The International Development Committee
The International Development Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Office of the Secretary of State for International Development.

Current membership
Rt Hon Sir Malcolm Bruce MP (Liberal Democrat, Gordon) (Chairman)
Sir Hugh Bayley MP (Labour, York Central)
Fiona Bruce MP (Conservative, Congleton)
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Powers
The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No 152. These are available on the internet via www.parliament.uk.

Publications
The Reports and evidence of the Committee are published by The Stationery Office by Order of the House. All publications of the Committee (including press notices) are on the internet at www.parliament.uk/parliament.uk/indcom. A list of Reports of the Committee in the present Parliament is at the back of this volume.

The Reports of the Committee, the formal minutes relating to that report, oral evidence taken and some or all written evidence are available in a printed volume.

Additional written evidence may be published on the internet only.

Committee staff
The current staff of the Committee are Dr David Harrison (Clerk), Chloe Challender (Senior Committee Specialist), Louise Whitley (Committee Specialist), Zac Mead (Senior Committee Assistant), Paul Hampson (Committee Assistant) and Rosie Tate (Media Officer).

Contacts
All correspondence should be addressed to the Clerk of the International Development Committee, House of Commons, 7 Millbank, London SW1P 3JA. The telephone number for general enquiries is 020 7219 1223; the Committee’s email address is indcom@parliament.uk
Eighth Special Report

On 18 December 2014 the International Development Committee published its Eighth Report of Session 2014–15, Responses to the Ebola Crisis, HC 876. On 3 March the Committee received a memorandum from the Secretary of State for International Development which contains a response to the Report. The memorandum is published as an appendix to this Report.

Government response

Introduction

The UK Government welcomes the opportunity to respond to the International Development Committee’s (IDC) Report on Responses to the Ebola Crisis. We appreciate the Committee’s support for the immediate response and longer-term recovery within the affected countries and agree that it is important that the UK continues in its efforts.

Since 2010, during this parliament, the UK has spent a total of £63.8 million in the health sector in Sierra Leone, compared to a total of £22.9 million spent from 2005-2010 under the previous government. This includes the launch and rollout of the landmark Free Health Care Initiative in 2010.

<table>
<thead>
<tr>
<th>Programme year</th>
<th>£m</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-06</td>
<td>1.7</td>
</tr>
<tr>
<td>2006-07</td>
<td>1.8</td>
</tr>
<tr>
<td>2007-08</td>
<td>3</td>
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<tr>
<td>2008-09</td>
<td>5.5</td>
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<td>2010-11</td>
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</tr>
<tr>
<td>2012-13</td>
<td>15.9</td>
</tr>
<tr>
<td>2013-14</td>
<td>14.3</td>
</tr>
</tbody>
</table>

The UK has also supported the health sector through our contributions to the Global Fund and GAVI. The UK has provided significant funding to both of these organisations and most recently pledged up to £1 billion to the Global Fund over the 2014-2016 period and £1 billion to GAVI for 2016–20.

<table>
<thead>
<tr>
<th>Disbursements to Sierra Leone by programme year ($)</th>
<th>GAVI</th>
<th>GF</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>140,300</td>
<td>6,365,300</td>
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<tr>
<td>2006</td>
<td>521,000</td>
<td>6,993,100</td>
</tr>
<tr>
<td>2007</td>
<td>2,941,800</td>
<td>4,367,700</td>
</tr>
<tr>
<td>Year</td>
<td>Amount 1</td>
<td>Amount 2</td>
</tr>
<tr>
<td>------</td>
<td>----------</td>
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</tr>
<tr>
<td>2008</td>
<td>3,996,700</td>
<td>14,372,100</td>
</tr>
<tr>
<td>2009</td>
<td>3,359,400</td>
<td>11,224,600</td>
</tr>
<tr>
<td>2010</td>
<td>6,039,400</td>
<td>17,843,600</td>
</tr>
<tr>
<td>2011</td>
<td>3,919,900</td>
<td>24,077,500</td>
</tr>
<tr>
<td>2012</td>
<td>5,228,200</td>
<td>14,932,200</td>
</tr>
<tr>
<td>2013</td>
<td>6,475,800</td>
<td>17,309,700</td>
</tr>
<tr>
<td>2014</td>
<td>6,247,400</td>
<td>31,062,600</td>
</tr>
<tr>
<td>Total 2005-2014 disbursements</td>
<td>38,869,700</td>
<td>148,548,400</td>
</tr>
</tbody>
</table>

In the last financial year, DFID spend in Sierra Leone in 2013-14 was £68.6 million, making the UK the biggest bilateral donor. Of this, over 20% was spent on health programmes, and half of that was focused on maternal and newborn health. Prior to the Ebola outbreak, health systems in Sierra Leone were on an upward trajectory. For example, thanks to DFID support since 2011, over 50,000 more births were delivered by skilled health personnel and almost 40,000 women have started using a modern method of family planning for the first time.

