



House of Commons  
Committee of Public Accounts

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# The UK's response to the outbreak of Ebola Virus Disease in West Africa

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**Thirty-ninth Report of Session 2014–15**

*Report, together with the formal minutes  
relating to the report*

*Ordered by the House of Commons  
to be printed 28 January 2015*

## Committee of Public Accounts

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### Publications

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### Committee staff

The current staff of the Committee is Sarah Petit (Clerk), Claire Cozens (Committee Specialist), James McQuade (Senior Committee Assistant), Sue Alexander, Jamie Mordue and Jim Camp (Committee Assistants) and Janet Coull Trisic (Media Officer).

### Contacts

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## Summary

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The Department for International Development (the Department) is coordinating the UK's response to the outbreak of Ebola Virus Disease (Ebola) in West Africa. We wholeheartedly support the UK's efforts to combat the outbreak and commend the bravery of all those working on the ground, including those from the Armed Forces and the many volunteers who have travelled to the region to help. The international community was very slow to recognise the seriousness of the outbreak of Ebola in West Africa and the Department failed to respond with sufficient urgency to an emerging crisis which could have been contained had action been taken sooner. There are promising signs that the Department's interventions are having a tangible impact, although there remains uncertainty over the future trajectory of the outbreak. Once the outbreak has been contained, the Department needs to review whether its current preparedness and protocols when faced with a potential international medical emergency are adequate for effective prevention and response. Future efforts must be directed to bolstering health care systems in the region and to supporting governments to ensure that these are sufficiently robust to deal with the emergence of public health emergencies without their being overwhelmed. There is no scientific justification for the UK Government's decision to prevent direct flights to the affected region from the UK, something which has likely increased the cost and difficulty of dealing with the outbreak. These should be restored as soon as possible.

## Introduction

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The UK government has committed a package of direct support of at least £230 million to help contain, control and treat Ebola in West Africa. The Department is distributing this money to other departments such as the Ministry of Defence, international institutions and non-governmental organisations. The UK package focuses predominantly on Sierra Leone, and includes support for the construction of treatment facilities, the provision of over 700 treatment beds, and the training and management of burial teams. The first UK-constructed treatment centre opened in November 2014 in Kerry Town, Sierra Leone, and is managed by Save the Children under contract with the Department.

The World Health Organisation's role is to provide leadership within the international community on matters critical to health and to engage in partnerships where joint action is needed. The international response to the Ebola outbreak also includes other United Nations agencies, international finance institutions, NGOs and bilateral donors. At country level, the governments of the USA, the UK and France are leading this response in Liberia, Sierra Leone and Guinea respectively.

## Conclusions and Recommendations

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1. **The initial response of the international community to the Ebola outbreak in West Africa was totally inadequate.** Although there was evidence that the Ebola outbreak in West Africa was not pursuing the course of previous outbreaks as early as April 2014, the World Health Organisation did not declare the outbreak as a public health emergency of international concern until early August 2014. At that stage, over 1,000 cases of Ebola had been confirmed, including over 900 deaths. The outbreak had by then spread from Guinea, where it had first been recognised in December 2013, to at least 3 other countries in West Africa (Liberia, Nigeria and Sierra Leone). The World Health Organisation has rightly been criticised for failing to act adequately to prevent the spread of the disease between December 2013 and the end of July 2014. Had the World Health Organisation acted sooner, it is likely that the outbreak could have been curtailed sooner. The Department was in a position as a major donor to many of the international institutions with a role in containing the outbreak—and the World Health Organisation in particular—to ensure that the international community responded more promptly. As we were told by the Department's Chief Scientific Advisor (Professor Whitty), "... there is no doubt that multiple bits of the system messed up over this, not in the first couple of months, when, in a sense, it was very early in the epidemic, but in that period up to about July".<sup>1</sup> 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

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1 [Q8](#)

of the seriousness of the outbreak rather than relying on it simply to follow the trajectory of previous outbreaks, which there was every indication it would not do.

