent with World Health Organization advice.”

It went on to say that the department has since recognised that this decision caused inconvenience, adding, “In our judgment, it will inevitably have led to an increase in the costs of dealing with the outbreak and, potentially, to further loss of life.”

MPs criticised the department, as a major donor to WHO, for failing to ensure that the international community acted quickly in response to the outbreak. The department’s chief scientific officer, Chris Whitty, admitted in evidence to the committee in December that the department “could and should have listened to and responded to the views of Médecins Sans Frontières and others on the ground who were warning of the seriousness of the outbreak.”

There was an “unfortunate time lag” between the department’s recognition that it had to act and its allocation of funding, the report noted. “In early August 2014 it had announced £5m [€6.76m; $7.67m] of support; by September this had risen to £100m and by the time of our hearing [December], it had reached £230m,” it said, adding, “Had the department acted sooner, both lives and money would have been saved.”

The committee said that it “wholeheartedly” supported the United Kingdom’s efforts to combat the outbreak and commended the bravery of people working on the ground, including volunteers and the armed forces.

However, it added that the epidemic highlighted a lack of emergency response experience and capability in the department and in its partner, Save the Children. The committee urged the department to create a contingency plan for dealing with medical emergencies, and it acknowledged that the slow response was partly due to a lack of organisations that were able and willing to build and operate treatment centres.

The committee also urged the department to undertake a “rigorous evaluation of all aspects of the UK’s response to the crisis.” It said that developing early warning surveillance and improving epidemiological intelligence were important initial lessons to be followed up.

The report called on the government to strengthen Sierra Leone’s health system “as a priority,” through the UK’s bilateral aid programme. It said that the lack of health infrastructure after Sierra Leone’s 10 year civil war—the country had only 120 doctors at the beginning of the outbreak—had hampered the response and probably led to a rise in the number of deaths from other causes.

Data published by WHO on 10 February showed 22 859 cases of the disease in the three worst affected countries so far, including 9162 deaths. Also, the latest situation report from WHO showed a rise in the number of Ebola cases for the second week running: 144 cases arose in the week to 8 February, compared with 124 the week before. Guinea in particular has seen a sharp increase, to 69 cases from 39 the previous week.


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