The UK has been at the forefront of the response to the Ebola outbreak in Sierra Leone. We have disbursed over £211 million to date to tackle Ebola and the UK remains the biggest bilateral donor. This has enabled a rapid, multi-faceted response including; supporting more than half of all the beds available for Ebola patients in Sierra Leone, funding over 100 burial teams, training over 4,000 frontline staff, trebling the country’s capacity to test for the virus, and delivering over one million personal protective equipment (PPE) suits and 150 vehicles. With the help of the UK; Sierra Leone now has enough treatment and isolation beds for Ebola patients, enough labs to test for the virus quickly and effectively, enough trained burial teams to make sure bodies are buried quickly, safely and with dignity, and a command and control structure that is making the Ebola response more efficient and more effective.

The UK is playing its part; other donors need to live up to their promises. The UK’s strong leadership and the PM’s engagement have led to improved international commitment and coordination around the Ebola crisis in Sierra Leone. On 2 October, the Foreign Secretary and the International Development Secretary co-chaired an international conference on defeating Ebola in Sierra Leone, during which over £100 million and hundreds of additional healthcare workers were committed. The PM’s lobbying secured a further €1 billion pledge at October’s European Council. We welcome the significant contribution of healthcare responders made by the Governments of Australia, Canada, Cuba, Denmark, Estonia, Ireland, the Netherlands, New Zealand, Norway, South Korea and the US to support the UK’s efforts in Sierra Leone.

The UK’s response has been supported by the deployment of UK personnel on the ground, including over 800 Defence Personnel who have helped construct the six UK
Ebola treatment centres and delivered training for over 4,000 healthcare workers. Over 1,600 National Health Service (NHS) health workers have volunteered with UK-Med, and over 110 staff have deployed to Sierra Leone to work in UK treatment units. Over 100 staff have been deployed by Public Health England to set up and run state of the art laboratories that allow for the speedy diagnosis of people with Ebola-like symptoms. Further volunteers are also deployed under separate independent initiatives. Additional support is being provided by RFA Argus, with 3 Merlin helicopters to provide logistical assistance.

We have reached a turning point in the epidemic. The reproductive rate has slowed in Sierra Leone. However, we cannot be complacent. There is still much to be done. We must continue our efforts on the national and district level until Ebola is defeated in Sierra Leone. The UK’s objective is to support the Government of Sierra Leone to reach zero cases as quickly as possible. While rapid progress has been made at controlling the generalised outbreak, getting to zero will not be as quick.

The nature of the UK’s response has already changed, evolving in line with the nature of the outbreak. With significant differences between districts, in terms of the causes and number of cases, we are tailoring our response to proactively seek out hotspots of transmission as the epidemic declines. This will require continued UK investment to ensure we defeat Ebola in Sierra Leone.

It is also right that we start planning for recovery. The Ebola crisis has disrupted markets and access to food and other essentials for many families, put a massive strain on the country’s healthcare system and caused a generation of children to miss nearly a year of school. We will continue to stand alongside the Government of Sierra Leone and, working with the international community and non-governmental organisations (NGOs), we will ensure that sufficient resources continue to be available.

The UK Government is grateful to the Committee for focusing on the UK’s role in the response to the Ebola crisis. We are pleased that the Committee recognises the progress made in the region, while wishing to be responsive to its recommendations for improvements.
The international response

1. We recommend the UK Department for International Development (DFID) press for a review of the international approach to health emergencies, incorporating the function, structure and funding of the World Health Organisation and the role and expectations of major donors. DFID should not wait for its 2015 Multilateral Aid Review to do this; the urgency of the situation warrants immediate action.

Agree. Reform and improvement of worldwide response mechanisms to global health threats is clearly required; in particularly surveillance, stronger early warning and response mechanisms, and the international community’s identification and reaction to potential future crises. The responsibility for the weaknesses in the Ebola response does not fall to the World Health Organisation (WHO) alone, but it has highlighted the need for WHO to play its role more effectively. Lessons are already being applied across the region, and we have not suffered a fourth country outbreak yet. New resources for preparedness, detection and response will need to strengthen national and international systems, to ensure we can respond promptly to future large scale health emergencies and public health crises.