**Recommendation:** *The Department should take a lead role in the international community's efforts to learn lessons from this Ebola outbreak. It should also seek assurances that World Health Organisation staff in all of its regions are sufficiently capable to identify and respond to future emerging public health emergencies.*

2. **The Department was far too slow to react to the developing situation, missing an opportunity to contain quickly the outbreak of Ebola in at least Sierra Leone.** The Department confirmed that it had been aware of a confirmed Ebola outbreak in Sierra Leone in May 2014. In the early stages of the outbreak, the international community had different views on how best to react. The Department relied on the view of the World Health Organisation and paid insufficient attention to the views of NGOs on the ground that a massive deployment of resources and healthcare workers was needed to fight the outbreak. There was also an unfortunate time lag between the Department's recognition that it had to act and its allocation of funding to deal with the outbreak. In early August 2014, it had announced £5 million of support; by September, this had risen to £100 million and by the time of our hearing, it had reached £230 million. Had the Department acted sooner, both lives and money would have been saved. As the Permanent Secretary of the Department (Mr Lowock) said to us, "I agree with you 100%: had the world, the Government of Sierra Leone, WHO, we and others acted earlier, it would have been cheaper and easier to solve the problem."<sup>2</sup>

**Recommendation:** *The Department should make sure it has procedures and protocols in place which allow a timely and pre-emptive response to developing public health emergencies in countries which receive UK Aid.*

3. **The Department lacked the experience and capability fully to respond to the outbreak.** The delay in setting up the UK's response to the outbreak was, in part, due to the absence of organisations that were capable and willing to deliver the Department's planned interventions, such as building and operating Ebola treatment facilities. We recognise that the circumstances of an Ebola outbreak necessitate an incremental scaling up of operational capacity to create safe environments for the health workers on the ground. However, the lack of experience of dealing with medical emergencies—and Ebola in particular—and the lack of capacity in the Department and its partner Save the Children, meant that scaling up the operational capacity of the UK response was slower than it might have been.

**Recommendation:** *A capability gap currently exists in building and running specialist facilities necessary to deal with outbreaks such as this. The Department should create and maintain a detailed contingency plan for sudden onset medical*

*emergencies to ensure that it can quickly deploy its own and partners' staff and equipment through a structured intervention process.*

4. **The lack of health infrastructure in Sierra Leone inhibited a quicker response to the crisis.** The health infrastructure of Sierra Leone has improved since the end of the civil war, but remains weak and vulnerable to unexpected pressures. Corruption remains a major concerns in Nigeria, where a more developed medical services infrastructure exists in at least part of the country, local health professionals were able to respond more quickly to the emergence of Ebola and were therefore able to contain the disease and prevent its getting out of control. Looking to the future, the Department correctly agrees with us that it needs to seek to strengthen Sierra Leone's health system as a priority through the UK's bilateral aid programme. At the outset of the outbreak, there were only 120 doctors in the entire country and only one virologist, who sadly lost his life at an early stage. The lack of health infrastructure not only hampered the response to the Ebola outbreak, but has probably led to an increase in fatalities as a result of other health problems as the system was overwhelmed.

*Recommendation: The Department should prioritise investment in local health infrastructure of developing countries in receipt of UK Aid so that there is a better capability to respond quickly to emerging public health emergencies. It should also ensure it is doing all it can to support the ability of developing countries to prevent similar disasters in the future.*

5. **Political decisions with no basis in scientific fact hampered the response of the international community, NGOs and the Department to the growing crisis and led to increased cost in dealing with the outbreak.** Ebola is a very serious disease and a matter of legitimate fear and concern to the public. Political reaction to scaremongering on the part of sectors of the media was predictable, but inevitably caused difficulties for the international response, in particular in the revocation of licences to carriers flying direct to the region. 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 Organisation advice. As we were told by one witness (Professor Whitty), "I do not think that [the decision to cancel direct flights] was a decision driven purely by science ...It was a political decision." The Department accepts that this decision has caused inconvenience. 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.

*Recommendation: There is no scientific justification for the UK Government's decision to prevent direct flights to the affected region from the UK, which has likely increased the cost of dealing with the outbreak. Licences to fly to West Africa should be restored as soon as possible.*

6. **There are clear lessons to learn from the Department's response to the Ebola outbreak.** We recognise that the Department faced a steep learning curve in

implementing its response to the Ebola outbreak. The Department should capitalise on the knowledge and expertise it has developed to help prevent, or respond to if necessary, similar outbreaks, such as Marburg virus disease. The Department outlined a number of initial lessons from the Ebola outbreak that it intends to follow up. These included developing early warning surveillance and improving epidemiological intelligence. By taking the necessary steps to learn lessons, the Department can help to build confidence in the UK's response to and expenditure on public health emergencies overseas. We were told by the Permanent Secretary (Mr Lowcock) that the Secretary of State has indicated that Parliament should be involved in this process. We agree.