The UK pressed for reform of the international approach to health emergencies at the Special Session of the WHO Executive Board on 25 January. The decisions made at the Special Session put into practice the measures proposed by the PM at the Brisbane G20. At the Special Session the UK’s Representative, Chief Medical Officer Professor Dame Sally Davies, challenged WHO, Member States and the wider international community to step up their game in responding to health emergencies. To help WHO respond quickly in the future the UK announced an advance commitment of up to 10 million US dollars as part of the WHO contingency fund, when one is established, and in the event of future outbreaks and emergencies with public health consequences. We welcome the reforms announced at the Special Session including: the establishment of a rapid response team, improvements in international co-ordination and information sharing, greater support for countries in responding to emergencies, and support to vaccine development and trials. The Special Session also reaffirmed the WHO Director General’s leadership at all three-levels of the organisation during emergencies and her authority to move staff as required, to take steps to address performance, and to reallocate and disburse resources quickly in the event of emergencies to meet greatest need.

DFID’s response in Sierra Leone

2. We recommend DFID write to us on a monthly basis detailing progress on, and plans for, aid disbursement, staff deployment and other actions to tackle Ebola.
Agree. The Secretary of State will write to the IDC on a monthly basis, providing the information requested. To date, the Secretary of State has kept parliamentary colleagues informed through regular correspondence.

**Legacy in Sierra Leone**

3. We reiterate the recommendations of our report on Strengthening Health Systems in Developing Countries and recommend that strengthening the health system be the centrepiece of DFID’s reconstruction plans for Sierra Leone. We further recommend that DFID and the Department for Health undertake a review of the training of health professionals in the UK and the impact on the developing world.

Partially agree. The future long-term development programme in Sierra Leone is currently under consideration. The UN Secretary General has designated the UN Development Programme (UNDP) as the lead UN agency tasked with completing a regional Ebola Recovery Assessment (ERA) for the region by the end of February; in partnership with the European Union (EU), World Bank (WB) and African Development Bank (AfDB). We will work hard to ensure that the ERA will give priority to re-building Sierra Leone’s devastated health system. Alongside the ERA we are assessing how best to support Sierra Leone’s long term recovery plan, which will include the extent of our support to health system strengthening.

The UK’s Department of Health (DH) and DFID will continue to work together to review their approach to the UK recruitment of health workers from overseas. We believe the most appropriate way of addressing health worker shortages in low and middle income countries is to support health systems and human resource planning; to enable retention and better distribution of the health workforce. DH endorses the WHO Code of Practice on the International Recruitment of Health Personnel, and has commissioned the NHS Employers organisation to implement it. An underlying principle of the WHO Code of Practice is that developing nations, experiencing shortages of healthcare staff, should not be targeted for active recruitment. Our latest figures show that only about 4.4% of UK NHS doctors and 1.8% of other clinical NHS staff are from Africa. A number of health staff originally from Ebola-affected countries have recently returned to use their skills in the fight against the virus.

In Sierra Leone, DH is funding a piece of work requested by the WHO and delivered by CfWI (Centre for Workforce Intelligence) that seeks to identify the workforce challenges in recovering from the Ebola crisis. More broadly, DH backs the Medical Training Initiative (MTI), supporting the training of doctors and the improvement of developing health economies. Both the MTI and the International Post-graduate Medical Training Scheme promote circular migration. Participants in schemes can return to their home country and apply the skills and knowledge developed during their time in the UK. The Healthcare Partnership Scheme, led by DFID, also aims to improve
health outcomes in low-income countries through effective transfer of health service skills.

4. We recommend that DFID convene a global conference in early 2015 to agree a common plan for post-crisis reconstruction in the region.

Partially agree. To date, the UK has led the international response in Sierra Leone. The UK’s strong global leadership was demonstrated through the Defeating Ebola Conference on 2 October 2014, co-chaired by the International Development Secretary and Foreign Secretary, during which over £100 million and hundreds of additional healthcare workers were committed. International engagement and commitment was also galvanised at the Brisbane G20 gathering and through a further €1 billion pledge at October’s European Council.

When it comes to the next phase, it is vital that other countries step up on the recovery agenda. We are pleased that the EU Commission has agreed to co-chair a conference on Ebola on 3 March; alongside the UN Secretary General, and high level representatives from the African Union (AU), Guinea, Liberia, Sierra Leone and Togo. The UK will fully participate in the Conference, which will provide a critical opportunity to discuss the ongoing immediate response, preparedness and early recovery, as well as principles for the longer term recovery of the region.

We are working closely with the EU to ensure that the Conference plays a strong role in maintaining momentum on the ongoing Ebola response; maintaining a focus on preparedness, and ensuring a considered, well-targeted and coordinated approach to early recovery under the UNDP-led ERA. We would encourage all partners to get behind the ERA at the Conference, to frame the international response. This also presents an opportunity to revisit the “new deal” principles already agreed by the three affected countries, to ensure strong accountability, governance and transparency. Following this Conference, we will continue to work with the international system to ensure that focus on the response and recovery is maintained. The World Bank Spring Meetings will be an important next staging post.