***Recommendation: Once the Ebola outbreak is brought under control, the Department should undertake and publish a rigorous evaluation of all aspects of the UK's response to the crisis. The evaluation should make practical recommendations as to the steps the Department, other government bodies, the international community and non-governmental organisations should take to prepare for future crises of this type.***

# 1 The UK's response to the outbreak of Ebola Virus Disease in West Africa

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1. We took evidence from the Department for International Development (the Department) and from two of the Department's delivery partners, Save the Children and the International Rescue Committee, on the UK's response to the Ebola outbreak in West Africa.

2. The current Ebola outbreak in West Africa is the largest known outbreak to date, with over 17,000 cases and 6,000 deaths reported up to 30 November 2014.<sup>3</sup> The UK government has committed a £230 million package of direct support to help contain, control and treat the Ebola outbreak in West Africa. As of 10 December 2014, £125 million had been spent.<sup>4</sup> The UK response is focused predominantly on Sierra Leone<sup>5</sup> and is coordinated by the Department, but also involves the Ministry of Defence, the Foreign and Commonwealth Office and the National Health Service.<sup>6</sup>

3. We asked the Department how Nigeria had managed to control the Ebola outbreak when Guinea, Liberia and Sierra Leone had not managed to do so. The Department attributed this to the fact that the Nigerian authorities had got on top of the first two or three cases very quickly and had followed up all the subsequent ones. This demonstrated that if cases of Ebola were identified early and isolated quickly, an epidemic could be controlled in a relatively short period of time. In part Nigeria was able to respond more quickly because it had a stronger health infrastructure. The health infrastructure in Sierra Leone was very weak, with only one virologist. Witnesses recognised that the UK should have done more in the past to support the building of a resilient health system.<sup>7</sup> By contrast with Nigeria, in Guinea, Liberia and Sierra Leone, the epidemic gathered momentum and spiralled out of control.<sup>8</sup>

4. The Department noted that the real failure of the international community was that between December and March it had known that there was an Ebola outbreak in Sierra Leone, but the expectation had been that it could be brought under control, as all previous outbreaks had been. Then there had been a delay between March and the end of July when the international community did not move fast enough, which was the point at which the Ebola outbreak was allowed to take off. The Department considered that had the kind of things that were done in Nigeria been done in Sierra Leone, the outbreak could have been headed off at a much earlier stage.<sup>9</sup> A range of commentators led by Médecins Sans

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3 [World Health Organisation Situation Report 3 December 2014](#)

4 [Q 35](#)

5 [Q 8, Ebola virus: UK government response – Response in Africa](#)

6 [Qq 54, 61](#)

7 [Q 19](#)

8 [Q 6](#)

9 [Q 6](#)

Frontières, a recognised authority on Ebola, have criticised the international community's response to the outbreak.<sup>10</sup>

5. The Department noted that the first indication in Sierra Leone that it needed to prepare for an outbreak had been in February and that the first confirmed case of Ebola had come some time later. The Department explained that the epidemic started in Guinea, spread to Liberia, and a little while later to Sierra Leone. The expectation at that time among most people, but not Médecins Sans Frontières, which “was much better at identifying what was about to unfold”<sup>11</sup>, had been that the outbreak would essentially be quite like all the other known outbreaks: localised and relatively quickly brought under control. The Department told us that it had highlighted to the World Health Organisation and other multilateral organisations in April 2014 that the epidemic in Sierra Leone appeared to be behaving differently from past outbreaks and that the planning assumptions could be wrong.<sup>12</sup> The Department noted that it was the World Health Organisation's prerogative to declare a ‘Public Health Emergency of International Concern’—an event which constitutes a public health risk to other states and to which a coordinated international response is required.<sup>13</sup>

6. While the Department was aware of an Ebola outbreak in Sierra Leone in May 2014 it did not allocate the first tranche of additional funding to the crisis—£5 million—until early August 2014.<sup>14</sup> In September 2014, it allocated a further £100 million. By the time of our evidence session the Department had announced funding of £230 million and the Department told us that the total funding could rise to some £330 million.<sup>15</sup>

7. In the early stages of the Ebola outbreak, epidemiologists and the international community held different views on how best to react.<sup>16</sup> In June 2014, Médecins Sans Frontières, working on the ground, warned that a massive deployment was necessary to control the outbreak.<sup>17</sup> The Department explained that in deciding how to respond to the outbreak it had relied on the views of the World Health Organisation, which it believed represented the consensus at that time. The Department also told us that it would consider what measures it needed to put in place so that it could respond with greater confidence to future public health emergencies without relying solely on the views of the World Health Organisation.<sup>18</sup>

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10 [Q 40; Médecins Sans Frontières, Ebola: the failure of the international outbreak response, 29 August 2014; International Development Committee report Responses to the Ebola Crisis, Eighth Report of Session 2013-14, HC 976, 15th December 2014, paragraph 3](#)

11 [Q 9](#)

12 [Qq 9, 10](#)

13 [World Health Organisation Statement on the 1st meeting of the IHR Emergency Committee on the 2014 Ebola outbreak in West Africa, 8 August 2014](#)

14 [Britain to extend assistance to combat Ebola in West Africa, Department for International Development, 7 August 2014](#)

15 [Qq 9, 35](#)

16 [Q 11](#)

17 [Médecins Sans Frontières Ebola in West Africa: The epidemic is out of control, 25 June 2014](#)

18 [Q 14](#)

8. The UK Ebola response package includes the construction of treatment facilities, the provision of treatment and isolation beds, and the training and management of burial teams. The package was established in the second half of August when the World Health Organisation declared the Ebola outbreak a public health emergency of international concern. However, the Department did not agree a partner, Save the Children, to construct and run its facilities until 8 September 2014. The Department told us that this delay in setting up the UK's response had been due predominantly to the absence of organisations that had both the capabilities and willingness to deliver the Department's interventions. The Department confirmed that it did not have a staff or resource register akin to that of the Stabilisation Unit in place for medical emergencies.<sup>19</sup>

9. The first UK-constructed treatment centre in Sierra Leone, which is managed by Save the Children, opened in November 2014 in Kerry Town.<sup>20</sup> The Department has been criticised in the media over the speed with which the Kerry Town facility has opened beds.<sup>21</sup> The Department told us that it had always planned to scale up the operating capacity of the facility incrementally in line with Médecins Sans Frontières' protocols for a safe and effective operating environment. It assured us that the UK facilities were on track to meet their planned capacity targets, including the scale-up in Kerry Town where 80 beds were due to be operational by the end of December. The Department recognised that it should have communicated to the public in the UK and in Sierra Leone more clearly that the build up of facilities would be gradual.<sup>22</sup>

10. Save the Children told us that everyone involved in Ebola, apart from Médecins Sans Frontières, the world renowned experts in this field, had had to work out of their comfort zone and noted that it had been "an incredible group effort, not just between staff of the NHS, MOD and Department of Health, to get to a point where we have over 450 individuals working in the [Kerry Town] facility at the moment". The Department recognised that it could learn lessons from its response to the Ebola outbreak once it has been contained which might be applied to an outbreak of, for example, Marburg viral disease. It highlighted three issues on which it would focus its attention: developing early warning surveillance and improving epidemiology-led intelligence; developing a larger set of response institutions that can be deployed more quickly; and, making sure that technologies relating to vaccines, testing and treatments were being afforded sufficient priority by the international community.<sup>23</sup>

11. The Department noted that the health systems in Sierra Leone were starting from an extraordinarily low base following the end of its civil war which had destroyed virtually every institution in the country. Despite the massive challenge of rebuilding the health sector, UK efforts to do so over the past 15 years had resulted in progress before Ebola on some key health outcomes, such as child mortality, but the system had been overwhelmed

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19 [Qq 33, 34, 41, 42](#)

20 [Q 41](#)

21 [Sierra Leone Foreign Relief Operation Criticised, BBC, 30<sup>th</sup> November 2014](#)

22 [Qq 38, 51](#)

23 [Qq 40, 57, 59](#)

and swamped by the Ebola outbreak. The Department recognised that it would need to pay more attention to strengthening Sierra Leone's health systems through its bilateral aid programme.<sup>24</sup>

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<sup>24</sup> [Q 18-19, International Development Committee report \*Responses to the Ebola Crisis\*, Eighth Report of Session 2013-14, HC 876, 15th December 2014, paragraph 14](#)

# Formal Minutes

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**Wednesday 28 January 2015**

Members present:

Mrs Margaret Hodge, in the Chair

Mr Richard Bacon

Austin Mitchell

Meg Hillier

Stephen Phillips

Stewart Jackson

John Pugh

Dame Anne McGuire

Draft Report (The UK's response to Ebola Virus Disease in West Africa), proposed by the Chair, brought up and read.

*Ordered*, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 11 read and agreed to.

Conclusions and recommendations agreed to.

Summary agreed to.

*Resolved*, That the Report be the Thirty-ninth Report of the Committee to the House.

*Ordered*, That the Chair make the Report to the House.

*Ordered*, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Monday 2 February at 3.00pm]

## Witnesses

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**Thursday 11 December 2014**

Page

The following witnesses gave evidence. Transcripts can be viewed on the Committee's inquiry page at [www.parliament.uk/pac](http://www.parliament.uk/pac).

**Mark Lowcock CB**, Permanent Secretary, Department for International Development; **Professor Chris Whitty**, Chief Scientific Adviser and Director of Research and Evidence, DFID; **Fergus Drake**, Director of Global Programmes, Save the Children; and **Sanjayan Srikanthan**, Emergency Field Director, International Rescue Committee

[Q1-71](#)

## Published written evidence

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The following written evidence was received and can be viewed on the Committee's inquiry web page at [www.parliament.uk/pac](http://www.parliament.uk/pac). ebo numbers are generated by the evidence processing system and so may not be complete.

- 1 The Department For International Development ([ebo0001](#))

# List of Reports from the Committee during the current Parliament

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The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

## Session 2014–15

First Report	Personal Independence Payment	HC 280
Second Report	Help to Buy equity loans	HC 281
Third Report	Tax reliefs	HC 282
Fourth Report	Monitor: regulating NHS Foundation Trusts	HC 407
Fifth Report	Infrastructure investment: impact on consumer bills	HC 406
Sixth Report	Adult social care in England	HC 518
Seventh Report	Managing debt owed to central government	HC 555
Eighth Report	Crossrail	HC 574
Ninth Report	Whistleblowing	HC 593
Tenth Report	Major Projects Authority	HC 147
Eleventh Report	Army 2020	HC 104
Twelfth Report	Update on preparations for smart metering	HC 103
Thirteenth Report	Local government funding: assurance to Parliament	HC 456
Fourteenth Report	DEFRA: oversight of three PFI waste projects	HC 106
Fifteenth Report	Maintaining strategic infrastructure: roads	HC 105
Sixteenth Report	Early contracts for renewable electricity	HC 454
Seventeenth Report	Child maintenance 2012 scheme: early progress	HC 455
Nineteenth Report	The centre of government	HC 107
Twentieth Report	Reforming the UK Border and Immigration System	HC 584
Twenty First Report	The Work Programme	HC 457
Twenty Second Report	Out-of-hours GP services in England	HC 583
Twenty Third Report	Transforming contract management	HC 585
Twenty Fourth Report	Procuring new trains	HC 674
Twenty Fifth Report	Funding healthcare: making allocations to local areas	HC 676
Twenty Sixth Report	Whole of government accounts 2012–13	HC 678
Twenty Seventh Report	Housing benefit fraud and error	HC 706
Twenty Eight Report	Lessons from major rail infrastructure programmes	HC 709
Twenty Ninth Report	Managing and removing foreign national offenders	HC 708
Thirtieth Report	Managing and replacing the Aspire contract	HC 705
Thirty First Report	16- to 18-year-old participation in education and training	HC 707
Thirty Second Report	School oversight and intervention	HC 735
Thirty Third Report	Oversight of the Private Infrastructure Development Group	HC 675
Thirty Fourth Report	Financial sustainability of local authorities 2014	HC 833
Thirty Fifth Report	Financial Sustainability of NHS Bodies	HC 736

Thirty Sixth Report	Implementing reforms to civil legal aid	HC 808
Thirty Seventh Report	Planning for the Better Care Fund	HC 807
Thirty Eighth Report	Tax avoidance: the role of large accountancy firms (follow-up)	HC 860